

Case Study 1 (b)

Ross is a 16 year old boy. Ross has been diagnosed with type 1 diabetes. He is struggling to come to terms with this new management of his health. Ross spends a lot of time on his Xbox in his room. He does not like to socialise with peers and can struggle with relationships. Ross does not have a relationship with his parents. He was placed under the care of the state at the age of 6. Ross does work well with staff who have a common interest in gaming. Ross had been living in a residential setting with other children but staff felt due to his lack of educational progress they could not continue further with his care and served notice. The referral for Ross has come to the attention of a solo occupancy provision who feel they can support him. At the planning meeting the local authority discuss the fact that they will be seeking a DoL order for Ross. This will include restrictions on his ability to leave the home so doors and windows will be locked. Ross can be physically prevented from leaving the home.

What is the best setting for Ross?

What are the added complexities for this particular case?

What additional observations have you?