N O   O N E   K N O W S

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

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with Jenny Talbot

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Acknowledgements

Foreword

No One Knows is an apt title for a 3 year study into prisoners who have learning disabilities and difficulties. This is a timely and welcome report, one of a series within the Prison Reform Trust's 'No One Knows' programme and directs attention to the experience in Scottish prisons.

Prisons receive, often with no prior notice, many people with complex and multi-layered needs. People with learning disabilities and difficulties are a substantial part of this population. Five years ago, a study by Fiona Myers in Scotland found few people who had been formally diagnosed. Since then, prisons have found better means and routes to surfacing problems and, if that work were to be repeated now, I am confident that it would find many more.

What lies behind this present study are the efforts of many individuals who, in the course of their work, have carried out acts of professionalism and kindness by adjusting and responding to prisoners in order to lessen the shock and strangeness of new circumstances when they are particularly vulnerable. There are several examples also of sustained leadership, and work in groups to support vulnerable people in prisons and in preparation for release.

This study contains much more. We in the prison service accept the challenge that the report sets out to identify, and its publication is welcome.

The Scottish Prison Service will continue to train its staff to be aware of people with disabilities in order to be able to respond with greater confidence to their needs. It will continue to invest in staff and services with specialist skills, to encourage education and health specialists to come into come into prison in order to support care, and we will encourage appropriate flows of personal information to support care.

I appreciate the interest of the Prison Reform Trust in the wellbeing of people in Scottish prisons. We will sustain involvement with the work of *No One Knows* so that many will know, understand and care about prisoners with learning difficulties and disabilities.

MIKE EWART
chief executive, Scottish Prison Service

Introduction

No One Knows is a UK-wide programme developed and directed by the Prison Reform Trust, that aims to effect change by exploring and publicising the experiences of people with learning difficulties and learning disabilities who come into contact with the criminal justice system. The programme, supported by The Diana, Princess of Wales Memorial Fund, runs until October 2008 and is chaired by the Rt Hon, the Baroness Joyce Quin, former prisons minister for England and Wales. The work of *No One Knows* is guided by an advisory group (see Appendix 1) and by a group of people with learning difficulties, called the Working for Justice Group.

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

This report is one in a series of reports and briefing papers from *No One Knows*. It sets out the views of prison staff in Scotland on how prisoners with learning difficulties and learning disabilities are identified and supported. A similar report has been produced for England and Wales (Talbot 2007), and one for Northern Ireland will follow (Loucks, forthcoming). The views of prisoners with learning difficulties and learning disabilities will be gathered during 2007.

Structure of this report

The report begins with an outline of the aims and methods for this particular study. It then briefly provides the context for prisoners with learning difficulties and learning disabilities in Scotland. The main body of the report covers the views of prison staff regarding how prisoners with learning difficulties or learning disabilities are identified and supported in their prisons. The conclusion sets out the main findings, together with preliminary recommendations for change and ways to build on existing good practice.

Aims of this study

Supporting prisoners with learning difficulties and learning disabilities is often seen as a responsibility of staff in health care or education. However, the day-to-day living experiences of prisoners, including those with learning difficulties and learning disabilities, take place in a number of different locations across a prison. This brief study aimed to identify how prison staff in Scotland believed prisoners with learning difficulties or learning disabilities were identified and supported, focusing on good practice as well as identifying gaps in provision.

Methods

To ensure that the research reflected the views of staff from different aspects of prison life, five key post holders were encouraged to complete the questionnaire. These were:

- Prison Service staff responsible for education (as opposed to educational staff contracted in, who will be approached separately)
- heads of health care
- heads of psychology
- heads of residence or regimes
- staff responsible for prisoners with disabilities.

The exact titles of these posts and persons responsible varied between establishments, in which case the closest equivalent was contacted.

Questionnaires for this research had already been designed, piloted, and administered in prisons in England and Wales. They were subsequently adapted to take into account differences in policy and practice in Scotland and were distributed to all prisons in November 2006. The questionnaire included both quantitative and qualitative questions and focused on three key areas, namely prison systems and procedures, support for prisoners with learning difficulties and learning disabilities, and staff training and awareness. In total, 26 responses were received from the 16 prisons in Scotland.[1] Some respondents stated that they were responding on behalf of more than one post or prison. For example, one prison submitted a collaborative response on behalf of all the staff targeted. Some respondents covered more than one of the designated posts (for example heads of residence could also be responsible for prisoners with disabilities or line manage contracts for educational providers). Equally some respondents covered more than one prison (for example one contracted provider of education responded on behalf of all the prisons it covered, despite not initially being targeted for the research, and psychologists were often responsible for more than one prison). Responses therefore covered 12 of the 16 prisons in Scotland, or 75%. Respondents covered the full range of post-holders, though heads of education made up almost a third of these (32% of those who listed a post).

