

# Learning Disability Managed Care Network Development Programme

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## Offending Behaviour, Public Protection and a Good Life

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# Criminal Justice system

**People with a LD come into contact with the Scottish criminal justice system as:**

- **Witnesses**
- **Victims**
- **People accused or suspected of a crime**
- **People convicted of a crime**

# Criminal Justice system

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**People with LD are more likely to be victims of, or witnesses to, crime rather than offenders**

# Background

- **The Same as You 2000 – published by SG and was a significant and wide ranging review of the needs of people with a LD in Scotland**
- **Key theme that people with a LD should be valued. They should be asked and encouraged to contribute to the community they live in. They should not be picked on or treated differently from others.**

# Background

- **Human Rights**
- **Historically people with an LD often had their rights ignored.**
- **A life like any other? Human rights of Adults with Learning Disabilities and**
- **The Adults with Incapacity (Scotland) Act 2000**

# Background

- **Prison Reform Trust 2005**
- **No One Knows**
- **Offenders with learning difficulties and learning disabilities – review of prevalence and associated needs.**

# Prevalence

## 2 types of research

- Looking at criminal justice service and proportion of people with LD
- How to Support
- Looking at LD population and numbers of people who go on to offend
- How to Prevent

# Prevalence

- Up to 7% of Adults within prisons have a LD
- Up to 25% have an IQ <80
- Prisoners with LD are 5 x more likely to experience control & restraint
- 3 x more likely to exp segregation
- 3 x more likely to exp anxiety & depression
- Relationship between IQ and offending is non-linear
- Offending higher in mild LD / borderline range
- Tailing off for those with IQ <50



# Prevalence

- Very few people with severe ID go through criminal justice system
- Viewed as challenging behaviour

# Exercise:

- Why do you think people with learning disabilities are over-represented in the Criminal Justice system / prisons?

# Possible explanations:

## Identification of LD / ASD (LDSQ)

Entering the criminal justice system – not understanding  
e.g. Caution

- Not understanding rights e.g. For lawyer, appropriate adult
- More suggestible and acquiescent
- Poor social skills

Experience of community based orders – compliance

- ASBOs
- Availability of support varies

# Possible explanations:

## Experience in custody

- Vulnerability
- ASD / sensory issues / attention / disruptive
- Prison regime – rules
- Ability to engage in programmes

## Diversion from CJS

- Diversion to health care pathways
- Supervision v treatment

# VULNERABILITIES & BARRIERS TO JUSTICE (QUOTES FROM TALBOT 2008)

- Court

*‘The judges don’t speak English, they say these long words that I never heard in my life’*

