



Out of the Shadows

Women with learning disabilities in contact with or on the edges of the criminal justice system

Tracy Hammond and Jenny Talbot, with Jenny Earle and Ashleigh Murray

About the Prison Reform Trust

The Prison Reform Trust is an independent UK charity working to create a just, humane and effective prison system. PRT has a longstanding interest in improving criminal justice outcomes for women. Since 2015, our Transforming Lives programme to reduce the unnecessary imprisonment of women in the UK has been supported by the National Lottery Community Fund.

The Transforming Lives programme: reducing women's imprisonment

About 13,000 women are sent to prison in the UK every year, twice as many as 20 years ago, many on remand or to serve short sentences for non-violent offences, often for a first offence. Thousands of children are separated from their mothers by imprisonment every year. Yet most of the solutions to women's offending lie in the community. The Prison Reform Trust works with national and local organisations to promote more effective responses to women in contact with the criminal justice system. One of our objectives is to reduce the numbers of women in prison who are affected by domestic abuse. For further information and a range of publications see: www.prisonreformtrust.org.uk/women

About KeyRing Living Support Networks

KeyRing provide supported living services in a way that reduces loneliness and develops resilience and citizenship. The aim of KeyRing is to draw out and develop the skills of the individual and support connections with the local community. The people KeyRing support include those with learning disabilities who have been through the criminal justice system. For further information see: <http://www.keyring.org/>



Out of the Shadows is the name of another recent publication that demonstrates the high human cost of locking up people with learning disabilities and/or autism. The book, which is published by Multistory in partnership with Dewi Lewis, contains powerful photographs by Polly Braden, seven in-depth stories of people with learning disabilities and/or autism by Journalist Sally Williams, and three first-hand accounts. Together, these photographs and testimonies offer a devastating insight into how individuals ended up in prison and what happened to them. See:

<https://multistory.org.uk/project/out-of-the-shadows-the-untold-story-of-people-with-autism-or-learning-disabilities/>

Acknowledgements

This report is the result of collaboration between the Prison Reform Trust and KeyRing. As with any report such as this, there are many more people involved in its production than the authors. We would especially like to thank the women who participated in this study. Their personal accounts expose gaps in service provision and give urgency to the recommendations made in the report. Thank you to the support workers who helped enable women's participation, and to the beautician who ran our 'pamper sessions'. Interviews with professionals and practitioners provided a further dimension to the report and we thank them too. We are grateful to colleagues at the Prison Reform Trust: Tony Callaghan who prepared the report for publication and Emily Evison for proof-reading the report.

Cover image:

Lindsey, *Out of the Shadows: the untold story of people with autism or learning disabilities*, 2018 © Polly Braden

ISBN: 978-1-908504-14-2

Printed by Conquest Litho

Contents

Foreword	5
Introduction	7
The Transforming Lives programme	7
Why women, and why women with learning disabilities?	7
Women with learning disabilities	8
Domestic violence and abuse	8
Poverty, social exclusion and multiple needs	9
Drugs and alcohol misuse	10
Children	10
The study and methodology	13
Structure of the discussions	13
Women participants	13
Practitioner conversations	14
Background	15
Disability and learning disability	15
Prevalence of learning disability in the general population	16
Learning disability and the criminal justice system	16
Prevalence of learning disability in the criminal justice system	16
Challenges faced by people with learning disabilities in the criminal justice system	18
Legislative and policy frameworks	21
Transforming Care	21
Care Act 2014	22
Housing	23
Women's centres and women-centred working	24
Criminal justice responses	25
Liaison and diversion services/schemes	26
Female Offender Strategy	27
Key findings: learning from the women and practioners we met	29
Conceptualising the future; understanding cause and effect	29
Access to services	31
Violence and abuse	32
Drugs and addiction	33
Children	33
Housing	34
Different treatment: the accused and victims	35
Recognising learning disability in the criminal justice system	36
Concluding discussion and recommendations	39
References	43

Foreword

Ten years after my review of people with mental health problems or learning disabilities in the criminal justice system, it is pleasing to note good progress against the recommendations I made.

Liaison and diversion services are now operating in the majority of police custody suites and criminal courts, with full roll out expected by 2020/21. Great strides have been made in ensuring the needs of people with health and social care needs, such as mental health problems, learning disabilities and substance misuse are identified at their first point of contact with the criminal justice system. Referrals into local services – increasingly with the invaluable support of a key worker, can help to improve health and social care outcomes alongside reduced reoffending.

It is well rehearsed that women who offend often have high levels of multiple unmet need. Most experience poor mental health and have problems with alcohol and/or drug misuse, and many report having been subject to physical and sexual violence and domestic abuse – each of which can contribute towards risky and offending behaviour.

Women in the justice system are a minority group and the Female Offender Strategy (2018) places a much needed focus on the drivers that may lead women into offending behaviour, and the solutions. Little, however, is known about women with learning disabilities in contact with or on the edges of the criminal justice system.

This report considers the legislative and policy frameworks that exist to help ensure women with learning disabilities get the support they need, which, in turn, can serve to avoid contact with the criminal justice system. It considers the criminal justice response towards women with learning disabilities. But most importantly, it gives a voice to women with learning disabilities, enabling them to talk about their experiences: the difficulties they have faced in trying to get help; of not understanding the implications of their behaviour and sanctions imposed; of violence and abuse perpetrated against them; enforced separation from their children; bewilderment and a sense of injustice. When help came, it was mostly as a result of contact with criminal justice services and a referral to a women's centre.

Although much progress has been made, for women with learning disabilities much more needs to be done. Health, social care and justice services need to forge effective partnerships that ensure women with learning disabilities who offend, or who are at risk of doing so, receive the right support at the right time. Leadership, cooperative working and joint training are important in helping to identify shared priorities and break down the barriers that often exist between different professional groups and sectors.

The ten recommendations at the end of this report should, if implemented, help to ensure that the needs of women with learning disabilities are recognised and met, so enabling them to lead healthy and productive lives.

A handwritten signature in black ink that reads "Keith Bradley". The signature is written in a cursive style with a long, sweeping underline.

The Rt Hon Lord Keith Bradley

Introduction

The Transforming Lives programme

This report is part of the Transforming Lives programme and focuses on women with learning disabilities in contact with, or on the edges of the criminal justice system.

Transforming Lives has a single aim, which is to reduce the number of women sent to prison. To achieve this the programme seeks to:

- Improve the governance of women's justice across the UK, which requires dedicated leadership and cross-government co-ordination informed by a robust economic case
- Strengthen the pathways into mental health and social care services for vulnerable women caught in the criminal justice system
- Increase awareness of the links between women's experience of domestic abuse and their offending
- Reduce the use of custodial remand unless the seriousness of the offence or the protection of the public demands it
- Promote non-custodial options for mothers of dependent children
- Reduce the number of foreign national and black and ethnic minority women in custody
- Work intensively in selected local areas to foster greater use of early intervention and community orders for women.

Why women, and why women with learning disabilities?

Often women offenders have particularly complex needs — a very high proportion are themselves victims of domestic abuse. I think there's also a public acceptance that custody is not always the right answer in terms of family issues. (The Rt Hon David Gauke MP, Lord Chancellor and Secretary of State for Justice 2018)

The Prison Reform Trust has long called for a reduction in women's imprisonment and a step change in how the criminal justice system responds to women. It has been over ten years since the Corston Report on Women with Particular Vulnerabilities in the Criminal Justice System (Corston 2007). This, and many other inquiries and reports have all concluded that prison is rarely a necessary, appropriate or proportionate response to women who get caught up in the criminal justice system. In 2018 the Ministry of Justice published its Female Offender Strategy which outlines new priorities to improve the outcomes and treatment of women involved in the criminal justice system, acknowledging the need for a gender specific approach for women.

Women in the criminal justice system – the facts¹

- The UK has one of the highest rates of women's imprisonment in Western Europe.
- The women's prison population in England and Wales has more than doubled since 1995, from under 2,000 women to nearly 4,000. On 5 April 2019 there were 3,839 women in prison in England.

¹ See Prison Reform Trust 2019

- Women are a small minority of those in the criminal justice system, representing less than 5% of the prison population. Their comparatively small numbers mean women in prison are easily overlooked in policy, planning, and services.
- Imprisonment can have a highly damaging impact on women’s mental health and future opportunities. Prison often ends up exacerbating the problems women faced in their pre-prison lives rather than addressing the causes of their offending.
- More than half of women in prison have themselves been victims of serious crime.
- Most of the solutions to women’s offending lie in improved access to community services, including women’s centres. These enable women to address underlying problems which may lead to offending but which the criminal justice system cannot solve.
- The outcomes for women post-release are poorer than for men: most women have neither a home nor a job to go to on release, and they often lose care of their children.
- Women are more likely to be primary carers, with children far more directly affected by a prison sentence as a result.
- Women’s offending patterns and the drivers behind their offending are generally different to men’s. They are often related to experience of domestic violence and prior abuse; poverty and social exclusion; and drug and alcohol misuse.

Further reading



- *Why focus on reducing women’s imprisonment?* (Prison Reform Trust, updated 2019)
- *Managing Vulnerability: Women- A Fact Pack* (Ministry of Justice 2018a)

Women with learning disabilities

Around 2% of the general population has a learning disability compared to around 7% of people in contact with the criminal justice system (NHS England 2016); women prisoners are slightly more likely than male prisoners to have a learning disability (Mottram 2007).

Despite such disproportionality, women with learning disabilities in the criminal justice system have received little attention and, as a group, is under-researched. Some of the drivers behind women’s offending, such as domestic violence and prior abuse, poverty and social exclusion, and drug and alcohol misuse have received attention from the perspective of individuals with a learning disability, and these are briefly discussed below, followed by a section on children.

Domestic violence and abuse

Not only are disabled people more likely to experience domestic abuse, they also experience abuse that is more severe, more frequent and lasts for longer periods. ... impairments, such as traumatic brain injuries, intellectual, learning or cognitive impairments, may limit a disabled person’s ability to understand and recognise potential signs of danger and abuse. (Public Health England 2015)

Women with learning disabilities are more likely to experience domestic or intimate partner violence than women without a learning disability. The types of abuse experienced can be wider than the ‘usual’ physical, financial, sexual and psychological or emotional abuse, including threats to leave that may inhibit independent living and result in institutionalisation (McCarthy et al. 2017).

Negative childhood experiences in women with learning disabilities, combined with increased vulnerability due to low social status, often made them more likely to accept or tolerate abusive relationships to gain other social value (Pestka and Wendt 2014). In this way abusers can deliberately exploit prior negative experiences related to a woman's learning disability, and the disability itself, to limit a woman's options to leave or otherwise respond and take action (Ballin and Fryer 2012).

Women with learning disabilities are often less aware of the help available to them, such as women's refuges (McCarthy et al. 2017) and find more limited resources to support them when they try (Thiara et al. 2011).

