

N O O N E K N O W S

Identifying and supporting prisoners with learning difficulties and learning disabilities: the views of prison staff

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Contents

Acknowledgements	iii
Foreword	v
Introduction	1
Structure of this report.....	1
Aims of this study.....	2
Methods.....	2
Context	2
The views of prison staff	7
Prison systems and procedures	7
Support for prisoners with learning difficulties and learning disabilities.....	13
Staff training and awareness	21
Issues facing prisoners with learning difficulties and learning disabilities	22
Challenges to providing support	25
Work of which prison staff are most proud	27
Good practice	30
Prison staff recommendations for change	31
Further comment from prison staff	34
Conclusion	37
Main findings from the research to date.....	37
Prison systems and procedures.....	38
Support for prisoners with learning difficulties and learning disabilities.....	41
Staff training and awareness.....	43
Concluding remarks.....	45
Early recommendations	47
Appendix 1	49
Appendix 2	51
Appendix 3	53
Appendix 4	65
References	66

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Foreword

There is growing concern about the number of people with learning difficulties and learning disabilities who come into contact with the criminal justice system and about how they are identified and whether their needs are met.

A recent literature review undertaken by *No One Knows* brought together authoritative research on the prevalence and associated needs of such offenders with learning difficulties and learning disabilities. The review demonstrated that between 20-30% of offenders have learning difficulties or learning disabilities that interfere with their ability to cope within the criminal justice system (Loucks, 2006), and by implication in the wider community. What that means for such offenders and the criminal justice professionals and staff that work with them is the subject of investigation by *No One Knows*.

This research brings together for the first time the views of prison staff on how prisoners with learning difficulties and learning disabilities are identified and supported at prisons in England and Wales.

Prison staff who participated in the research spoke candidly of their experiences. Many had positive things to say about work they were proud of at their prison; others recounted stories about individual prisoners that they or their staff had supported. The overall picture however is very worrying. The research found that people with learning difficulties and learning disabilities are not routinely identified prior to arriving into prison and once in prison face a number of difficulties. The majority of prison staff told of gaps in services and a low quality of provision; most were not confident that their prison had the skills and expertise to deal effectively with this group of prisoners.

For prisoners with learning difficulties and learning disabilities this has grave consequences. They are unlikely to receive adequate levels of support, including help to address their offending behaviour. The chances for effective rehabilitation and a constructive life on release is reduced. This in turn makes it more likely that this group of offenders will return to prison again and again.

No One Knows will build upon this research, which over the coming year will involve hearing directly from offenders with learning difficulties and learning disabilities.

This investigation is not one that can be carried out by the Prison Reform Trust on its own. I am therefore very grateful to the number of people and organisations across the criminal justice system, education, health and social care that are providing practical help, guidance and support, in particular Mencap, which is partner organisation of *No One Knows*.

A similar report for Scotland and Northern Ireland will be published during 2007.



Joyce Quin
Chair of the advisory group

Introduction

No One Knows is a UK-wide programme led by the Prison Reform Trust that aims to effect change by exploring and publicising the experiences of people with learning difficulties and learning disabilities who come into contact with the criminal justice system. The programme runs until October 2008, is supported by The Diana, Princess of Wales Memorial Fund and is chaired by the Rt Hon. the Baroness Joyce Quin, former Prisons Minister for England and Wales. The work of *No One Knows* is guided by an advisory group (see Appendix I) and a group of people with learning difficulties, called the Working for Justice Group, supported by Keyring living support networks.

Our review of the literature has already shown us that, unlike mental health, comparatively little is known about the numbers and needs of people with learning difficulties and learning disabilities caught up in the criminal justice system. It is a matter which has long troubled those who manage criminal justice services. In 1999, a prison governor writing in the *Prison Service Journal* noted:

We... have a young offender who is due for release shortly... Everyone working with this woman accepts that she should not be in prison. She is severely learning disabled as a result of a physical abnormality of the brain... We know that regardless of court diversion schemes, many like her slip through the net.... Perhaps the courts think such people are insolent when they don't reply. In fact, when we had one of these women assessed we discovered that she had a mental age of between seven and eight. Governor, HMP Styal

Most research in the UK and internationally follows a relatively strict definition of learning disability based on IQ measures of 70 or below, or focuses on dyslexia with relatively limited reference to other learning difficulties. *No One Knows*, on the other hand, examines both learning disabilities, as defined in the Valuing People White Paper¹ (Department of Health 2001), and learning difficulties, which include a wider range of impairments such as dyslexia and autistic spectrum disorders. In describing who the programme seeks to benefit, *No One Knows* has not adopted precise definitions of learning difficulties and learning disabilities. Instead, the programme focuses on those people within the criminal justice system who find some activities that involve thinking and understanding difficult and who need additional help and support in their everyday living. It is the experiences of this group of people that *No One Knows* will examine.

This report is the first in a series of reports and briefing papers from *No One Knows*. It covers preliminary findings on research undertaken into the views of prison staff on how prisoners with learning difficulties and learning disabilities are identified and supported. The views of prisoners with learning difficulties and learning disabilities will be gathered during 2007.

This report focuses on prisons in England and Wales. A similar report will be produced for Scotland and Northern Ireland in 2007.

Structure of this report

The report begins by outlining the aims of this study and methods used. The context for prisoners with learning difficulties and learning disabilities is briefly described prior to the main body of the report, the views of prison staff. Respondents to this study were asked a number of questions about how prisoners with learning difficulties and learning disabilities were identified and supported at their prison. Respondents were asked to comment on difficult issues facing such prisoners, the challenges to providing support and to make recommendations for change. They were also asked to comment on work of which they were most proud and good practice. Main findings from the research are identified and, building upon the reported views of prison staff, early recommendations are made.

1. Valuing People defines learning disability as: a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with; a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development.

Aims of this study

Supporting prisoners with learning difficulties and learning disabilities is often seen as the responsibility of healthcare or education services within the prison. However the day-to-day living experiences of all prisoners, including people with learning difficulties and learning disabilities, are spent on the wings and in a number of different locations across the prison. To ensure that this research reflected the views of staff from different areas of prison life five key post-holders were encouraged to complete the questionnaire. These were: heads of learning and skills, heads of healthcare, heads of psychology, heads of residence and disability liaison officers, or their equivalents. The respondents to the questionnaire include a cross section of these post-holders. (See Appendix 2)

The research wanted to hear what these members of staff believed to be true in relation to how prisoners with learning difficulties and learning disabilities were identified and supported at their prison.

Methods

The research took place between September and November 2006 and took the form of a questionnaire for prison staff. The questionnaire included both closed and open-ended questions, and explored respondents' perceptions of how prisoners with learning difficulties and learning disabilities are identified and supported at their prison. The questionnaire focused on three main areas:

- prison systems and procedures
- support for prisoners with learning difficulties and learning disabilities
- staff training and awareness.

All prisons in England and Wales were invited to take part in the research and over half agreed to participate. Three prisons were involved in piloting the questionnaire. During the main research period 177 individual responses were received from 74 prisons, over half of the prison estate. In terms of levels of security, the age and gender of prisoners, and the mix of public and contracted-out establishments, the participating prisons reflected the general prison estate. (See Appendix 2)

Context

Prevalence: A number of studies have been conducted on the prevalence of offenders with learning difficulties and learning disabilities with varying results. The variation is due to a number of factors, including differences in the impairments being screened for or assessed, in how the impairments are defined and in the screening and assessment tools used.

Recent research tells us that:

- 7% of prisoners have an IQ of less than 70 and a further 25% have an IQ of less than 80 (Mottram, 2007)
- 23% of prisoners under 18 years of age have an IQ of less than 70 (Harrington and Bailey et al, 2005)
- 20% of the prison population has some form of 'hidden disability' that 'will affect and undermine their performance in both education and work settings.' (Rack, 2005)²
- between 20 and 50% of men in prison have a specific learning disability (Disability Rights Commission 2005 memorandum to the Commons Select Committee on prison education).

While an IQ of less than 70 doesn't equate to a person having a learning disability it does indicate strongly that some additional support, for example in daily living and communication skills, will be required. Similarly, prisoners with IQs of less than 80 are likely to experience difficulties in accessing important elements of the prison regime including conventional offending behaviour programmes.

2. Recommendations for this report are shown at Appendix 4

Assuming a prison population of 80,000 the above research suggests that on any given day there will be over 5,500 men, women and children with very low IQs in prison and a further 16 – 20,000 who will require some additional support.

Even without agreed estimates of prevalence, many offenders have learning difficulties or learning disabilities that interfere with their ability to cope within the criminal justice system. They are at risk of continued offending because of unidentified needs and consequent lack of support and services. They are unlikely to benefit from conventional programmes designed to address offending behaviour, are targeted by other prisoners when in custody, and present numerous difficulties for the staff who work with them, especially when these staff often lack specialist training or are unfamiliar with the challenges of working with this group of people. (Loucks, 2006)³

Life in prison: Understanding something of the context of prison life is important in considering how best to support prisoners with learning difficulties and learning disabilities, many of whom will be particularly vulnerable in such an environment. What follows is a brief discussion of some of the most significant aspects of day-to-day prison life.

- **Prison overcrowding:**
according to the Prison Service a prison is overcrowded if it contains more prisoners than allowed for by the establishment's Certified Normal Accommodation (CNA). 'CNA represents the good, decent standard of accommodation that the service aspires to provide all prisoners.' (Prison Service Order 1900, Certified Prisoner Accommodation, August 2001) The limit to overcrowding in prison is called the operational capacity, which the Prison Service defines as, 'the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.' (PSO, 1900). At the end of October 2006, 87 prisons in England and Wales, 62% of the estate, were overcrowded. Twelve were at more than 150% of their CNA (Bromley Briefings, 2006).
- **'Churn' – movement of prisoners around the prison estate:**
prisons receive large numbers of people from the courts on a daily basis, some of whom are remanded into custody while others are starting their sentence. Prisoners are regularly moved around the prison estate; sometimes moves are pre-planned and undertaken for a particular reason (for example, to transfer the prisoner to an establishment with a different category of security); at other times prisoners are moved with little or no notice and for no apparent reason. This 'churn' of prisoners around the prison estate disrupts the routines, relationships and activities of prisoners. This can be particularly problematic when, for example, a prisoner is part-way through an education course. Prison populations, especially in the local prison estate, are rarely static.
- **Suicide and self harm:**
the suicide rate for men in prison is five times greater than that for men in the general population. Boys aged 15 – 17 are eighteen times more likely to kill themselves in prison than in the community. Of all the women who are sent to prison, 37% say they have attempted suicide at some time in their life. In 2005 there were 78 self-inflicted deaths in prisons in England and Wales. In 2005/06, 22,324 self-harm incidents were recorded by the Prison Service (Bromley Briefings, 2006). A health needs assessment commissioned by the Youth Justice Board (YJB) into the needs of 17-year old young women held in young offender institutions found that 36% had self-harmed in the last month and that the majority of these, (92%), had cut themselves (YJB, 2006).
- **Mental health problems:**
72% of male and 70% of female sentenced prisoners suffer from two or more mental health disorders (Bromley Briefings, 2006).

3. For further reading on prevalence, see No One Knows: literature review of prevalence and associated needs and PRT Briefing Paper, both of which are available on the Prison Reform Trust website.

Assessment and sentence planning: A commitment of the National Reducing Re-Offending Delivery Plan (National Offender Management Service, 2005) is that every offender should be assessed in order that clear goals can be set for reducing their risk of re-offending. Similar arrangements are in place for young offenders. The offender assessment system (OASys) and ASSET are electronic data-base assessment systems for adult and young offenders respectively. Relevant information is entered onto these systems, for example educational attainment and health, from which assessments are made that inform the development of appropriate interventions. These interventions form the basis for a prisoner's sentence plan. Both systems have the capacity to highlight any particular needs or difficulties that the offender has. Information is also entered from pre-existing records, for example school records in respect of young offenders. However such information is not always readily available or up to date.

Although OASys is now in general use, a full assessment is not required for all offenders (NOMS National Commissioning Plan 2007/08). All young offenders are assessed using ASSET and are required by national standards to have a sentence plan. However ASSET is not always completed, or completed when it should be (Harrington, Bailey et al 2005).

National Offender Management Service: Reducing re-offending is a central aim of the Government's national strategy against crime. Since 1997, the prison and probation services have undergone significant change to create a system better equipped to support the Government's emphasis on tackling crime and its causes.

Following an independent review of the correctional services, The Carter Report (2003) concluded that there should be a radical reform of the way in which offenders were managed. The introduction of the National Offender Management Service (NOMS) in 2004 had the dual purpose of protecting the public as well as reducing re-offending and brought the prison and probation service under the control of a joined-up management structure. The National Reducing Re-Offending Delivery Plan, published by the Home Office in November 2005, sets out the key actions to reduce re-offending by 10% by 2010. According to the Delivery Plan this will, in part, be achieved by 'the introduction of end-to-end offender management that will put the individual offender at the heart of all we do. Every offender will be assessed and clear goals will be set for reducing their risk of re-offending.'

The Delivery Plan recognizes the key factors that help to reduce re-offending that were identified in the Social Exclusion Unit Report, Reducing Re-Offending by Ex-prisoners (2002). These factors, referred to by NOMS as 'pathways out of re-offending', are an integral part of the NOMS delivery plan. The seven 'pathways' are:

- Accommodation
- Education, training and employment
- Health
- Drugs and alcohol
- Finance, benefit and debt
- Children and families
- Attitudes, thinking and behaviour.

The assessment of offenders is undertaken and managed through the offender assessment system (see assessment and sentence planning) and a 'package of interventions' within the seven pathways is developed by offender managers.

This 'offender management model' took effect from April 2006 and Regional Offender Managers (ROMS) were appointed with responsibility for reducing re-offending in their areas. NOMS is clear that it cannot reduce re-offending by itself and commissioning arrangements with key agencies to deliver interventions against the seven pathways are being developed. Two such examples are with the Learning and Skills Council (for offender learning and skills) and Primary Care Trusts (for physical and mental health) – see the headings prisoner

learning and skills and prisoner health below.

An IT system, C-NOMIS, is currently being designed and tested that will enable prison and probation staff to have a single view of whatever stage the offender is at in their sentence.

Of particular relevance to this study is the national priority outlined in the NOMS National Commissioning Plan, 2007/08 on 'diversity and equality'. Those tasked with negotiating service level agreements are urged to 'deliver greater equality of access to services provided for offenders in prison or supervised in the community... among those groups where this is lacking or weak.'

Youth Justice: The Youth Justice Board (YJB) is a non-departmental public body sponsored by the Home Office, introduced in 1998.

In its role of overseeing the youth justice system in England and Wales, the YJB works to prevent offending and re-offending by children and young people under the age of 18. It ensures that custody for children and young people is safe and secure and that their offending behaviour is addressed.

From April 2000, the YJB assumed responsibility for commissioning and purchasing places for all young people under 18, who are sentenced or remanded to any secure facility for young offenders.

The secure estate for young offenders consists of young offender institutions, secure training centres and secure children's homes. The YJB purchases places within secure establishments (young offender institutions) from the Prison Service. The terms and conditions of this commissioning process are agreed in a service level agreement with the Prison Service.

Significant investment in the secure estate for children and young people has led to improvements in provision, although the YJB acknowledges that there is still a long way to go. Examples include: a trebling of revenue spend for educational provision, enabling (amongst other things) the employment of 250 learning support assistants; the introduction of independent advocacy services; and the development of intensive resettlement and aftercare programmes (RAPS) for children and young people leaving custody with substance misuse or mental health problems (Strategy for the Secure Estate for Children and Young People, 2005/06 to 2007/08, YJB).

Although the YJB is not part of NOMS, a strong engagement with NOMS is seen as important. The YJB is looking at how to engage and establish strong working arrangements with NOMS locally in order to improve services for children and young people.

Prisoner learning and skills: The government's 2001 manifesto included a commitment to 'dramatically improve the quality and quantity of prison education'. Responsibility for delivering this commitment was established in a strategic partnership between the Department for Education and Skills (DfES) and the Prison Service, supported by a new Prisoners Learning and Skills Unit accountable to both DfES and Home Office Ministers.

The creation in 2004 of the National Offender Management Service (NOMS) enabled a more integrated approach to offender learning and skills and responsibility for delivery was placed with the Learning and Skills Council (LSC).

The new Offenders' Learning and Skills Service (OLASS) became fully operational from August 2006 and learning and skills provision has been linked more explicitly with mainstream provision for post-16 learners. The specification for OLASS is based on the 'The Offender's Learning Journey'⁴, with a different 'journey' being specified for adult and young offenders.

4. The Offender's Learning Journey can be downloaded from www.dfes.gov.uk/offenderlearning

One of the key changes in the new arrangements is the early focus on assessing the needs of offender-learners and the preparation of Individual Learning Plans (ILP). The ILP sets out learning needs and records achievements as offenders move through the criminal justice system.

OLASS works closely with Regional Offender Managers and contributes towards each regions reducing re-offending strategy.

Prisoner health: In 2002 it was announced that budgetary responsibility for prison health would be transferred from the Prison Service to the Department of Health. From April 2003 health services for prisoners became the responsibility of the Department of Health. Responsibility for commissioning health services was delegated by the Secretary of State for Health, on a rolling programme, to NHS Primary Care Trusts from April 2004.

Prison health is a partnership between the Prison Service and the Department of Health working to improve the standard of healthcare in prisons. The aim is to provide prisoners with access to the same quality and range of health care services as the general public receives from the NHS. Since April 2006, commissioning responsibility for prison health services has been fully devolved to Primary Care Trusts. (Department of Health website, February 2007)

Health and Offender Partnerships (HOP) is a directorate of NOMS. Recent work undertaken under the auspices of HOP includes the publication of a handbook for professionals in the criminal justice system working with offenders with learning disabilities, entitled, 'Positive Practice: Positive Outcomes'⁵.