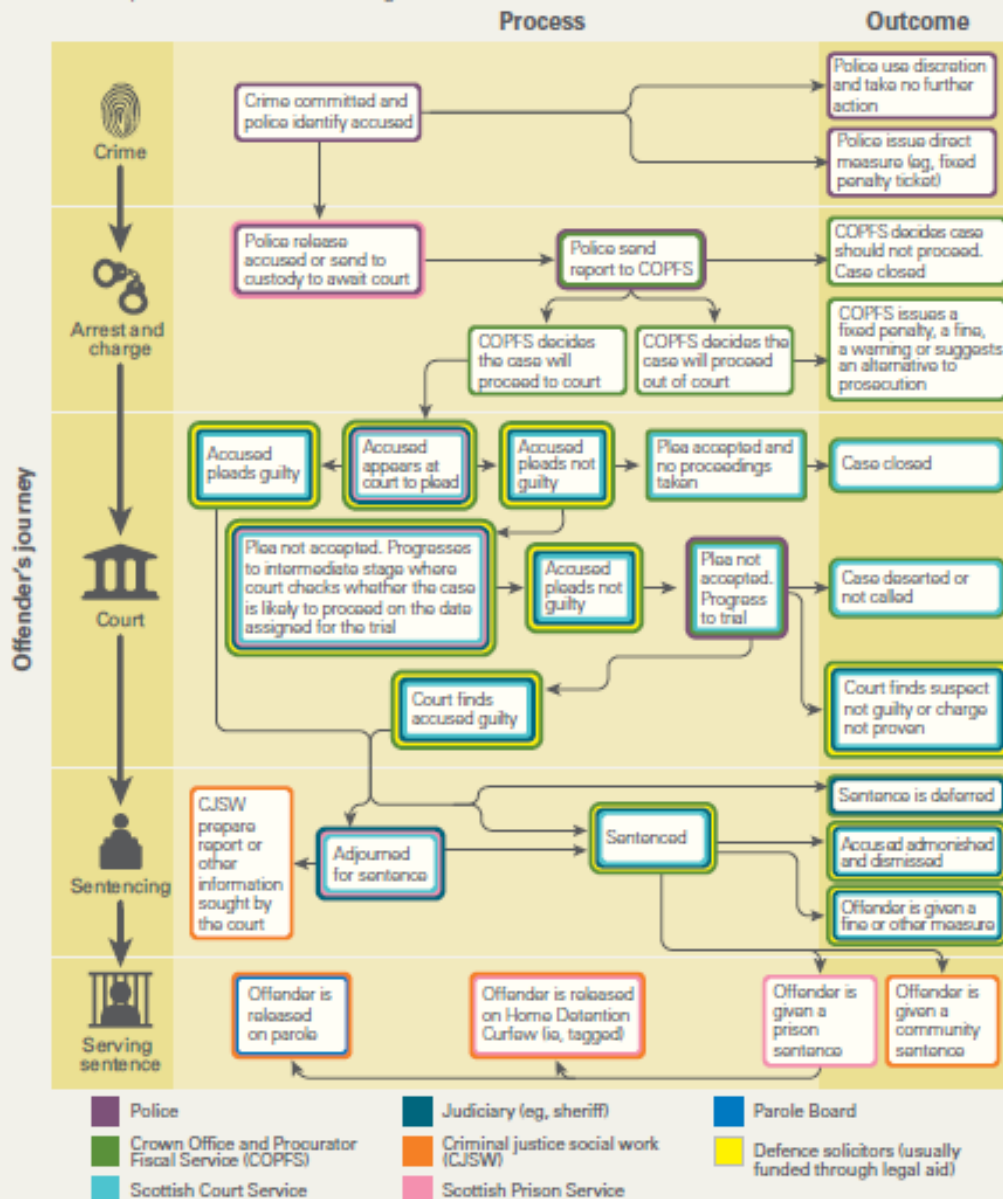
*‘To be truthful, I couldn’t understand them. They talk so fast, they were jumping up and down saying things. I gave up listening.’*

- <https://www.youtube.com/watch?v=6Qy7A52snzl>
- <https://www.youtube.com/watch?v=QJV9Uh9jSjA>
- Paul's story life in prison
- <https://soldnetwork.org.uk/videos/improving-support-for-people-with-learning-disabilities-who-offend/>

## Exhibit 1

Overview of an offender's journey through the criminal justice system

Scotland's criminal justice system comprises many processes and is delivered by a range of bodies and individuals, with different possible outcomes at each stage.



Note: Coloured borders round the boxes signify the different bodies generally involved at that stage of the process.  
Source: Audit Scotland

# Criminal Justice and MH systems: Diversion Pathway

- **Detention by Police**
  - Place of safety
  - Informal treatment
  - Emergency or short-term detention
- **Pre-trial**
  - Assessment Order from court or prison
  - Treatment Order from court or prison
  - Assessment/treatment as a condition of bail
- **Trial**
  - Psychiatric Defences
- **Acquittal**
  - Urgent detention
- **Conviction**
  - Prison
- **Acquittal on the grounds of insanity**
  - Psychiatric options for disposal



## **Key features of the diversion from prosecution are:**

- **Directed at minor offences**
- **The alleged offender must agree to work with social work on the particular issues underpinning their alleged offending, for example, alcohol abuse, childcare issues**
- **Generally supervision is for a 3 to 4 month period**
- **A positive social work report at the end of the period will probably result in the Fiscal not proceeding further with a prosecution**
- **It serves to remove lower level cases from the court system**

# Psychiatric defences and legislation for mentally disordered offenders post trial.

- Fitness to plead
- Interim Compulsion order
- Compulsion order
- Restriction Order
- Hospital direction
- Guardianship order
- Intervention order
- Probation order with a condition for treatment

# Through Care

- **Parole and life License**

- All prisoners serving 4 years or more are long-term prisoners and eligible for parole after serving half their sentence.
- They must be released on license after serving 2/3
- Life sentenced prisoners must serve the 'punishment part' before they can be considered for release on life license.
- **Criminal Justice Social Work**
- Currently any long term offender will be allocated a criminal justice through care worker. They will maintain contact with the offender during their sentence and provide statutory reports for the Parole Board concerning the offenders assessed risk of re-offending and conditions of license.