The impact of abuse can continue long after a woman has escaped her abuser, most obviously in terms of physical and/or psychological damage caused. An additional impact is that of debt, with many perpetrators also taking money from women and leaving them in debt (McCarthy et al. 2017).

Coercive behaviour is abuse: almost half of all women in prison (not only those with learning disabilities) in England and Wales said they had committed offences to support someone else's drug use, compared to just over a fifth of men (Light et al. 2013).

Further reading



- *There's a reason we're in trouble: domestic abuse as a driver to women's offending* (Prison Reform Trust 2017a)
- *Breaking Down the Barriers: findings of the National Commission on domestic and sexual violence and multiple disadvantage* (AVA & AGENDA 2019)

Poverty, social exclusion and multiple need

People with learning disabilities are more likely than their non-disabled peers to be exposed to a range of 'social determinants' of poorer health. These include poverty, poor housing conditions, unemployment, social exclusion, violence and exposure to overt acts of abuse, victimisation and discrimination (Emerson et al. 2012).

Adults with a learning disability are more likely to experience mental and physical health conditions than people without a learning disability (Public Health England 2016). It is estimated that 30-40% of people with a learning disability have a co-existing mental health condition (McCarron et al. 2011), which is double the prevalence for mental health conditions in the general population (McManus et al. 2016).

A national survey of the life experiences of adults with learning disabilities in England found that over half of adults with learning disabilities had infrequent contact with their families, compared to fewer than a tenth of adults without learning disabilities; and slightly fewer than a third of adults with learning disabilities had no contact with friends, compared to around 3% of adults without learning disabilities (Emerson et al. 2005). See also, *Loneliness and Cruelty: People with learning disabilities and their experience of harassment, abuse and related crime in the community* (Gravell 2012).

Drug and alcohol misuse

Evidence suggests that people with mild learning disabilities who use drugs or alcohol are more likely than the general population to experience problems with them (Taggart et al. 2007; Public Health England 2016). According to Taggart et al. (2007), there are two inter-related explanations that, taken together, they describe as 'self-medicating against life's negative experiences'. Firstly, psychological trauma caused by negative life events such as physical, emotional, sexual and financial abuse, and the death of a close family member; and secondly, 'social distance from their community', characterised by a lack of friendships and the loneliness of living alone and feelings of social isolation. Boredom, loneliness and a desire to fit in and be socially included can increase the risk of people with learning disabilities socialising with peers who use drugs and alcohol (Public Health England 2016).

Mental health conditions such as depression and anxiety are risk factors for problematic substance use (UK Drug Policy Commission 2010; Public Health England 2016a), as are poverty and social exclusion (UK Drug Policy Commission 2010) – each of which are more prevalent amongst women and men with learning disabilities compared to the general population.

Although the proportion of people with learning disabilities known to experience problematic substance use is still small, they are a doubly disadvantaged group and evidence indicates that services are not currently meeting their needs (Public Health England 2016a). Health promotion messages are often too complex for people with learning disabilities to understand and, where they do access substance misuse services, poor engagement is often interpreted as poor motivation, rather than lack of understanding and ability to participate (Public Health England 2016a). Research shows that neither learning disability services nor substance misuse services alone usually have the necessary skills, training and resources to support people with learning disabilities who have substance misuse problems. Staff in drug and alcohol services do not commonly have appropriate training for working with people with learning disabilities, whilst staff working in learning disability services lack the necessary knowledge about assessment, treatment and management of substance misuse problems in this population (Public Health England 2016a).

Online guidance, however, does exist; see for example: Substance misuse in people with learning disabilities: reasonable adjustments guidance (Public Health England 2016a).

Children

The impact on children of parental involvement in the criminal justice system can be traumatic: they are twice as likely as their peers to have poor mental health (Murray et al. 2009), and are more at risk of poverty, poor health, and insecure housing and finances (Smith et al. 2007).

Parental imprisonment can treble the risk of antisocial behaviour in children, with the cost to the state of imprisoning mothers for non-violent offences estimated at more than £17million over ten years, primarily due to the increased likelihood of their children not being in education, employment or training (New Economics Foundation 2008).

Women are far more likely to be primary carers of children than men; estimates vary, but the lowest and most conservative are that between 31% and 40% of women offenders have one or more child dependents (Ministry of Justice 2018a).

A survey of adults with learning disabilities found that one in 15 had children (Emerson et al. 2005), and that the majority (two thirds) of child and family social workers, health visitors and midwives have parents with learning disabilities on their caseloads. Most women with learning disabilities want to get married and have children (Aunos & Feldman 2002). Researchers agree that parents with learning disabilities can successfully raise their children if support matches need (Booth & Booth 1994; Edmonds 2000; Tarleton, Ward & Howarth 2006).

Parents with learning disabilities are, however, disproportionately more likely to be involved in child protection investigations, subject to a care application or have their children taken into care (Morgan 2016). The prevalence of parents with learning disabilities having their children taken into care, as a result of concerns over their ability to provide an adequate standard of parenting, may be as high as 40 - 60% (Wilson et al. 2014), with 10% of removals happening at birth. Concerns more commonly relate to issues of neglect and poor parenting skills rather than as a consequence of intentional abuse (Morgan 2016).

Children are often removed from their mothers as a result of domestic violence by the mother's partner, while isolation from children in care by domestic violence perpetrators is sometimes used as a form of coercive control (McCarthy et al. 2017). Some women fear reporting domestic violence in case social services take their children away (McCarthy et al. 2017).

Box 1: Best Beginnings was set up in 2006 to tackle the stark inequalities that exist across the UK. Thousands of children are born with a significantly greater risk of early death, poor language development and chronic physical and mental health conditions. Concerning parents with learning disabilities, Best Beginnings say:

IQ is not a predictor of parenting performance, but many parents with learning disabilities face stereotyped beliefs that they could never be good enough parents, such that any parenting difficulties are automatically linked to their learning disability without considering other environmental or social factors.

Many parents with a learning disability live under conditions that may contribute to poorer parenting, including poverty, low literacy, poor health, poor mental health, domestic abuse, having grown up in care, and social isolation. In particular, social support (such as living with relatives) contributes to successful parenting.

Early intervention improves outcomes. Parents with a learning disability can improve their parenting skills with additional support tailored to their needs. For example, childcare skills can be taught through behavioural modelling, using visual manuals and audiotaped instructions, and using simple behavioural instructions. Parents learn more effectively where they are given praise and feedback, and where complex tasks are broken down into simpler parts.

<https://www.bestbeginnings.org.uk/parents-with-learning-disabilities>



Further reading

What about me? The impact on children when mothers are involved in the criminal justice system (Prison Reform Trust 2018a)

The study and methodology

As part of the Prison Reform Trust's Transforming Lives programme, KeyRing Living Support Networks was contracted to undertake a qualitative study into the experiences of women with learning disabilities in contact with, or on the edges of the criminal justice system. This study draws on conversations with women with a learning disability.² Some women had no official diagnosis, but had been invited to participate either by a practitioner/support worker or had self-diagnosed. The study also draws on conversations with practitioners working in health, social care and justice settings.

During this study, we drew from the experience of:

- 24 women participants
- 10 practitioners working within the criminal justice system, social care and women's centres
- 17 pre-recorded life stories from the Ancora project.³

The purpose of conversations with women participants and practitioners was to:

- find out about the experiences of women who had been in contact with or on the edges of the criminal justice system and how their learning disability had affected them
- speak to a range of stakeholders to form a better understanding of what works, and what the challenges and solutions are
- to make recommendations based on what we heard.

Structure of the discussions

Women participants

Women who participated in this study were mostly identified through women's centres across England, with more than half of those involved being identified in this way. Other women were identified by community support services and a college of education. Women were referred to us by staff who knew them well and who believed they had or might have a learning disability; few had a formal diagnosis.

Around half of the women we met identified themselves as having a learning disability, and around half did not. While staff appeared to be generally accurate in their recognition of learning disability, the need to respect this lack of diagnosis impacted discussions with women participants. There were several occasions where the possibility of trauma or acquired brain injury⁴ rather than learning disability was thought to have impacted individuals' ability to function, and to present as having a learning disability. For the purpose of this study, however, it matters little what caused the symptoms experienced by women participants; the disadvantage and outcome often remain the same and it is this we were looking to address.

² Or were suspected of having undiagnosed learning disability.

³ Ancora Project; a collaborative project, led by KeyRing, that is providing support in Oldham to people experiencing financial crisis.

⁴ See Making the Link: female offending and brain injury (The Disabilities Trust 2019), which found that 64% of women offenders at HMP/YOI Drake Hall reported a history indicative of brain injury.

Five of the women had experience of the criminal justice system as a victim and/or were thought to be on the 'edge' of the criminal justice system. In the initial stages of this study, it wasn't clear whether this group's input would be useful; as the study progressed, however, the information provided gave a useful comparison to the experiences of women who had been suspects, defendants and offenders.

Although black, Asian and minority ethnic women make up 18% of the women's prison population in England and Wales (Prison Reform Trust 2017b), we were unable to represent this figure for this study, with just one woman coming from a black and minority ethnic community. The reason for this discrepancy is unclear; it may be that fewer black and minority ethnic women are referred to women's centres, from which we largely drew our participants or, given the relatively small size of the study, it may be that this statistical snapshot is not representative of the norm.

The women were involved in our study in an intentionally relaxed and informal way, avoiding traditional focus groups. To do this, we ran 'pamper sessions' with a professional makeup artist alongside a second person to facilitate the discussions. Some conversations were one to one and others took place in small group discussions.

We received positive feedback from the women regarding this method of working, and from the staff who worked with them. Discussing topics that might potentially damage self-esteem was mitigated by the presence of the makeup artist, who spent time with each woman making her feel special and beautiful. Many women had photos taken by their support-workers and peers, and several of the sessions ended with a celebratory feel, despite the gravity of the topic being discussed.

At the start of our study we wondered if the experiences of women with learning disabilities in contact with criminal justice services might be harsher than for women without learning disabilities (see, for example, Talbot 2008).

To maintain confidentiality and ensure the safety of the women involved in this study, no names, places or geographic details have been given in this report. Informed consent forms were completed and contact details of named support workers were given to each woman following our conversations, should they feel upset or disturbed by what had been discussed.



Further reading

Counted Out: Black, Asian and minority ethnic women in the criminal justice system
(Prison Reform Trust 2017b)

Background

Disability and learning disabilities

Recent years have seen an increasing emphasis upon inclusion as a goal of public policy with respect to people with disabilities. The Equality Act 2010 placed a legal duty on service providers and public authorities to consider the way services are provided and carried out, and to anticipate when people with disabilities may be placed at a disadvantage. Where disadvantage is anticipated, reasonable steps should be taken to remove that disadvantage; this is referred to as making a 'reasonable adjustment'. An example of a reasonable adjustment for people with learning disability is providing information in accessible language such as 'Easy Read'.⁵

In 2001, the then government published a White Paper for England about health and social care support for people with a learning disability, entitled: Valuing People: A New Strategy for Learning Disability (Department of Health 2001).

