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Achieving Change**

# A brief report on the provision of services for hearing impaired, Intellectually Disabled, ADHD and autistic spectrum offenders at HMP Whatton

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## Background

**This report introduces a project currently running at HMP Whatton to identify and address service gaps for a minority group of offenders with specific disabilities. The project was commissioned by the Governor following a legal challenge to the prison over the management of an Intellectually Disabled (ID) prisoner. The challenge highlighted a failure to support an ID offender appropriately during an investigation and drew attention to a general failure within the Prison Service to make reasonable adjustments for those with disabilities. NOMS policy requires staff to 'identify prisoners with particular needs and to make reasonable adjustments'<sup>1</sup> and before the challenge, HMP Whatton had some existing procedures which aimed to meet this requirement, for example by offering a sex offender treatment programme to hearing impaired prisoners. However, a lack of formal strategy meant that not all disability groups were being recognised, and when they were, the information was not being communicated to key staff in the prison.**

The legal challenge at HMP Whatton brought into focus the high numbers of intellectually disabled offenders held in the establishment. Consistent with previous findings<sup>2</sup>, approximately 25 per cent of offenders who are assessed for Offending Behaviour Programmes at HMP Whatton have some degree of Intellectual Disability. These offenders may have a history of placement in high secure Learning Disabilities services or have been frequently referred to such services. Demands on secure service provision mean that many offenders who might benefit from the additional services offered by specialised Learning Disability service fail to secure a place in such facilities

and are often managed within prison settings. An investigation by the Prison Reform Trust<sup>3</sup> has done much to raise awareness of this group of prisoners and identified a national gap in prison to meet their specific need. The costs of places in specialised learning disability services and the national gap in prison provision prompted consideration of how HMP Whatton could work with offender health commissioners to deliver the additional services usually associated with specialised environments in the prison context.

Although the initial legal challenge dealt with ID, the initial scoping process of the project identified four key target groups whose needs are not currently met and allowed for specification of different needs between and within these groups:

- ❑ Intellectually Disability (ID) — This is also referred to a learning disability, and means that a person has an intellectual functioning level below 70 on an IQ test, and that they also have difficulty with independent living. However there are also a group who do not meet the criteria for ID because their IQ is above 70, but is still below the level considered average (80 and above). This is sometimes referred to as the 'borderline' range. In NOMS offenders whose intellectual abilities fall below 80 are treated as 'ID' and are recommended to complete adapted Offending Behaviour Programmes. However, to access support services from Healthcare (service provided by the NHS), offenders need to meet the NHS criteria, which usually falls around an IQ of 64 and below. Therefore the scoping procedure proposed a 3 tiered model to identify and streamline access to services for offenders that fall into each of the IQ categories (e.g 80+, 64-79, and below 64). The lower the IQ, the greater the support required.

1. Ensuring Equality and PSI75/2011.

2. White Paper, Valuing People: A New Strategy for Learning Disability for the 21st Century (Department of Health 2001).

3. Talbot, J., & Riley, C. (2007) *No One Knows: Offenders with learning difficulties and learning disabilities*. Prison Reform Trust, British Journal of Learning Disabilities, 35, 154-161.

- ❑ Autistic Spectrum Disorder — (ASD) — ASDs include Autism and Aspergers. Both are characterised by difficulties in language and communication, interaction and imagination (flexibility of thought).
- ❑ Hearing Impaired — This includes profound or partial deafness to a degree that would prevent access to services.
- ❑ Attention Deficit Hyperactivity Disorder (ADHD) — ADHD describes a group of behaviour symptoms which result in inattentiveness, hyperactivity and impulsiveness.

The aim of the project was to explore the unique needs of these prisoners at HMP Whatton and make recommendations about how the establishment could improve their experience and environment in custody and the services they can access. These services needed to include both risk reduction activities and also services targeting social and welfare needs of the offender.

### Method

In order to meet the outlined aims, a variety of methods were chosen with the intention of capturing the personal experiences of the target groups, current research evidence, and existing policies and procedure both within and external to NOMS. Five methods were utilised:

*Multidisciplinary Steering Group:* A multidisciplinary steering group was established to provide a clear strategic steer for the development of a specialist needs strategy and to ensure that the outcomes could be operationalised. The steering group represented the key stakeholders and consisted of the Governor of HMP Whatton, Forensic Psychologists, Consultant Forensic Psychiatrist (Clinical Director, Offender Health), Healthcare manager, Learning and Skills manager, Disabilities Liaison and Equalities managers and Residential managers. Additionally, external expertise was provided by Nurse Consultants from the Nottingham city Aspergers service<sup>4</sup>. The steering group convened every three months.