While the responses give a general overview of provision for learning disabilities and learning difficulties in Scottish prisons, the numbers are not large enough to make meaningful comparisons between types of prisons or between categories of post holders. The findings are therefore presented together as overall perceptions of key prison staff in Scotland.

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1. HMYOI Friarton has been counted separately for this piece of work.

Context

Prevalence

Research into the prevalence of people in the criminal justice system with learning disabilities or learning difficulties has shown varying results (see Loucks 2006 for an overview). Such variation is due to a number of factors including differences in the impairments being screened for or assessed, variance in definitions of impairments, and differences in the methods and tools used.

Despite this variation, a review of the research conducted for *No One Knows* (ibid.) shows a number of common themes. These are namely that people with actual or borderline learning difficulties or learning disabilities regularly end up in the criminal justice system, that they are not readily identifiable, and consequently that they often do not receive the support they need, even in the rare cases where specialised support is available.

Research in Scotland has shown that, despite a number of procedures that may identify a learning difficulty, formal assessment and diagnosis of learning disability or learning difficulty in secure settings is rare, but equally that prison staff and managers believe many such people are in custody (Myers 2004; also Robinson 2005). Recent research in England and Wales shows that:

- 7% of prisoners have an IQ of less than 70, and a further 25% have an IQ of less than 80 (Mottram 2007)

- 23% of prisoners under age 18 have an IQ of less than 70 (Harrington and Bailey 2005)

- 20% of the prison population has some form of 'hidden disability' that 'will affect and undermine their performance in both education and work settings' (Rack 2005)

- 20 - 50% of men in prison have a specific learning disability (Disability Rights Commission 2005).

While an IQ of less than 70 does not necessarily mean a prisoner has a learning disability, 70 is generally acknowledged as the cut-off in formal definitions of learning disability. At the very least it indicates strongly that a person will need some additional support, for example in daily living and communication skills. Similarly, prisoners with IQs of less than 80 (generally described as 'borderline' learning disability) are likely to experience difficulties in accessing important elements of the prison regime such as offending behaviour programmes.

What happens if we translate the research findings in England to the prison population in Scotland? Assuming a prison population of 7,000 in Scotland, the research suggests that on any given day about 500 prisoners will have IQs in the range of a technical learning disability, while an additional 1,400 – 1,750 will require some additional support.

Even without agreed estimates of prevalence, the review of the literature conducted for *No One Knows* showed that many offenders will have learning difficulties or learning

disabilities that interfere with their ability to cope with the criminal justice system. Further, they are at risk of continued offending because of unidentified needs and consequent lack of support and services. They are unlikely to benefit from conventional programmes designed to address offending behaviour, are targeted by other prisoners during custody, and present numerous difficulties for the staff who work with them, especially when these staff often lack specialist training or are unfamiliar with the challenges of working with this group of people.

Life in prison

The context of prison life is important to consider in any discussion of how best to support prisoners with learning difficulties or learning disabilities, many of whom will be particularly vulnerable in such an environment.

- ◆   Overcrowding

The Scottish Prison Service has reached its capacity in terms of housing prisoners, with some prisons significantly more crowded than others. In 2005-2006, Scottish prisons held an average daily population of 6,857, peaking at 7,094, but with a design capacity of 6,378 places (SPS 2006a). The population on 14 September 2007 was 7, 434. HMP Low Moss closed earlier this year, and a new prison HMP Addiewell is still under construction and not due to be fully operational until 2009. Overcrowding means a higher proportion of prisoners to staff and less opportunities for staff to devote time and offer resources to prisoners who may need extra support.

- ◆   Movement of prisoners around the prison estate

Prisons receive large numbers of people from the courts on a daily basis, both on remand and at the start of sentences. Others are transferred between prisons, either on a planned basis as part of a prisoner's progression or relatively suddenly, often for managerial reasons. Overcrowding increases the frequency of such moves, as prisoners are moved throughout the estate to use all available places. This 'churn' of prisoners around the estate disrupts routines, relationships, and activities of prisoners. This can be a particular problem when, for example, a prisoner is part-way through a course or programme. Continuity can be very important for anyone with learning disabilities or learning difficulties, so frequent moves may cause these prisoners particular hardship.

