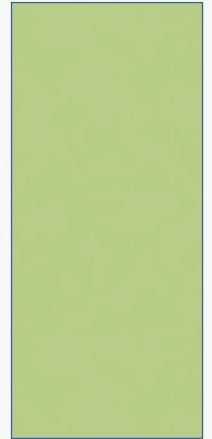


DEVELOPING LEARNING DISABILITY PRACTICE IN GREENWICH PRISONS

CARE AND TREATMENT CHALLENGES



OPENING GAMBIT

- Antony Hawkins. Practice development nurse for learning disabilities.
- RMN / Dip / BSc / MSc / FAb / Nurse specialist for mental health in learning disabilities.
- Personal experience of Adult placement scheme and caring for a person with a learning disability.
- Varied experience of secure and intense environments.
- Greenwich prisons 08/2016 – Implementation of NHS England plan for London prisons and Learning disability provision.
- Thoughts so far.....Positive, positive, interesting and exciting!
- So.....How do we move forward – Constructive critiques.

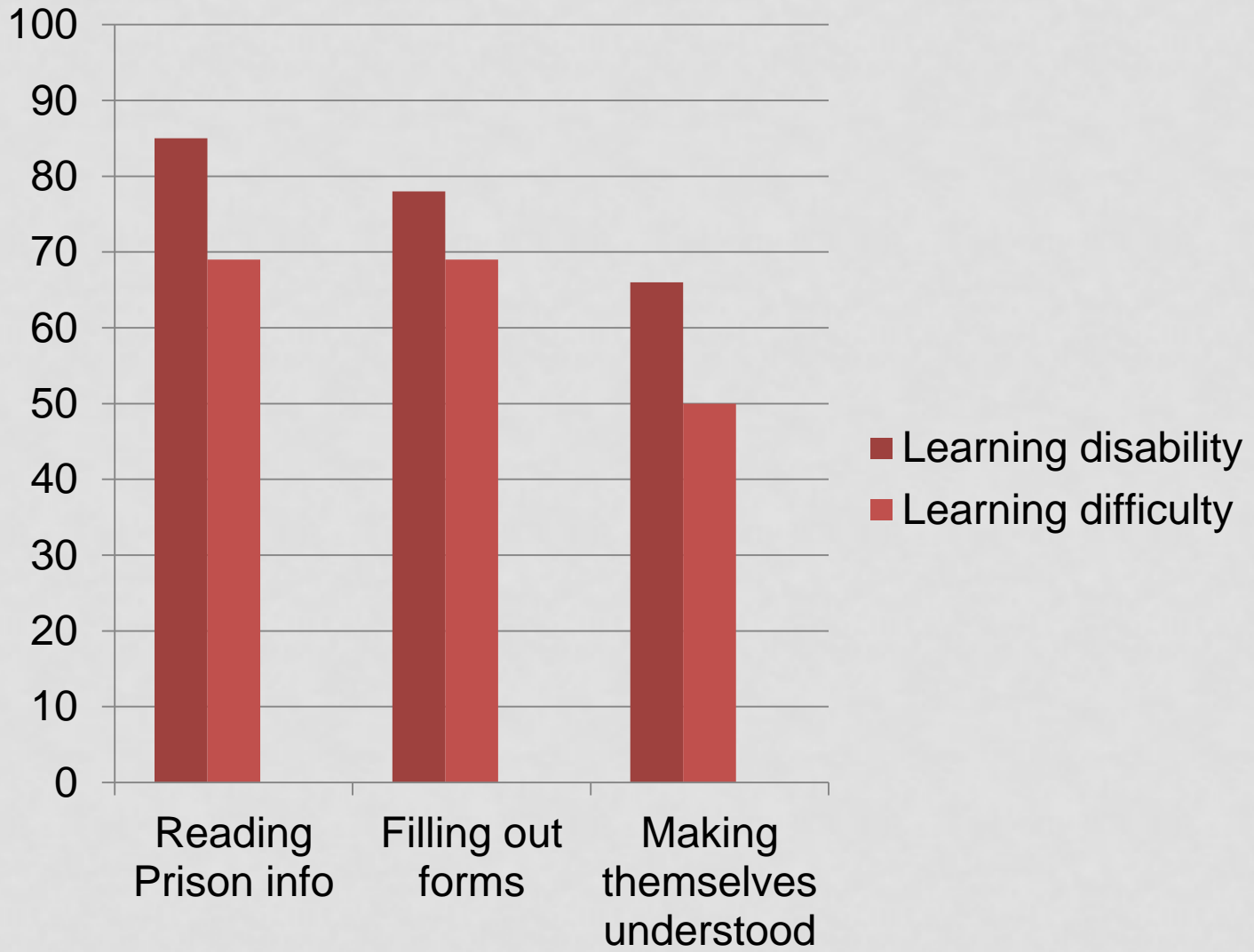
PRISON LIFE

- More than two-fifths (42%) of our prisons are rated “of concern” or “of serious concern” by HMPP Service—the highest level ever recorded
- There are now more prisons rated “of serious concern” than “exceptional”.
- The number of prisons rated “exceptional” has plummeted from 43 in 2011–12 to only nine in 2016–17
- Only two in five men said that they had been given information explaining what would happen to them when they first arrived in prison
- Only one in seven people said they spent 10 hours or more out of their cell each day
- Nearly one in three people (31%) held in a local prison said they spent less than two hours out of their cell each day
- Inspectors found that in most prisons, people are only able to spend 30 minutes outside a day. This means that men often have to choose whether to go outside or undertake other essential activities, such as taking showers or telephoning home
- Inspectors also found that many prisons operated temporary restricted regimes to cope with staffing shortages, with prisoners locked up for the night at 6pm or earlier
- The daily prison food budget within public sector prisons for 2015–16 was £2.02 per person
- Research on segregation has established that it is harmful to health and wellbeing. Over half of segregated prisoners interviewed said they had problems with three or more of the following: anger, anxiety, insomnia, depression, difficulty in concentration, and self-harm

The prison reform trust (2017)

PRISON LIFE FOR A PERSON WITH A LEARNING DISABILITY OR DIFFICULTY