Valuing People explained that a learning disability includes the presence of:

- a significantly reduced ability to understand new or complex information or to learn new skills;
- a reduced ability to cope independently;
- an impairment that started before adulthood, with a lasting effect on development (Department of Health 2001:14).

This definition, which remains widely used, means that the person concerned may find it harder to understand, learn and remember new things, and may have problems with a range of things such as communication, being aware of risks, and managing everyday tasks. This interpretation is generally accepted as being of greater use to professionals and practitioners, and others attempting to make sense of a diagnosis, than an IQ⁶ score on its own.

The use of IQ alone to diagnose the presence of learning disabilities has been criticised for being too narrow a definition of learning disability. It is also important to determine social functioning – meaning how a person interacts with the world around them, including their ability to work, join in social activities, and develop relationships with their partners and family. IQ score is known to predict academic achievement, however, there is little evidence that it can be used to predict performance in other areas of life (Sternberg et al. 2001). That said, many professionals would consider an IQ of less than 70 to indicate the presence of learning disabilities.

⁵ Easy Read documents present information using simple words and pictures making it easier to understand. The use of Easy Read is common in health and social care organisations and is increasingly being used in other areas including criminal justice. Easy Read can help people with reading comprehension difficulties, including people with learning disabilities. Easy Read is a 'reasonable adjustment' that helps to ensure equal access to information for people with reading and comprehension problems.

⁶ Intelligence Quotient. An IQ between 90 and 110 is considered average. An IQ between 50-69 is indicative of mild learning disability (ICD-10, World Health Organisation 1996).

Prevalence of learning disability in the general population

Around 1.2 million people in England have learning disabilities, which is slightly more than 2% of the general population (children and adults). Administrative prevalence (i.e. the number of individuals known to services as having learning disabilities) drops significantly from around 2.5% among children in education, to around 0.6% among adults aged 20-29 years. It is estimated that around a fifth of adults with learning disabilities are known to services (Emerson et al. 2012); the remaining four-fifths are sometimes referred to as a 'hidden majority'. According to Public Health England (2016: 13-14), there are a number of likely reasons for this:

- an increased threshold used for health/disability identification and surveillance by post-education health and social care agencies
- the operation of eligibility criteria to access specialised social care supports for adults with learning disabilities
- the stigma associated with learning disabilities leading to an unwillingness to use specialised services or self-identify
- the less obvious impact of the intellectual impairments associated with learning disabilities in non-educational settings.

Not every adult with a learning disability will need support from learning disability services – for example, some will receive support from family members, some will cope on their own, and some people with learning disabilities will be accessing social care services in much the same way as anyone else – without services, or indeed the person themselves, being aware of their disability.

The 'hidden majority' of adults with a learning disability suggests that a lack of diagnosis is the norm, particularly amongst people with mild learning disabilities (Public Health England 2016). With such a large proportion of adults with learning disabilities undiagnosed and unknown to services (around four-fifths) it is not unreasonable to assume that many will not be in receipt of the support they need.

Many people with a learning disability try hard to hide their impairment due to stigma (Ali et al. 2008), for fear of ridicule or embarrassment, and to appear as everyone else. A person's learning disability may be overlooked by health professionals (Ali et al. 2008).

Learning disability and the criminal justice system

There is no routine screening for learning disabilities when a person first encounters the criminal justice system. At best this means a person's needs may be left unrecognised and unmet (Talbot 2008) and, at worst, their right to a fair trial compromised (Joint Committee on Human Rights 2008).

Prevalence of learning disability in the criminal justice system

A lack of routine screening for learning disabilities means that the prevalence of people with learning disability in the criminal justice system is imprecise. Research undertaken to determine prevalence shows a wide variability in estimates. This is due to a number of factors including, which screening and assessment tools are used, the stage in the criminal justice process at which screening or assessment is undertaken, whether assessments were undertaken in groups or individually and the level of training of the people administering the assessments (Loucks 2007).

Despite a lack of clarity on prevalence and how best, methodologically, prevalence might be determined, it is clear that adults with learning disabilities are over-represented in the criminal justice system.

One study found that around 7% of prisoners had an IQ less than 70 (indicative of learning disability) and that women in prison were slightly more likely to have an IQ of less than 70 than men were (Mottram 2007). This same study found that a further 25% of prisoners had an IQ of between 70-80 (sometimes referred to as border-line learning disability).

A 2014 Criminal Justice Joint Inspection of the treatment of offenders with learning disabilities within the criminal justice system found that:

An accurate estimate of the number of people with learning disabilities within the criminal justice system is impossible because of poor interpretations about what constitutes a learning disability and a failure to properly identify and record this issue by all the key agencies at all points in the criminal justice process.... As a result, the needs of offenders with learning disabilities are often overlooked. (HMI Probation 2014)

While the above remains true, recent progress has been made by HM Prison & Probation Service (HMPPS) to identify prevalence, and this is welcomed (HMPPS 2018). Using the Offender Assessment System (OASys⁷; Home Office 2006) research was undertaken to develop a screening tool to identify individuals who may struggle with prison or community sentences because of learning disabilities or learning challenges, and who may need additional support. The term 'learning challenges' has been introduced by HMPPS to describe (and include) individuals who may not have a learning disability but who, nevertheless, are likely to find elements of the criminal justice system hard to cope with. Using this screening tool, OASys records have been interrogated for the year to June 2017, and the results are shown in Box 2. This larger group reflects the study by Mottram (2007) that found 7% of prisoners had an IQ below 70, and 25% an IQ between 70 and 80.

It is hoped that HMPPS will adopt this screening tool for routine use across all prison and probation services so that individuals are properly identified at the start of their sentence and their needs recognised and met. Further, from 1 April 2019, prison governors will arrange for all new prisoners to be screened for learning difficulties and/or disabilities on reception,⁸ and this is also welcomed.

⁷ The Offender Assessment System (OASys) is a structured risk assessment and management instrument that guides and assists offender managers / supervisors to assess and manage offenders' risks and needs and to adapt intervention delivery to be responsive to the offender. OASys combines personal factors and behaviours or events related to the offender. The assessment includes a summary rating of the offender's risk of serious harm to others. OASys is used throughout the sentence, with the initial OASys assessment carried out early in the sentence and reviewed according to the sentence length and type of offender. Not all offenders receive an OASys assessment.

⁸ Parliamentary written question – 235805; asked 22 March 2019/answered 27 March 2019:
<https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2019-03-22/235805/>

Box 2: OASys identified responsivity needs, 30 June 2017: womenⁱ

Sentence type / status	Learning difficulty/challenge	Learning difficulty/challenge
Community order or suspended sentence order	2,050	29%
On licence	1,460	34%
All community	3,510	31%
Remand prisoners	65	46%
Custodial sentence <12months	206	51%
Custodial sentence >=12months	694	37%
All custody	965	40%
All adult women offenders	4,475	32%ⁱⁱ

ⁱ Published June 2018: <https://www.gov.uk/government/publications/female-offender-strategy>

ⁱⁱ All percentages are rounded to whole figures. Percentages may not add up due to rounding.

Challenges faced by people with learning disabilities in the criminal justice system

Challenges faced by people with learning disabilities in the criminal justice system are experienced in different ways by different individuals. However, based on interviews with men and women with learning disabilities who have offended, the following are common examples:

- inability to read very well or at all
- inability to write very well or at all
- difficulties with verbal comprehension skills, including difficulties understanding certain words and in expressing themselves⁹
- difficulties making themselves understood
- at the police station:
 - not knowing what will happen next
 - feeling they had to proceed to police interview without support¹⁰
 - being denied their medication
- in court:
 - not understanding what was happening
 - some individuals with learning disabilities said they didn't know why they were in court or what they had done wrong
- in prison:
 - being scared
 - having been bullied or had people being nasty to them
 - were less likely than prisoners without a learning disability to be in touch with family and friends, have a job in prison, know what to do if they feel unwell, know when they can go

⁹ This was assessed using the LIPS screening tool; see Prisoners Voices (Talbot, 2008:87)

¹⁰ For example, from an Appropriate Adult; see page 25

home, and to have participated in cognitive behaviour treatment programmes to address their offending behaviour.

- were more likely than prisoners without a learning disability to have clinically significant depression and anxiety (Talbot 2008).

In 2008, the final report of a three-year research programme into the experiences of the criminal justice system by people with learning disabilities and difficulties found:

...that the particular needs of people who have learning disabilities or difficulties are not recognised, let alone met; from the point of arrest through to release from prison the criminal justice system routinely fails them.¹¹ (Talbot 2008)

Since 2008, an increased awareness of people with learning disability in contact with criminal justice services has undoubtedly led to improved responses. However, with few exceptions, improvements made have been neither systemic nor routine – rather, it has been down to professionals and practitioners ‘going the extra mile’ to ensure that men and women with learning disabilities receive the support they need. In 2015, a second Criminal Justice Joint Inspection of the treatment of offenders with learning disabilities within the criminal justice system found:

The potential impact of the failure to identify and engage appropriately with offenders with a learning disability in the community and in prisons places them at risk of reoffending and makes positive outcomes less likely. (HMI Probation 2015)

More recently, three accredited interventions have been developed and made available for men with learning disabilities; as yet, however, there are none that have been designed to meet the specific needs of women.

Although little is known about women with learning disabilities in prison, evidence suggests that a lack of cognitive behaviour treatment programmes can affect parole and release dates for prisoners with learning disabilities, who may serve longer in prison as a result (HM Chief Inspectors of Prisons and Probation 2008 and Joint Committee on Human Rights 2008). A small study of women prisoners serving indeterminate sentences for public protection¹² identified learning disability as a possible barrier to release, and ‘a most troubling internal barrier’ because someone with a cognitive impairment may be unable to engage with interventions that are preconditions to release (Smart 2019).

Recent progress by HMPPS includes a Toolkit for Managers working with people who have or may have a learning disability, which should be available later this year (2019), ahead of a planned ‘learning disability awareness week’ in June 2019; and these developments are welcomed.

¹¹ Note: although this research study included women, it did not focus on the gender-specific needs of women.

¹² The imprisonment for public protection sentence (IPP) was a form of indeterminate sentence introduced by the Criminal Justice Act 2003. Although the sentence was abolished in 2012, nearly nine in 10 people serving an IPP sentence remain in prison despite having passed their tariff expiry date (the minimum they must spend in custody as punishment for the offence). As of 31 December 2018 there were 2,489 prisoners serving an IPP who had yet to be released, of which 46 were women. In addition, there were 1,016 people serving an IPP who had been released but were now back in prison having been recalled. Of which 27 were women. For further information, see *Indefinitely Maybe?* (Prison Reform Trust 2007) and Bromley Briefings Prison Factfile (Prison Reform Trust 2018).