- ◆   Suicide and self-harm

The *Lancet* (Frühwald and Frottier 2005) reported that men in prison in England and Wales are five times more likely to take their own lives than are men in the general population. For prisoners aged 15 – 17, the rate is 18 times higher. In Scotland, predisposing factors for suicide are evident in about 80% of the prison population (SPS). Past research has shown that about 38% of women in prison have attempted suicide at some time in their lives (Loucks 1998).

Research in England has identified large amounts of time spent in cells 'doing nothing' as an important risk factor for suicide and self-harm in custody (Liebling 1992). In an

overcrowded prison prisoners with learning difficulties or learning disabilities are likely to find themselves in just that situation. The Scottish Prison Service relies on a system of multi-disciplinary case conferences (the Act to Care strategy) to assist in the identification and management of prisoners deemed to be at risk of suicide.

◆ Mental health

The Inspectorate of Prisons for Scotland (2006) reported that more than 70% of prisoners are known to have mental health problems, and as many as 7% may have psychotic illness – a rate seven times higher than in the general population. This, in combination with increasing numbers of prisoners, fragmented provision, and difficulty in recruiting specialist staff (ibid.) creates tremendous difficulties for prisoners with learning difficulties or learning disabilities and for the staff who work with them.

Existing structures

The Scottish Prison Service and wider criminal justice system have a number of structures in place that may assist in the identification and support of people with learning difficulties or learning disabilities. The following section briefly outlines a number of these.

◆ Integrated Case Management

Integrated Case Management (ICM), which replaced sentence planning in Scottish prisons, is a system of multi-disciplinary case conferences designed to structure and manage the sentence of all convicted prisoners. Under the ICM scheme, all convicted prisoners (regardless of length of sentence) receive an initial Core Screen assessment and leave prison with a community integration plan. Multi-disciplinary case conferences, including input from community-based services where appropriate, are conducted under the ICM scheme based on a prisoner's individual needs. In theory, the Scottish Prison Service will be able to provide community-based services with information about the released prisoner which is more comprehensive and accurate, and better-targeted (SPS 2005). Every prison in Scotland also has a LINKS Centre in which community-based services may offer support to prisoners during custody.

◆ Offender Management

The Management of Offenders (Scotland) Act 2005 requires greater integration of activities for offenders both in and out of prison. The Act requires improved arrangements for information sharing and risk assessment, such as with the police and social work, primarily for violent and sexual offenders. Scotland's eight Community Justice Authorities came into operation in April 2006 and have responsibility for developing strategic plans for offender management and reducing reoffending in their areas.

◆ Offender Outcomes

The Scottish Prison Service Business Plan (2005) enumerates ten main 'Offender Outcomes' which it expects prison-based and community-based agencies to work

together to achieve:

- sustained or improved physical and mental well being
- improved literacy skills
- reduced or stabilised substance misuse
- increased prospects for employability
- maintained or improved relationships with families, peers, and community
- access to community support
- access to suitable accommodation
- the ability to live independently if desired
- improvements in the attitudes or behaviour which leads to offending
- greater acceptance of responsibility and understanding of the impact of their offending on victims.

A learning difficulty or learning disability can have an impact on any of these outcomes.

- **Prisoner education**

The Scottish Executive acknowledges the importance of learning, skills, and employability to the resettlement of prisoners after release. It therefore invests money "to help prisoners gain qualifications relevant to labour market conditions" (Scottish Executive 2003: 38). It also developed a framework for prisoners to "develop skills and lead more productive lifestyles independent of crime post-release" (p. 43) within a Learning, Skills and Employability strategy for the Scottish Prison Service.

In 2005 the renewed contract for provision of education in the SPS specified even greater links between prison education and vocational skills, in line with SPS social inclusion policies (Audit Scotland 2005). In saying this, education provision in Scottish prisons focuses largely on 'basic skills' (reading, writing, numeracy, IT awareness) and 'core skills' (communication, problem solving, working with others). These opportunities may lead to Scottish Qualifications Authority (SQA) qualifications, and may include access to further and higher education where appropriate. The SPS invests about £3.5 million in education and learning opportunities in its prisons each year (Waddell 2007).

The SPS appears to be the only significant provider of lifelong learning opportunities in Scotland not to be included in the Department for Enterprise, Transport and Lifelong Learning (ETLLD), which complicates the transition from custody to community (ibid.). Careers Scotland, for example, has no remit to work with offenders while they are in custody, though the SPS has procured some services from Careers Scotland on a limited basis. Educational provision in SPS establishments is however contracted out to external providers, primarily Motherwell College and Lauder College.