- Nearly three in 10 people (29%) were identified as having a learning disability or difficulty following assessment on entry to prison in 2015–16 – Greenwich prisons = 880+
- Inspectors have found that “little thought was given to the need to adapt regimes to meet the needs of prisoners with learning disabilities who may find understanding and following prison routines very difficult”
- Prisoners with learning disabilities or difficulties are more likely than other prisoners to have broken a prison rule; they are five times as likely to have been subject to control and restraint, and around three times as likely to report having spent time in segregation
- Over half of prison staff believe that prisoners with learning disabilities or difficulties are more likely to be victimised and bullied than other prisoners.
- Over half of such prisoners say they had been scared while in prison and almost half say they have been bullied or that people have been nasty to them



THE PLAN

- **Rationale**
 - i. No One Knows (2008) REPORT AND FINAL RECOMMENDATIONS. Experiences of the criminal justice system by prisoners with learning disabilities and difficulties. Prison reform trust.
 - ii. No one knows (2007) Identifying and supporting prisoners with learning difficulties and learning disabilities: the views of prison staff
 - iii. HMI Probation and HMI Prisons (2015) a joint inspection of the treatment of offenders with learning disabilities within the criminal justice system - phase two in custody and the community
 - iv. Equal access, equal care; Guidance for prison healthcare staff treating patients with learning disabilities. (NHS England)

THE PLAN

- Initial screening and identification
- Care planning and MDT
- Access
- Links with learning disability services and wider community
- Staff training, support and supervision


1. EARLY SCREENING AND IDENTIFICATION

- **Learning disability or learning difficulty?**
 - i. Definition. Medical Vs. Social Vs. Other. (ID? DD? LD? MR? LDD?)
 - ii. Commissioner boundaries.
 - iii. Inclusion and exclusion.
- **QoF register**
 - i. Huge data-base.
 - ii. Accurate information? Quality of Data input.
- **Initial screening process / LDSQ**
 - i. How tight?
 - ii. Quality of initial screen?
 - iii. Inclusion and exclusion – Service needs.
- **Referral process**
 - i. Who and how and when and why?
 - ii. 3 very large and very different establishments.

