



YCS Effective Practice Briefing – Autism Spectrum Condition (ASC)

This YCS Effective Practice Briefings has been produced by the YCS Quality Development Team and Dr Alexandra Lewis BMSc, MBChB, LL.M, MBA, MRCPsych, Consultant Forensic and Child & Adolescent Psychiatrist, National Clinical Adviser FCAMHS, Health & Justice Central Team, NHS England. It is based on up to date evidence and engagement with staff and children and young people. It aims to provide concise and easily accessible advice and guidance for front-line staff. These briefings are not intended as a complete review of all evidence but an initial summary of helpful information and guidance.

What is ASC?

Autistic Spectrum Condition (ASC) is an overarching term used to describe autism, Asperger's Syndrome, Pathological Demand Avoidance (PDA) and Pervasive Developmental Disorder (PDD). It is a lifelong developmental disability which affects how a person communicates and makes sense of the world around them.

ASC is a 'spectrum condition' meaning that, while all people with autism share certain difficulties, their condition affects them in different ways. It also affects an individual differently at different points in their life and varies with:

- their stage of development,
- changing environmental demands,
- the presence of co-existing disorders e.g. depression, ADHD or anxiety.

2. Characteristics of ASC

People with ASC typically experience difficulties or misunderstandings in their daily lives as a result of their condition. People with ASC have many strengths (See page 2) but may also be challenged by a range of communication issues e.g.

- difficulties in understanding the perspectives or feelings of others,
- struggle to make eye contact,
- prefer a rigid routine,
- have over sensitivity to touch, taste, smells, light or colours and sounds

Many people with autism experience high levels of anxiety which can become overwhelming and lead to episodes of behavioural disturbance (sometimes referred to as 'meltdowns', see page 4).

3. How to Support Children and Young Adults with ASC Effectively

Communication

- Try to have conversation in calm locations with minimal distractions, speaking slowly and with avoidance of unnecessary detail, giving 10-20 seconds for them to respond.
- Start conversation with the person's name to help focus them on what is being said and keep the language clear, concise and simple. Use short sentences, direct commands and avoid raising your voice as this can cause sensory overload and invoke a 'meltdown'.
- Be aware that eye contact may be difficult for children or young adults with ASC. The notion of personal space may not be understood they may invade others' personal space or may themselves need more personal space than the average person.

Practical Assistance to Help Reduce Stress Levels of Children and Young Adults with ASC

- Provide easy to read information leaflets and visual aids e.g. flow charts explaining processes and procedures. Make sure walls are not cluttered with too much information and, if possible, only have one wall with information and keep the adjacent walls clear.
- Where possible allocate a room in quieter areas of the Secure Setting and arrange access to gym/library etc at quieter times.
- Provide advance notice of changes if possible and try to maintain continuity of staffing in order to build up familiarity with the child or young adult.
- Be aware that changes to routine, socialising, room or personal searches may cause distress. Try to manage operational processes sensitively by working with the person to find the best way to do things.

The Strengths of Children and Young Adults with ASC

ASC is often described in terms of deficits – which is important in order to determine what support children and young adults need. The danger of focusing only on these deficits is that many of the strengths associated with ASC are overlooked. This creates an inaccurate impression which can have a negative effect on the self-esteem of the child or young adult.

One way to address this is to be aware of the strengths associated with ASC and to be able to identify them in children and young adults. They include:

- Attention to detail.
- Deep focus on topics that are of interest
- Absorption and Retention of Facts – long-term memory is often excellent with superior recall.
- These skills mean that people with ASC often acquire a high level of expertise in areas of interest to them.
- Methodical Approach – thought processes are analytical; can spot patterns and repetitions.
- Unique thought processes can lead to innovative solutions and novel approaches.
- Creativity – a distinctive imagination and expression of ideas.
- Tenacity and Resilience – determination and courage in challenging opinions.
- Accepting of Difference – less likely to judge others; may question norms.¹

Identifying Children and Young Adults with ASC in Custody

A key point to remember is that not all individuals with ASC who are in YCS will have received a formal diagnosis. Even those who have been diagnosed with an ASC may not mention this.