- **Prisoner health**

The delivery of health care for prisoners was restructured in Scotland in 1995 "to encourage consistent service-wide standards of physical care and to encourage multidisciplinary working" (SPS 2002: 3). This included a shift towards a more proactive approach to health care, endorsed in SPS Standards for the Health Care of Prisoners (1998). The Scottish Prison Service works in partnership with the Scottish Executive Health department, the Health Education Board for Scotland, and local NHS boards to

develop frameworks for the development and delivery of health services in Scottish prisons. Individual establishments are responsible for local ownership, implementation, and internal monitoring of these services, supported by local Health Promotion Departments and relevant local agencies (SPS 2002).

The SPS framework for prison healthcare was set out in The Health Promoting Prison (2002). The section on mental health and well-being emphasised the need to create a supportive environment; to involve prisoners, communities, and partner agencies (including, for example, peers and families); to develop prisoners' personal skills and "emotional resilience"; to integrate health care services to address both physical and psychological issues, involving families wherever possible; and to monitor and review progress. It also recommended a "quality circle" of staff to meet regularly to discuss quality-related work problems and generate solutions. Although the SPS framework refers to learning disabilities, no further specific reference is made as to how this group might be supported In theory, the Framework for Promoting Health should include coordination and management; quality costing; information to and feedback from prisoners; empowerment and training of staff; setting and monitoring of standards; and audit and review

- ◆ Disability Discrimination Act
The recent update to the Disability Discrimination Act (DDA) means that all public services, including criminal justice organisations, have a duty to eliminate discrimination and harassment of disabled people and to promote greater opportunity for them. Under the Act, the definition of 'disability' refers to the effect that an impairment has on a person's ability to carry out normal day-to-day activities. The impairment must be physical or mental and have substantial long-term negative effects on normal day-to-day activities (DDA revised guidance, 2006). Examples in the Guidance include dyslexia, autistic spectrum disorders, and learning difficulties and learning disabilities.

The SPS has produced a Service-wide Disability Equality Scheme in response to the DDA (SPS 2006b). Disability awareness training was set up for staff thought most likely to be the first to deal with people who may have disabilities, namely those at the gate, visits, reception, and induction. Training was also targeted to prison Listeners,[2] the Samaritans, and Family Contact Officers. An Action Plan to address disability has been set out for the entire prison estate.

The introduction to the Disability Equality Scheme defines disability to include mental or physical impairments but otherwise refers to disability only in very general terms. The Action Plan for the Health & Care Directorate in an Annex of the report does, however, list improvement of services for prisoners with learning difficulties as a required Action through the provision of appropriate training for existing nursing staff by the end of 2007-08.

The next section builds on this context, presenting findings from the *No One Knows* survey of staff in the Scottish Prison Service. It reports on the perceptions and experiences of prison staff and their views on how well they are able to support prisoners who have learning difficulties or learning disabilities.

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2. Prison Listeners are selected prisoners specially trained by the Samaritans to offer support in confidence to prisoners who may be in emotional distress.

The views of prison staff

Prison systems and procedures

The questionnaire began by asking about how staff may find out about the existence of prisoners with learning difficulties or learning disabilities in their establishment, the extent to which information is shared, and whether assessments are conducted.

Information accompanying people into prison
The views of staff were sharply divided. Of those who answered the question, almost half (47%) said that information accompanying prisoners to prison was likely to identify all prisoners who had learning difficulties or learning disabilities (see Figure 1). In contrast, over a third (37%) believed this was unlikely to happen at all.