Legislative and policy frameworks

... people with a learning disability and/or autism who come into contact with the criminal justice system, or those at risk of such contact, often ‘fall through the gaps’ of existing provision; [are] often excluded from mainstream mental health or forensic services because of their learning disability and/or autism, and excluded from learning disability services because they are considered too able or too high risk, or because they have autism but do not have a learning disability. (NHS England 2017)

The following covers elements of the legislative and policy frameworks for health, social care and justice as they relate to women with learning disabilities in or on the edges of the criminal justice system. It is not intended to be comprehensive, rather to provide a brief context for this study.

Transforming Care

The Transforming Care agenda was initiated as a response to events at Winterbourne View hospital, where patients suffered serious systematic abuse by staff (Department of Health 2012). It aims to deliver a culture change to ensure people with learning disabilities and/or autism who display behaviours that challenge receive the necessary care and support – whether they live in hospital or the community.

As for anyone else living in the community, the behaviour of some people with learning disabilities can place them at risk of contact with the police. The Transforming Care model for commissioners of health and social care services highlights people with learning disabilities and/or autism as a distinct group whose ‘specific needs have not always been recognised’ (NHS England 2017).

A service specification for community-based forensic support is available, which describes the core functions that need to be delivered locally to provide effective support to meet the needs of adults who meet the following criteria:

- They have a learning disability and/or autism
- They display behaviours that present an active and high risk to others or themselves
- This behaviour has led to contact with the criminal justice system, or there is risk of this (NHS England, 2017).

Transforming Care promotes preventative and supportive mechanisms, demonstrated by the principle of ‘no wrong door’,¹³ which complements duties under the Care Act 2014.

Although Transforming Care ended in March 2019 the principles set out in Building the Right Support (NHS England 2015) remain central to the future of specialist services,¹⁴ and ongoing commitment is outlined in The NHS Long Term Plan (NHS England 2019:53, paragraphs 3.34 and 3.35).

¹³ The ‘no wrong door’ principle acknowledges that integrated service delivery is challenging and can only be achieved if front line workers are supported with clear guidance and opportunities to build effective inter-agency relationships to improve outcomes for service users.

¹⁴ Email correspondence with Dr Jean O’Hara, National Clinical Director for Learning Disabilities, NHS England, 1 March 2018.

The Care Act 2014

Duties under the Care Act require local authorities to

...ensure provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support.

Domestic violence is included within the scope of safeguarding, with statutory guidance noting that adult safeguarding ‘means protecting an adult’s right to live in safety, free from abuse and neglect’ (Department of Health 2014; section 14.7). Local authority safeguarding duties apply to any adult who:

- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect (Department of Health 2014; section 14.2).

According to the Care Act, freedom from abuse and neglect is a key aspect of a person’s wellbeing, and statutory guidance states that abuse can take many forms.

Women in contact with, or on the edges of the criminal justice system – albeit small in number, require a clear preventive approach to avoid problems escalating, especially where there is a risk of domestic violence and/or children are involved. Some local authorities have developed a ‘whole system approach’ to working with specific population groups, such as women, which aims to provide holistic support when a person encounters or is at risk of encountering criminal justice services. This is achieved through greater cohesion between policy, commissioning, and service delivery across and between justice, health, social care, housing and other community services. At an operational level, this means greater collaboration between local services to ensure that women in contact with criminal justice services are offered the necessary support at the point of arrest and along the justice pathway.

The Care Act clarified responsibility for adult social care in prisons. The local authority within which the prison is located is responsible for assessment of need and ensuring provision when eligible care needs are identified. When a prisoner with eligible care needs is transferred between or released from prison, care plans should remain in place until a further assessment is undertaken by the ‘receiving’ local authority. In 2018, a thematic report, Social Care in prisons in England and Wales (HM Inspectorate of Prisons 2018) found a mixed picture. While some prisons and local authorities worked well together, generating good practice in how prisoners’ needs were identified and met, others failed to ensure robust systems were in place for identifying and meeting need, such that:

... a ‘postcode lottery’ operated where prisoners could receive a poor, satisfactory or very good service based on which prison they were sent to.



Further reading

- *Leading Change: the role of local authorities in supporting women with multiple needs* (Prison Reform Trust 2016; reprinted 2018)
- *Information book for prisoners with a disability* (Prison Reform Trust 2017c)

Housing

Safe, decent and secure housing is a significant factor in promoting and maintaining good health and wellbeing. It is critical for women with children, and for women wishing to be reunited with their children on release from prison. Conversely, an absence of adequate housing is a strong predictor of offending behaviour and reoffending, and can compound other problems such as poor mental health, risk of abuse, and substance misuse.

The Homelessness Reduction Act 2017 requires local authorities to help all eligible applicants rather than just those in priority need; what is considered 'priority', however, is open to interpretation and varies greatly. Being considered 'vulnerable', such as being a woman with a learning disability, may help in being considered a priority. In 2015, a ruling by the UK Supreme High Court (Homeless Link 2015) tightened the definition of vulnerability, arguably strengthening the case for people with a learning disability or victims of domestic abuse to be considered a priority.

Councils are required to help anyone who is homeless to secure suitable accommodation, regardless of whether they are 'intentionally homeless' or priority need. This should mean that all eligible households are offered help to find a home. The Homelessness Reduction Act requires all public bodies, including probation and prison services, to make referrals to local authorities if they are working with people who are homeless or at risk of homelessness. The availability of safe, decent and secure housing is, however, a major stumbling block; in short, demand outstrips supply.

Due to housing shortages women who are accepted as eligible for local authority housing may be offered accommodation outside their existing community. While this may work for some women, especially those fleeing domestic abuse or wanting to make a fresh start away from destructive influences and networks, they face significant challenges establishing themselves without the support of family, friends, and any service providers they may have been linked with.

Local housing authorities are required to produce a homelessness strategy for their area no less than every five years, with the support of social services (Homelessness Act 2002 s.1(4) (6)), and councils should ensure that women with multiple needs, and those returning home from prison, are included.

Responsibility for ensuring that women have satisfactory accommodation on release from prison has been evaded for too long. The Homelessness Reduction Act requires that housing advice be made available to people whilst in custody, and that housing authorities collaborate with prisons, together with probation providers, to provide accessible advice on housing options available to them on release. Housing provided must be suitable for women with multiple needs and for women wishing to be reunited with children.

Sorting out accommodation, particularly from prison, requires a level of literacy and understanding that many women do not have. As a result, they often struggle to negotiate their way through a complex system of lengthy application forms and interviews.

For example, for a woman who wants to be reunited with her children and needs a spare room for them to stay overnight, she may encounter problems with the 'bedroom tax' or under-occupancy charge. This charge applies when a home is considered too large for the regular occupant(s) and represents a 14% reduction in housing benefit for one room and 25% for two or more rooms. There are exclusions to this rule but if her children don't have a disability and have been away from their mother for over a year, these are unlikely to apply.



Further reading

The above text has largely been taken from *Home Truths: housing for women in the criminal justice system* (Prison Reform Trust, revised 2018b)

Women's centres and women-centred working

Supporting women in the community enables them to maintain their ties with their families and supports them to stay in employment and stable housing. (Ministry of Justice 2018)

Women's centres are community-based 'one-stop shops' that provide multi-agency support for women in safe, non-stigmatising settings; they are mostly run by the voluntary sector. They offer help with problems that may lead or contribute to offending, such as homelessness, violent or coercive relationships, alcohol dependence, substance abuse, low self-esteem and poor mental health. Women who attend and receive support from women's centres are less likely to reoffend than those who do not (Ministry of Justice 2015 and 2017).

Being able to access the right support at crucial points in their lives enables women to develop confidence and coping strategies, and to lead healthy, independent lives (Women Centred Working 2016). Despite sound evidence of the positive impact that women-specific support services can have on the lives of women, women's centres often find it hard to secure stable funding over a sustained period.

A financial analysis model developed by the Revolving Doors Agency¹⁵ identified public costs incurred when people become trapped in a 'revolving door' of crime and mental health problems. An analysis of data from three women's centres found that an investment of £18 million per year in women's centres could save almost £1 billion over five years (Revolving Doors Agency 2011).

Voluntary organisations make an important contribution to the mix of local service provision. They can bring specific expertise, often targeted towards minority groups, and less formal ways of working that can be more accessible, especially for individuals with negative experiences of statutory services.

Adequate funding for women's centres is necessary to ensure women can access the right support when they need it. This, in turn, can help prevent contact with criminal justice services and reduce reoffending through voluntary attendance and community sentences. Speaking of her experience of attending a women's centre as part of her community sentence¹⁶ one woman said:

¹⁵ Revolving Door Agency is a charity whose aim is to help decision makers develop fundamental solutions that address the underlying systemic faults that can trap people within the crisis-crime cycle of the revolving door.

¹⁶ Community Sentence Treatment Requirement (CSTR) trial site, Northamptonshire; contact Paul Bullen, Office of the Police and Crime Commissioner for Northamptonshire: paul.bullen@northantspfcc.pnn.gov.uk

When I first moved into my own home, [the support worker] helped with practical things, like how to pay bills. I got lots of support from everyone. You get support from the other ladies too, I've never experienced that before, people helping. I lived with a man and he did everything, he took over, took control so doing things for myself was new.

Women-centred working can help create services that are more responsive to the needs of a specific client group. For example, women with learning disabilities who have experienced abuse from a partner may need specific support to help them understand that abuse is wrong, what a healthy relationship looks like, and how they can get help.

Women-centred working may involve as many different approaches as there are women being supported. However, the main principles of women-centred working are that services should be:

- Safe, supportive and community based
- Holistic and multi-agency
- Tailored around the needs of the individual
- Co-produced along with service users (in this instance, women with learning disabilities)
- Effective, outcome focused and preventative (Women Centred Working 2016).

Criminal justice responses

Following arrest, and depending on the seriousness of the alleged offence, the police will decide between possible courses of action, which apply to all people, not only people with learning disabilities. The police can exercise a degree of discretion in how they proceed, and a person's learning disability may, but does not necessarily, impact on the decision taken. Where liaison and diversion services exist (see below), their assessment of the accused will help to inform criminal justice decision making, alongside referrals into local services, as needed. The more serious the alleged offence, the more likely the decision to proceed either to charge or to divert away from criminal justice into an inpatient setting. Conversely, the less serious the alleged offence, the more likely the decision to discontinue in the public interest, to issue a formal caution, or for the police or Crown Prosecution Service to issue a conditional caution.