When faced with unexpected concerning or challenging behaviour, staff should consider whether the individual may have an ASC: Simply asking the question can help identify those who have ASC or who might benefit from further assessment.

Being aware of some key behaviours may help to identify those with ASC. Individuals with ASC are likely to find it difficult to understand other people's perspectives and feelings, may struggle to make eye contact, can appear aloof or intrusive, may have an unusual speaking voice (loud & unmodulated, high pitched or whispering), prefer a rigid routine, and may also be over or under-sensitive to sounds, touch, tastes, smells, light or colour. Some may have co-existing,

learning disabilities, but most autistic people who come into custody have normal IQ.

This behavioural information should be added to the their Integrated Care (SECURE STAIRS) Plan.

The [Building Bridges Framework](#) (see 5.13) requires children who have been identified as particularly vulnerable to have an individual care plan based on a shared understanding of their needs across the Secure Setting. This should be completed with active engagement from the child or young adult and they should receive related support to meet their assessed needs.

Pathways for obtaining autism assessments for individuals within the youth (and adult) justice estate are currently being developed. However, some parts of YCS already have arrangements for ASC assessments in place. Liaison with mental health in reach services is the route to organise assessments.

Reception into Youth Custody Service

Children and young adults with ASC often find changes in their routine very difficult to handle.

From the time of arrival at an establishment, their stress levels will already be high as it is likely that nothing that occurred that day would have been routine for them.²

They may have high levels of anxiety as they are in an unfamiliar environment which may be noisy, bright and have unfamiliar smells. They are likely to be asked many questions by people they do not know.

Reception staff should be alert to signs of distress and the possibility that the child or young adult may be on autistic spectrum.

Supporting Children and Young Adults with ASC in Custody

Quite simple adjustments to regimes can make a significant difference to those on the autistic spectrum e.g.

- Provision of easy read information leaflets, Visual aids e.g. flow charts explaining processes and procedures.
- Decluttering walls.
- Provision of eye masks and ear plugs for those who struggle with bright light or noise and provision of autism friendly clothing with smooth seams and no labels.
- Allocating rooms in quieter areas.

¹ [The Silent Wave: Positive Aspects of Asperger's/Autism | The Art of Autism \(2016\)](#)

² [Experiences of prison inmates with autism spectrum disorders and the knowledge and understanding of the spectrum amongst prison staff: a review. \(National Autistic Society, P. Sims. 2016\)](#)

- Arranging access to gym/library etc at quieter times.
- Providing advance notice of changes where possible and avoiding unnecessary staff changes to try to build up familiarity with small number of staff.
- Liaison with catering over food preferences (ASC can be associated with swallowing difficulties especially with mixed texture foods).
- Liaison with parents, carers or the professionals involved with them (having obtained the necessary consent) to seek advice on the best way to support them.

Effective Communication to Support Children and Young Adults with ASC

The communication abilities of those with ASC often vary depending on the environment they are in as well as their anxiety levels. It is important to avoid making assumptions about communication ability. Although someone may appear articulate and intelligent, it does not mean that they do not need support regarding communication.

How to Start Conversations with Children and Young Adults with ASC

Starting conversations by saying their name (rather than using it at the end of a sentence) helps to make the individual aware that they are being spoken to and focus on what is being said. Try to have conversations in calm locations as this allows those who struggle with focus in busy environments to be given the best opportunity to engage and listen. Consider things such as a ticking clock or a wall full of information causing sensory overload. Speak slowly and try not to give too much information at once.