Figure 1

- All prisoners with learning difficulties/disabilities
- Majority of prisoners with learning difficulties/disabilities
- Minority of prisoners with learning difficulties/disabilities
- Unlikely
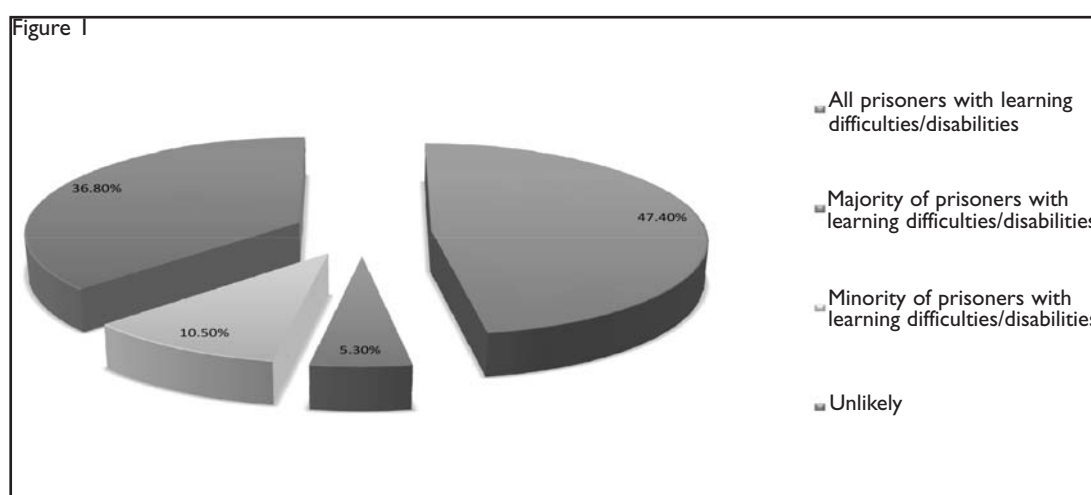
What happens to the information accompanying people into prison?
On the occasions when someone identified as having a learning difficulty or learning disability entered the prison, only one person said they or their department receives information to alert them of the person's arrival. Most (65%) said this "sometimes" happens, while 31% said they are never alerted.

None of the respondents believed that information accompanied all prisoners with learning difficulties or learning disabilities. About a fifth (21%) said information would accompany most of these prisoners, but 79% said it would only accompany a minority of this group.

In sum, information appeared unlikely to accompany most prisoners with learning difficulties or learning disabilities when they entered prison, but staff were slightly more confident that learning difficulties or learning disabilities may be mentioned if any information accompanied a prisoner.

What information was received?

Information that alerted prison staff about a learning difficulty or learning disability was usually in court reports or telephone calls or faxes from social workers, solicitors, or another prison (in the event of transfers). Some prisons made the effort to conduct their own initial assessments, though this depended upon the time available and was not always specific:

> *When time allows, one of my induction officers interviews the prisoner in his local establishment. This is considered 'best practice'. (Long-term prison)*

> *The induction staff (officers) will sometimes inform us of learning difficulties and/or disabilities when prisoners are admitted. Information is generally very vague and communicated verbally. (Long-term prison)*

How reliable is the information?

Most of those who answered the question had confidence in the reliability of the information that arrived, with 59% saying this was 'fairly reliable'. Over a third, however, rated it as 'not very reliable' or 'unreliable'. Only one person rated information about learning difficulties or learning disabilities that accompanied prisoners into custody as 'reliable' (see Figure 2 below).

Figure 2

Legend: Very reliable, Fairly reliable, Not Very reliable, Unreliable

Values shown: 5.90%, 17.60%, 7.60%, 58.80%
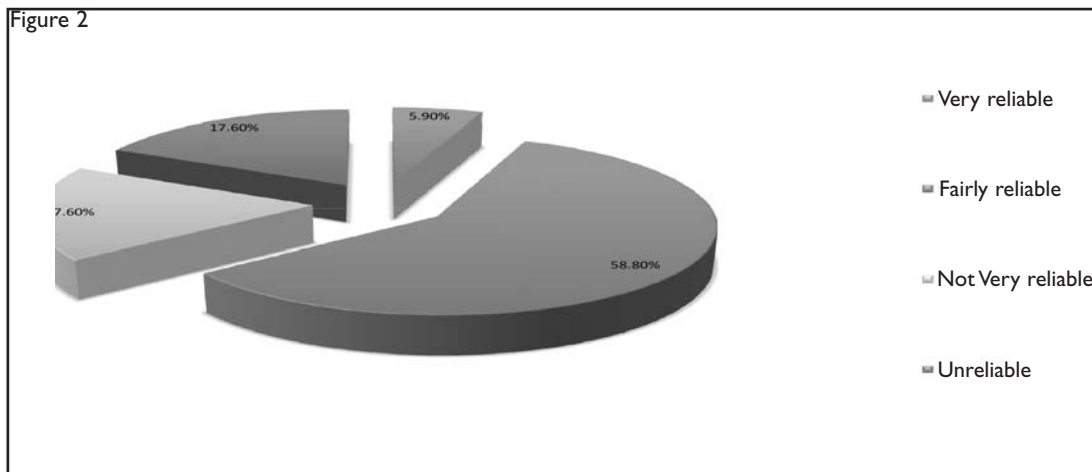
How else might prisoners with learning difficulties and learning disabilities come to the attention of prison staff?