Disability Discrimination Act: The recent update to the DDA means that all public services, including criminal justice organisations, have a duty to eliminate discrimination and harassment of disabled people and to promote greater opportunity for disabled people.

For the purpose of the Act, whether a person is disabled is generally determined by reference to the effect that an impairment has on that individual's ability to carry out normal day-to-day activities. The impairment must be physical or mental and have substantial and long-term adverse effects on normal day-to-day activities (DDA: revised guidance, 2006). While it was not possible for the Guidance to list all conditions that qualify as impairments, the examples given include dyslexia, autistic spectrum disorders and learning difficulties/disabilities.

Prison Service Order (PSO) 2855, 'Prisoners with Disabilities', states that 'It is Prison Service policy... that disabled prisoners are not discriminated against in any aspect of prison life and that equality of opportunity in accessing all parts of prison life, and in particular to address their offending behaviour and be resettled is offered to all prisoners.'

The same order specifies that a disability liaison officer should be nominated who: '...has regular contact with prisoners and is given sufficient time to act as a contact point to receive information on policy issues and good practice and act as an adviser on disability issues in ensuring that disabled prisoners needs are met.'

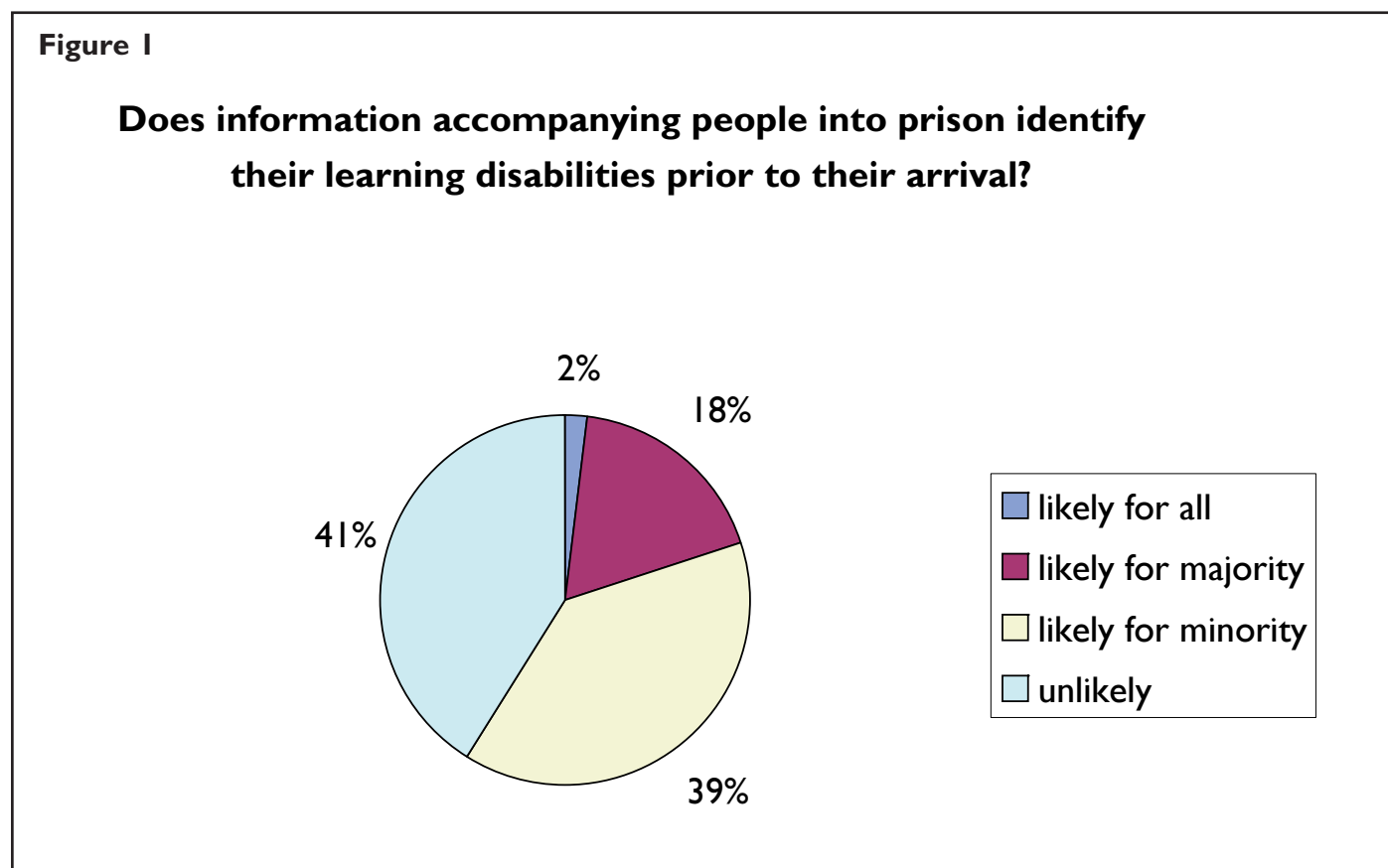
5. Copies of this publication can be obtained from the Health and Social Care in Criminal Justice Programme (020 7972 3920) or downloaded from www.hscjcp.csip.org.uk/learningdisabilities

The views of prison staff

Prison systems and procedures

Information accompanying people into prison

Respondents were asked how likely it was that information accompanying offenders into prison would show that the presence of learning difficulties or learning disabilities had been identified prior to their arrival. Such information includes, for example OASys or ASSET assessments,⁶ courts reports, health or education records. Overall, 80% of respondents said that this was unlikely or likely for only a minority of people, see Figure 1.



Heads of residence were most likely to say the presence of learning difficulties or learning disabilities was identified prior to a prisoner's arrival while heads of learning and skills and heads of healthcare were the least likely. Women and young offenders were more likely than adult men to be identified as having learning difficulties or learning disabilities prior to their arrival.

What happens to the information accompanying people into prison?

Only 13% of respondents said that they or their department were alerted when an offender with learning difficulties or learning disabilities arrived at their prison. A further 40% of respondents said they were sometimes alerted. Disability liaison officers and heads of healthcare were, on average, three times more likely to be alerted than heads of residence, learning and skills or psychology. There was very little difference between the different categories of prison.

6. OASys or the offender assessment system, is the standardized process by which offenders are assessed in terms of their likelihood of re-offending, the risks they pose and their needs; ASSET is the assessment system for young offenders established by the Youth Justice Board

What information was received?

Respondents who said they did receive information or sometimes did, (13% and 40% respectively), were asked to name the kinds of information that alerted them. Respondents described information that came into prison from external sources as well as information from their own prison’s reception and induction procedures. Over half of the information was said to be from external sources, the most common of which were reports from probation, youth offending teams and the courts. Other information received included medical and education records, records transferred from previous establishments and information from social services. Of those who responded only 4% referred to information contained on OASys and 7% to information on ASSET:

The ASSET form for young people aged 15-17 has a section on education/learning background. This will usually identify a learning difficulty or statement of special education need. Young offender institution, head of learning and skills

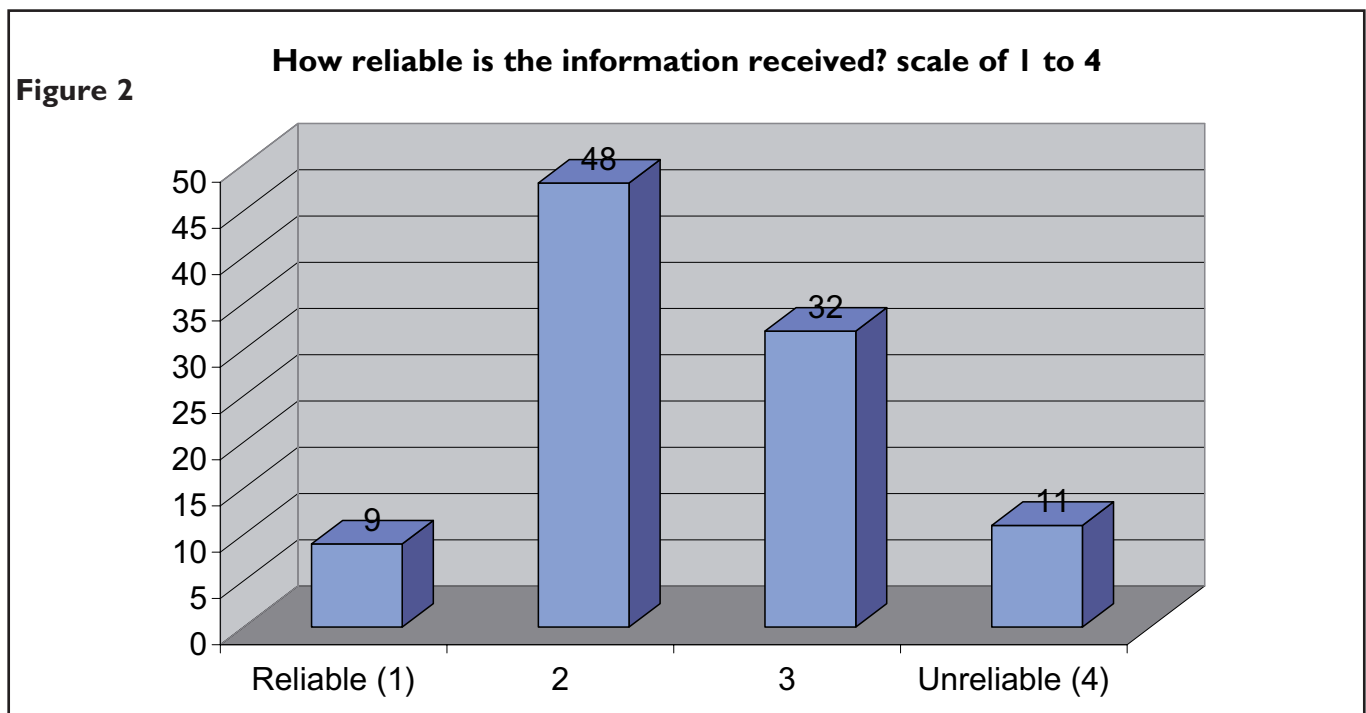
Court report or YOT worker, this is a rare occurrence. Young offender institution, head of healthcare

Information received from sources internal to their own prison came largely from reception and induction procedures, including healthcare screening, initial education assessment, personal disclosure and the completion of a ‘disability’ questionnaire:

On reception prisoners are systematically asked if they have a disability, including learning difficulties. Prisoners tend to shy away from learning difficulties. Category B, disability liaison officer

How reliable is the information?

Of those respondents who received (13%) or sometimes received (40%) information alerting them to the arrival of a prisoner with learning difficulties or learning disabilities, 57% rated the reliability of information received in the top two quartiles, (see Figure 2). However, these perspectives varied between the different post-holders. Heads of learning and skills and healthcare were least likely to rate information received in the highest quartile, (5% and 5.5% respectively), compared to disability liaison officers at 16%. Respondents from young offender institutions were most likely to rate the reliability of information received in the top two quartiles.



How else might prisoners with learning difficulties and learning disabilities come to the attention of prison staff?

Respondents described a variety of ways in which they were made aware of prisoners learning difficulties and learning disabilities. The most common of these were initial education and healthcare assessments undertaken as part of reception and first night procedures or induction, and staff observations. Personal disclosure, contact from prisoners families and behavioural problems were also cited:

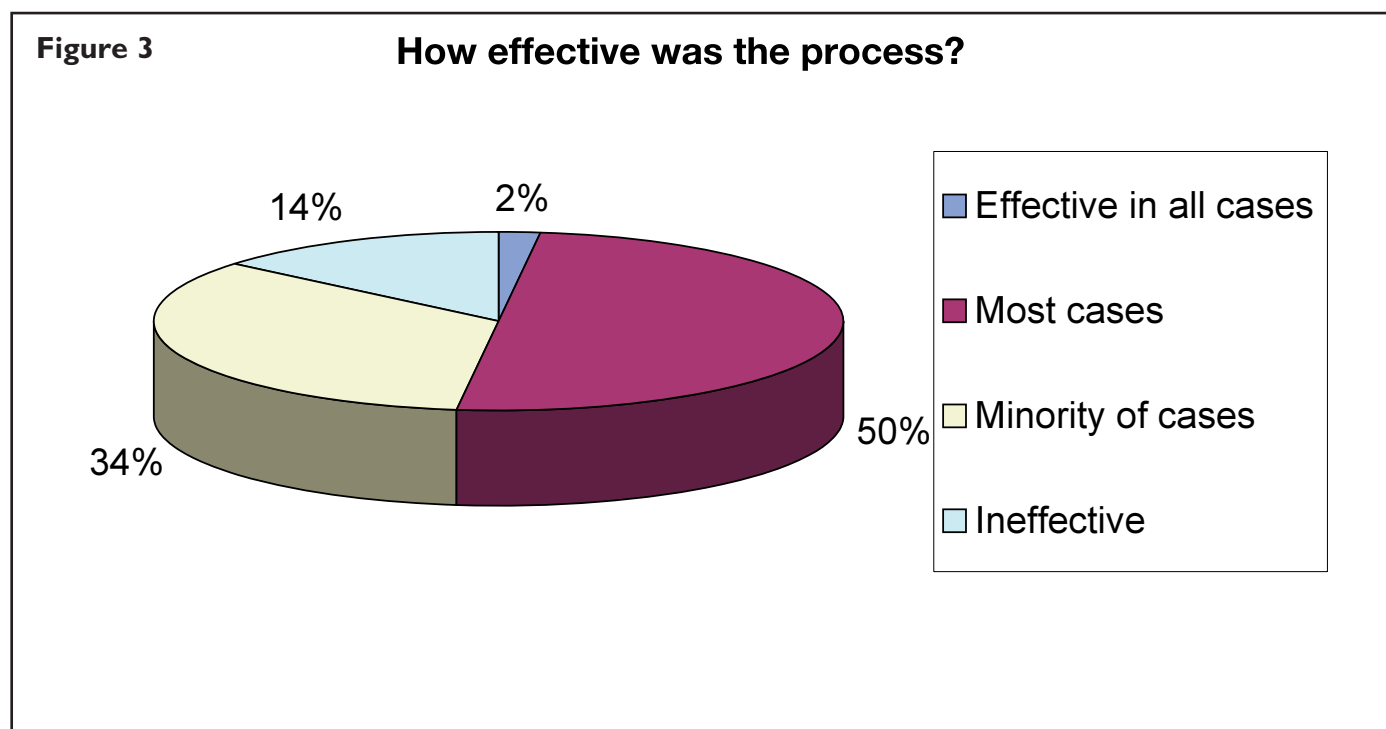
The women tell us at their assessment sometimes. Other times we find out when they begin their written assignments or have difficulty in comprehension in groups or in other sessions. Women’s prison, manager, drug treatment programme

Another one of our registered nurses may pick up on their learning disability and then ask for my help but this is rare. I believe they get missed the majority of time. Local prison, disability liaison officer

Usually after a crisis – an incident or self harm. Young offender institution, head of residence

How effective was the process of identifying prisoners with learning difficulties and learning disabilities?

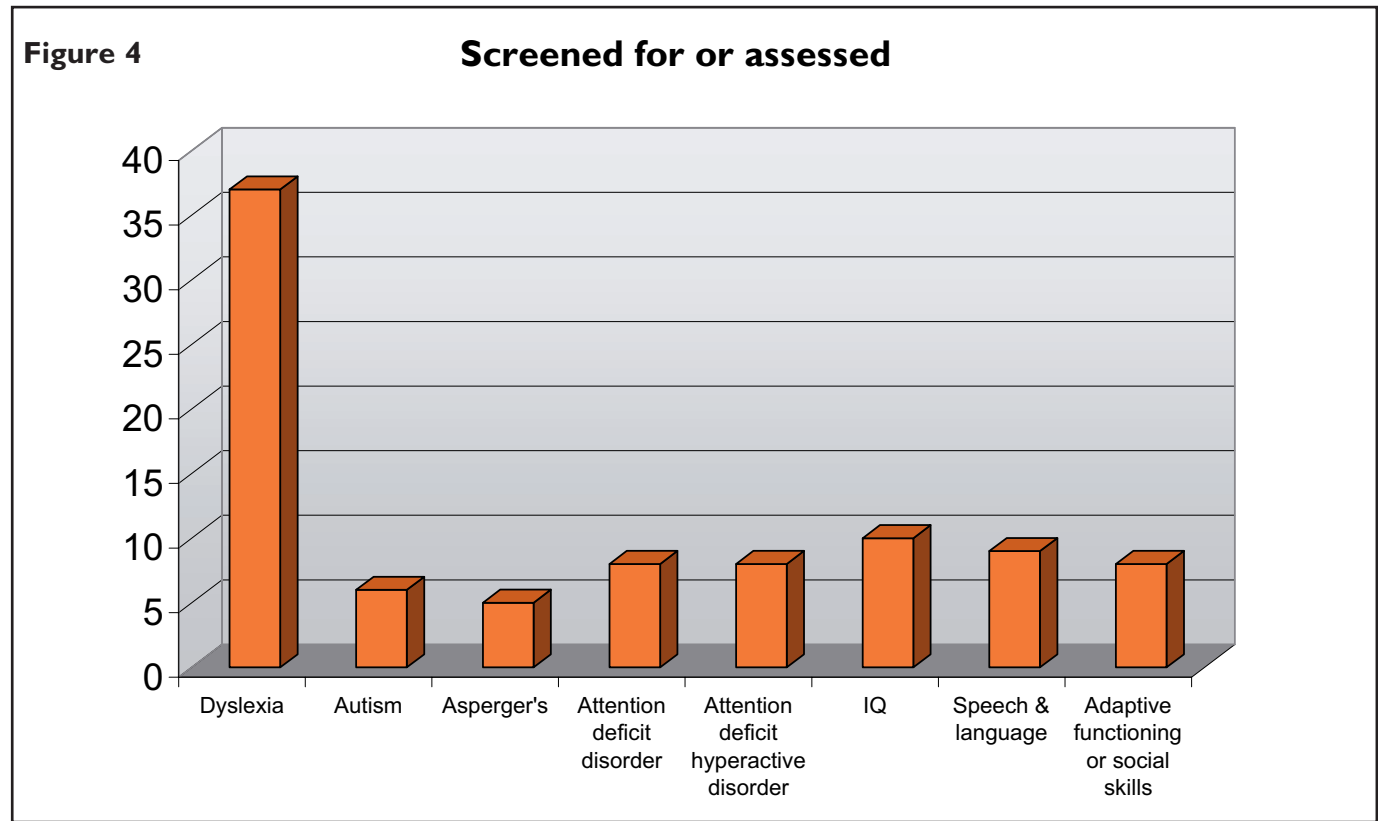
Overall, 2% of respondents said the process of identification was effective in all cases compared to 14% who said it was ineffective, (see Figure 3).