LDSQ


Can the client tell the time?	Yes
Is there a diagnosis of learning disability in any notes?	Yes
Has anyone ever told the person they have a learning disability?	No
Did the prisoner attend any special schools?	No
Does prisoner have problems with simple numerical calculations? (e.g. If I gave you £5 to buy milk, milk costs £1.50 - how much is left?)	No
Does the prisoner have problems reading? (reading a novel or newspaper usually rules out learning disability)	No
Health of the Nation Outcome Scale for learning disabilities	1


GUIDANCE - If score of 1 or more, add to LD waiting list and send task for referral to LD Service

 Waiting Lists	 Create new Learning Disability Refer...
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Referral to learning disability team

LDSQ questionnaire completed 

Consent to sharing of information 

2. MULTI-DISCIPLINARY TEAM

- Initial “rules of engagement” “who`s house? Runs house”
- Who? How many?! Really??! Then how??!
- Prioritise and worth.
- Drip, drip? Little for lots or lots for little?
- Care co-ordination.

3. ACCESS – WORK, ED AND HEALTH

- **Activities / Work**

- i. Suitability
- ii. Limited options
- iii. Peer hierarchy
- iv. Expectation – No option?

- **Education**

- i. Availability of adapted programmes (or lack of!)
- ii. Expectation – No option?
- iii. Vicious cycle (ADHD etc.)
- iv. Limited Options / Levels
- v. Consultation and signposting – my own limitations.

- **IPU's / Healthcare**

- i. Lack of understanding
- ii. Annual health checks
- iii. General “community” support i.e. planning, attending, understanding.

- **Through the Gate**

- i. Exclusion

4. LINKS WITH LEARNING DISABILITY SERVICES / LOCAL AND WIDER COMMUNITY

- **CLDT / CMHT**
 - i. Reluctance? Forensic patients and “problems or complexities”
 - ii. Access – Undiagnosed learning disability.
 - iii. Existing cultural differences Mental health Vs. Learning disability.

- **Local authority / Greenwich Council / Advocacy**
 - i. Local partnership board – Lack of CLDT engagement.
 - ii. Local community and promotion.
 - iii. Accepting advocacy and care act recommendations.

- **Mencap / BILD**
 - i. Limited knowledge of prison learning disability services.

- **Multi-agency training / Specialist training / Keyring**
 - i. Availability.

- **Specialist interventions – Autism accreditation**
 - i. ££££££££
 - ii. Business plan?

- **Department of Health / NHS England**
 - i. Offenders with a learning disability steering group
 - ii. Community of practice

5. STAFF TRAINING, SUPPORT AND SUPERVISION

- **Awareness training**

- i. Who, how, where and when?
- ii. Me, Them or Us?
- iii. Current training practices and culture – NHS Vs. HMP

- **Specialist training**

- i. As above!
- ii. Mencap
- iii. Keyring
- iv. Others
- v. National Autistic Society

- **Healthcare champions**

- i. Prison resources
- ii. Consistency / Detail
- iii. Commitment and motivation

- **Supervision**

- i. Current training practices and culture – NHS Vs. HMP
- ii. Delivery
- iii. Priorities
- iv. Formality and my responsibility?

CHALLENGES

- Engagement with Key stakeholders / Prison / Everyone?!
- Working within prison regime - Who`s house?! Can we do some “building work?”
- Working independently and in Isolation – HeIIIIIIpp!
- Existing lack of LDD awareness, support and understanding
- Diagnosis or lack of! Including Psychological support
- Cultures, cultures, cultures
- Autism and LD vs LDD – Where are we going, how and why?

QUESTIONS

1. How can we create Autism friendly environments??

Case Study 1. Mr Williams.

2. How can we support the criminal justice system to acknowledge persons with a learning disability and the influence in criminal behaviour? A la Mental health!

Case Study 2. Mr Andrews.

Greenwich prisons LDD (Learning disability and difficulty) prisoner pathway.

LDSQ performed as part of reception screening.
LDD identified and automatically referred to LD team for secondary assessment and determination of need.

Nil LDD identified at screening.
Opportunity for Prison referral to LD team and screening process implementation if later consideration of potential LDD.

Learning disability identified and placed onto LD team caseload.
Full MDT involvement with consideration for CPA.
Care planning and regular review.
Liaise with catchment area services if appropriate.
Links with local community/Housing/Day centres/NACRO
Training, support and awareness provided to relevant staff and services.

Learning difficulty (ADHD, Dyslexia, Dyspraxia, Autism or Aspergers) identified.
One off intervention provided to determine need and appropriate support.
Training, support and awareness provided to relevant staff and services.

Discharge into normal location.
Release into community.
Full discharge planning and summary provided.