The Equality Act 2010 requires reasonable adjustments to be anticipated and put in place for people with disabilities, so enabling them to participate in society on an equal basis with others without disabilities, including within the criminal justice system. In police custody, the role of the **Appropriate Adult** safeguards the rights, entitlements and welfare of children and people who are considered vulnerable.

While progress has been made in enabling effective participation in justice proceedings, the accused is mostly excluded from 'special measures' contained in the Youth Justice and Criminal Evidence Act 1999. Case law, guidance and training have, however, encouraged reasonable adjustments in police and court proceedings, and assessments by liaison and diversion services increasingly highlight the need for such provision. That said, evidence shows that across the criminal justice system – police, courts, prison and probation – there remains much work to be done to ensure people with learning disabilities are routinely identified when they first come into

contact with the police, and are adequately supported throughout the criminal justice process (HM Inspectorate of Probation Criminal Justice Joint Inspection 2014 and 2015; Talbot 2008).

Reflecting these concerns, in February 2019 the Equality and Human Rights Commission launched an enquiry to examine whether people with mental health conditions, cognitive impairments and neuro-diverse conditions including autism and ADHD are experiencing discrimination and being put at risk of miscarriages of justice due to a lack of support in the criminal justice system.

Further reading



- *Fair Cop? Improving outcomes for women at the point of arrest* (Prison Reform Trust 2017d)
- *Understanding Courts* (Justice 2019)

Liaison and diversion services/schemes

In his 2009 report, Lord Bradley recommended the introduction of liaison and diversion services in police custody suites and the criminal courts (Department of Health 2009). Staffed by healthcare personnel, services help to identify children and adults with specific needs, including learning disabilities, mental health problems, autism and substance misuse at an early stage of the criminal justice process. Assessments undertaken by liaison and diversion inform criminal justice decision making – including the need for reasonable adjustments to support a person through the justice process, diversion away from custody towards a community sentence, and diversion away from criminal justice into healthcare. Liaison and diversion schemes also make referrals into local services, as necessary.

Not everyone detained by the police or who appears in court will be seen by liaison and diversion services, which can depend on the availability of personnel and how busy police custody suites and criminal courts are, with those in most need of support and assessment taking priority. Full roll out of liaison and diversion schemes across England is expected by 2020/21.

Women make up around 15% of adults arrested by the police, and 22% of those seen by liaison and diversion services. Women's contact with liaison and diversion services provides an important opportunity for ensuring necessary support. A 2016 evaluation of the National Model for liaison and diversion services found a small but significant increase in the number and proportion of adults referred to services providing support for people with learning disabilities (RAND Europe 2016).

The inclusion of a support worker role in the National Model for liaison and diversion services has been described as 'particularly effective' (RAND Europe 2016). The support worker role provides practical help to liaison and diversion service users, often encouraging and motivating their initial engagement with the local service, or services, to which they have been referred, and acting as advocates with service providers, as needed.

In 2018, liaison and diversion schemes were required to develop gender specific responses for women, and this development is welcomed.

Female Offender Strategy

In June 2018 the Ministry of Justice published its much-anticipated Female Offender Strategy, the introduction to which describes:

...a clear opportunity to take an entirely different approach to [women who offend] – one that addresses vulnerability, acknowledges the role of gender, treats female offenders as individuals with the potential to make a positive contribution to wider society, and ultimately breaks the cycle of reoffending with all the benefits that brings for families and society as a whole.

The strategy acknowledges the need for a tailored, gender-specific approach to meeting the needs of women who offend and a shift in focus from custody to community sentencing, supported by a multi-agency ‘whole system approach’. It commits to investment of £5 million cross-government funding in community provision for women over two years, with £2 million of this specifically for women who have experienced domestic abuse.

Although the strategy makes no reference to women with learning disabilities, it does note that:

Female offenders can be amongst the most vulnerable of all [offenders] in both the prevalence and complexity of their needs. Many experience chaotic lifestyles involving substance misuse, mental health problems, homelessness, and offending behaviour – these are often the product of a life of abuse and trauma.

The strategy acknowledges the need to work closely with the Department of Health and Social Care and NHS England in ‘optimising’ liaison and diversion services by supporting roll-out and ensuring services are best placed to meet the needs of women; and further commits to working with the Department of Health and Social Care, NHS England and Public Health England to increase the use of community sentences with treatment requirements, for example to address mental health problems and substance misuse, which should also be accessible for women with learning disabilities.

There is truth in the strategy when it notes that ‘In some cases, [women’s] offending could have been prevented by addressing their vulnerabilities at an earlier stage’.

Restating the needs of women who offend and setting out a commitment to a ‘whole system approach’ is important in helping to ensure coordinated local responses by health, social care and justice services for early intervention and support. Already acknowledged as a ‘vulnerable group’, women with learning disabilities are especially vulnerable.

Box 3: West Midlands Transforming Care and Criminal Justice System Collaboratives

In July 2018, the Local Government Association in the West Midlands held a workshop to consider how to improve outcomes for people with learning disabilities and/or autism, who have committed offences or are at risk of doing so. It was attended by over 70 people working across the system, including police, probation, prison service, health and social care, alongside experts by experience and independent advocates. Several main themes emerged, including:

- Lack of understanding of each other's roles and responsibilities
- Lack of understanding of the needs of people with learning disabilities and/or autism
- Inconsistent access to offender treatment programmes
- No shared understanding or approach to risk identification and management, including MAPPA
- Inconsistent availability of liaison and diversion schemes and, where they do exist, inconsistency of onward referral opportunities
- Failure of services to address underlying needs arising from anxiety, depression and loneliness
- Risk of people 'falling through the gaps' in eligibility criteria.

Following the workshop, a proposal was developed to establish six Transforming Care and Criminal Justice System Collaboratives. Start-up funding has been secured from NHS England and each collaborative will mirror the Transforming Care Partnerships and six police services across the West Midlands Region. Work to establish the groups will begin in April 2019, with the intention that each collaborative will:

- Develop strategic action plans to reflect main themes from the initial workshop and the specific needs of their local area
- Have access to support to help ensure effective multi-agency working
- Draw on the experiences and expertise of people with learning disabilities and/or autism
- Present their action plans to the local Health and Wellbeing Board. In turn, the Board will help to ensure work undertaken by the collaborative is integrated and endorsed by elected members and leaders of the agencies that make up the Board.

For further information, contact Catherine.Nolan@wm-adass.org.uk

Key findings:

learning from the women and practitioners we met

Whilst every woman's account of her experience is unique, there were similarities among the women participants who took part in this study and concerns raised by practitioners. What emerged was a picture of vulnerability, coercion and abuse that resulted in behaviour that ultimately brought women to the attention of the criminal justice system.

During our conversations with women and practitioners, eight main themes emerged. These are shown below, and each is considered in turn:

1. Conceptualising the future; understanding cause and effect
2. Access to services
3. Violence and abuse
4. Drugs and addiction
5. Children
6. Housing
7. Different treatment: the accused and victims
8. Recognising learning disability in the criminal justice system

Conceptualising the future; understanding cause and effect

A recurring theme amongst women participants was that they wished they had known earlier in their lives what they knew now:

I just thought everyone gets battered.

I didn't know there was a place like this [a women's centre]. He told me what to do and I didn't have a choice.

While it's unclear that 'knowing what they knew now' would have made a transformational difference – as many women seemed also to have been disempowered by their relationships with peers, partners and/or family members – women participants believed that the right kind of information and support at an earlier point in their lives would have made a difference.

Having a better understanding about what is acceptable in a relationship and, more importantly, what isn't, might have led to some women seeking help at an earlier stage in their lives. Being proactive in seeking help, however, was something women participants found hard to conceptualise. For example, if a person thinks being battered or coerced is a normal part of everyday life, why would they seek help? Similarly, if a person doesn't know where they can go for help, or even that help exists, why risk a more adverse reaction from their abuser by looking?

Being able to conceptualise a situation outside of their experience, and how to develop a process to move from one state of being to another, is something that many people with a learning disability find hard to do on their own. One woman, Molly (not her real name), was able to pinpoint a time when a practitioner demonstrated the outcome of her offending behaviour in a

way that she understood. Molly's behaviour had exposed her two young nieces to bullying, something she hadn't previously understood as being directly associated with what she had done. Whilst Molly cared little about herself, she did care about the impact of her behaviour on those she loved. This established in her mind a real rather than theoretical link between her offending behaviour (cause) and her nieces' happiness (effect).

Molly described how a member of staff had explained how public knowledge of her behaviour was resulting in her nieces being bullied. This helped Molly to:

- picture an effect of her behaviour in a way that was within her own experience (she too had been bullied)
- understand what she needed to do differently, and
- maintain her changed behaviour (for the greater part).

Molly was enabled to understand the link between her behaviour and her nieces' happiness and conceptualise a future in which her nieces were not bullied. This motivated her, with support, to make long-term changes in her life.

In stark contrast, another woman, Sula (not her real name), described how her children had been taken away from her and contact with one child subsequently forbidden. Sula went on to explain that she had attended supervised contact with one of her children when she was drunk and had stolen money from the child. Although Sula was able to describe her behaviour, she was unable to link it to the decision to suspend contact with her child or to articulate what she needed to do to regain contact. Sula desperately wanted to see her child but didn't know what to do to make it happen – she spoke as a victim of the system and felt completely disempowered. Reflecting on the example of Molly, a powerful opportunity to enable Sula to make changes in her life had been missed.

Reinforcing the experiences described by Molly and Sula, practitioners also raised concerns about women with learning disabilities finding it hard to understand the implications of their behaviour in relation to criminal justice proceedings. For a person with a learning disability, being told 'you'll go to prison if you do that' may well conjure up an image of sitting in a cell, but is unlikely to include the full implications of, for example, your children being taken into care, losing your home, or not being able to see your family and friends. Research has shown that some prisoners with a learning disability don't understand why they have been sent to prison; one woman prisoner said:

I understand that I have done something wrong, but I'm still unsure as to what that is.
(Talbot 2008)

For the most part, women participants said there was no 'lightbulb moment' when they understood their situation, rather a gradual process of understanding, during which time the damaging experiences in their lives, including contact with criminal justice services, had become a matter of routine.

Access to Services

For most women participants timely access to support, when they needed it most, had been problematic. One woman said:

I have always tried different routes of help but never really got anywhere.

Another woman described how she had managed to get help from local mental health services but was subsequently discharged for failing to keep appointments that she couldn't remember making. All that was required was a simple reminder to help ensure her attendance.

Women often didn't know where to go for help and when they tried, were quickly phased by the offer of leaflets, 'signposting', or the need to make an appointment and come back later. Explaining problems to a stranger and asking for help wasn't easy and, having found the resolve, they quickly became frustrated and upset when little or no help was offered.