A further 50% of respondents said the process of identification was effective in most cases and 34% said it was effective in a minority of cases. Disability liaison officers were more likely than other post holders to say that the process was largely effective and heads of psychology were the least likely. Respondents from women’s prisons and young offender institutions were the most likely to say that the process was largely effective, and respondents from local prisons for adult men were the least likely.

Screening and assessment for learning difficulties and learning disabilities

39% of respondents said that their prison screened for and/or assessed prisoners for some learning difficulties or learning disabilities (see Figure 4).



Heads of learning and skills were most likely to say that their prison screened and/or assessed prisoners, (29%), compared to only 9% of heads of healthcare and psychology. According to respondents, young offender institutions were most likely to screen and/or assess prisoners for impairments and women's prisons were least likely.

Respondents were asked which screening tools and assessments were used but their responses were often unclear. They generally either repeated the name of the impairment that was being screened for or assessed, for example, 'dyslexia testing and diagnostic screening', or referred to their local prison process rather than naming the actual tool. Screening tools and assessments that were identified include those in the list below; Figure 4 provides details of the impairments screened for or assessed:

- Wechsler Adult Intelligence Scale (WAIS)
- Special Needs Assessment Profile (SNAP)
- Wide Range Achievement Test (WRAT)
- Daily living skills assessment
- LADS (for dyslexia)
- Prescribed prison service questionnaire for dyslexia
- Bangor dyslexia screening test
- British Dyslexia Association checklist for adults and initial screening test
- Skills for Life diagnostic assessment for dyslexia
- Check lists developed by the prison, 'in house', for dyscalculia and dyspraxia.

Sharing information across the prison

The majority of respondents said they, or their department, shared information with other individuals or departments at their prison, or sometimes did. Heads of healthcare were most likely to share information, (96%) and heads of residence were least likely (61%). Only 4% of heads of healthcare said they didn't share information compared to at least 25% for all other post holders.

Information sharing by category of prison was less clear. Respondents from local prisons for adult men were most likely to say they didn't share information. Respondents from prisons for sentenced adult men were most likely to say they shared information, or sometimes did (73%) and half of respondents from women's prisons said that they shared information in all cases.

Where information is shared, the range is enormous. Respondents reported sharing information:

'With any area/department/group/workplace with which the prisoner may be linked.' Local prison, head of offender management

'All relevant departments where the prisoner may have cause to go.' Prison not identified, head of residence

Respondents working with young offenders were more likely than others to highlight information-sharing in the context of a multi-disciplinary approach:

'All departments share the information through the morning multi-disciplinary meeting.' Contracted out prison, juvenile unit, head of residence

'Usually at morning meetings or in some cases at review meetings on individuals.' Young Offender Institution, head of residence

Other respondents spoke of sharing information only for specific reasons:

'Information would be shared for reasons of public protection only, for example during interdepartmental risk management meetings or MAPPA reviews.' Category C prison, head of psychology

A small number of respondents added the caveat of prisoner approval:

'Any departments that need to know and any staff that need to know, with the consent of the prisoner.' Women's prison, deputy head of healthcare

'We do not discuss... unless we have informed consent to do so from the prisoner.' Category C prison, head of psychology

One respondent noted that information would be shared only:

'With the patient's consent or where risks indicate that confidentiality can be breached.' Local prison, head of healthcare

Two respondents included a comment on why information was shared:

'Staff [share information] out of concern for an offenders future either because they feel that he may benefit by in-reach/educational intervention or because they believe that the offenders learning difficulties may mean that he is perhaps more vulnerable.' Local, residential governor

'With the young person's consent appropriate information is shared with other professionals on a need to know basis to maximise the best support possible for the individual concerned.' Young offender institution, head of healthcare

Information sharing protocols

Over half of respondents who shared information said protocols were in place to ensure that prisoner information remained confidential. Heads of healthcare and heads of psychology were more likely than other respondents to say that protocols were in place (85% and 76.5% respectively), compared to less than a third of heads of residence and just over half of disability liaison officers and heads of learning and skills.

Although respondents from women's prisons were the most likely to say that they shared information, they were the least likely to have any protocols in place.

Statistics

Less than a third of respondents said that they or their department kept statistics on prisoners with learning difficulties and learning disabilities. Respondents from young offender institutions were most likely to keep statistics (41%), compared to a fifth of respondents from women's prisons. Just over half of heads of learning and skills and slightly under half of disability liaison officers kept statistics compared to only 10% of heads of residence and 19% of heads of healthcare.

Respondents who recorded such information were asked to describe what statistics were kept and why. Although there was some ambiguity in the responses some key differences emerged. 12% of respondents reported recording or monitoring information in order that something positive might be done:

Statistics are monitored on a monthly basis to find out if prisoners have had any problems in accessing services or facilities within the prison. Category C prison, diversity liaison manager

Just under a fifth of respondents noted that records were kept for monitoring purposes:

Special education needs register for young people; annual report to the Youth Justice Board. Young offender institution, head of learning and skills

Disability questionnaire form: further information is transferred onto a spreadsheet which is broken down into individual disabilities, which gives an overall picture. This information is given to the disability steering group meeting and the diversity meeting chaired by the deputy governor. Local prison, disability liaison officer

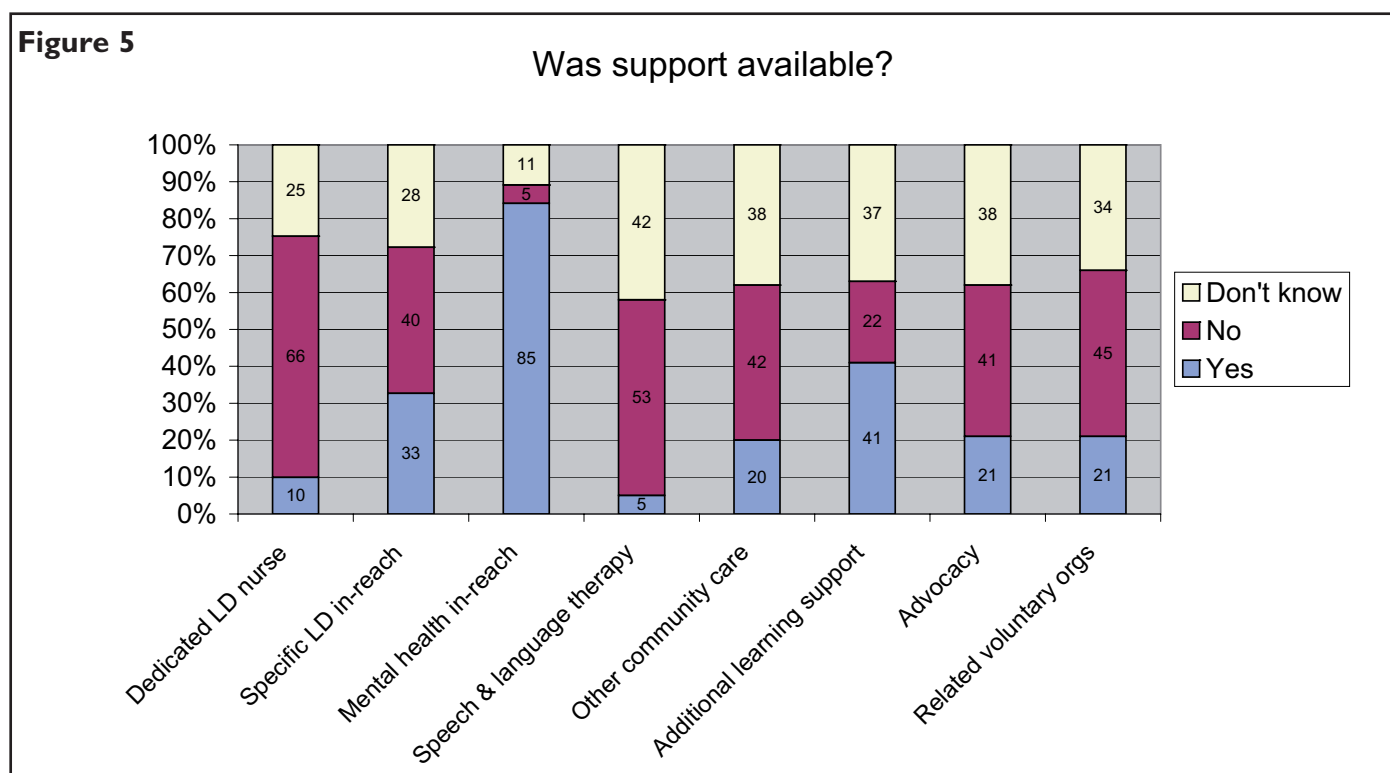
A third category of respondents, 44%, seemed to keep records for no apparent reason other than this was what was done:

I keep records of prisoners with learning difficulties/disabilities. Nothing is done with them. Young offender institution, disability liaison officer

Support for prisoners with learning difficulties and learning disabilities

What support was available?

Respondents were asked to say which of a number of support services listed were available at their prison. The responses are summarised in Figure 5.



Dedicated learning disability nurse and specific learning disability in-reach

Half of women's prisons reported benefiting from either a dedicated learning disability nurse or specific in-reach services and were more likely than other categories of prison to receive such support.

A third of prisons that received specific learning disability in-reach also reported having a dedicated learning disability nurse.

Mental health in-reach

Although the majority of respondents cited mental health in-reach as being available, when asked whether a consultant in learning disabilities was involved only 4% said 'yes'. Respondents who said that a consultant in learning disabilities was involved were from either young offender institutions or prisons for sentenced adult men. Heads of psychology were most likely to say that such a consultant was involved.

Speech and language therapy

Nine, (5%), of the surveyed prisons were said to offer speech and language therapy. Three of these prisons were for sentenced adult men; two were for young offenders; one was a women's prison; one a local prison, a contracted-out prison and one was not identified by the respondent. Heads of healthcare were most likely to be aware of such support.

Other community health and social care

Young offender institutions were most likely to receive support from other community health and social care

services and were twice as likely as women's prisons to do so. Such support was least likely to be available for sentenced adult men.

Heads of healthcare and disability liaison officers were most likely to know about other community health and social care support available at their prison compared to heads of psychology who were least likely.

Support came from a range of service providers including: social services (case management, support for looked after children and preparation for release), child and adolescent mental health services, Connexions, education psychology and occupational therapy.

Additional learning support

Prisons for sentenced adult men were most likely to have additional learning support, (48%), followed by young offender institutions at 43%. Local prisons were least likely (27%) to receive such support.

Awareness of additional learning support varied between the different post holders. While 77% of heads of learning and skills said that such support was available, only 18% of heads of healthcare were similarly aware. Over half of heads of psychology and disability liaison officers didn't know if such support was available.

Advocacy

Young offender institutions were most likely to have advocacy arrangements, (46%) and local prisons for adult men were the least likely (7%).

Heads of learning and skills and healthcare were more likely than other post holders to say there was advocacy support at their prison, (31% and 25% respectively), followed by 19% of heads of residence. Only 15% of disability liaison officers were aware of such support at their prison and over half didn't know whether such support was available.

Related voluntary organisations

Prisons for sentenced adult men and young offender institutions were most likely to receive support from voluntary organisations, although there was little difference between the different categories of prison.

Heads of learning and skills were most likely to know about such support and help for prisoner-learners was most commonly cited.

Help for prison staff from in-reach teams and other community services

Respondents were asked about help they received from staff working in in-reach teams and other community services. A quarter said that such staff helped prison staff to plan services to meet the needs of prisoners with learning difficulties and learning disabilities. Just over a third of respondents said that such help wasn't available, and the remainder (40%) didn't know. Heads of residence were the most likely to say that such help was received, (52%), compared to 27% of heads of healthcare and 19% each for heads of learning and skills and disability liaison officers. Young offender institutions and local prisons for adult men were most likely to receive such support.

Respondents were asked to say which services helped and to describe the sort of help received. The greatest help by far came from mental health in-reach teams. Other help came from a range of different community based support services including social services, primary care trusts, community learning disability services, educational psychology and child and adolescent mental health services. Descriptions of the sort of help received was patchy but included references to 'case conferencing', training for prison staff, advice and information and a range of 'general' support:

We network with adult learning disability services... and use advice services within these teams to plan our care.
 Category C, mental health lead

In-reach teams (community health and social services) assist prison based staff by holding individual case conferences on young people and developing support plans. Young offender institution, juvenile estate function

Referrals to particular services

Respondents were asked how prisoners were referred to learning disability and mental health in-reach services and for additional learning support. A list of prison staff was given for respondents to indicate sources of referrals, such as: wing officers, personal officers, induction staff, IAG (information, advice and guidance) staff, education staff, healthcare staff and reception staff. Overall, responses suggest that education, healthcare and induction staff and wing officers were most likely to make referrals while IAG staff were the least likely.

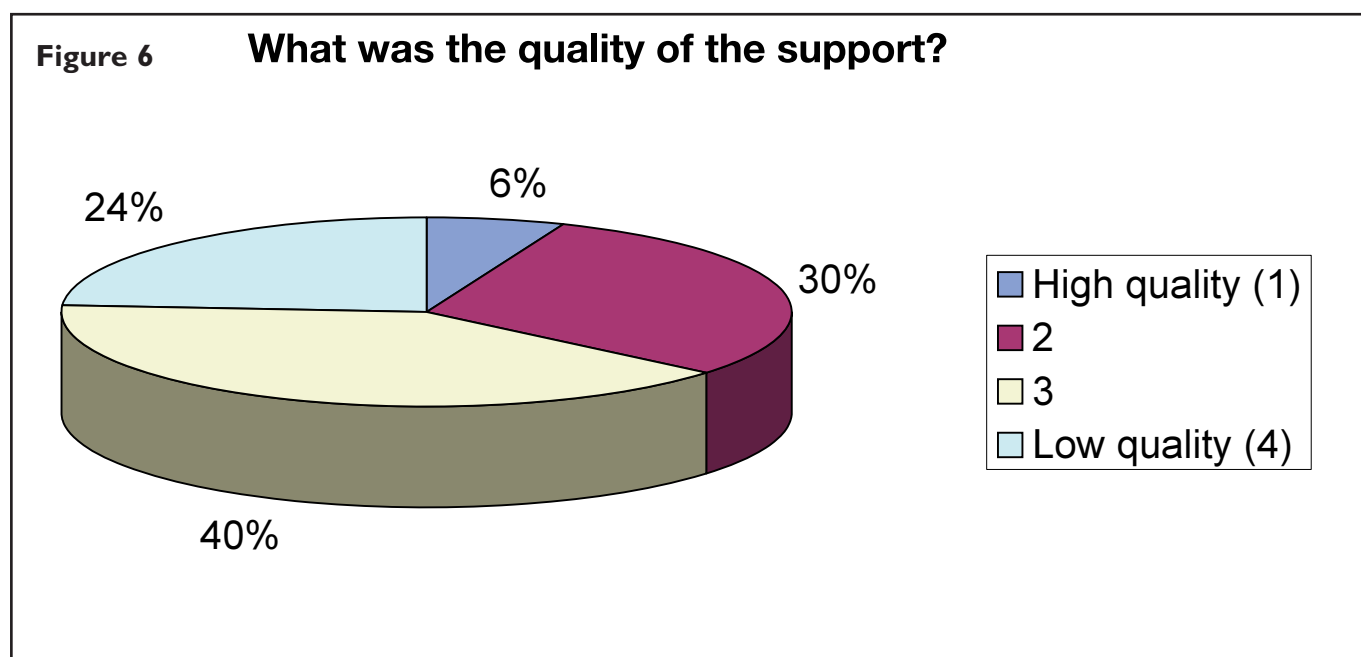
In terms of the services to which staff referred prisoners, referral rates for mental health in-reach were double those for learning disability and slightly less than this for additional learning support. Education and induction staff were more likely than others to refer prisoners to learning disability in-reach services, followed by wing officers and personal officers. All four groups were more likely than other staff to refer prisoners for additional learning support. Healthcare staff, wing officers and personal officers were more likely than other staff to refer prisoners to mental health in-reach services.

Does the available support reach all prisoners with learning difficulties and learning disabilities?

Just over a fifth (22%) of respondents said that the support they had described reached all prisoners compared to just under a half (48%) who said that it reached a minority of prisoners. Heads of healthcare were most likely to say that support reached all or most prisoners (70.5%) compared to disability liaison officers, who were least likely (39%). Respondents from young offender institutions were more likely to say that support reached all prisoners (48%) compared to only 11% of respondents from women’s prisons.

What was the quality of support for prisoners with learning difficulties and learning disabilities?