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*Literature review:* A review of research literature was undertaken to identify recommended practice for the target groups. This provided an empirically sound evidence base for development of a service model.

*Review of services in public and private sector providers:* A survey was completed with other public sector prisons and public sector and private sector organisations working in the disabilities field to establish the services offered within each environment. In some cases, these services were visited by members of the project team and examples of best practice with service provision were identified and used to compliment the findings from the literature review.

*Mapping existing provision in HMP Whatton:* Services provided to all offenders at HMP Whatton were mapped out. These were then reviewed to consider accessibility and appropriateness of the service for users from any of the identified target groups.

*Focus groups with Service Users:* Two Focus groups were conducted at HMP Whatton with prisoners from some of the target groups. One group was undertaken with men who had accessed and completed Adapted Offending Behaviour Programmes. The other was undertaken with men who had 'moderate level'<sup>5</sup> ID and had not yet accessed offending behaviour programmes. The focus groups explored the offenders' experience of navigating their way through prison life and the custodial sentence.

### Findings

The investigation process found that there were many services already in existence at Whatton which met some needs of the target groups. It also identified specific existing gaps in the provision of services, falling across six areas:

- ❑ Assessment — A lack of consistent, timely and targeted screening and assessment procedures which could identify prisoners who fall into the target groups.

4. The authors would like to thank Jacqueline Dzienawowska and Lynsey Regan, from Nottingham City Aspergers Service for their invaluable advice and support during this project.

5. Moderate/severe needs were defined as an IQ of between 50-64.

- ❑ Information Sharing — Some of the identified needs were being assessed independently by departments across the prison (such as learning and skills, psychology and healthcare) but there was no mechanism in place for sharing this with others departments, and needs were not consistently understood across the prison.
- ❑ Understanding of needs — There was a lack of understanding amongst the staff group generally about the identified disabilities and the associated needs of a prisoner with these difficulties.
- ❑ Treatment and intervention provision — Access to offending behaviour programmes, learning and skills, activities, counselling and other psychological services was not consistently available for all the groups. Additionally some areas of social and personal care interventions were not facilitated at all within the prison.
- ❑ Environment — The prison environment did not cater for needs, for example materials, such as application forms, notices and menus, and systems such as induction, were not accessible for those unable to read or hear.
- ❑ Throughcare — There was a lack of involvement with specialist agencies who might provide services and consultancy to meet the target groups needs. On leaving Whatton, there was also an absence of appropriate referrals to these services.

These gaps showed that HMP Whatton could do more to achieve the appropriate level of provision recommended in current policy (for example the Equality Act 2010). The findings, along with recommendations were fed back to the Steering Group via a consultancy report and visual presentation. The steering group were then able to explore a variety of alternatives to fulfilling the needs outlined and generate an action plan.

### Recommendations

Various recommendations emerged from the identified gaps. A number of these were achievable in a relatively short time frame while others required systemic change, taking longer to achieve.

*Assessment* — Screening to identify needs of prisoner needs should be completed as soon as possible

on arrival to the establishment. Ideally within 48 hours. Those indicating a specific need at the screening stage to be referred on for in-depth assessment. The assessment process should be multi-disciplinary.

*Information sharing* — A communication system should be in place between Psychology, Programmes, Learning and Skills, Offender Management Unit and Healthcare, which collates information on individual prisoner needs and clearly outlines what treatment/provisions they are accessing (for example a multi-disciplinary care plan) to streamline a prisoners pathway through HMP Whatton.

*Understanding of needs* — Staff awareness training is an essential need around the establishment. Induction/reception and healthcare staff should be prioritised, and then rolled out to all staff groups. The training should include practical guidance on what behaviours and indicators of need to look out for, and how to respond and cater for specific difficulties. Personal Officer training should also stress the value in providing essential support, communication and services to prisoners.

Advice on the practical management of individual offenders needs should be provided to wing staff and instructional officers. This should be routinely provided in addition to the general staff awareness training. Feedback/information

should then be shared by wing staff/instructional officers to the multi-disciplinary team involved in an offenders' sentence and care plan.

*Environment* — Offenders who require significant support should be allocated a case co-ordinator and a care plan should be created. This should be completed with a multi-disciplinary team and the offender. Regular multi-disciplinary reviews should be held to offer continuity of care and allow offenders regular input into their care plan.

Use of accessible materials to improve understanding of key aspects of prison life. Examples include Sentence Planning and OASys documentation, Induction paperwork, and key communication paperwork (such as notices to prisoners, canteen menus, wing applications). There are numerous materials already available from NOMS which should be reviewed and rolled out as a priority. Following this, signs around the establishment would benefit from being written in lower case as a minimum adjustment.