Staff received information about prisoners with learning difficulties or learning disabilities through a number of other methods as well. This was most commonly through assessments on induction such as through an Education Alerting Tool conducted by education or induction staff or through nurses' assessments. Some prisoners were previously known to the prison, either from a prior sentence or from a period on remand, while others were identified through the SPS's system of Integrated Case Management.
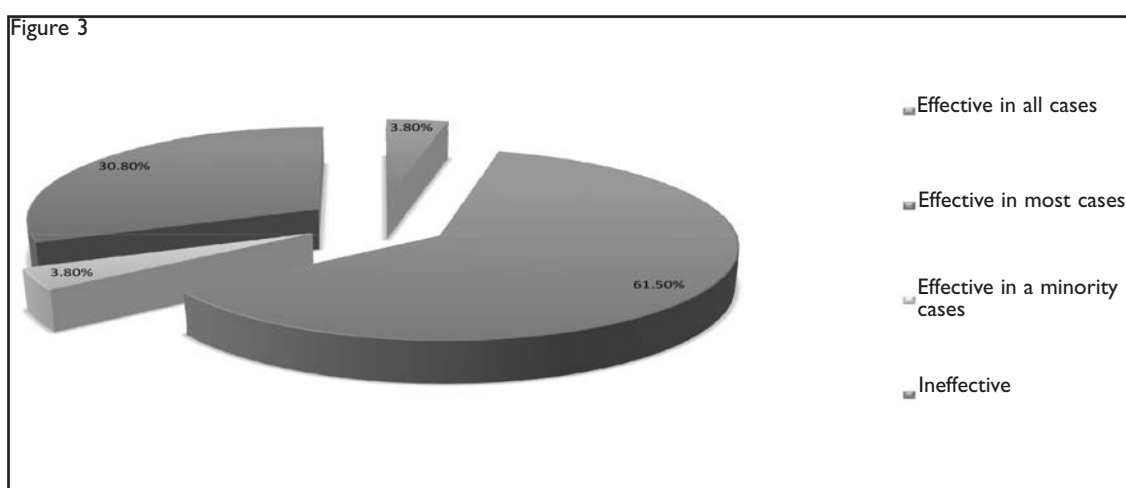
Evidence about other means of identifying prisoners with learning difficulties or learning disabilities after entry to prison was patchy. The next section looks at identification and assessment once in custody in more detail.

Where prison staff had not been alerted of prisoners' learning difficulties and learning disabilities upon admission, this group may come to their attention through other means. Again, an Education Alerting Tool or similar assessment at induction could be helpful, though respondents more commonly mentioned tools such as the SPS's Core Screen assessment. Prison officers and social workers were also identified as important sources of identification of (actual or suspected) learning difficulties or learning disabilities. Interestingly, one respondent placed responsibility for this with education staff:

> *When a prisoner is inducted into the prison he/she is given an SPS alerting tool to complete. If he/she completes it, it will be passed to the education unit. If a prisoner has difficulties or is unable to complete it, the education unit will be notified. (disability liaison officer, local prison)*

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

Overall opinions were divided about the effectiveness of these processes of identifying prisoners with learning difficulties or learning disabilities (see Figure 3). Just under two-thirds of respondents believed identification processes were effective in most cases, while 31% believed the processes to be completely ineffective.

Figure 3

- 3.80% — Effective in all cases
- 30.80% — Effective in most cases
- 3.80% — Effective in a minority cases
- 61.50% — Ineffective

Screening and assessment for learning difficulties and learning disabilities

About two-thirds of prisons (65%) conduct some sort of screening or assessment of prisoners that might identify learning difficulties or learning disabilities (see Figure 4).

For the most part these focussed on general literacy and numeracy skills – again placing learning difficulties and learning disabilities in the realm of education – though 15% included specific assessments for dyslexia and 19% for speech and language issues. Specific tools or assessments used were not identified.