Overall 36% of respondents rated the quality of support in the top two quartiles, compared to 64% in the lowest two (see Figure 6). Respondents from young offender institutions were more likely than respondents



from other categories of prison to rate the quality of support received in the top two quartiles.

Were there any gaps in provision?

Over three-quarters of respondents (77%) believed services should be provided for prisoners with learning difficulties and learning disabilities that were not currently available at their prison. Of this group, 78% described the additional support and specific provision that they thought should be made available. More specifically, respondents spoke of the need for additional in-reach support, more effective screening systems, improved assessment and appropriate intervention, and better links with and support from specialist services in the wider community. Typical comments included:

Services that work with wing staff to help these prisoners cope with everyday life and to identify learning points from normal activities. Young offender institution, head of residence

I feel that better screening should be provided which weights the early decisions on the OASys and sentence planning of all prisoners... to avoid money being further wasted on attempting to make inroads in the learning or educational deficit no matter how well intended. Category C, disability liaison officer

Resettlement support: for example social workers able to provide advice and support prior to and upon release... and suitable on-going support. Local prison, psychology department

We need service level agreements with learning disability services to enable us to refer inmates to a consultant psychiatrist in learning disability. Local prison, registered nurse

Some respondents spoke of the need for improved staff awareness and training to ensure that staff can better identify and support prisoners with learning difficulties and learning disabilities:

More knowledge of these conditions and time to intervene would help. Open prison, healthcare manager

Staff in healthcare and discipline staff should be offered appropriate levels of understanding of what learning difficulties are and how the disability impacts upon the individual. This could be done by local team information days, visiting services, regionally approved hand outs and compiling a file on learning difficulties/disabilities. Category C, mental health lead

Exclusion from activities and opportunities

Although the majority of respondents said that they were not aware of instances in which prisoners with learning difficulties and learning disabilities were excluded from activities or opportunities in the prison, almost a quarter said that they were. Of those who were aware, 67% gave examples of exclusion, over half of which related to participation in the range of offending behaviour programmes:

[Prisoners are excluded from] 'The enhanced thinking skills programme which addresses cognitive deficits such as problem solving, decision making, consequential thinking and social skills. Also many of the programmes for violence and anger management are not tailored for men with learning disabilities. So in summary there is a paucity of offending behaviour programmes for men with learning disabilities.' Category C, head of psychology

'Prisoners with learning disabilities are not able to take part in any positive programmes/regimes/activities in prison which in the end means little change to behaviour.' Local prison, head of residence

'Specific accredited courses [are required] where additional support would be required to enable a prisoner with learning difficulties to make progress and achieve.' Open prison, head of learning and skills

Respondents also referred to exclusion from vocational training, education, prison workshops and jobs in prison:

The information technology provision within the education department is presently capped at an entry level requirement of an Adult literacy and Adult Numeracy Level 1. Many offenders never reach this level and therefore never access the IT provision. Category C, curriculum organiser for learning support

A small number of respondents who said they were not aware of exclusion qualified their responses:

'I say 'no' but with the prison population always full, the weaker men can be disadvantaged with queues for most activities, for example gym, meals, canteen etc.' Open prison, healthcare manager

'It is my personal view that a high proportion of prisoners with learning difficulties opt not to participate in learning and skills due to the lack of support and resources available.' Local prison, head of learning and skills

Respondents from young offender institutions were the least likely to say that prisoners with learning difficulties and learning disabilities were excluded. However one respondent added:

'NOTE: inclusive regime but inadequate support.' Young offender institution, head of learning and skills

Victimisation

Over half of respondents (57%) said that prisoners with learning difficulties and learning disabilities were more likely to be victimised than other prisoners, compared to just over a quarter (26%) who said it didn't make any difference. Respondents from prisons for sentenced adult men were most likely to report a higher level of victimisation for this group of prisoners.

Adapting the prison regime

Respondents were asked whether particular aspects of the prison regime had been adapted or changed in order to provide support for prisoners with learning difficulties and learning disabilities and if so, how. The list below shows the areas that respondents were asked to comment on:

- Reception and first night
- Induction
- Offending behaviour programmes
- Drug testing and treatment programmes
- Library
- Resettlement
- Healthcare
- Visits and correspondence
- Complaints and requests
- Jobs for prisoners
- Discipline
- Adjudication
- Education
- Personal officer scheme
- Gym.

Education, reception and first night and induction were most commonly reported as having been adapted; fewest adaptations were reported in relation to discipline, personal officer schemes, jobs for prisoners, complaints and requests and resettlement. Although many respondents described a considerable amount of

work having been undertaken, there was also a number who reported that ‘nothing specific’ had been done or that they didn’t know if anything had been done.

The reported adaptations included making information more accessible, for example through the use of pictures, increasing the font size of written information, and the use of ‘dyslexia friendly’ materials and audio and video tapes. A number of respondents described the use of ‘touch screen’ information and information relayed via in-cell television. Respondents also spoke of adaptations that allowed additional time to be spent with prisoners on a one-to-one basis. Others described how peer support workers, ‘buddies’ and ‘insiders’ were able to offer additional support to prisoners with learning difficulties or learning disabilities.

Further specific issues relating to actual or potential adaptations are described below.

Reception, first night, and induction: adaptations were in the main concerned with making information accessible and allowing for additional time to be spent with prisoners who were ‘obviously struggling’. Prison ‘tours’ were available for some prisoners, which replaced the need for some written information. Dedicated prison staff and induction wings were also cited by respondents.

Offending behaviour programmes: a small number of respondents said their prison ran adapted offending behaviour programmes, for example the adapted sex offender treatment programme. Others said that adapted programmes were not available at their prison. A number of local adaptations and changes were described, including the use of pictures, specifically tailored handouts and role play. Literacy and learning support workers and peer mentors both in the ‘classroom’ and for in-cell ‘homework’ were also mentioned.

Drug treatment programmes: very few respondents commented on this area, though those who did referred to the availability of specialist workers and making information more accessible. One respondent noted that:

No testing can be carried out without an advocate, full understanding of treatments and informed consent. Category C, mental health lead

Prison libraries offered a range of ‘talking’ books, ‘easy read’ books, large print books and CD-ROMs. One respondent from a local prison described how a learning centre had been integrated into the library, with access to dyslexia software and peer mentor support through the Toe-by-Toe scheme.⁷ Easy access to library books was provided by ‘book-trolley’ visits at some prisons. Some librarians were also Skills for Life tutors and were able to give additional support to prisoners with learning difficulties and learning disabilities.

Resettlement: very few respondents commented on this area. One respondent from a young offender institution talked about spending time explaining things ‘in conjunction with healthcare’ and another respondent from a category C prison referred to ‘assisted visits to hostels’.

With respect to healthcare access to specialist learning disability nurses and other specialist staff was highlighted. One respondent talked about occupational therapy and arts therapies being available to help manage some of the difficulties experienced by people with learning disabilities. The use of different communication methods was also highlighted.

Visits and correspondence were supported by personal officers and wing staff who, as one respondent put it ‘are instructed to assist those requesting such help.’ Support included reading and writing letters for prisoners unable to do so themselves. One respondent noted that the ‘family liaison service’ would also provide support and another that ‘families are invited to all boards and reviews’.

Complaints and requests: very little adaptation was reported in this area beyond non-specific ‘help and support’

7. Run by the Shannon Trust, Toe-by-Toe is literacy scheme that works with prisons to develop teams of prisoners who are able to read to act as mentors for those prisoners who cannot.

from different staff members. One respondent talked about 'open access on all living units to a confidential complaints system', and another said that the 'buddy system' would support a prisoner in raising a complaint.

Jobs for prisoners: although there was a paucity of data in this area, the following quotes are worthy of note:

All jobs are ranked on health, security and skills for life abilities. Dispersal prison, head of learning and skills

Some simple jobs are available, stamp sorting and packing, but they don't address actual need. Category B prison, head of learning and skills

It is now recognised that positive stimuli will empower a person so this (jobs for prisoners) is encouraged within their capabilities. Category C prison, mental health lead

Very few respondents commented on discipline. One respondent noted that 'staff were trained to check understanding' and another that 'staff and IMB (independent monitoring board) members will help as requested'.

A number of respondents reported positively on support with adjudication for prisoners with learning difficulties or learning disabilities. One respondent from a young offender institution referred to the availability of advocates to explain the process. Other respondents cited the availability of McKenzie friends⁸ and support from education. Although respondents referred to adjudicators checking a prisoners understanding of what was happening only one talked, in general terms, about assessing an 'offenders ability to understand and communicate'.

By far the largest number of positive responses related to education. These included: linked green house and allotment activities for the less 'academically able', dedicated classes, differentiated resources and teaching methods, additional learning support and special education needs co-ordinators, tailored education 'packages' to suit individual needs, learning through art and music, in-cell work for those waiting to get to education, specific IT equipment and soft ware to enhance readability of text, basic dyslexia training for tutors, dyslexia assessment, Toe-by-Toe courses, tutor mentors, one-to-one support on the wings and laptop computers for prisoner-learners.

Very few respondents commented on personal officer schemes and comments that were made tended not to relate specifically to prisoners with learning difficulties and learning disabilities. One respondent simply said that 'extra time' had been provided.

Gym: a number of respondents referred to 'remedial gym packages' that were, or could be, adapted for prisoners with learning difficulties and learning disabilities:

There is a programme to develop men's self-esteem which involves exercise and teamwork. Whilst not targeted directly at those with learning disabilities, many do attend who have. Category C prison, head of psychology

Others talked about smaller gym sessions and dedicated session for healthcare patients, which may include prisoners with learning disabilities.

Pre-release care planning and information sharing with organisations beyond the prison

35% of respondents said that service providers (including learning disability and mental health in-reach teams and community health and social care) were involved in pre-release care planning:

8. A friend or adviser of the prisoners choosing to support them during the adjudication process.

Our mental health team liaises with external agencies within the individual's local area, building support to enable smooth transition upon release and an appropriate through-care package. Category C prison, mental health lead

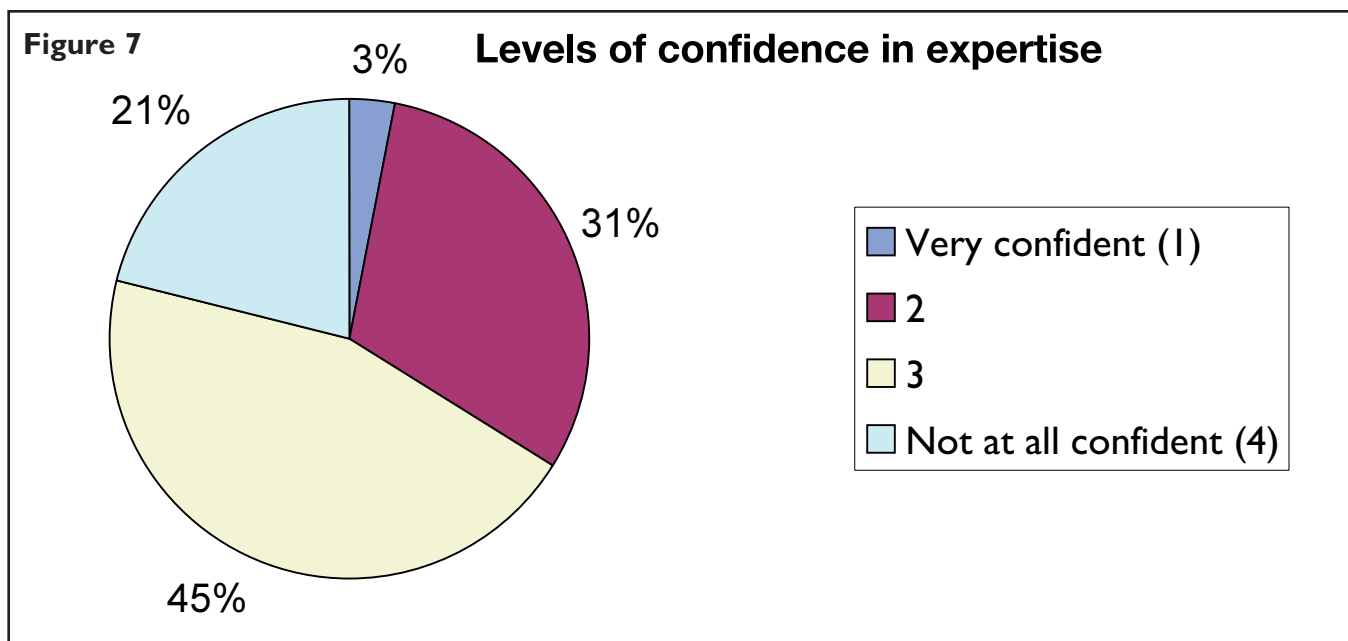
However, almost 50% of respondents were not aware of any such arrangements at their prison. Pre-release care planning involving organisations in the wider community was most likely to be available for young offenders and least likely for women prisoners, although 70% of respondents from women's prisons said they didn't know.

Over half of heads of healthcare said that such services were involved and were the most likely post-holder group to say so, followed by heads of residence.

Over half of respondents said that they or their department liaised with or forwarded information to statutory or voluntary organisations in the wider community. Heads of healthcare and learning and skills were most likely to say this (79% and 77% respectively) followed by heads of psychology (50%). Respondents from young offender institutions were the most likely to be in touch with organisations located in the wider community in particular with youth offending teams, probation and social services. Although respondents from local prisons were the least likely to be in touch with organisations beyond the prison, nevertheless half said they were. Contact overall was most likely with probation and youth offending teams and lowest with community learning disability services, social services and colleges of further education.

Confidence in skills and expertise

Respondents were asked how confident they were in the skills and expertise available at their prison to support prisoners with learning difficulties and learning disabilities. While the majority of respondents fell into the middle of the continuum from very confident to not at all confident, over a fifth of respondents reported being not at all confident that their prison had the necessary skills and expertise to support this group of prisoners, compared to only 3% who were very confident (see Figure 7). A third of respondents reported levels of confidence in the top two quartiles compared to two thirds in the bottom two.



Respondents from young offender institutions were the most confident in their prison's ability to support the needs of prisoners with learning difficulties and learning disabilities, with exactly half in the top two quartiles and half in the bottom two. Respondents from local prisons for adult men were the least confident, with over a quarter saying they were not at all confident that their prison was able to support this group of prisoners. No respondents from local prisons for adult men said they were 'very confident'.

Disability liaison officers were the most confident post-holder, while heads of psychology were the least confident about their prison's ability to offer support.

Staff training and awareness

Disability awareness training

Respondents were asked whether their prison ran or took advantage of disability awareness training. Overall, 40% of respondents said that their prison did take advantage of such training. Local prisons for adult men were more likely than other categories of prison to run or take advantage of such training, although it was not available to all staff. Women's prisons were the least likely to run or take advantage of such training.

Respondents from young offender institutions were most likely to say that such training was available to all or most staff while respondents from women's prisons were again the least likely.

Over half of heads and learning and skills said that their prison took advantage of training compared to under a third of heads of healthcare and a fifth of heads of psychology. Disability liaison officers and heads of residence were most likely to say that their prison did not take advantage of disability awareness training (59% and 56.5% respectively).

Well over half (60%) of respondents who said that their prison took advantage of such training said that learning difficulties and learning disabilities were covered. Disability liaison officers and heads of learning and skills were most likely to say that learning difficulties and learning disabilities were covered at 73% and 72% respectively.

Less than a fifth of respondents said that their prison ran or took advantage of specific disability awareness training for learning difficulties and learning disabilities. Where such training was available it was most likely to be targeted at staff in specific roles. Heads of learning and skills were most likely to say that their prison ran or took advantage of specific training (42%), compared to 22% of disability liaison officers and 13% of heads of residence. No heads of healthcare or psychology said that their prison took advantage of or ran specific training.

Statements on learning difficulties and learning disabilities

Respondents were asked if there was a statement at their prison that described learning difficulties and learning disabilities. Only 15% of respondents said there was such a statement, compared to 49% who said there was not and 36% who didn't know.

There was more likely to be such a statement at young offender institutions. Heads of learning and skills and disability liaison officers were more likely than other post holders to say that such a statement existed.

Disability Discrimination Act 2005

Respondents were asked how learning difficulties and learning disabilities were reflected in their prison's disability equality scheme. An overwhelming 94% said they didn't know, including all disability liaison officers and heads of residence.

Of those who responded positively, eight described their prisons disability equality scheme as being 'in progress' or 'currently being re-written'; three respondents noted that learning difficulties and learning disabilities would be integral to the scheme rather than highlighted separately; three respondents said they were aware that something was in place but were not clear what this was:

'This has been discussed at prison SMT (senior management team) and is the responsibility of a defined governor however healthcare is now part of the local PCT so I am not sure how far this has been taken.' Local prison, head of healthcare

...and a further three respondents described briefly what the procedure was at their prison:

'There is a local disability policy. All prisoners with a disability are seen by the DLO (disability liaison officer) who carries out a 'disability assessment needs analysis'. From this interview support required is arranged to ensure the individual has access to all activities and regimes.' Young offender institution, disability liaison officer

Issues facing prisoners with learning difficulties and learning disabilities

Respondents were asked what they felt were some of the most difficult issues facing prisoners with learning difficulties and learning disabilities.⁹ The majority of respondents, 81%, gave their views, some in great detail. The following quotes reflect the tone of many:

No specialist resources, so having failed at school, they fail here again. The most profoundly affected should not be in prison as it is akin to locking up a five year old and has no effect on their potential to re-offend. I can think of no more inappropriate place to send such people. Young offender institution, head of residence

Not being identified... Due to a lack of training/knowledge some prisoners are seen as disruptive and dealt with this way rather than getting appropriate agencies involved. Category C, acting head of psychology

Stigmatisation, bullying, increased adjudications. Women's prison, head of healthcare

They don't fit in with other inmates. Local prison, disability liaison officer

Understanding and processing information, difficulty integrating with peers, understanding and integrating into the daily regime, expectations of them while in custody, accessing written information, lack of one to one support, lack of training for prison staff, lack of allocated professional time to work with or support individuals. Young offender institution, head of healthcare

Inability to access and grasp information, being away from their usual professional caring support network, being away from family and friends. Contracted out prison, head of healthcare services

Bullying, risk of self-harm, isolation, ridicule. Local prison, head of healthcare

9. Prisoners with learning difficulties and learning disabilities will be interviewed about their own experiences during 2007

The issues raised by respondents fell broadly into six categories:

- The failure of prisons to identify prisoners, and lack of awareness among staff about the impact of such impairments
- Lack of provision of appropriate services and support
- Difficulties faced by such prisoners in coping with prison life and accessing the regime
- Prisoners lack of understanding of what was happening to them and in some cases why they were in prison
- Difficulties in communicating with staff and other prisoners
- Being seen as 'different' and as a result at risk of being bullied, victimised and isolated

Respondents also highlighted the 'knock on' effects of some of the problems they described. For example prisoners who cannot understand what is happening to them might feel anger and frustration, which in turn might lead to behavioural problems, which in the absence of staff awareness might lead to disciplinary action being taken against them.