Ensure language is clear, concise and simple by using short sentences with direct commands and try not to raise your voice as this can increase anxiety levels or cause sensory overwhelm.³

These links to National Autistic Society videos demonstrate what it is like to be overwhelmed by sensory information:

[Autism and sensory sensitivity 1- YouTube](#)

[Autism and sensory sensitivity 2- YouTube](#)

Ask questions that are direct, clear and focused to avoid confusion. An individual with ASC may respond to your question without understanding the implication of what they are saying, or they may agree with you simply because they think this is what they are supposed to do or are trying to cover up that they don't understand.

Give Children and Young Adults Time to Process Information

It is important to be aware that people with ASC often require longer than average to process what is being said and to formulate their response, so don't expect an immediate response. Allow at least 10-20 seconds for a response. This may well feel like an uncomfortable length of time for you, but it is important to allow this processing time and not move to another question too soon.

This National Autistic Society video demonstrates what it is like to have verbal processing difficulties:

[Verbal processing difficulties YouTube.](#)

Listen to the responses being given, children and young adults with ASC may use 'stock words or phrases' to fill in gaps in conversation when they have lost track of what is being said. Some of these may be used out of context and lead to miscommunication.

Forms of Communication that Cause Confusion

In addition to how best to have conversations, it is important to be aware that using gestures can be confusing or distracting. Reinforce in words what your gesture means.

People with ASC often do not understand sarcasm, metaphors or irony and tend to take things said literally, so try to avoid these as part of your communications. Phrases such as 'you're pulling my leg' or 'I'll be with you in a minute' may cause confusion to those who take things at their literal meaning.

Be aware that there can be a mismatch between facial expression and how an autistic individual is really feeling e.g. smiling when annoyed or appearing to be fine when they are really feeling anxious.

People with ASC often find eye contact difficult and can smile at what appears to be inappropriate times. These should not be viewed as rude or cause for suspicion, but it is important to note these behaviours in case records so that those who work with that individual will be aware and understand it is normal for them to behave that way. In addition, individuals with autism may not understand the notion of personal space. They may invade your personal space or may themselves need more personal space than the average person.

Potential Difficulties & How to Manage Them

Changes to Routine

Individuals with ASC often need routine to help them understand the world around them. It helps reduce their levels of anxiety.

³ Read some [quick tips](#) and ways you can support young people with ASC's [communication development](#). (Teaching young children - National Autistic Society May 2017)

Coming into custody means adapting to a new routine that is not of their choosing and a routine that may sometimes change. When faced with a child or young adult exhibiting unexpected, concerning or challenging behaviour, staff should consider whether the individual may have an ASC: Simply asking a them whether it has ever been suggested that they might be on the autistic spectrum, can sometimes flag up those who have ASC or who might benefit from further assessment.

Use visual supports to communicate the routine they are expected to follow and have copies in convenient places so that the child or young adult and staff are aware of what is expected.

Sometimes the routine will change unexpectedly e.g. due to lock downs, incidents, staffing numbers.

Give as much notice as possible about any planned changes, explain how long you estimate the change will last and when the usual routine will be re-established.

It is likely that the child or young adult's anxiety levels may rise as a result of the change. Encourage them to use their anxiety management strategies and suggest activities that they can do to distract themselves.

Room Searches

Individuals with ASC tend to have a strong preference for routine and order. They are often very precise when arranging their possessions. This can create difficulties for processes such as room searches

Effective practice:

- Explain why room searches occur.
- How long they will take.
- Reassure the child or young adult that they will be given time once the search is over to rearrange their possessions back as they like them.

Personal Search

Individuals with ASC may have a strong dislike of being touched, due to their sensory sensitivities.

Effective practice:

- Use a body map and explain in advance what will happen and where will need to be touched.
- Explain how long the search will last and what will happen after it is finished.
- Using a body map can also be helpful for appointments with nursing and medical staff.

Socialising

Individuals with ASC often find interacting with other people, especially groups of people, stressful and exhausting.