Even when support was offered, women explained that the distance between where they lived and where they had to go to get support could be problematic. Travelling across town on one, two or more buses, perhaps with their children, and with little funding for fares wasn't always possible. The choice between buying food and paying for bus fares meant that appointments might be missed and offers of support not taken up. Travelling to an unknown part of town was out of the question for some women; they didn't feel sufficiently safe or confident to leave their immediate community. For one woman, with a mobility problem, the journey to get support was especially arduous. Having missed an appointment, some women said they felt too embarrassed to go back and ask again.

Most women participants had been in contact with different professional services throughout their lives, but their needs had rarely been recognised or acted upon – opportunities presented to enquire about aspects of their lives had been missed. The underlying principle of 'no wrong door' (see footnote 7, page 21) seeks to provide a universal gateway to community services regardless of the initial point of contact. For example, any contact with services, whether initiated by the woman herself or as a result of a local service response, such as rent arrears, benefits claims or contact with liaison and diversion services, can provide opportunities for routine enquiry about a range of factors relevant to a woman's wellbeing.

For most women participants, it wasn't until contact with criminal justice services that they began to get the help they needed. Referrals to women's centres, either by liaison and diversion schemes (see page 26) or as part of their community order, had enabled women to access the help and support necessary for them to begin to take control of their lives. Having a key or support worker they could call their own was especially important. Speaking of their key workers two women said:

She listened to me. Nobody else had done that. I think she understood, and she helped me.

She was a nice lady. Sometimes we would just sit and chat and sometimes we would go out together.

Violence and abuse

In common with many other women in the criminal justice system, most women participants had experienced violence and trauma, which impacted their lives in a number of ways. For some it resulted in self-medication of drugs and/or alcohol; some said a drug addiction had been deliberately caused by a controlling partner, followed by coercion to carry and/or supply drugs and to shoplift; and one woman had served a prison term for grievous bodily harm, which she said was in self-defence of her partner's abuse.

Despite what women said about being abused by their partner, many also referred to the status of having a relationship and the comfort that initially brought them; two women said:

I thought he was the father I'd never had.

I had no one to mother me.

For women with little exposure to healthy relationships it can be hard to know when things are not as they should be:

Everyone gets battered.

He told me what to wear and he would laugh at me in front of my friends.

Even when women recognised that abuse was happening to them in their relationship, it took many incidents, often spanning years, before they felt able, and were able to get the support they needed. Women with children were especially concerned that in seeking help about an abusive relationship, their children might be taken away from them. One woman participant with autism was referred by Accident and Emergency services to a local victim support group but found it hard to engage and didn't return.

Looking for help online might be an option for some women. However, most websites providing help for people in an abusive relationship, with only a few exceptions¹⁷, are text heavy and/or don't provide helpline information in a way that would be easy to find for women with learning disabilities. Further, the level of computer literacy required to hide the evidence of looking for such information is likely to be beyond that of many women with learning disabilities, therefore placing them at risk of discovery and further violence.

During the time spent with her abusive partner almost every woman had, in her eyes, 'crossed the line' and broken the law. This, they felt, complicated their relationship with the criminal justice system. The women saw themselves as having first been a victim, but this wasn't taken into consideration when their crime (mostly less serious than the abuse to which they had been subject) was brought to court.

I was sexually assaulted four times and reported it each time, but nothing was done – there wasn't enough evidence.

The Crown Prosecution Service need to look at the whole picture. It seems to me they deny stuff that has happened.

I was raped twice – once by my partner, and once by the [criminal justice] system.

On a more positive note, some women told us how they had been helped by the Freedom Programme¹⁸, which they had accessed following attendance at a women's centre, which they had attended as part of their community sentence.

Box 4: Women's Refuge Beverley Lewis House is a specialist refuge for women with learning disabilities who might also have additional/complex needs. It provides 24-hour support and safeguarding for vulnerable women who are experiencing physical, sexual or emotional abuse. It is one of only a few of its kind in the UK and receives referrals from across all four nations. Recognising the complexity of challenges facing women with learning disabilities, the maximum stay is two years, which is about 18 months longer than a mainstream refuge.

Drugs and Addiction

Some women participants said their addiction to illegal drugs had been due to coercion by abusive partners:

He was intelligent, I ended up on drugs, but he stayed clean himself.

For others, legally prescribed prescription painkillers and anti-anxiety drugs had been a gateway to addiction and offending behaviour. Many practitioner interviewees believed that medication was over-prescribed in the community and were concerned about the use of prescription drugs for women with learning disabilities who 'weren't quite coping'.

One woman, who had been able to describe the impact of a childhood of sexual abuse and violence, had felt unable to tell anyone that she had developed a problem with painkillers. For her, the label 'addict' was one she was unwilling to assume and the potential shame was a sufficient driver for her to reduce the number of pills she took until she had overcome her addiction.

Another woman, who was taking prescription methadone, was trying to get a residential rehabilitation place. She described how she had tried many times to get a place but had been turned down because, she said, it was thought she lacked motivation. This same woman had been unable to demonstrate an understanding of what was required of her in order to regain access to her child. It seemed that her limited ability to imagine the future and to understand cause and effect, both a likely consequence of her learning disability, was getting in the way of the support she both needed and wanted desperately.

Children

Women participants spoke a lot about their experiences as mothers and the impact of losing their children as a result of child protection issues, which were frequently inter-related to their offending behaviour and contact with the criminal justice system.

¹⁸ The Freedom Programme examines the roles played by attitudes and beliefs on the actions of abusive men and the responses of victims and survivors. The aim is to help them to make sense of and understand what has happened to them, instead of the whole experience just feeling like a horrible mess. The Freedom Programme also describes in detail how children are affected by being exposed to this kind of abuse and very importantly how their lives are improved when the abuse is removed. Website accessed February 2019: <http://www.freedomprogramme.co.uk/>

Women spoke about the pressure to provide well for their children. Stealing to order and selling on what they had stolen was a means to buying nice things for their children and household essentials. It was important to them that their children would not get singled out or bullied at school because they didn't have what every other child enjoyed. One mother spoke about her boundaries:

I would never put my kids in stolen gear – that's just wrong; I stole stuff, sold it and then bought the kids new things.

One mother didn't understand that prison was a real possibility for her. She hadn't made any child care arrangements prior to going to court and was given a six-month custodial sentence. Her children were sent to their father in Scotland and, upon her release from prison, a custody battle ensued. She said:

I was told I wasn't going to prison, then I was told I was. I had no chance to call my children.

Housing

Suitable accommodation, or lack of it, was a recurring theme throughout our discussions and represented far more than a roof over a woman's head. Without a home address, women participants explained that it was more difficult to:

- Get benefits; comply with benefit requirements and avoid sanctions
- See your children
- Register with a GP and get medication
- Receive drug or alcohol treatment
- Get a job
- Stay healthy
- Wash your clothes and keep clean
- Take part in the community and not be lonely.

Difficulties in finding suitable accommodation were raised in discussions about children. One woman explained that in order to have her children visiting overnight, and to help her to regain custody, she needed a second bedroom. But it was impossible to get accommodation with a second bedroom because she was on her own – plus, she had heard about the 'bedroom tax' and was worried about getting into debt. She was desperate to get her children back but didn't know how to go about it or who could help. Women were frustrated and perplexed by under-occupancy housing rules that they saw as barriers put in place to prevent them from regaining access to their children, and/or to have them to stay overnight.

For some women, difficulties in securing suitable accommodation contributed to unsettled and chaotic lifestyles. For one woman, a lack of housing resulted in a direct link back into criminal activity when she was released from prison:

It took six weeks for my benefits to come through, I was given £40 and had what I stood up in. I had nowhere to go and had to shoplift or starve.

Another woman had no option but to return to her abusive partner having been 'street homeless' on release from prison. This woman had an evident and diagnosed learning disability, a substance misuse problem and was clearly vulnerable; yet she didn't receive any support or priority or emergency housing on leaving prison. She told us:

Being homeless is shit – if I get caught shoplifting, and get sent to prison, at least I get a roof over my head.

Women talked about how, in their past, they had wanted to leave an abusive relationship but had nowhere to go. Some said that if they had known about women's centres and women's refuge accommodation when they were being abused, they might have left sooner than they did. Leaving home without support and with nowhere to go, and fear of being homeless and/or of having to return and face their partner, disempowered women from taking action and kept them in the status quo.

Practitioners acknowledged housing difficulties but had few answers and saw few ways to challenge the application of complex housing rules.

Different treatment: victims and the accused

Within a criminal justice context, many women participants had experience of being a victim and an accused person/offender. Where women were able to draw comparisons, they reported different treatment by criminal justice services, especially the police, depending on whether they were a victim or the accused/offender and, if a victim, the circumstances of their being a victim.

As an accused person, women reported negative relationships with criminal justice services, and often felt they hadn't been listened to:

The way I've been treated, I felt like a bit of dirt, not worth anything.

I was injured on arrest – I had a punctured lung.

Taken together, women participants had experiences of being victims of rape, sexual abuse as a teenager, domestic violence, and mugging. Women who had been victims of sexual assault and crimes committed against them by a stranger had nothing but praise for the police and, on the whole, court procedure. They felt they had been listened to and supported.

In contrast, women who were victims of domestic abuse, or were known to the police as both victims of domestic abuse and the accused/offenders, felt badly treated by the police and that they were seen as 'part of the problem':

They should know that a woman who's been abused will lash out in fear if they get in her face.

They knew I'd been stabbed in the arm by my partner ten days ago, but they still grabbed me by that arm and pushed me up against the wall.

Once there's a marker on your house, they come mob handed.

Women participants acknowledged that it can be hard for the police to see what is happening when they first arrive at the scene of a disturbance, but as one woman pointed out: 'that is what training's for'.

Negative experiences of contact with the criminal justice system, especially as a victim of domestic abuse, made women feel bad about themselves, compounding the perception that they had 'crossed the line' between good and bad behaviour and being 'worthy' of help and support or not (see Violence and abuse, above).

Women participants who identified solely as being a victim of crime did, on first meeting, appear more vulnerable than women who identified as both a victim and an accused person/offender, and this may account for some difference in attitude by criminal justice staff.

The difference in how women were treated, real or perceived, created interesting discussions with practitioners – and opinions were divided between the women participants and practitioners. While women participants believed they were treated well or badly depending on whether they were a victim (excluding domestic abuse) or an accused person/offender/victim of domestic abuse, practitioners believed there to be a more balanced approach as to how all victims and the accused/offenders are dealt with.

There were, however, some notable exceptions where women who had offended felt they had been treated well. One woman spoke in praise of her support worker:

I pleaded and was found not guilty of a section 18 offence of attempted murder, but a jury found me guilty of a section 20. It was clear I'd been attacked – I'd been given sedatives.

My partner said he had a learning disability and gave evidence from behind a screen. I found court very difficult, but I had a good support worker.

Another felt she had been treated fairly by the judge:

The judge gave me bail over Christmas and sentenced me the lightest he could – 12 months.