Over a third of respondents talked about these prisoners finding it difficult to access services and support. Various reasons for this were cited. In the absence of routine screening and assessment, prison staff often didn't know who such prisoners were; service provision, including specialist support was often lacking; referral routes were not clear; and prisoners were often not able adequately to communicate their needs.

A number of respondents talked about difficulties in relation to a lack of qualified or competent staff, or staff lacking in expertise. And according to one respondent the services that were available were:

Piecemeal, not joined up enough to be meaningful. Prison not identified, head of learning and skills

Over half of respondents talked about difficulties faced by such prisoners in being able to cope with the 'difficult and challenging environment' of prison life and not being able to access fully the prison regime:

Prison is a robust and threatening place where admitting to weakness is not the norm. Many men with these issues keep it to themselves to avoid discrimination... Men learn to cope but not to improve themselves. Open prison, healthcare manager

Day to day coping in such an environment. Local prison, head of learning and skills

Receiving the same level of opportunity as other prisoners. Contracted out prison, head of psychology

Being unable to access fully the prison regime was seen by many respondents as restricting the progress of prisoners through their sentence:

The main difficulty is trying to progress in their sentences as the majority of 'conventional' course are more difficult for them to access. Category B, head of learning and skills

This was particularly the case in relation to offending behaviour programmes. A number of respondents also noted that as a result prisoners were unable to address their offending behaviour effectively, which had the potential to impact on parole and resettlement:

They can't do enhanced thinking skills so cannot reduce risk (which leads to) an inability to meet sentence planning requirements and therefore failure to meet their parole dates, which leaves them at a further disadvantage. Category B, head of learning and skills

Completion of offending behaviour programmes, susceptibility to bullying and limited work opportunities. Many of these compound the granting of parole or use of bail hostels and so in turn resettlement. Category C, disability liaison officer

Respondents also highlighted the limited opportunities for prisoners with learning difficulties and learning disabilities to work in prison and a lack of staff time for one-to-one support that could help such prisoners to progress:

Many of the referrals are of young people with dyslexia or limited literacy; they nearly always request one to one tuition support from education. They have often had very little schooling/education in the past. These young people do not always cope well in classes. Young offender institution, disability liaison officer

As one respondent noted, a prisoner who feels he is lagging behind or otherwise 'failing' will often opt out or become disruptive rather than admit to having difficulties.

Communication was seen as particularly problematic for such prisoners who were often unable to understand prison rules or instructions, access written information and understand what was happening to them:

Difficulties in absorbing a vast amount of information on first reception. Contracted out prison, disability liaison officer

Communication: complying with a rule-based regime that primarily processes information in a written format. Local prison, head of learning and skills

Communicating effectively with staff, for example understanding instructions as a failure to do so can result in punishment or being perceived as resistant. Local prison, head of psychology

Prisoners may find it difficult to understand not only aspects of the prison environment, but also the court processes and sentence requirements which brought them into prison in the first place:

On speaking with a young person who had just come into the establishment, he told me that he couldn't understand why he had come to prison. "When the judge asked me, Miss, if I was remorseful, I said 'no', and then he told me I was coming here." This young man had not heard that word before. He also said that he didn't have much idea what was going on in the court and didn't understand what people were saying although he knew they were talking about him. These sorts of conversations are not uncommon to us at x prison. Young offender institution, head of healthcare

Understanding complicated court reports and sentencing rules. Young offender institution, diversity manager

Understanding their sentence including any requirements to complete offending behaviour programmes in order to identify a reduction in risk. Category B, disability liaison officer

Respondents also noted that prisoners with learning difficulties and learning disabilities found it difficult to keep in touch with people outside the prison including family and friends, their regular professional support network and legal representation.

Moreover, communication difficulties were said to affect not only relations between these prisoners and staff, but also with other prisoners. Problems in mixing and integrating with their peers contribute to their being seen as 'different'. Respondents talked about such prisoners being picked on, ostracised, isolated and ridiculed. In total, over half of respondents said that prisoners were bullied and victimised because of their learning difficulty or learning disability:

They don't fit in with other inmates and are frightened to keep asking questions. Local prison, disability liaison officer

Vulnerability issues, bullying. Young offender institution, juvenile estate function

Possible feelings of isolation, potential victims of bullying, stigma attached to learning difficulties/disabilities. Young offender institution, head of residence

They are vulnerable in this environment, prone to bullying. Category C, head of healthcare

Such treatment was not always at the hands of other prisoners. Around a fifth of respondents felt that, due to a lack of awareness or training, prisoners with learning difficulties and learning disabilities were also subject to abuse by prison staff:

A lack of understanding by officers on the landings means they usually get treated as being difficult or stupid. Local prison, registered nurse

Untrained and unsympathetic staff. Young offender institution, healthcare manager

Lack of training for all prisoners and staff, which in turn breeds ignorance and could encourage discrimination, bullying and harassment. Category B, disability liaison officer

Respondents also noted that prisoners with learning difficulties and learning disabilities had low self esteem, lacked confidence and were embarrassed to ask for help:

Telling somebody they don't know that they have a problem and then being embarrassed about it. Women's prison, deputy head of healthcare

Fear and embarrassment of having their learning difficulty/disability identified in such a difficult and challenging environment. Local prison, head of learning and skills

Challenges to providing support

84% of respondents commented on the challenges to providing support for prisoners with learning difficulties and learning disabilities. The following quote captures much of what many respondents expressed:

It is time consuming and is not resourced adequately. It is often the case that it conflicts with performance targets, for example adapted programmes take longer and are more complex to run and therefore it is harder to achieve targets if you run such programmes. The key issue is getting everyone assessed adequately on reception so that we can manage them appropriately all the way through their sentence. Many are good at being able to function without anyone suspecting they have difficulties, for example they have learned vocabulary to use but don't understand it. I think autistic spectrum prisoners experience a particularly hard time. It would be much more helpful to know about such difficulties when they entered prison. Category C, head of learning and skills

Insufficient resources and a lack of staff training were the two greatest areas of challenge identified by respondents. Other challenges included: inadequate procedures for identifying and referring prisoners with learning difficulties and learning disabilities; the need for a more 'joined up approach' between the different departments in prisons; the difficulty of accessing services in the wider community and the inappropriateness of prison as an environment for prisoners with learning difficulties and learning disabilities.

70% of respondents commented on inadequate resources, in particular insufficient staff time, inadequate staffing levels and a lack of specialist staff and provision, including adapted offending behaviour programmes:

Lack of resources and lack of staff training. We do our best, often what we have learned as parents ourselves or even from television. Young offender institution, head of residence

Lack of funding resulting in nebulous action plans and policies foisted upon prisons with no additional funding. The term 'from within existing resources' is now thread bare. Category C, head of learning and skills

Full range of offending behaviour programmes not available at the current time. Category B prison, head of psychology

Lack of appropriately qualified staff. Young offender institution, head of learning and skills

No time to spend with individual prisoners. Category C, lifer manager

More hours on the OLASS (offender learning and skills) contract. Category B, post holder not identified

Just over 40% of respondents commented on the need for staff training. More specific training issues mentioned were the need for increased awareness to counter poor staff attitudes and specific training for specialist staff:

Awareness and information sharing with all staff to challenge stereotypical views. Semi-open prison, head of learning and skills

Lack of training and lack of on site support for staff and prisoners. Women's prison, lead nurse, juvenile unit

Staff awareness, staff training on disabilities, well trained support tutors. Young offender institution, head of learning and skills

Around 16% of respondents cited challenges relating to the routine identification of prisoners with learning difficulties and learning disabilities:

Accurate and confident identification of those with learning difficulties /disabilities. Contracted out prison, disability liaison officer

Not knowing who they are or what support they need. Young offender institution, head of healthcare

There are many young people who present with borderline levels of intellectual abilities but who have a certain degree of 'social camouflage' that means they will not come to the attention of the authorities. Prison not identified, disability liaison officer

Knowing that offenders have these difficulties in the first place due to poor identification of difficulties, poor communication when it is known and the fact that people can be very good at masking these difficulties. Local prison, head of psychology

The challenges inherent in the prison environment were highlighted by 14% of respondents. They referred, for example, to the problems associated with a system that is not geared up to catering for the individual, the high turn-over of prisoners (or 'churn') and a physical environment that has little provision for 'quiet' space for work with individual prisoners:

The pace of the whole regime. Everyone is rushing around trying to achieve targets. We don't have enough time to deliver a high quality service. Category C, business planning and performance

The transient nature of the establishment's population. Young offender institution, head of residence

In a large local prison like x, with a population of over 1,450 prisoners, the huge challenge is getting them to the right place and keeping track of them. Local prison, disability liaison officer

Accommodation, for example individuals situated on large wings may find this overwhelming, much smaller accommodation is required to reduce possibly anxiety. Young offender institution, head of healthcare

Suitable space for teaching, mentoring, one to one and confidential work. Young offender institution, SENCo (special educational needs co-ordinator)

Around 8% of respondents highlighted the failure to 'join-up' service provision both within and between prisons and between prisons and organisations in the wider community. The need for effective information flows and 'a whole organisation approach' was emphasised:

Joining up of existing expertise available in the different departments, for example psychology and education. Category B, head of learning and skills

Lack of continuity of services provided in receiving prison. Young offender institution, head of residence

Previous records not following or out of date. Young offender institution, head of learning and skills

Ensuring the 'joined up' part of the offender learning journey actually works. Local prison, head of learning and skills

No joined up working between custodial and community services. Category C, head of learning and skills

Additional issues raised by respondents were as follows:

There's a lack of understanding of the issues by senior managers; there's no key performance target, therefore resources are not prioritised. Local prison, psychology department

The prison service is paying lip-service to the Disability Discrimination Act. Category C, head of learning and skills

Fear of opening a 'Pandora's box of concerns that can't be properly addressed and for which there is no funding. Category B, head of learning and skills.

Work of which prison staff are most proud

Respondents were asked to describe the work with prisoners with learning difficulties and learning disabilities of which they were most proud. Of the 76% of prison staff who responded to this question over 90% did so positively. A small number of respondents (7%), however, didn't think they or their prison had anything to be proud of:

Sorry, I am ashamed to say that I don't do any real work in this area. Young offender institution, head of residence

I cannot really say I am proud of anything regarding this issue. I know this is a vital area to be looked at but we are nowhere near providing the service that should be provided. Contracted out prison, disability liaison officer
We have nothing to be proud of in relation to people with learning disabilities. We are struggling to meet the needs of the

ordinary population. Prison not identified, head of healthcare

Although there was often some overlap, the positive responses fell broadly into three areas: work undertaken by individual members of staff or particular departments, local systems and procedures, and resources and service provision.

The largest number of responses (47%) related to work undertaken by individual members of staff or particular departments. Respondents talked about the hard work and commitment of staff, of staff 'going the extra mile' and somehow 'finding the time' to work with individual prisoners:

The relationship that the healthcare officers and nurses build up with prisoners. The communication and interaction is excellent. Young offender institution, head of healthcare

The education department's learner support team... has made good progress with the dyslexic students. One of its priorities is building self-esteem and confidence. Category C prison, skills for life tutor

That I take the time to explain to a prisoner what he needs to know until I am confident he understands. Contracted out prison, head of operations

The in-reach team do a fantastic job and improve the quality of life for prisoners with learning disabilities. Local prison, disability liaison officer

The work the healthcare department has previously done with the speech and language therapist. Young offender institution, head of healthcare

Well equipped library with excellent supportive staff. Young offender institution, disability liaison officer

The individual input that staff make to improve the individual's access to the regime. Young offender institution, head of residence

The most impressive is the work of untrained staff who assist such prisoners between their other profiled work. Unidentified prison, head of residence

Around a fifth of respondents talked about being proud of the way they did things at their prison or the systems that were in place. These included multi-disciplinary or person-centred approaches to supporting prisoners, screening and assessment procedures, the provision of support for prisoners in the 'mainstream' of prison life and the provision of equitable services for all prisoners 'irrespective of any disability'. Respondents also highlighted schemes such as 'buddying' and 'insider' projects in which prisoners who had no learning difficulties or learning disabilities supported those who did. In some cases respondents cited initiatives that were not specifically aimed at prisoners with learning difficulties or learning disabilities but which benefited these individuals:

Setting up a disability awareness co-ordinator scheme whereby one prisoner on each wing acts as a 'sign post' to disseminate information to disabled prisoners. Category C prison, disability liaison officer

The adoption of the Grubin screening tool, further work required to underpin this. Women's prison, head of healthcare

Learners with difficulties and disabilities are assessed immediately and if identified with special educational needs are automatically given one to one support for one hour every day. Young offender institute, head of young people
We hold an internal 'safe guarding young persons' committee meeting, which discusses young people with disabilities.

Contracted out prison, head of residence

The fact that when we have a trainee who has identified needs we discuss it with all managers and the information is cascaded. Also we regularly hold case conferences where we invite families and YOT/social workers to attend. Young offender institution, head of residence

Some respondents highlighted resources and service provision of which they were proud. Ten respondents referred to the Shannon Trust Toe-by-Toe scheme. Another voluntary scheme mentioned was 'Listeners' organised through the Samaritans:

Having the computer software (Dragon naturally speaking, text read and write, inspiration software)...that gives the prisoner his independence back and enables him to be on an equal footing to someone who can read and write. Local prison, disability liaison officer

The British Dyslexia Association accredited training programme for staff and two Toe-by-Toe prisoner-mentors. Women's prison, head of learning and skills

One respondent noted that the positive developments were down to the personal efforts of individual staff rather than 'custom and practice' at the prison.

Some respondents described in detail the range of efforts made by prison staff on behalf of individual prisoners with learning difficulties or learning disabilities. Some of these accounts are provided below:

Recently we had a prisoner from x prison, which is about as far away as you can get, who had learning difficulties and was frightened of travelling in cars (I think his foster carer had been killed in a car crash). He arrived in a category A van with his action man and Lego. Whilst he remained a threat to staff, he was treated with kindness and patience. Staff brought him in children's toys and played with him like a child. I am sure it made no difference to his long-term outlook but it enabled him to be managed safely and humanely... I believe he is now in a secure hospital. Young offender institution, head of residence

Recently two men, chronological ages 23/25, mental ages 14/15, arrived from a local prison. They came through both prisons reception and induction process undetected; they had merged quite happily with the prison community. A phone call from a mother to a probation officer raised concerns. An assessment was carried out and assistance given. On discharge, their families rang to thank us (the staff) for what became a watershed moment in their care. Apparently they had grown in confidence and self-belief. Open prison, healthcare manager

Over the last nine months we have identified three people with learning disabilities. These individuals have been referred to appropriate services, including one who has been sectioned to low/medium secure learning disability services and another linked with community learning disability services. This requires close working relationships between prison, community and hospital teams. Women's prison, head of healthcare

A colleague and myself needed to work with a prisoner with mild learning disabilities on his self-harming behaviour, anger management and violent fantasies. We worked hard, together with a learning disabilities nurse, to develop a programme for him, which involved pictures and concrete examples. Category B, head of psychology

Together with a member of our in-reach team I am working closely with an inmate at the moment. We took him out of the segregation unit where he was placed because he was being difficult and located him to healthcare. We are working with him on ways to minimise his aggression and frustration. Local prison, registered nurse

One prisoner with obvious learning difficulties worked as a support for the civilian grounds cleaner because she offered

excellent one to one support. Local prison, head of offender management

A recent admission quickly highlighted the short comings of the courts. The person in question had an obvious learning disability. Within 72 hours a consultant from a specialist unit came in with his team. We accepted their advice and set up a plan of care. The prisoner was looked after for many weeks until a ward was found in a unit that suited her needs.
Women's prison, disability liaison officer

Good practice

In addition to asking respondents about work of which they were proud, the questionnaire asked about good practice. Although some respondents felt they had covered this in replying to the former question a further 30% provided more examples. Again, 7% of respondents didn't feel that there was any good practice at their prison to report. One respondent noted that although there were often 'pockets of good practice' they 'tended to go unnoticed and unrecognised.'