Use of an advocacy system for support. This could be done in a variety of ways. For example, an elected representative chosen by them to accompany them to

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their Sentence Planning Board (a member of staff), or links with organisations who provide legal advocacy support to offenders. However, there is also a need for less formal advocacy for such offenders e.g. for example in assisting them to complete application and complaints forms. It was therefore recommended that an appropriate peer support scheme be implemented to achieve this.

A follow up visit by a member of staff after the first induction talk. This should check they have understood the information given. A recap over the induction information should also be provided.

*Interventions and treatment* — It was recommended that all existing Learning and skills courses be made available for offenders at Entry level 1. Improved social care/living skills support; the current programme of courses could be developed to offer a wider range of programmes to support social care and independent living needs. Interventions and psychological services should be made available to address offending behaviour needs that are not currently met through existing accredited adapted provision. This could include use of interpreters for hearing impaired offenders, adapted materials and delivery methods and provision of offence focused work where an accredited programme is not available.

*Throughcare* — Better links with community services would streamline services. To begin with those who fall in scope for NHS/healthcare services should be referred onwards. This would be more challenging for those who fall outside this scope, although still beneficial. They would qualify for minimal services in the community through the NHS. However, a relationship with charities and independent

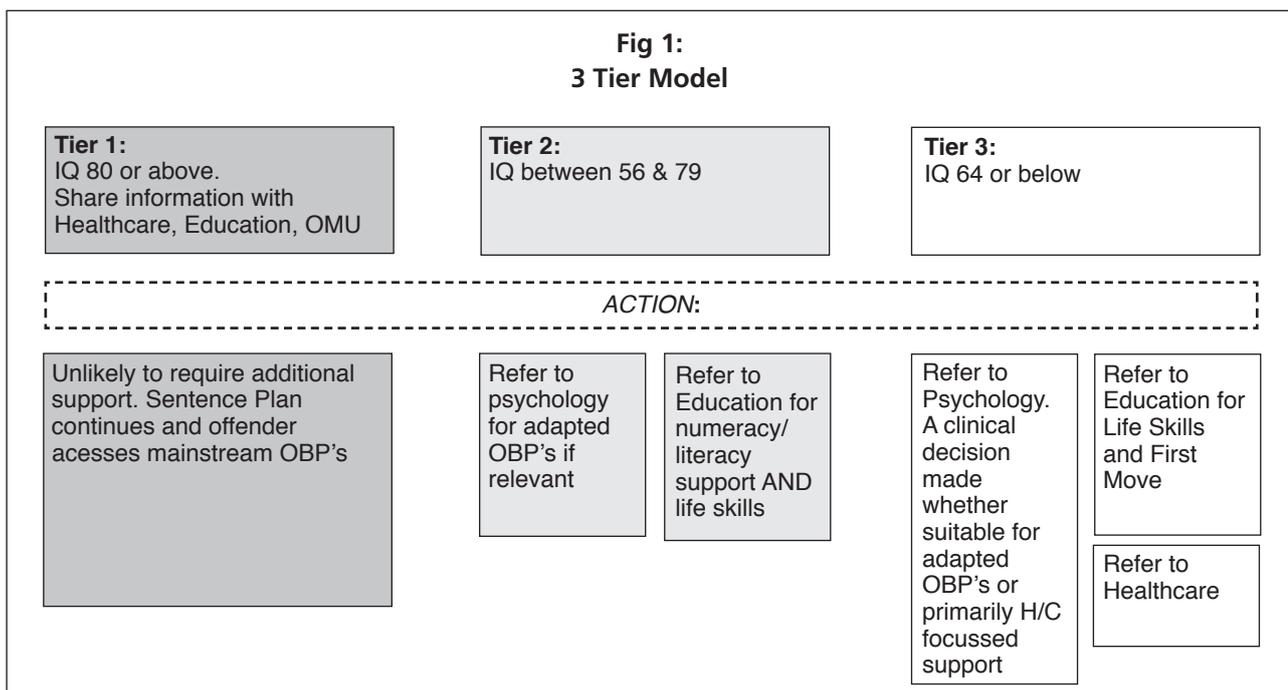
organisations could be of benefit (e.g. Autism West Midlands).

### Actions

The multi-disciplinary steering group reviewed the recommendations and developed an action plan to deliver them. The action plan proved valuable in initiating and monitoring the implementation of the recommendations. Some recommendations were not implemented in the original form because they were deemed to provide little additional value to service delivery. In these cases, alternative means of meeting the aims of those recommendations was explored. For example, provision of speech and language therapy for highest need cases could be met through the addition of a specialised Learning disabilities nurse.