# Drug Treatment and Testing Orders (DTTO)

- Drug treatment and testing orders are aimed at drug misusing offenders whose offending is directly related to their drug misuse. In tackling the drug problem we can steer offenders away from crime. It is important to stress that serious drug dealers will continue to receive custodial sentences.
- Key features of the order:
  - It is a court order of between 6 months and 3 years in length
  - Offenders are supervised by a social worker
  - Offenders are subject to regular and random drug testing
  - It is a highly intensive order
  - Regular reviews are held at court with the sheriff and the offender present, usually monthly, to consider progress
  - Orders are strictly enforced and failure by the offenders to comply with the order results in them being returned to court

# Through Care

## **Multi-Agency Public Protection Arrangements**

### **MAPPA**

**Management of Offenders etc (Scotland) Act 2005 requires the police, local authorities and the SPS to establish joint arrangements for the assessment and management of the risk posed by sexual and violent offenders.**

**All Restricted Patients are subject to MAPPA as are Mentally Disordered Offenders who are not restricted patients but are sexual or violent offenders and others who are deemed to pose a serious risk to the public.**

# Through Care - MAPPA

## Role:

- Work in partnership to share relevant information about specific categories of offenders
- Assess the level of risk and recommend action to manage this risk
- Monitor and review the risk management plan
- Level 1 – Ordinary Risk Management where a single agency is involved
- Level 2 represents Local Inter Agency Risk Management for cases that are jointly managed
- Level 3 – ‘critical few’ assessed as posing a High or Very High Risk of Harm and therefore require making complex interagency risk management arrangements and high level decision making.

# Management of patients within Forensic Mental Health Service – Goodlives model

## Strengths based model

- MDT
- CPA / care plan
- Risk assessment and Management – SPJ
- Physical Healthcare
- Advocacy
- Management of aggression
- Restricted patient procedures
- Social care

What qualities do you think you need to work with people who offend?



# What qualities do you think you need to work with people who offend?

- **Appendix 1: Qualities for staff working with people with forensic needs**
- Good interpersonal skills
- Insight into their own motivation for doing the job
- Social and cultural awareness Responsibility  
Equality and diversity awareness Personal integrity
- Good team working behaviours Observant
- Tolerance of difficult and demanding behaviours
- Attention to detail  
Natural curiosity about unusual behaviour
- Ability to remain calm in difficult circumstances
- Willingness to see emergencies at short notice

# Management of patients within Forensic Mental Health Service

## **Psycho social treatment –**

- **structured day**
- **Work placements**
- **DLA**
- **Recreation**
- **Family intervention**
- **Education programmes**

## **Therapeutic interventions**

# Case Study

- 26 year old man referred to the forensic service
- Due for prison release
- Conviction for fireraising
- History of being in care system
- History of domestic violence
- Longstanding anger issues

# Case Study

- What sort of support would be needed upon release?
- What might be some of the difficulties?

- **Learning disabilities and the criminal justice system avon and wiltshire mental health partnership**
- <https://www.youtube.com/watch?v=6Qy7A52snzl&feature=youtu.be>

# Importance of Team Working

*‘A lot of different skills can be needed to help someone with a mental health problem. No single professional, however well trained, can possibly be expert in all these skills. This is why different mental health professionals work in teams.*

*‘The team should have workers from different professions, who understand each others’ different skills and ways of approaching problems.’*

**(Royal College of Psychiatrists, 2006)**

Source: New to Forensic Mental Health Training Programme

# Multi-disciplinary working

A Multi-disciplinary team is –

*‘A group who share a common health goal and common objectives, determined by community*

*needs, to the achievement of which each member of the team contributes, in accordance with his*

*or her competence and skill and in co-ordination with the functions of others.’*  
(WHO, 1984).

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# Multi-disciplinary Team Working

Effective Multi-disciplinary team working provides:

- Continuity and consistency of patient care.
- Multiple skills, judgements and experiences.
- Improved problem solving- broader professional perspectives providing a variety of potential solutions to problems.
- Actions resulting from a holistic perspective.
- Commitment to joint practices.
- No duplication of work.
- Identification of realistic achievable goals which are shared and understood by all.

Source: New to Forensic Mental Health Training Programme

# Multi-disciplinary Team Working

- Open and effective communication is essential for productive and successful multi-disciplinary team working. Methods and strategies for developing and enhancing communication within teams include:
- Information exchange whether written or verbal, formal or informal.
- Attendance by all disciplines at team meetings: provides a forum for clear and open communication and an integrated approach to patient care.
- Reflection and discussion between team members, particularly when issues arise.
- Support and peer supervision: promoting an understanding of the issues and roles within the team.
- Collaboration between all members of the team to provide a co-ordinated care package for the patient by reducing the risk of gaps in care or duplication of work.

Source: New to Forensic Mental Health Training Programme

# The End!