Over half of the good practice examples related to systems and procedures or ways of doing things. Many of the examples were similar to those highlighted above, for example, screening and assessment procedures, and the adoption of a person-centred or multi-disciplinary approach:

The screening programme to identify specific learning difficulties is giving us a bigger picture about the level of need within the prison and enabling education to tailor available provision. Category C, head of learning and skills

Sharing of skills, knowledge, information and techniques in order to provide better support and management of prisoners with learning difficulties and disabilities. Contracted out prison, head of offender management

Buddying provided to encourage self-harming prisoners with low IQ and behavioural problems to access education.
Category B prison, head of learning and skills

Some different examples were also cited. These included staff training that was seen to be making a positive difference; the use of volunteer mentors to support learners on a one-to-one basis; the provision of designated disability officers on the wings and efforts to make information more accessible:

We use a variety of different visual aids, for example videos and our counsellors have read work onto tapes to make it more accessible. Women's prison, manager, drug treatment programme

Examples of good practice were also identified in specific departments, such as the provision of education support for prison officers in working with prisoners with learning difficulties and learning disabilities, easy access to dyslexia assessments, and supportive workshop places:

The gymnasium and the contract cleaner workshop conduct some quality work with those that have learning difficulties.
Category C, head of residence

A small number of respondents singled out particular provision or resources as examples of good practice, including a 'breakfast club' at one young offenders prison, the availability of specialised software, and, once again, Toe-by-Toe:

The Toe-by-Toe scheme is well organised and allows prisoners to learn how to read, for some for the first time ever.
Category C prison, head of residence

Prison staff recommendations for change

Respondents were asked if they had any recommendations for change. Almost three-quarters (72%) made at least one recommendation and most made more than one. As illustrated in the following quote, many of the recommendations were detailed:

Interventions prior to remand that can assess the potential harm that imprisonment may have on offenders who have learning difficulties or disabilities. I am particularly thinking of those who may become vulnerable to intimidation or bullying and may subsequently self-harm or take their own life. For those offenders who the courts have no option other than to remand in custody due to public safety or similar concerns, that the prisons that are to accept them have properly trained staff, adequate facilities and service provision to manage these offenders. Local prison, residential governor

Recommendations are presented here under three headings: prison systems and procedures, support for prisoners, and staff awareness and training.

Prison systems and procedures

Of those who responded, 42% made recommendations under this heading. Just under half of the recommendations in this category related to the need for more effective screening and diagnostic assessment for prisoners. This was seen as a necessary precursor to improved sentence planning, decision making based on the abilities of individual prisoners, the development of a more detailed profile of the prison population and the provision of treatment and support tailored to that population:

A comprehensive needs led analysis of the population to produce accurate data that will enable us to put an appropriate business case forward for the provision of services. Local prison, head of healthcare

A small number of respondents also spoke about the need for a simple 'lay' screening tool for use at prison reception.

Screening and assessment prior to a person's arrival into prison was also recommended to ensure that appropriate decisions are taken at police stations and in the courts, including with respect to court diversion:

A number of respondents also highlighted the need for more effective points of referral and referral routes for prisoners about whom staff were concerned. Others recommended that resources should be linked to screening and assessment outcomes to ensure that funding 'followed' the prisoner:

Over a third of the recommendations in this category related to strategy and operations. Respondents spoke about the need for:

'commitment from senior management'; 'clear guidelines and responsibility'; 'a clear structure/management plan'; 'a framework that is mandatory for ALL prisons'; 'ring-fenced budgets'; 'standardised paperwork'; 'a proper referral system'; and 'consistent service provisions'.

A small number of respondents referred to the Disability Discrimination Act, noting that more needed to be done in order to ensure compliance. More broadly still, a sentiment expressed by many was captured in the following recommendation:

A review of the whole of our approach to learning disability and learning difficulties. Contracted out prison, head of offender management

The importance of local leadership and accountability was also highlighted:

Identify a champion in every establishment in order to drive through the change required. Category C, head of residence

Establish a lead nurse to progress this agenda in each of the prisons in the same way as for mental health, substance mis-use etc. Local prison, head of healthcare

Some respondents noted that additional workloads and specialist support required time as well as additional resources:

As the DLO I have been expected to do this job in addition to my normal full-time job. No facility time has been granted and I feel that it should be placed on an equal footing with the race relations liaison officer which is a full time post, then perhaps I could tell you of good practice, for now we are 'fire fighting.' Category C, disability liaison officer

Acknowledgement that support provided for the learner is positive but very expensive. Category C, head of learning and skills

A fifth of the recommendations in this category related to the need for improved information-sharing within prisons, between prisons (with respect to prisoners on transfer, and particularly those in transition to the adult estate) and between prisons and relevant organisations in the wider community, for example education and learning disability services:

More formal structures put in place to ensure that where this information is known (concerning a prisoner with learning difficulties and learning disabilities) it is passed to the relevant departments/people as a matter of course. Local prison, head of psychology

Better networking within the prison service and sharing of information. Women's prison, head of learning and skills

Better joined up assessments of need and continuity from one prison to the next via C-NOMIS/OASys/education records. Category B, head of learning and skills

Support for prisoners

Of those who responded, 46% made recommendations under this heading. A third of the recommendations related to the need for more qualified and dedicated prison-based staff and service provision. More specifically respondents referred to the importance of additional learning support and education staff, qualified and experienced in undertaking diagnostic assessments:

More funding for additional learning support staff, more space for individual teaching, funding for additional specialist training. Young offender institution, head of learning and skills

Education providers across the service that have sufficient finance, resources and expertise to provide an equal service to those with learning difficulties and disabilities in prison as those in the community. Local prison, residential governor

Real expertise introduced into prisons with real funding to address the scale of need. Category C, head of learning and skills

Invest in services to help identify and support within education, healthcare and psychology. Women's prison, head of healthcare

Respondents also noted that it wasn't just in education or healthcare that additional support was needed:

Dedicated staff with the skills to work with individuals in all areas of prison life, not just education. Young offender institution, head of residence

A further fifth of the recommendations in this category were for specialist services and adapted regimes including offending behaviour programmes:

Increased provision of specialist services for such men, for example via in-reach and education as well as offending behaviour programmes. Category C, head of psychology

More adapted offending behaviour programmes to meet the needs of this population. Category B, head of psychology

Just under a fifth of the recommendations were for greater provision of specialist services and support, including clearer procedures for accessing such support and easier access. Respondents noted that access to and quality of services for prisoners should match provision for the general population. Recommendations also focussed on the importance of access to voluntary organisations, promoting the involvement of prisoners' families and maintaining links between prisoners and support organisations with which they had been in contact prior to arriving in prison:

The services of a good educational psychologist should be available. Category B prison, head of learning and skills

Systems set up to enable referrals to outside services. Local prison, registered nurse

More voluntary agencies being involved inside the prison. Young offender institution, head of residence

Involving their families and support networks outside. Young offender institution, head of residence

Other recommendations focused specifically on the need for more appropriate physical environments:

Smaller prison units so individuals can be seen and treated more as individuals, more of a community. Young offender institution, head of psychology

Prisoners with learning problems often respond to a quieter but stimulating environment, however this is often the opposite of the more mainstream activities. This creates a fundamental problem of resources, which is always a balancing act. Category C, head of residence

Some respondents also stressed the benefits of a more holistic, person centred approach within which services would address the needs of the individual rather than requiring the individual to fit in with what was available.

Staff awareness and training

Just under a third of recommendations related to more opportunities for staff training and awareness, including within initial training for prison officers and specialist training for particular staff:

All initial training for officers should have a comprehensive LDD content, not, as is often the case, dealt with as part of equal opportunities/diversity training. Contracted out prison, head of learning and skills

Training of prison officers especially all personal officers on the wings. Category B, head of learning and skills

Greater training and awareness for staff of all grades and disciplines. Young offender institution, head of residence

A number of respondents also recommended training and awareness for magistrates and judges:

Education/awareness of those responsible for sentencing. Local prison, head of healthcare and PCT commissioner

Further comment from prison staff

At the end of the questionnaire respondents were given the opportunity for further comment. Just under a third of respondents offered some final thoughts and although one respondent took the opportunity to criticise the design and content of the questionnaire, the other comments were offered in the spirit of the exercise.

A number of respondents said that until they had completed the questionnaire, they had been unaware of how little they knew about provision for prisoners with learning difficulties and learning disabilities at their prison. A number committed themselves to taking action accordingly:

This has made me aware of how little we do for our young men and has to be addressed. Young offender institution, head of residence

Your questionnaire has proved useful in that it has identified areas for improvement. Many thanks. Category C prison, disability liaison officer

I am shocked at my own lack of awareness as to what resources are or are not available in other departments. It is often the case that the silo effect prevents us from knowing. We shall use our responses to look at this as awareness raising is key to meeting learners' needs. Category C prison, head of learning and skills

On completing this form I am not proud of the service offered to these prisoners. I will however ensure that the shortfalls are addressed to provide an improved service. Category C prison, healthcare manager

One respondent appeared to think that he had no role with respect to prisoners with learning difficulties and learning disabilities:

I am sorry I have been unable to help more but I have no contact with a trainee simply because he has learning difficulties or learning disabilities. These issues are primarily dealt with by the education department. As a forensic psychologist I am not trained in this specific field. Young offender institution, head of psychology

A number of respondents questioned whether prison was the right place for such prisoners:

Is this the right place to send someone with extreme difficulties and learning disabilities? Young offender institution, head of young people

Severe cases shouldn't come to prison. It does happen and is highly inappropriate. Local prison, head of healthcare

Other responses included accounts of further examples of good practice, 'stories' about particular prisoners, and descriptions of general progress made in the area. The following are cited here because of the questions they pose:

I hate to say this but know it is common in custodial settings. We are reluctant to identify learning difficulties and learning

disabilities because we are then legally obliged, by the Disability Discrimination Act, to diagnose and provide support and there is no funding that prisons can draw on to do this. I hope this piece of research is a powerful tool in redressing this unequal situation. Dispersal prison, head of learning and skills

Although the prison service have a Prison Service Order (2855), Prisoners with Disabilities, the meeting I attended at the area office agreed that there was no actual guidance from anywhere as to who was responsible for prisoners with disabilities. Category C prison, disability liaison officer

I am aware that the general heading 'disability' comes under diversity but I am not sure that this covers learning disabilities or whether any staff reading the diversity policy of the prison service would even think to associate learning difficulties as being a recognised disability. Local prison, residential governor

For prisoners, especially those aged 18 – 21 who need to be either in hospital or in some sort of supported home, there is a huge difficulty and it does seem as if no-one wants to know. Contracted out prison, head of healthcare

Without being negative the questions asked all refer to what can be done to provide help for prisoners that wish to have assistance. The primary difficulty for the service is getting prisoners to engage in any intervention. There appears to be a preconception that once in prison people will readily accept help even though schools, education systems, social services, probation etc have all failed. Consideration should be given to this to enable firm foundations to be laid for future work to be built on. Prison not identified, head of residence

I have been in post for four months and have identified this client group as a key area of weakness for the prison. My previous employment was with the Learning and Skills Council and it is my personal and professional opinion that there is a lack of resources nationally to deal effectively with this client group, however even more so in prisons. This factor is likely to be one of the main reasons why they end up in prison; however it is critical that we do not fail this client group again upon release. Local prison, head of learning and skills

Conclusion

This research set out to hear from prison staff how prisoners with learning difficulties and learning disabilities were identified and supported in their prisons. Respondents' views on related subjects were also sought, including their recommendations for change. On occasion it was clear that some members of provider staff (i.e. those not employed by the prison service but who work, for example in prison education or healthcare) had contributed to some of the responses by prison staff. A small number of provider staff completed and returned questionnaires. However, the views contained in this report are largely those of prison staff. A significant amount of data have been gathered, some of which are included in this preliminary report.

Main findings from the research to date are:

1. Information accompanying people into prison is unlikely to show that the presence of learning difficulties or learning disabilities had been identified prior to their arrival
2. Prison staff are unlikely to be alerted when a person with learning difficulties or learning disabilities arrives at their prison
3. There is no routine or systematic procedure for identifying prisoners with learning difficulties or learning disabilities
4. Procedures for referring prisoners to appropriate support services are unclear
5. Most prison staff believe there are gaps in provision for this group of prisoners
6. Prison staff often do not know what support is available for this group of prisoners at their prison
7. Most prison staff believe that the overall quality of support available for this group of prisoners at their prison is low
8. Most prison staff are not confident that their prison has the skills and expertise to support this group of prisoners
9. Prisoners with learning difficulties and learning disabilities are excluded from elements of the prison regime including opportunities to address their offending behaviour
10. Prisoners with learning difficulties and learning disabilities are unable to access prison information routinely
11. Some prisoners with learning difficulties or learning disabilities do not know why they are in prison
12. Over half of prison staff believe that prisoners with learning difficulties and learning disabilities are more likely to be victimised than other prisoners
13. Specific disability awareness training on learning difficulties and learning disabilities is not readily available for prison staff

14. Prison staff would like greater strategic and operational direction to assist their work with this group of prisoners
15. There is significant evidence of local good practice and work that prison staff are proud of in relation to this group of prisoners

These findings are discussed below under the same three headings highlighted in the introduction to this report, namely: prison systems and procedures, support for prisoners with learning difficulties and learning disabilities, and staff training and awareness.

Prison systems and procedures

Information and information flow

- Information accompanying people into prison is unlikely to show that the presence of learning difficulties or learning disabilities had been identified prior to their arrival.
- Prison staff are unlikely to be alerted when a person with learning difficulties or learning disabilities arrives at their prison.

Only a fifth of respondents said information accompanying people into prison is unlikely to show that the presence of learning difficulties or learning disabilities had been identified prior to their arrival. If people with learning disabilities are not being identified prior to their arrival into prison, it is possible that they are also passing unidentified through police custody and a court appearance without appropriate support.

A key benefit for a suspect thought to have a learning disability is the presence of an appropriate adult to support them at a police station (Seden, 2006). An appropriate adult should be present when a vulnerable adult or young person is interviewed by the police or receiving a caution to ensure that they understand procedures and terminology and to minimise the risk of unreliable evidence. If people with learning disabilities are not being identified and appropriately supported during court appearances two further issues arise. First there is the possibility that there has been an 'unsafe' conviction; secondly, the right to a fair trial, under Article 6 of the Human Rights Act, may have been contravened (Finnegan and Clarke, 2005). Indeed, a number of respondents in this study noted that some prisoners did not know why they were in prison.

If, on the other hand, people with learning disabilities are being identified and appropriately supported through police custody and a court appearance, this raises the question of why the information is not passed on.

Although OASys and ASSET are available to prison staff they are not routinely identifying people with learning disabilities or learning difficulties prior to their arrival into prison. Prison staff have also said that they are unlikely to be alerted when a person with learning difficulties or learning disabilities arrives at their prison. It is a possibility that the information is available but is not shared appropriately or accessed by prison staff. Where information was available, respondents from young offender institutions were more likely than respondents from other categories of prison to rate highly the quality of information received. Provider staff are unable to access such information.

On arrival into prison offenders undergo more 'assessments', for example initial health screening and education assessments, and information is recorded in a variety of formats. One such format is the local inmate data system (LIDS). Another information system, C-NOMIS, is currently being developed for use by prison and probation staff to facilitate end-to-end offender management.

The number of different systems used to record information about offenders seems confusing. Clearly personal data need to be protected and access to such data restricted. However being able to share information between the different parts of the criminal justice system as well as between the different departments within a prison is compelling. An integrated system could allow for controlled access as well as having the potential for additional information from providers to be included and accessed by staff working in these areas. An enhancement to OASys, which would integrate the individual learner records of offenders, is currently being explored.

Identifying and referring prisoners with learning difficulties and learning disabilities

- There is no routine or systematic procedure for identifying prisoners with learning difficulties or learning disabilities
- Procedures for referring prisoners to appropriate support services are unclear

Respondents described a variety of ways in which they might learn of a prisoner's learning difficulties or learning disabilities. This suggests that prison staff are aware of and receptive to the possibility that a number of prisoners will have such impairments and may require additional support.

Although some prisons may have developed effective local arrangements for identifying such prisoners, a note of caution should be sounded. As found by this study and documented elsewhere, screening and assessment is not systematic or indeed routine (Murphy et al 2000). Screening and assessment tools generally used are not specific enough to identify learning difficulties or learning disabilities definitively, (Williams and Atthill, 2005), while the Adult Learning Inspectorate report, *Greater Expectations* (2006), describes the process of initial assessment for adult prisoners as being 'fundamentally flawed'.

The largely ad hoc way that such a vulnerable population is identified gives cause for concern, not least for those prisoners whose 'social camouflage' means they are less likely to be identified. Effective identification of people with learning difficulties and learning disabilities should be made at the earliest point after they have entered the criminal justice system – at the police station.

Although referrals to support services are made by prison staff, and by prison officers in particular, procedures are unclear. Furthermore, this same group of staff have very limited access to specific disability awareness training for learning difficulties and learning disabilities that could assist in the identification and referral of prisoners they are concerned about.

To ensure that this group of prisoners receives appropriate support, consideration must be given to ways in which they might be identified, referred and assessed. A number of prison-based screening tools have been developed but none to date universally accepted as a 'gold standard' (Loucks, 2006). One such tool that screens for learning disability, the HASI (Hayes, 2000), is currently being reviewed and another, commissioned by the LSC, will be piloted from April 2007. By their nature screening tools will identify most people with impairments, but there is no guarantee that they will identify everyone. Other routes for identifying prisoners with learning difficulties and learning disabilities therefore need to be established.

On occasions, prison officers in particular will often 'know' when something isn't 'quite right' with an individual prisoner. They associate with prisoners 24 hours a day, seven days a week and will often spot unusual or inappropriate behaviour or changes in patterns of behaviour before other members of prison staff. Prison chaplains and certain volunteers working with prisoners are also often well placed to raise early concerns; for young prisoners attending full time education it might be a teacher or a learning support assistant. It is vital that such concerns are not overlooked. Straight forward and immediate referral procedures should be in place so

that issues raised can be properly investigated. If appropriate, further referrals should be made for diagnostic assessment, in accordance with clear procedures, and the results of such assessments should be readily available. Following assessment, treatment and support needs should be identified and addressed.