Effective practice:

It is easier for individuals with ASC to participate in activities that are structured and have a clear focus. Unstructured time such as 'association' in YOIs is often a stressful time for those with ASC. They may prefer to

stand around the edge of the space and watch or speak to staff or just one of their peers.

Having a plan in place which enables a child or young adult with ASC to leave a group and go somewhere to 'take five' if they are beginning to feel distressed may help head off an autistic meltdown.

Recognise that after group activities, the child or young adult may well wish to spend time alone, (possibly pursuing any strong interest they may have) to help them recover from the stress they will have been under.

Empathy Based Work

Individuals with ASC struggle to understand other people's motivations and emotions. It will be disproportionately difficult for them to gain any benefit from empathy focused work.

Effective practice:

Interventions that address stress management or problem-solving approaches are likely to be much more effective.

Behavioural Disturbance or Meltdowns

A meltdown is 'an intense response to overwhelming situation'. It happens when someone becomes completely overwhelmed by their current situation and temporarily loses behavioural control.

This loss of control can be expressed verbally (e.g. shouting, screaming, crying), physically (e.g. kicking, lashing out, biting) or in both ways.

This can be the most visible symptom of ASC that a child or young adult has, but it can be easily misinterpreted as intentionally aggressive or difficult behaviour.

If a child or young adult appears to be repeatedly 'overreacting' to apparently trivial issues or behaving in a challenging way that brings them no clear benefit, it is worth considering if they have ASC.

Effective practice:

Sensory differences, changes in routine, anxiety, and communication difficulties are common triggers. Observing a restraint or behavioural disturbance can also be triggers.

Seek advice from the mental health team to develop a behaviour management plan to try and reduce this behaviour or contain it when it happens. This might include identifying warning signs (e.g. pacing, repetitive questioning) and stress management work.

This should be included within their Integrated Care (SECURE STAIRS) Plan and should include support such as:

- Decreasing environmental stimuli by creating a quiet safe space (dimming lights, turn off music/tv etc.)

- Clear the area of onlookers and ask those who stay not to stare.
- Speak in a quiet voice and encourage deep slow breaths, ask if they are ok. Giving time for them to reply.
- Afterwards, try and work out triggers for this behaviour.
- Ensure support is available as the individual may feel shame after their meltdown and fear being bullied or rejected by others.

Sensory Rooms (Snoezelen Rooms).

The sensory environment provides direct and indirect stimulation of the senses and can be a great tool to use in helping some children with ASC to calm down and relax. They are specially designed to deliver stimuli to various senses, using lighting effects, colour, sounds, music, scents and so on, to address some of the issues caused by [sensory problems](#). The combination of different materials on a wall may be explored using tactile senses, and the floor may be adjusted to stimulate the sense of balance. It is not necessary to use every stimulus in the room, what works will be individual to the individual with ASC and it is important that the appropriate stimuli are used in conjunction with the individual's care plan.

It is important to ensure that:

- these rooms are only used with clinical staff support,
- these rooms are used as an addition to other interventions not a replacement,
- processes are followed to assist in de-escalation as per the individual's care plan.

Education

Although many children and young adults with ASC are of average or higher intelligence, they often struggle at school and fail to reach their potential.

The National Autistic Society notes that:

- 34% of children on the ASC spectrum say the worst thing about school is being picked on,
- 17% of autistic children have been suspended from school, with 48% of these being suspended three or more times;
- and 4% had been expelled from one or more school.

Equally impairing is the damage done to self-esteem by the bullying and peer rejection that is commonly experienced at school by those with ASC.

These difficulties may be a contributing factor to the very low rate of employment of adults with autism. Only 16% adults with autism are in full time employment, which is amongst the lowest rates for all disabled people. ⁴

Effective practice:

One to one working may be helpful, at least at first, to rebuild confidence in education for a child or young adult with ASC.

⁴ [NAS TMI autism employment campaign | British Association for Supported Employment 2016](#)