And speaking of her time in prison, one woman said:

The staff were good in prison, they helped me stay in contact with my children.

Recognising learning disability in the criminal justice system

The practitioners involved in this study had a heightened awareness of learning disability and expressed surprise and shock that some of the women they worked with, who to them had obvious needs, had gone through the criminal justice system without any recognition or support. One practitioner said:

It's the norm. Most women I see present with some degree of learning disability.

The experiences described by women participants reinforced the need for learning disability awareness training and screening for learning disability. During discussions, some women considered themselves victims of the system. They had struggled to make themselves understood – to get their voices heard, while others had little idea of what was happening to them at different points of the criminal justice process. One woman said:

Of course, I didn't understand what was happening... you're not supposed to, it's designed to be intimidating.

Women shared their own experiences and sometimes drew on the experiences of people they knew, for example their friends and partners. Not understanding what was happening didn't seem to them especially out of the ordinary. The picture that emerged was a lack of awareness that things should be different. Women generally accepted the justice process as passive recipients, rather than active participants – that was their 'norm'; a norm that frequently extended beyond the criminal justice system and experienced throughout their daily lives.

Some of the women talked freely about having a learning disability and a diagnosis. Having a diagnosis, however, didn't necessarily mean that support follows. Anya (not her real name) spent almost 20 years in a 'revolving door' of crime and abuse before a judge made a referral to the St Giles Trust;¹⁹ see Box 5. Arguably, had Anya received the support she so clearly needed, as a young woman, she may never have come into contact with the criminal justice system – for which the human and financial cost has been significant.

Box 5: Anya's account

My first boyfriend, my daughter Mandy's dad, used to psychologically abuse me. It wasn't that he battered me so much, he played mind games with me. That was more hurtful than the actual physical abuse. The other boyfriend used to physically abuse me, so I've had it both ways. I used to go out shoplifting to pay for the drugs. One day I got caught shoplifting and the police were called, and I got arrested. When I came out of prison I was homeless, so I went back to the same people that I knew and used to hang around with before. I've been to prison about 25 times. No help; you're just put in there and left to get on with it. This time I came out of prison and I got some help from a nice lady called Sharon from the St Giles' Trust who has supported me since then. Some days she would just come and talk to me, other days we would go shopping. She would help me a lot, you know, to change my life around.

¹⁹ St Giles' Trust is a charity that helps people facing severe disadvantage to find jobs, homes and the right support they need: <https://www.stgilestrust.org.uk/>

Practitioners were asked why they thought screening for learning disability hadn't gained sufficient traction. Their responses can be summarised as:

- lack of resources
- lack of time
- fear of stigmatising the person concerned
- fear of damaging the person's self-esteem
- lack of confidence in recognising possible learning disability.

Some practitioners said they didn't think it was their role to enquire about or suggest that a woman might have a learning disability, especially if they had not receiving any training. Conversely, when practitioners were asked about mental health, and whether they would enquire if they thought a client might be experiencing poor mental health, there was not the same reticence.

Some practitioners, positioned towards the end of the criminal justice pathway, said there seemed little point in raising the possibility of having a learning disability with the woman concerned, and risk lowering her self-esteem, when there was little help available either within criminal justice or the wider community.

Insufficient time to get to know their clients and being aware of the likely range of multiple needs a woman might have (such as trauma, abuse, substance misuse, anxiety, depression) made it harder to isolate possible learning disability. A screening tool, and other resources, on their own aren't enough – what practitioners most craved was time: time to spend with their clients, time to use resources and to explore local options, and time to tailor responses to meet the needs of individual women. In other words, a personalised approach to improving outcomes for a highly vulnerable group of women.

Concluding discussion and recommendations

During this study, we met women who had been charged with a variety of offences ranging from shoplifting and drugs offences to more violent crimes including attempted murder, and their accounts were harrowing. One young woman had given birth to children by her own father. Another had been repeatedly drugged and abused by her partner, before retaliating and, as a result, sentenced to prison. Abuse by men drove most of the women in this study into offending behaviour; they were, however, victims first.

Women participants told us about their life experiences, which were often bleak and unrelentless. What became clear is that they had frequently been underserved by health and social care services over a long period and left to manage alone. Sometimes they seemed not to realise how bad their experiences of abuse were and at other times they tried to get help, in vain.

Behind their personal accounts lies a human cost; a cost to the women themselves, their children and families, and the communities in which they live. For the women in this study, and many like them, the absence of timely support, escalation of need, crisis intervention and contact with criminal justice services comes at a high personal cost to them, and a high financial cost to the public purse.

Multiple unmet need is a well-rehearsed driver into risky and offending behaviour and, ultimately, the criminal justice system. Despite obvious need, most women in this study seemed invisible to the very services that exist to provide support. For some, contact with criminal justice services provided an eventual 'gateway' to services – which for one woman took 20 years.

A better understanding of, and response to women with learning disabilities is clearly needed – both within and out with the criminal justice system. Professional health, social care and justice services should seize the opportunity to engage with women at every opportunity, to enquire about her wellbeing, and to 'make every contact count'. At a regional seminar organised by the Prison Reform Trust, one senior delegate from a Clinical Commissioning Group said:

We didn't used to ask about smoking, or how much people drink, but we do now, it's routine, so why not ask about domestic violence? We should be asking, and we should have referral pathways. (Prison Reform Trust 2016)

Frameworks to achieve this already exist. For example, the Care Act and Transforming Care/NHS Long Term Plan provides for safeguarding, prevention and early intervention; guidance exists on working at the intersection between learning disability and some 'mainstream' services; liaison and diversion services help to identify people with a learning disability when they come into contact with criminal justice services, and have developed women specific responses; the government's Female Offender Strategy provides a renewed focus on the specific needs of women, and HM Prisons & Probation Service has made a commitment to better identifying and working with men and women with learning disabilities and learning challenges. However, adequate gender informed service provision at the intersection between women with learning disabilities, and health, social care and justice services is not well developed.

Women's centres provided much needed support for the women in this study, enabling them to access a range of services, often with the help of a key worker. Integrated, multi-agency working can help avoid duplication of local services and achieve multiple positive outcomes across different services. And yet, despite a number of studies that have demonstrated positive outcomes for individual women and cost savings to the public purse, funding for women's centres is both limited and precarious.

It is hard to say whether the experiences of women with learning disabilities in or on the edges of the criminal justice system are worse than for women without learning disabilities – many of whom will have equally harrowing accounts to relate. What is clear, however, is that having a learning disability adds an extra layer of disadvantage to an already vulnerable and marginalised group. Women may not recognise abusive or coercive relationships that lead them into crime; they may look for help, but find it hard to navigate the system and explain their situation; and, having faced rejection or found it too hard to engage with help offered, decided to simply stick with the status quo. At the same regional seminar mentioned above, another delegate said:

We have one shot at working with vulnerable women, and then we've blown it. What do they [professionals and practitioners] mean when they say, 'they won't engage?' What does that mean exactly? It means we have failed.

Despite clear messages from the women participants and practitioner interviewees involved in this study, it would be hard to make robust recommendations from a relatively small number of contributors. However, much of what was said reinforces recommendations made in reports by the Prison Reform Trust's Transforming Lives programme, and this is reflected in the following recommendations.

Recommendations

Leadership and partnership

Responding to the needs of women with learning disabilities in contact with, or on the edges of the criminal justice system is the responsibility of many different local, regional and national authorities, departments within those authorities, and multi-agency partnerships.

1. At every level – local, regional and national, senior leaders responsible for social care, policing and justice should ensure that women specific responses include provision for women with learning disabilities, and responses to people with learning disabilities include a women specific response.
2. Commissioners of women's services should liaise with community learning disability services to ensure the needs of women with learning disabilities are identified and met in all local services for women. This is especially important for services that address violence against women and girls.

3. Commissioners of Community Sentence Treatment Requirements, such as the Mental Health Treatment Requirement, the Alcohol Treatment Requirement and the Drug Rehabilitation Requirement, should ensure requirements are accessible for people with learning disabilities and, for women, are located where they feel safe and supported.
4. A system wide strategy for working with women with multiple needs, including women with learning disabilities, should be developed in every local authority area. The overall strategy and operational activity should involve multi-sector partners, and the involvement of women with multiple needs should be embedded and inform service provision.
5. The principles of ‘no wrong door’ and ‘making every contact count’ should be embedded in all front-line services. This should be supported by clear guidance and opportunities to build effective multi-agency relationships and awareness training in learning disabilities and women specific responses.

Women’s centres

6. The Ministry of Justice should secure agreement from the Treasury to ensure sufficient resources are made available to enable women’s centres to develop and flourish in a sustainable way, as set out in the Female Offender Strategy. Women’s centres should:
 - a. provide services and support that help prevent women’s contact with the criminal justice system
 - b. be equipped to help reduce reoffending for women on community orders, including Treatment Requirements²⁰ (see recommendation 3)
 - c. have timely access to learning disability expertise and be accessible to women with learning disabilities.

Identifying women with learning disabilities, and responding to need

7. All women suspects should be screened by liaison and diversion services on entry into police custody, including for learning disability. We welcome the requirement that liaison and diversion services adopt women specific responses and, in line with some existing schemes, further recommend that liaison and diversion services employ key workers to support timely referrals into local services. This is especially important for women experiencing abuse and mothers. Information about a person’s learning disability should be shared appropriately with justice agencies to inform the need for reasonable adjustments and access to services.
8. We welcome the screening tool developed by HM Prisons and Probation to better identify offenders/prisoners with learning disabilities and learning challenges (see page 17) and recommend that routine screening be adopted as soon as possible during 2019.
 - a. Prison regimes and probation services should be developed to meet the needs of people with a learning disability
 - b. Cognitive behaviour treatment programmes and trauma informed ways of working should be developed for women with learning disabilities.

²⁰ In their eighth periodic review of the UK, the Committee on the Elimination of Discrimination against Women (CEDAW) made the following recommendations: 57 (a) Allocate sufficient resources to effectively implement the Female Offender Strategy and ensure that a similar strategy is also adopted in other administrations of the State party; (b) Continue to develop alternative sentencing and custodial strategies, including community interventions and services, for women convicted of minor offences (CEDAW 2019).

Thresholds to support

People with mild and so-called border-line learning disability can find it hard to access the support they need. Many will be considered too able for community learning disability services but struggle to access written information and follow 'sign posting', and often find the range and fragmentation of support services hard to navigate.

9. Duties under the Care Act 2014 that require local authorities to 'prevent, delay or reduce the development of needs for care and support' should be demonstrated through adequate services and support for people with learning disabilities, especially when a person is 'experiencing or is at risk of abuse or neglect'.
10. We agree with the Transforming Care Model Service Specifications that effective specialist community-based forensic support should be delivered to meet the needs of people 'where this behaviour has brought them into contact with the criminal justice system, or where there is risk of this' [happening in the future] (NHS England 2017). Local Transforming Care Partnerships (and future arrangements under The NHS Long Term Plan) should ensure effective working relationships with local liaison and diversion services, and vice versa, to ensure referrals are made (and support received) in an effective and timely way.