Gaps in knowledge

- Prison staff often do not know what support is available for this group of prisoners at their prison

Although most respondents said that they shared information across the prison, significant gaps in knowledge were apparent, particularly in relation to the support available for prisoners with learning difficulties and learning disabilities. Respondents were generally more likely to know about prison systems and procedures than about support for prisoners. The data suggest a 'silo approach' to information sharing. Prison staff knew what was happening in their own departments or spheres of influence but not across the prison as a whole. A consequence of this was that respondents generally knew about prisoners only in the context of their own department or area of responsibility, for example, as prisoner-learners or participants on an offending behaviour programme. The prisoner was rarely 'centre stage' thus there appeared to be little in the way of 'end-to-end offender management'. The recent development of certain staff roles incorporating a wider brief for reducing re-offending at some prisons might begin to address this.

Those respondents who worked either with young people or women prisoners did, however, talk about a 'multi-disciplinary approach' within which the individual prisoner was the focus. Others recommended adopting a 'person-centred' or 'holistic approach' that would support the prisoner throughout their sentence.

More effective information sharing and ways of working to support prisoners with learning difficulties and learning disabilities could be readily explored and adopted locally.

Strategy, operations and leadership

- Prison staff would like greater strategic and operational direction to assist their work with this group of prisoners

Respondents to this study have highlighted the need for greater levels of guidance and direction on identifying and supporting prisoners with learning difficulties and learning disabilities.

Prison Service Order 2855, 'Prisoners with Disabilities', (PSO 2855), provides some direction and specifies that a disability liaison officer should be nominated and given sufficient time to fulfil the responsibilities outlined in the order. While some officers are given extra time to fulfil this responsibility, others have to fit this in along side their other duties, which limits any impact they might have within their prison. The role of disability liaison officer is a relatively new one and work is ongoing to support nominated officers and to disseminate information. However, the role clearly has further need to develop.

Health and social care and education for prisoners are, in the main, provided by staff who are not employed by the prison service. Strategic change relating to work with prisoners with learning difficulties and learning disabilities would have to be undertaken through collaboration with commissioning arrangements and partnerships already in place.

In short, it is clear that strategic direction, demonstrable commitment from senior managers and strong local leadership are needed to drive forward more effective working with this group of prisoners.

Support for prisoners with learning difficulties and learning disabilities

Gaps in provision and quality of support

- Most prison staff believe there are gaps in provision for this group of prisoners
- Most prison staff believe that the overall quality of support available for this group of prisoners at their prison is low
- Most prison staff are not confident that their prison has the skills and expertise to support this group of prisoners

Prison staff were clearly concerned about the level and quality of support available. Respondents identified a wide range of additional services and support that they feel are necessary. It was, however, unclear how such services might be accessed or indeed whether they were available at all. Issues to be addressed include the criteria by which prisoners would 'qualify' for support. Prisoners with a learning disability as defined by the Valuing People White Paper (Department of Health, 2001) may well be able to access support in prison, either through a dedicated learning disability nurse or specific learning disability in-reach, and would generally do so via prison healthcare. Prisoners should be able to access 'the same quality and range of health care services as the general public', (Department of Health), however criteria for accessing learning disability services in the wider community vary, and tend to reflect a 'post code lottery', and it might be expected that levels and quality of provision will likewise vary across the prison estate.

Commenting on mental health services for young offenders, Sue Bailey, Royal College of Psychiatrists noted:

The needs of those with learning disabilities are not being met. And it's difficult to get continuity of care as they move between custody and the community. Asha Goveas, Children Now, February 2007

Pre-release care planning is particularly important for this group of offenders who are more likely than other prisoners to need some additional support on release.

Support for prisoners with learning difficulties and learning disabilities will also come from education and different arrangements are in place for young offenders under 18 years of age and for adult prisoners. The provision for young offenders (aged 15-17 years) is better than that for young adult offenders (aged 18-20 years) mainly because they benefit from additional resources from the YJB for this age group (Ofsted, Annual Report of HM Chief Inspector of Schools, 2004/05).

Special education needs co-ordinators (SENCOs) and learning support assistants are an innovation introduced by the YJB into custodial settings for young offenders. The introduction of such posts 'has improved initial assessment, the targeting and quality of one-to-one support and the quality of pastoral care' for 15-17 year old offenders (Ofsted, Annual Report of HM Chief Inspector of Schools, 2004/05).

Additional learning support, funded by the LSC, is available for adult prisoners.

Education and training targets are often included in sentence plans for prisoners however work towards these targets may be limited by the absence of specified learning support for prisoners with learning difficulties or learning disabilities:

The sentence planning system is inadequate. Offenders are given sentence plans only if their sentence is for a year or more. This plan will often identify education or training as targets but set no further objectives that would help to define the level of support needed. Adult Learning Inspectorate, Greater Expectations (2006).¹⁰

In 2005/06 all young offenders held in custody aged between 15-17 years received 28 hours of education and training per week, which exceeded the target of 25 hours. For 2006/07 the target will rise to 30 hours per week (Youth Justice annual statistics, 2005/06). This compares to only a third of all adult prisoners, including young adults, who are able to attend education classes at any one time (Bromley Briefings, 2006). Most adult prisoners, for most of the time, will therefore not benefit directly from education. Additional education hours and learning support for prisoners with learning difficulties and learning disabilities should be made available.

Although this research demonstrates the significant efforts being made by prison and education staff in this area, the need for more education 'hours' for adult prisoners, more funding for additional learning support (including SENCos) and specific training for specialist staff was highlighted by respondents. The variability of quality of provision for prisoner-learners for both adults and young offenders has also been highlighted:

The quality of educational provision for offenders with learning difficulties and/or disabilities still largely depends, however, on individuals within institutions and has no structural framework. Adult Learning Inspectorate, Greater Expectations (2006).

Provision... varies widely. Some young people are well served; others, already disadvantaged, have a poor deal which does little to help them improve their life chances. Ofsted, the Annual Report of HM Chief Inspector of Schools, 2004/05, provision for children and young people in secure settings.

The majority of respondents were not confident that their prison had the skills and expertise to support this group of prisoners. Those who were the most confident were from young offender institutions.

In identifying 'gaps in provision' for prisoners in their care, respondents pointed to various different support services that are located in the wider community. Some respondents had found ways of accessing such provision while others had not. Where provision was made available, access seemed to depend on individuals rather than any formal procedures or structural framework, for example, some staff members had been successful in building relationships with local service providers and others had achieved results simply by picking up the telephone and asking for help.

The ALI is one of a number of inspection bodies with a remit that includes prisons and prisoners. The main inspection body is HM Inspectorate of Prisons; others relevant to people with learning difficulties and learning disabilities include the Healthcare Commission, the Commission for Social Care Inspection and Ofsted. Inspections are invaluable in seeking out areas where improvements should be made and good practice that can be built upon highlighted.

An accessible regime?

- Prisoners with learning difficulties and learning disabilities are excluded from elements of the prison regime including opportunities to address their offending behaviour
- Prisoners with learning difficulties and learning disabilities are unable to access prison information routinely

There are a significant number of prisoners who, because of their impairments, are excluded from aspects of the prison regime including offending behaviour programmes. As a result they are unable to progress through

10. This comment relates to adult offenders.

their sentence plan, which in turn may impact on parole dates and resettlement opportunities. Reducing re-offending is a central aim of the government's national strategy against crime, however, conventional offending behaviour programmes are not generally accessible for offenders with an IQ below 80. There is a mismatch between the literacy demands of programmes and the skill level of offenders, which is particularly significant with respect to speaking and listening skills. (Home Office Findings 233, 2004). Around 40% of young offenders might find it difficult to benefit from verbally mediated interventions such as anger management and drug rehabilitation courses. (Bryan 2004). Although there is an adapted sex offender treatment programme it is not readily available across the prison estate.

Prisoners with learning difficulties and learning disabilities may also be excluded from prison jobs and certain education classes. Education, training and employment are, collectively, one of the seven pathways out of re-offending identified by NOMS. Finding and retaining work has a significant impact on the chances of a person avoiding re-offending on release from prison. In preparing for their release prisoners with learning difficulties and learning disabilities will, if anything, require more rather than less support in this area.

Many prisoners with learning difficulties and learning disabilities also experience difficulties accessing prison information. Making information accessible is not impossible, but it is a challenge. Respondents to this study reported an impressive range of ways in which prison information has been made more accessible and various other aspects of the prison regime changed or adapted. With support, these efforts could be built upon and disseminated across the prison estate.

These prisoners' lack of access to key elements of the prison regime flies in the face of the central aim of the government's national strategy to reduce crime. It contravenes Prison Service Order 2855, 'Prisoners with Disabilities' and potentially the Disability Discrimination Act. Prison regimes should be developed to meet the needs of the whole prison population.

Good practice

- There is significant evidence of local good practice and work that prison staff are proud of in relation to this group of prisoners

That so much evidence is available of local good practice and work of which respondents are proud is testament to the efforts and commitment of prison staff working in conditions that are frequently overcrowded and generally difficult. There are pockets of good practice across the prison estate, including local systems and procedures of which prison staff are proud.

Particular examples should be replicated, for example the availability of advocacy support, which was most likely to be found in young offender institutions.

These positive developments should be supported and built upon. This could include, for example, the routine dissemination of good practice, working groups to further develop good practice, and networks to share information.

Staff training and awareness

- Specific disability awareness training on learning difficulties and learning disabilities is not readily available for prison staff.
 - Over half of prison staff believe that prisoners with learning difficulties and learning disabilities are more likely to be victimised and bullied than other prisoners.
-

Respondents themselves noted the need for greater access to staff training across all disciplines, from initial training for prison officers through to specialist training for staff in specific roles.

Identifying and supporting prisoners with learning difficulties and learning disabilities requires, at the very least, a heightened level of awareness of the incidence of such difficulties and ways in which they might manifest themselves through prisoners' behaviour. Greater awareness is likely to reduce the possibility of prison staff inadvertently victimising prisoners and make them better able to tackle such abuse when they encounter it.

If prison staff are to be relied upon to identify and support the prisoners with learning difficulties and learning disabilities in their care, then adequate training is essential. The most effective training will include trainers who have learning difficulties and learning disabilities and who have themselves been in prison. Specific training for specialist staff, for example in education and healthcare, is also necessary:

Despite recent research findings which highlight the high incidence of specific learning difficulties and disabilities in the offender population, those who carry out assessment are not trained to identify such problems. Adult Learning Inspectorate, Greater Expectations (2006).

Concluding remarks

Whether prison is the most appropriate place for people with learning difficulties and learning disabilities is a matter of some debate amongst health and social care and prison professionals and staff; this is a question that will be considered by *No One Knows* at a later date. What is clear, however, is that people with learning difficulties and learning disabilities are not routinely identified prior to arriving into prison and once in prison face a number of difficulties. They are more likely to be victimised than other prisoners and are unable to access prison information routinely. They are likely to receive inadequate levels of support of varying quality and, because of their impairments, will be excluded from certain activities and opportunities. Their exclusion from offending behaviour programmes in particular makes it less likely that their offending behaviour will be addressed and more likely that they will return to prison again and again.

Despite the restrictions placed on prison staff, resulting for example from inadequate resources and time, and the lack of training and expertise, there are many examples of good work being undertaken to support prisoners with learning difficulties and learning disabilities. Some of these examples reflect the additional investment made in the young offender estate by the Youth Justice Board. All of these positive developments should be built upon.

Although there is much that prisons can do locally to improve things, for example by ensuring that staff are aware of what support is available at their prison and how to access it, commitment across government departments and leadership are essential in order to move beyond the current state of affairs.

Early recommendations

No One Knows runs until 2008 and on-going research will inform further recommendations. However a number of early recommendations can be made on the basis of the findings reported here; these are listed below. The recommendations have avoided a blanket call for more resources and concentrate instead on suggested changes to policy and practice. The list is not comprehensive and will be added to as the research policy and programme evolves.

1. There should be a review of the information that accompanies prisoners into prison and on release. The review should encompass the quality and content of the information and the effectiveness of 'information flow'.
2. Easy to use tools for screening offenders for learning difficulties and learning disabilities should be developed and agreed for use across the criminal justice system.
3. Screening and, where appropriate, diagnostic assessment of people for learning difficulties and learning disabilities should be undertaken routinely and systematically prior to their arrival into prison.
4. The value and importance of informal referrals of prisoners that staff are concerned about should be recognised and encouraged, and a clear route for such referrals established at every prison.
5. A multi-disciplinary approach to supporting the needs of prisoners with learning difficulties and learning disabilities should be adopted across the prison estate, the responsibility for which should be placed with an individual member of the senior management team in each prison.
6. Stronger strategic direction, including clarification of operational responsibilities and effective local leadership, is required in order to improve work with prisoners with learning difficulties and learning disabilities.
7. Prison regimes should be made fully accessible to the whole prison population; in particular there should be full access to information, offending behaviour programmes and opportunities for education, training and employment.
8. A matrix of support for prisoners with learning difficulties and learning disabilities, including access to support services in the wider community, should be available in every prison. The matrix should specify referral routes and areas of staff and departmental responsibility.
9. National standards should be agreed for levels of care and support for offenders with learning difficulties and learning disabilities while in custody and upon release.
10. Specific disability awareness training on learning difficulties and learning disabilities should be undertaken by all staff, including within initial training for prison staff.
11. Specific training on learning difficulties and learning disabilities should be undertaken by staff responsible for specific areas of work, for example education and healthcare.

- 12.** Details of work that prison staff are most proud of, including examples of good practice, should be identified, built upon and disseminated routinely across the prison estate.
- 13.** In order to fulfil its responsibilities under the national priority on equality and diversity contained in the National Commissioning Plan 2007/08, NOMS needs to do more to ensure the needs of prisoners with learning difficulties and learning disabilities are met.
- 14.** There should be a joint thematic review by HM Inspectorate of Prisons, the Commission for Social Care Inspection and the Adult Learning Inspectorate (for adults) or Ofsted (for young prisoners) of the care and treatment of prisoners with learning difficulties and learning disabilities.
- 15.** An investigation should be undertaken by the Commission for Equality and Human Rights into Prison Service compliance with the Disability Discrimination Act 2005.
- 16.** A cross-departmental ministerial group should be convened to address the needs of offenders with learning difficulties and learning disabilities. The group should include, amongst others, ministers responsible for the Home Office, the Department for Education and Skills, the Department of Health, the Department for Constitutional Affairs, the Department for Work and Pensions and the Cabinet Office Social Exclusion Task Force.

Appendix 1

Membership of the advisory group:

- Chair: the Rt Hon. The Baroness Joyce Quin
- Alan Bicknell, Regional Co-ordinator, The National Autistic Society
- Professor Karen Bryan, University of Surrey, European Institute of Health and Medical Sciences
- Judy Clements, Regional Director, London and South East, Independent Police Complaints Commission
- Shirley Cramer, Chief Executive, Dyslexia Action
- Dr Kimmett Edgar, Head of Research, Prison Reform Trust
- Dr Andrew Fraser, Director of Health and Care, Scottish Prison Service
- Dr Ann Hagell, Freelance Research Associate, Policy Research Bureau and trustee, Prison Reform Trust
- Brian Ingram, Head of Resettlement, Northern Ireland Prison Service
- Dr Glyn Jones, Consultant Psychiatrist, Learning Disability Directorate, Bro Morgannwg NHS Trust
- Glynis Murphy, Professor of Clinical Psychology of Learning Disability, Tizard Centre, University of Kent
- Robert Newman, Director: education, training and employment, Youth Justice Board
- Sue O'Hara, Head of Offender Learning, Learning and Skills Council
- Sarah Payne, Regional Offender Manager (South East), National Offender Management Service
- Tom Robson, National Executive, Prison Officer Association
- James Shanley, Governor, HMPYOI Norwich
- Keith Smith, Chief Executive, British Institute of Learning Disabilities
- Kathryn Stone, Chief Executive, Voice UK
- Dame Jo Williams, Chief Executive, Mencap (and partner organisation)

Appendix 2

No One Knows Offenders with learning difficulties and learning disabilities				
Questionnaire response rate by prison (England and Wales)				
Security level	Number of responses	% of responses	Number of prisons ¹⁰	% of prisons
B (8; 5.7%) ¹¹	8	4.5	3	4
C (36; 25.8%)	51	28.8	20	27
DISPERSAL (5; 3.5%)	7	4	3	4
LOCAL (32; 23%)	37	20.9	19	25.7
OPEN & SEMI-OPEN (16; 11.4%)	9	5	6	8.1
WOMEN'S PRISON (13; 9.3%)	10	5.6	5	6.8
YOUNG OFFENDER INSTITUTION (18; 12.8%)	27	15.3	9	12.2
NOT IDENTIFIED	10	5.6		
CONTRACTED OUT (11; 7.9%)	18	10.2	9	12.2
TOTAL	177	100	74	100

No One Knows Offenders with learning difficulties and learning disabilities		
Questionnaire response rate by post holder (England and Wales)		
Post	Number of responses	% of responses
Head of learning and skills	33	18.6
Head of healthcare	26	14.7
Disability liaison officer	27	15.3
Head of residence	23	13
Head of psychology	26	14.7
Other	38	21.5
Not identified	4	2.3
Total	177	100

10. An additional 3 prisons piloted the questionnaire; a further 3 prison Governors expressed interest in the research but decided that their prison would not participate on this occasion

11. Figures in brackets show the number and percentage of prisons for each category of security in the prison estate for England and Wales

Appendix 3

QUESTIONNAIRE

Introduction and Aim

There is growing concern about the number of people with learning difficulties and learning disabilities who come into contact with the criminal justice system, including how they are identified and their needs responded to.