A priority task was to identify and respond appropriately to need. In order to do this, a care pathway model was adopted (see figure 1). This has three core functions: time bound identification of need (screening, and assessment), referral to appropriate service and case management (via a case worker and multidisciplinary team meetings). In order to streamline resourcing and in line with commissioning intentions, services are related to need and risk. To respond to the varying needs of ID prisoners, a three-tier system has been introduced which sees the most intensive services matched to prisoners with an IQ below 64. The highest risk offenders would be prioritised for interventions provided by other service providers (e.g. Psychological services or Learning and skills) if they do not qualify for Offender Health based provision.

Additional specialist services for those with ID were recommended, particularly to manage prisoners with the



most need. A bid has been submitted to offender health to secure funding for a full time ID nurse, and some input from an ID specialist Psychiatrist and ID specialist Clinical Psychologist. Offender health commissioners have been keen to engage with the bid recognising the cost effectiveness of providing these services in prison rather than more costly secure health environments. The bid aims to ensure specialised staff provide services to the offenders who would be considered to have a moderate to severe ID.

Key staff in the establishment have formed a working group to provide support to other departments in HMP Whatton to review and amend all the existing documents that prisoners rely on to access information and services. This includes changes to canteen sheets, complaints forms and general applications. The project has also highlighted the wide range of documents and resources which exist within NOMS to assist ID offenders in navigating their way through prison, e.g. for example Easy Read version of the OASys sentence plan. Sadly the existence of these documents is not widely known about and consequently do not seem to be used. Work has been undertaken to ensure managers of the relevant departments are provided with these resources and tasked to ensure that they are used with the appropriate group.

The review highlighted the presence of a wealth of information about offenders needs within the establishment, with several detailed assessments being available for individuals. However these were rarely accessible to all interested departments and so work has been undertaken to establish a central database for recording the outcome of reception health screening, education assessments and any available IQ assessments that have been undertaken within the establishment. This presents some complex challenges for relevant professionals. Ensuring informed consent for information sharing is gained has formed a key aspect of the delivery of this work. However, it is work that has been worthwhile in ensuring valuable data on an offenders needs is identified early and shared with those who can best assist them in addressing these needs.

A staff training programme, delivered by a multi-disciplinary team, has begun to raise awareness of the specialist need groups, their needs and how best to work with them.

### Future directions

A next step is the introduction of a 'passport' system; small booklets which each prisoner from a target group will carry with him to make sure his needs are communicated to all departments in the prison. This will also allow him to access specific services.

Staff training will continue, providing specific training packages to different groups. For example, training with

Offender Management Unit on risk assessment and interview techniques with specialist need groups. A formal, prison wide launch of the care pathway model is also planned.

We are currently exploring the possibility of a verbal complaints procedure for prisoners who are unable to write.

### Conclusion

Whilst there are clearly still challenges to deliver more accessible services for these specialist need groups the project has revealed that there are many things that can be done to improve this within existing resourcing. Implementation does not need to be costly but does take time and there are accessible existing resources that prisons can draw on. It is likely that most prisons will be able to review and improve service provision to specialist need groups without significant resource implication. A multi-disciplinary steering group representing key prison departments is essential to the success of such a project.

### Resources

*The following is a list of resources available that were used by the steering group:*

A variety of Easy Read guidance and documentation is available from [www.changepeople.co.uk](http://www.changepeople.co.uk). These include a range of picture banks, accessible materials and Easy Read guides (How to Make Information Accessible).

The learning disabilities mailing list is a monthly email circulation containing packages and links to ID resources and a means of communicating with professionals about ID. This is available from the UK Forensic and Learning Disabilities Network run by Janet Cobb at [www.janet.co.uk](http://www.janet.co.uk).

Crossing the Communication Divide is a toolkit for Prison and Probation staff working with offenders who experience communication difficulties (including learning and literacy difficulties, autism and aspergers, ADHD, sensory difficulties, dyslexia and dyspraxia). It was commissioned by NOMS to produce guidance for practitioners involved in Offender Management. This includes accessible versions of the OASys self assessment form and prison general application. Available from the Knowledge Library (Reference number 200943 November 2009) on the Prison Service Intranet.

The Prison Reform Trust have undertaken substantial amounts of research and produced a number of documents specifically designed to provide information and support to prisoners with additional needs: [www.prisonreformtrust.org.uk](http://www.prisonreformtrust.org.uk).

Positive Practice, Positive Outcomes: a handbook for professionals in the criminal justice system working with offenders with learning disabilities: <http://tinyurl.com/4pcwat4>