References

- Ali, A., Strydom, A., Hassiotis, A., Williams, R. and King, M. (2008) A measure of perceived stigma in people with intellectual disability, *British Journal of Psychiatry*, October 2008, 193 (5) 410-415
- Aunos, M. and Feldman, M. A. (2002), Attitudes towards Sexuality, Sterilization and Parenting Rights of Persons with Intellectual Disabilities. *Journal of Applied Research in Intellectual Disabilities*, 15: 285–296.
- AVA & AGENDA (2019) *Breaking Down the Barriers: findings of the National Commission on domestic and sexual violence and multiple disadvantage*. London: AVA & AGENDA
- Ballin M. & Fryer M. (2012) Self-defence among women with disabilities: an unexplored domain in domestic violence cases. *Violence Against Women* 18, 1083–1107.
- Booth, T. and Booth, W. (1994), Parental adequacy, parenting failure and parents with learning difficulties. *Health & Social Care in the Community*, 2: 161–172.
- CEDAW (2019) Committee on the Elimination of Discrimination against Women/C/GBR/CO/8: Concluding observations on the eighth periodic report of United Kingdom of Great Britain and Northern Ireland, 8 March 2019. United Nations.
- Corston, J. (2007) *The Corston Report: a review of women with particular vulnerabilities in the criminal justice system*. London: Home Office
- Department of Health (2001) *Valuing People: A New Strategy for Learning Disability for the 21st Century*; a White Paper. London: Department of Health
- Department of Health (2009) *The Bradley Report: a review of people with mental health problems or learning disabilities in the criminal justice system*. London: Department of Health
- Department of Health (2012) *Transforming care: A national response to Winterbourne View Hospital*. London: Department of Health
- Department of Health (2014) *Care and Support Statutory Guidance, the Care Act 2014*; updated 2018: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- Edmonds, J. (2000). On being a mother: A positive identity in the face of adversity. *Clinical Psychology Forum*, 137, 21-25
- Emerson E, Malam S, Davies I, Spencer K. (2005) *Adults with Learning Difficulties in England 2003/4*. Leeds: Health & Social Care Information Centre
- Emerson, E., Hatton, C., Robertson, J., Roberts, H., Baines, S., Evison, F., & Glover, G. (2012). *People with Learning Disabilities in England 2011: Services and Supports*. Stockton on Tees: Improving Health and Lives: Learning Disabilities Observatory
- Gravell, C. (2012) *Loneliness and Cruelty: People with learning disabilities and their experience of harassment, abuse and related crime in the community*. London: Lemos & Crane
- HM Chief Inspectors of Prisons and Probation (2008). *The indeterminate sentence for public protection; A thematic review*, London: HMIP.

- HM Inspectorate of Prisons (2018) *Social care in prisons in England and Wales, a thematic report*. London: HMIP
- HM Inspectorate of Probation (2014) *Criminal Justice Joint Inspection: A joint inspection of the treatment of offenders with learning disabilities within the criminal justice system - phase 1 from arrest to sentence*. Manchester: HMIP
- HM Inspectorate of Probation (2015) *Criminal Justice Joint Inspection: A joint inspection of the treatment of offenders with learning disabilities within the criminal justice system - phase two in custody and the community*. Manchester: HMIP
- HM Prison & Probation Service (2018) *Analytical Summary 2018: The development of a screen to identify individuals who may need support with their learning*. London: HMPPS
- Home Office (2006). *Offender Assessment System Manual version 2*. London: Home Office
- Homeless Link (2015) *Supreme Court 'vulnerability' ruling: key points for homelessness agencies*. London: Homeless Link
- Joint Committee on Human Rights (2008) *A life like any other? Human Rights of Adults with Learning Disabilities. Seventh Report of Session 2007-08*. London: TSO.
- Justice (2019) *Understanding Courts*. London: Justice
- Light, M., Grant, E., and Hopkins, K. (2013) *Gender differences in substance misuse and mental health amongst prisoners* London: Ministry of Justice
- Loucks, N. (2007) *Prisoners with learning difficulties and learning disabilities – review of prevalence and associated needs*. London: Prison Reform Trust.
- McCarron, M., Swinburne, J., Burke, E., McGlinchey, E., Mulryan, N., Andrews, V., Foran, S. and McCallion, P. (2011) *Growing Older with an Intellectual Disability in Ireland in 2011: First Results from The Intellectual Disability Supplement of The Irish Longitudinal Study on Ageing*. School of Nursing and Midwifery, Trinity College Dublin
- McCarthy, M, Hunt, S., and Milne-Skillman, K. (2017) 'I Know It Was Every Week, But I Can't Be Sure If It Was Every Day: Domestic Violence And Women With Learning Disabilities', *Journal of Applied Social Research in Intellectual Disabilities*, 30 pp. 269-282
- McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016). *Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014*. Leeds: NHS Digital
- Ministry of Justice (2015) *Justice Data Lab Re-Offending Analysis: Women's Centres throughout England*. London: Ministry of Justice
- Ministry of Justice (2017) *Justice Data Lab Analysis: Re-Offending behaviour after participation in the Brighton Women's Centre Inspire programme*. London: Ministry of Justice
- Ministry of Justice (2018) *Female Offender Strategy*. London: Ministry of Justice
- Ministry of Justice (2018a) *Managing Vulnerability: Women. A Fact Pack*. London: Ministry of Justice
- Morgan, P. (2016) *Child Protection and Parents with a Learning Disability*. London: Jessica Kingsley

- Mottram, P. G. (2007) *HMP Liverpool, Styal and Hindley Study Report*. Liverpool: University of Liverpool
- Murray, J., Farrington, D. P., Sekol, I., and Olsen, R. F. (2009) *Effects of parental imprisonment on child antisocial behaviour and mental health: a systematic review*. The Campbell Collaboration, University of Cambridge
- NHS England, Local Government Association, & Association of Directors of Adult Social Services (2015) *Building the Right Support*. Leeds: NHS England
- NHS England (2016) *Strategic direction for health services in the justice system: 2016-2020*. Leeds: NHS England
- NHS England (2017) *Transforming Care: Model Service Specifications*. Leeds: NHS England
- NHS England (2019) *The NHS long term plan*. NHS England
- New Economics Foundation (2008) *Unlocking value: How we all benefit from investing in alternatives to prison for women offenders* London: New Economics Foundation
- Pestka K. & Wendt S. (2014) Belonging: women living with intellectual disabilities and experiences of domestic violence. *Disability and Society* 29, 1031–1045.
- Prison Reform Trust (2016; reprinted 2018) *Leading Change: the role of local authorities in supporting women with multiple needs*. London: Prison Reform Trust
- Prison Reform Trust (2017a) *There's a reason we're in trouble: domestic abuse as a driver to women's offending*. London: Prison Reform Trust
- Prison Reform Trust (2017b) *Counted Out: Black, Asian and minority ethnic women in the criminal justice system*. London: Prison Reform Trust
- Prison Reform Trust (2017c) *Information book for prisoners with a disability*. London: Prison Reform Trust
- Prison Reform Trust (2017d) *Fair Cop? Improving outcomes for women at the point of arrest*. London: Prison Reform Trust
- Prison Reform Trust (2018a) *What about me? The impact on children when mothers are involved in the criminal justice system*. London: Prison Reform Trust
- Prison Reform Trust (2018b) *Home Truths: housing for women in the criminal justice system*. London: Prison Reform Trust
- Prison Reform Trust (2019) *Why focus on reducing women's imprisonment?* London: Prison Reform Trust
- Public Health England (2015) *Disability and domestic abuse - risk, impacts and response*. London: Public Health England
- Public Health England (2016a) Substance misuse and people with learning disabilities. On-line guidance: <https://www.gov.uk/government/publications/substance-misuse-and-people-with-learning-disabilities>

- Public Health England (2016) *Learning Disabilities Observatory. People with learning disabilities in England 2015*. London: Public Health England
- RAND Europe (2016) *Evaluation of the offender liaison and diversion trial schemes*. Cambridge: RAND Europe
- Revolving Doors Agency (2011) *Counting the Cost: the financial impact of supporting women with multiple needs in the criminal justice system*. London: Revolving Doors Agency
- Smart, S. (2019) *Too many bends in the tunnel? Women serving Indeterminate Sentences of Imprisonment for Public Protection – what are the barriers to risk reduction, release and resettlement?* London: The Griffins Society.
- Smith, R., Grimshaw, R., Romeo, R., Knapp, M. (2007) *Poverty and disadvantage among prisoners' families*. London: Joseph Rowntree Foundation
- Sternberg, Robert J.; Grigorenko, Elena L.; and Bundy, Donald A. (2001) "The Predictive Value of IQ," *Merrill-Palmer Quarterly: Vol. 47: Iss. 1, Article 2*.
- Taggart, L., Mclaughlin, D., Quinn, B. and Macfarlane, C. (2007) Listening to people with intellectual disabilities who misuse alcohol and drugs. *Health and Social Care in the Community*, 15(4), 360-368.
- Talbot, J. (2008) *Prisoners' Voices: experiences of the criminal justice system by prisoners with learning disabilities and difficulties*. London: Prison Reform Trust
- Tarleton B, Ward L & Howarth J (2006) *Finding the Right Support? A review of issues and positive practice in supporting parents with learning difficulties and their children*. London: The Baring Foundation.
- Thiara, R. K., Hague, G. and Mullender, A. (2011) Losing out on both counts: disabled women and domestic violence. *Disability & Society* 26, 757–771.
- UK Drug Policy Commission (2010) *Drugs and Diversity: Disabled People*. London: UKDPC
- Wilson S., McKenzie K., Quayle E. and Murray, G. (2014) A systematic review of interventions to promote social support and parenting skills in parents with an intellectual disability. *Child: Care, Health and Development*, 40, 7–19
- Women Centred Working (2016) *Taking Forward Women Centred Solutions*. Women Centred Working

This report considers the criminal justice response towards women with learning disabilities. It examines the legislative and policy frameworks that exist to help ensure women with learning disabilities get the support they need, which, in turn, can serve to avoid contact with criminal justice services.

Most importantly, the report gives a voice to women with learning disabilities, enabling them to talk about their experiences:

- the difficulties they have faced in trying to get help
- of not understanding the implications of their behaviour and sanctions imposed
- of violence and abuse perpetrated against them
- enforced separation from their children, bewilderment and a sense of injustice.

The recommendations at the end of this report should, if implemented, help to ensure the needs of women with learning disabilities are recognised and met, enabling them to lead healthy and productive lives.