No One Knows is a new programme from the Prison Reform Trust that seeks to gain a better understanding of the experiences of these people in order to make recommendations for change. It is funded by The Diana, Princess of Wales Memorial Fund until December 2008 and chaired by the former Prisons Minister, Joyce Quin.

Purpose and importance of contacting you

The treatment of learning difficulties and learning disabilities is sometimes seen as being 'a job' for education or health care and clearly they have an important role to play. However, the day to day living experiences of prisoners, including those with learning difficulties and learning disabilities, are spent on the wings and in a number of different locations across the prison. Because we are interested in the total experience of prisoners with learning difficulties and learning disabilities we are asking a range of different post holders to respond to this questionnaire including, Heads of Learning and Skills, Healthcare, Residence, Prison Psychology and Disability Liaison Officers/Diversity Managers.

We know that there will be many examples of good practice. We are also aware that many of you will be concerned with the levels of support available and will have ideas about what more could be done. We want to hear about both the good and the not so good as well as what you would like to see changed. Your feedback will help create a picture of the available support for prisoners with learning difficulties and learning disabilities and highlight some of the difficulties and challenges. Most importantly we will have heard your views, including recommendations for change. Findings from the research will be sent to all prisons.

What do we mean by learning difficulty and learning disability?

There is an ongoing debate about the terms used to describe learning difficulty and learning disability. Whatever terminology is used, it is unlikely to suit everybody. For the purpose of No One Knows the term learning difficulty and learning disability will be used to include people who find some activities that involve thinking and understanding difficult and who need additional help and support in their every day living. In prison this might include, for example, prisoners who cope less well with the routine and demands of prison life or who appear withdrawn. It might include prisoners who don't seem able to follow instructions or retain information, prisoners who are unduly compliant or vulnerable, prisoners who are reluctant to join in activities such as education or vocational training or prisoners whose behaviour is at times disruptive or aggressive. The term learning difficulties and learning disabilities will include people who have:

- autism
- difficulty in communicating and expressing themselves
- unseen or hidden disabilities such as dyslexia and
- people whose disrupted learning experiences and/or difficulties with learning have led them to function at a significantly lower level than the majority of their peers

Who to contact

If you have any questions about No One Knows or about completing this questionnaire, please contact Jenny Talbot at the Prison Reform Trust: 020 7251 5070; jenny.talbot@prisonreformtrust.org.uk

About the Prison Reform Trust

The Prison Reform Trust is an independent charity that seeks to create a just, humane and effective penal system. We do this by inquiring into the system; informing prisoners, staff and the wider public and by influencing Parliament, Government and officials towards reform.

Completing this form

There are no right or wrong answers. The questionnaire is designed to help create a picture of what currently happens to identify and support prisoners with learning difficulties and learning disabilities. There is also an opportunity for you to say what you would like to see done differently. Although there are lots of questions many involve only a tick box response and so the questionnaire shouldn't take more than 30 - 40 minutes to complete. Please consider every question and try not to leave any blanks.

Confidentiality

Please be assured that all responses will be anonymised. Names of individual respondents or prisons will not be referred to in any reports, press releases or dissemination events. Data will be analysed in relation to the prison estate overall, by category of prison, for example all Local prisons and by particular posts, for example all Heads of Learning and Skills. It is for this reason that I need the following information, which should be completed before starting the questionnaire:

Name of prison:	
Position, please tick one box:	<input type="checkbox"/> 1 Head of Learning and Skills <input type="checkbox"/> 2 Head of Healthcare <input type="checkbox"/> 3 Disability Liaison Officer/Diversity Manager <input type="checkbox"/> 4 Head of Residence <input type="checkbox"/> 5 Head of Psychology <input type="checkbox"/> 6 Other, please say which in box below:
If your post is dedicated to a particular unit within the prison, for example a Juvenile Unit, please say which type of unit you work in	

Many thanks.

On arrival into prison

- In your experience how likely is it that information accompanying prisoners into your prison, for example OASys, prison education or school records, court reports, health records, will have identified the presence of learning difficulties and learning disabilities prior to the prisoners arrival? Please tick one box:
 - Likely for all prisoners with learning difficulties and learning disabilities 1
 - Likely for a majority of prisoners 2
 - Likely for a minority of prisoners 3
 - Unlikely 4

2. When a prisoner with learning difficulties and learning disabilities arrives at your prison do you or does your department receive any information alerting you to their arrival? Please tick one box:

YES ₁

NO ₂

SOMETIMES ₃

If NO, go to Question 3

- a. If YES or SOMETIMES, does the information accompany, please tick one box:

All prisoners with learning difficulties and learning disabilities ₁

Most prisoners? ₂

A minority of prisoners? ₃

If YES or SOMETIMES, please name the kinds of information that alert you:

- b. If YES or SOMETIMES, on a rating of 1 to 4 how reliable would you say the information is in identifying all prisoners with learning difficulties and learning disabilities on arrival at your prison? Please tick one box:

RELIABLE

UNRELIABLE

1

2

3

4

- c. Please describe how else prisoners with learning difficulties and learning disabilities might come to your attention or that of your department:

Please go to Question 4

In custody

3. If you are not alerted when prisoners with learning difficulties and learning disabilities arrive at your prison, please describe how they come to your attention or that of your department.

4. How effective do you think the process you have described is in identifying prisoners with learning difficulties and learning disabilities? Please tick one box:

Effective in all cases ₁

Effective in most cases ₂

Effective in a minority of cases ₃

Ineffective ₄

5. In addition to the basic skills assessment does your prison screen or assess prisoners for learning difficulties and learning disabilities? Please tick one box:

YES ₁

NO ₂

DON'T KNOW ₃

If NO or DON'T KNOW, go to Question 6

- a. If YES, which screening tools or assessments are used?

b. If YES, which of the following are being screened for or assessed? Please tick all those that apply:

- Dyslexia 1
- Autism 2
- Aspergers 3
- Attention deficit disorder 4
- Attention deficit hyperactive disorder 5
- IQ 6
- Speech and language 7
- Adaptive functioning or social skills 8
- Other, please say in the box below 9

6. Do you or does your department share information about prisoners with learning difficulties and learning disabilities? For example between education and disability liaison?

Please tick one box:

- YES 1
- SOMETIMES 2
- NO 3
- DON'T KNOW 4

If NO or DON'T KNOW, go to Question 7

a. If YES or SOMETIMES, between which department(s) or individual(s) is information shared?

b. If YES or SOMETIMES, are there any protocols in place to ensure that prisoner information remains confidential? Please tick one box:

- YES 1
- NO 2
- DON'T KNOW 3

i. If YES, please name or describe the protocol

Support for prisoners with learning difficulties and learning disabilities

7. What support is available for prisoners with learning difficulties and learning disabilities at your prison? Please answer questions 7a – 7j

7a. Specific learning disability in reach. Please tick one box:

- YES 1
- NO 2
- DON'T KNOW 3

If NO or DON'T KNOW, go to Question 7b

i. If YES, how are prisoners referred? Please tick all those that apply:

- 1. Wing officer 1
- 2. Personal officer 2
- 3. Induction staff 3
- 4. IAG staff 4
- 5. Education staff 5
- 6. Healthcare staff 6
- 7. Reception staff 7
- 8. Other, please say in the box below 8

ii. If YES, how often are they seen? Please tick one box:

- 1. Daily 1
- 2. Weekly 2
- 3. Fortnightly 3
- 4. Monthly 4
- 5. Other, please say in the box below 5

7b. Does your prison have a dedicated learning disability nurse ?

Please tick one box:

- YES 1
- NO 2
- DON'T KNOW 3

7c. Mental health in reach . Please tick one box:

- YES 1
- NO 2
- DON'T KNOW 3

If NO or DON'T KNOW, go to Question 7d

i. If YES, how are prisoners referred? Please tick all those that apply:

- 1. Wing officer 1
- 2. Personal officer 2
- 3. Induction staff 3
- 4. IAG staff 4
- 5. Education staff 5
- 6. Healthcare staff 6
- 7. Reception staff 7
- 8. Other, please say in the box below 8

ii. If YES, how often are they seen? Please tick one box:

- 9. Daily 1

- 10. Weekly 2
- 11. Fortnightly 3
- 12. Monthly 4
- 13. Other, please say in the box below 5

iii. If YES, is a consultant psychiatrist in learning disabilities involved?

- Please tick one box:
- YES 1
 - NO 2
 - DON'T KNOW 3

7d. Speech and language therapy. Please tick one box:

- YES 1
- NO 2
- DON'T KNOW 3

7e. Other community health and social care services , for example community learning disability services, social work support, case management. Please tick one box:

- YES 1
- NO 2
- DON'T KNOW 3

If YES, please say which service is provided and briefly describe the sort of help given:

7f. Do learning disability or mental health in reach teams or community health and social care services help prison staff to plan services in prison to meet the needs of prisoners with learning disabilities? Please tick one box:

- YES 1
- NO 2
- DON'T KNOW 3

If YES, please say which services help and briefly describe the sort of help given:

7g. Additional learning support. Please tick one box:

- YES 1
- NO 2
- DON'T KNOW 3

If NO or DON'T KNOW , go to Question 7h

If YES, how are prisoners referred? Please tick all those that apply:

- 1. Wing officer 1
- 2. Personal officer 2
- 3. Induction staff 3
- 4. IAG staff 4

- 5. Education staff 5
- 6. Healthcare staff 6
- 7. Reception staff 7
- 8. Other, please say in the box below 8

iv. If YES, how often are they seen? Please tick one box:

- 1. Daily 1
- 2. Weekly 2
- 3. Fortnightly 3
- 4. Monthly 4
- 5. Other, please say in the box below 5

- 7h. Voluntary organisations . Please tick one box:
- YES 1
 NO 2
 DON'T KNOW 3

If YES, please say which voluntary organisation and what service is provided:

- 7i. Does your prison have any advocacy arrangements for prisoners with learning difficulties and learning disabilities? Please tick one box:
- YES 1
 NO 2
 DON'T KNOW 3

If YES, please briefly describe how the advocacy arrangements work:

7j. Please say what other services, if any, are provided at your prison for prisoners with learning difficulties and learning disabilities

8. Does the support you have described above reach, (please tick one box):
- All prisoners with learning difficulties and learning disabilities 1
 - Most prisoners 2
 - A minority of prisoners 3

a. On a scale of 1 to 4 how would you rate the quality of the support received by prisoners with learning difficulties and learning disabilities at your prison?

HIGH QUALITY LOW QUALITY

1 2 3 4

b. Are there any services for people with learning difficulties and learning disabilities that in your view should be provided for prisoners at your prison

but which are not currently available? Please tick one box:

YES ₁

NO ₂

If YES, please say what sort of services you think should be provided:

c. Are you aware of any activities or opportunities that prisoners with learning difficulties and learning disabilities are excluded from? Please tick one box:

YES ₁

NO ₂

i. If YES, can you give any examples?

ii. If YES, is it your experience that prisoners with learning difficulties and learning disabilities spend longer in their cells than other prisoners? Please tick one box: YES ₁

NO ₂

DON'T KNOW ₃

d. Are you aware of any situations where the exclusion of people with learning difficulties and learning disabilities from certain activities or opportunities has hindered progression through his/her sentence plan? Please tick one box:

YES ₁

NO ₂

If YES, can you give any examples?

9. In your experience is it more or less likely that prisoners with learning difficulties and learning disabilities will experience being victimised by other prisoners? Please tick one box:

₁

MORE LIKELY

LESS LIKELY

₂

DOESN'T MAKE ANY DIFFERENCE

₃

DON'T KNOW

₄

10. There are many different aspects to life in prison, some of which are listed below. Can you give any examples where the regime has been adapted or changed in order to provide support to prisoners with learning difficulties and learning disabilities? For example, taking care to ensure that prisoners fully understand what is said to them, using pictures rather than text to get a message across.

Using the grid below please tick where any changes or adaptations have been made and describe briefly:

Activity	Tick	Brief description	
Reception and first night			1
Induction			2
Offending behaviour programmes			3
Drug testing and treatment programmes			4

Library			5
Resettlement			6
Healthcare			7
Visits and correspondence			8
Complaints and Requests			9
Jobs for prisoners			10
Discipline			11
Adjudication			12
Education			13
Personal officer scheme			14
Gym			15
Anything else?			16

11. On a rating of 1 to 4 how confident are you that your prison has the skills and expertise to support the range of needs presented by prisoners with learning difficulties and learning disabilities? Please tick one box:

VERY CONFIDENT

NOT AT ALL CONFIDENT

1

2

3

4

Please say which job holder(s) or department(s) you have the most confidence in:

Pre-release

12. Do learning disability or mental health in reach teams or community health and social care services get involved in pre-release care planning for prisoners with learning disabilities? Please tick one box:

YES 1

NO 2

DON'T KNOW 3

If YES, please say which services help and briefly describe the sort of help given:

13. When prisoners with learning difficulties and learning disabilities leave your prison, do you or does your department liaise with or forward any information to statutory or voluntary organisations in the community, for example, probation, youth offending teams, colleges of further education, community learning disability services?

Please tick one box:

YES 1

NO 2

DON'T KNOW 3

a. If YES, please tick all those that apply:

- Probation 1
- Youth Offending Team 2
- Community learning disability services 3
- Local authority social worker 4
- College of further education 5
- Other, please say which in the box below 6

Staff training and support

14. Does your prison run or take advantage of disability awareness training? Please tick one box:

YES 1

NO 2

DON'T KNOW 3

If NO or DON'T KNOW, go to Question 15

If YES:

a. Are learning difficulties and learning disabilities covered? Please tick one box:

YES 1

NO 2

DON'T KNOW 3

b. Is the training available to, (please tick one box):

All staff 1

Most staff 2

A minority of staff 3

Targeted to staff in specific roles 4

If targeted to staff in specific roles, please say which:

15. Does your prison run or take advantage of specific disability awareness training for learning difficulties and learning disabilities?

Please tick one box:

YES 1

NO 2

DON'T KNOW 3

a. If YES, is the training available to, please tick one box:

All staff 1

Most staff 2

A minority of staff 3

Targeted to staff in specific roles 4

If targeted to staff in specific roles, please say which:

16. Is there a statement at your prison that describes learning difficulties and learning disabilities? Please tick one box:
- YES 1
- NO 2
- DON'T KNOW 3

IF YES, PLEASE RETURN A COPY WITH THIS QUESTIONNAIRE

<p>17. Disability Discrimination Act 2005 (DDA) The DDA places a duty on public sector authorities to promote disability equality. Prisons will be required to have a disability equality scheme in place by December 2006. Please describe how learning difficulties and learning disabilities are/will be reflected in your disability equality scheme. If you DON'T KNOW, please tick: <input type="checkbox"/> 1</p>
<p>18. Do you or does your department keep any statistics on prisoners with learning difficulties and learning disabilities? Please tick one box:</p> <p>YES <input type="checkbox"/> 1</p> <p>NO <input type="checkbox"/> 2</p> <p>DON'T KNOW <input type="checkbox"/> 3</p> <p>If YES, please describe what records are kept and what happens to them:</p>

Challenges and recommendations for change

<p>19. What do you think are some of the most difficult issues facing prisoners with learning difficulties and learning disabilities?</p>
<p>20. What do you think are some of the challenges or obstacles to providing support for prisoners with learning difficulties and learning disabilities?</p>
<p>21. Are there any recommendations for change you would like to make?</p>

Good practice

The next two questions ask about work that you are proud of or consider being examples of good practice.

<p>22. Please tell me what you are most proud of in relation to work with prisoners with learning difficulties and learning disabilities at your prison.</p>
<p>23. Please tell me about any examples of good practice in relation to work with prisoners with learning difficulties and learning disabilities at your prison.</p>

Any further comments?

The information you have provided above will be extremely useful in helping to make progress in this area. If you have any further comments or anecdotes you would like to share, please say so here:

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Thank you very much for taking the time to complete this questionnaire

Appendix 4

Recommendations from The Incidence of Hidden Disabilities in the Prison Population, Dyslexia Action (formerly Dyslexia Institute), by Dr John Rack (2005):

1. Literacy Support

Planning of prison education should recognise that approximately 50% of offenders will need some support because of poor literacy skills. This will include:

- i. Direct teaching of key literacy and numeracy skills
- ii. Support in accessing other educational and vocational training programmes
- iii. Adaptation of general procedures and routines within the establishment to remove barriers that would exclude participation by those with hidden disabilities
- iv. Linking the literacy support to the working environment

2. Specialist Teaching

20% of the population will require specialist support.

The research suggests that 2 in 5 of those with literacy difficulties are dyslexic or show features of a hidden disability which will create a barrier to their accessing learning/training and employment opportunities. These individuals will need to be given highly individualised support, including:

- i. Access to diagnostic assessments and support to individuals in understanding their strengths and weaknesses
- ii. Individual advice, guidance and support to create realistic action plans
- iii. Specialist teaching of literacy and numeracy skills
- iv. Teaching of strategies and techniques to minimise the impact of hidden disabilities in work and learning situations

3. Work Focus

Education services should be linked more closely to employment services to support and assist offenders into appropriate jobs and ensuring that they have the requisite skills.

4. Awareness and Training

To include:

- i. Awareness - All educational, training and resettlement staff need to be aware of the implications of hidden disabilities. Establishments should develop policies and practices to comply with 'dyslexia friendly' standards and similar standards for other hidden disabilities
 - ii. Education providers should provide a systematic screening and assessment procedure, leading to individual action plans that support those with hidden disabilities and other individual needs. In practice, education providers will need to have access to specialist staff and to develop appropriate training
 - iii. Those delivering education in offender settings should ensure that 50% of their staff are trained in the methods of literacy skills teaching and support programmes that are recognised as effective for dyslexic learners
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