Figure 4

dyslexia	IQ	speech & language	adaptive functioning or social skills	other
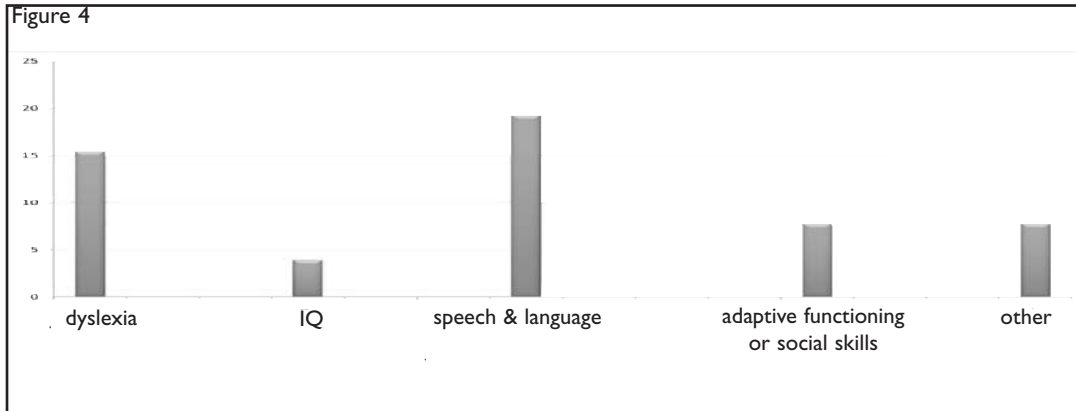
Sharing information across the prison

Most respondents (71%) said they shared information about prisoners with learning difficulties or learning disabilities with other areas of the prison. Some specified that they only did this with the prisoner's consent or only where a specific request for information were made. The system of Integrated Case Management (see page 5) provides a forum specifically for the various disciplines to exchange information regarding individual prisoners. The relatively small size of Scottish prisons assists the process of information-sharing in being more flexible and less formal:

> *Information is shared on an individual basis depending on identified need and consent. (local prison)*

Information sharing protocols

Specific protocols to ensure confidentiality when information is shared therefore appear to be relatively uncommon, or at least prison staff are less familiar with them. Just over a third of respondents who answered the question (38%) said protocols were in place to ensure confidentiality, while 44% said none were in place, and 19% said they did not know whether such protocols existed.

The protocols for confidentiality the respondents were most likely to mention related to information in medical records (for example the Nursing and Midwifery Code of Conduct), though some mentioned general data protection legislation or protocols relating to PR2, the prison's computerised record system. One respondent said that protocols for information sharing related more to improving communication to manage and assist prisoners rather than to preventing the transfer of information.

Statistics

A quarter of respondents (25%) said their prison kept statistics on prisoners with learning difficulties or learning disabilities. The type of records varied from records of contact, literacy levels, health care records, and registers of caseloads for learning disability nurses. One respondent explained that information ("records", unspecified) was logged onto a monthly management reporting system and then sent to Prison Service Headquarters. Another commented about the practical value (or otherwise) of records and assessment:

We keep individual prisoner records, but as we do not fully assess for all types of difficulties/disabilities then we do not have records for this. We have records on literacy levels. I am not sure further assessment would be a positive experience for prisoners. I think it is more important that they are worked with in a positive way, and yes you need to assess to do this, but there has to be a balance. With the high number of short-term prisoners there is no point in assessing fully then never having any time or resources to work with them. It would be better to build up their confidence and self-esteem through a variety of activities so that when they are in a better situation they will be more likely to seek support. (women's prison)

Support for prisoners with learning difficulties and learning disabilities

What support was available?
The next series of questions on the questionnaire looked at the support available to prisoners with learning disabilities or learning difficulties and how they accessed this support.

Dedicated learning disability nurse and specific learning disability in-reach
Just over a third of respondents said their prison had a dedicated learning disability nurse. Similarly, just under a third of respondents said that specific learning disability in-reach was available in their prison, though an additional fifth (19%) said they did not know whether it was available. The frequency with which learning disability in-reach services saw individual prisoners varied from daily to fortnightly depending (according to the respondents) on the extent of need and on availability.

Mental health in-reach
A larger proportion of respondents (44%) said they had mental health in-reach from their local NHS board. Again the frequency of support appeared to depend on individual need. A quarter of respondents (25%) who said they had these types of support in their prison said consultant psychiatrists in learning disabilities were involved.

Speech and language therapy
15% of respondents said their prison received support from speech and language therapists. These respondents came from the Young Offender Institution as well as from one local prison.

Other community health and social care
The largest proportion of respondents (likely due to the breadth of the category) – 58% - said they received support from other community health and social care services. The types of services again depended on need, but respondents said support was available from community-based learning disability services, contracted-in education departments, psychology, social work, and throughcare teams.
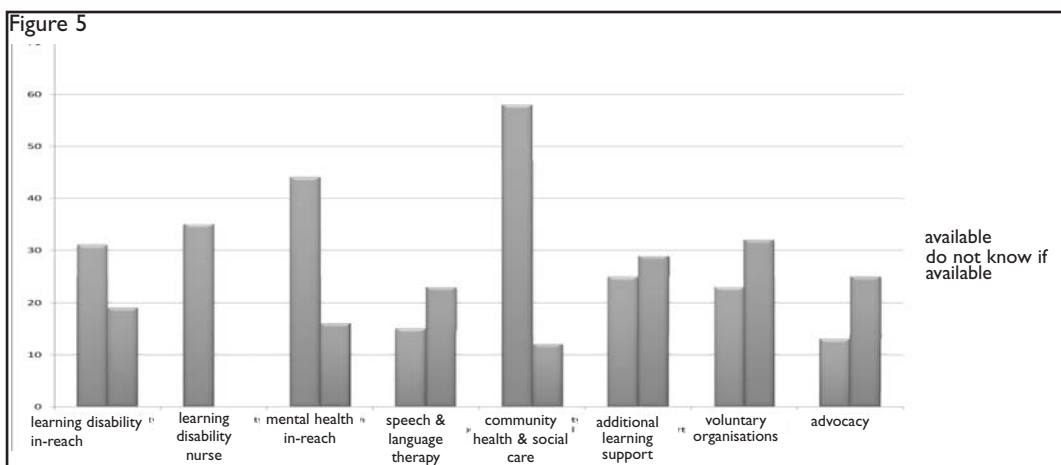
Figure 5

NB: *Figures are based on proportions of staff who responded rather than on proportions of prisons that had such services. The figures do not therefore reflect the proportions of prisons across the SPS with such services.*

In 16% of cases, respondents said in-reach support from learning disability or mental health teams or other services helped prison staff plan services to help prisoners with learning disabilities while they were in custody. This was primarily through mental health teams, with input from psychologist and multi-disciplinary case conferences. Input was designed to respond to individual need, but as one respondent noted, this was possibly at the cost of wider planning:

> *The multi-disciplinary mental health team has representation from psychology and psychiatry. However this is to manage cases, not to plan services at a strategic level. (local prison)*

Additional learning support

A quarter of respondents said that additional learning support for prisoners with learning difficulties or learning disabilities was available in their prison. The frequency of this support depended on individual need but appeared to be at least once or twice a week.[3]

Advocacy

Only 13% of respondents said their prison made any arrangements for advocacy for prisoners with learning difficulties or learning disabilities, though a further quarter (25%) said they did not know whether such arrangements were available. Again, one mentioned advocacy from Apex volunteers on release. Education in prison could be arranged in a small group or individual basis, with peer tutors or specialised computer software for further support. Support could be arranged through health care or mental health teams, though details for this were vague. Advocacy appeared to be non-specific and largely what was available to prisoners in general rather than designed specifically for people with learning disabilities or learning difficulties:

> *All prisoners have access to the prison Visiting Committee.[4] (Young Offender Institution)*

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3. Responses were unclear about whether this mean that each prisoner received support 1 – 2 times per week or that additional learning support was available in the prison 1 – 2 times per week.
4. Visiting Committees in Scotland are roughly equivalent to the Independent Monitoring Boards in prisons in England and Wales.

Related voluntary organisations

Just under a quarter of respondents said their prison received assistance from voluntary organisations to support prisoners with learning difficulties or learning disabilities. Specific examples cited included: the Glasgow Association for Mental Health, and the Toe by Toe literacy programme.[5] Other support was more general, such as advocacy from Apex[6] volunteers to assist prisoners with community-based appointments and interviews on release, or input from organisations such as Open Secret or Say Women[7] that offer support but are not designed specifically for people with learning difficulties or learning disabilities.

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

A few prisons had other types of support available for prisoners with learning difficulties or learning disabilities. HMPI Cornton Vale, the women's prison, ran a specialist 'day care' centre for more vulnerable prisoners, which included support from an occupational therapist. HMYOI Polmont also ran a specialist residential support unit, including a specialised work party. Respondents from two other establishments mentioned specialist support through education such as peer tutors, while another said a specialist learning disability nurse worked with prisoners on an individual basis.

Referrals to particular services

The most common sources of referral to specific learning disability services were residential officers (50%) and case conferences (50%); sources such as personal officers and education staff (27% each), health care staff (23%), and reception or induction staff (19% each) were also common. For mental health in-reach, respondents not surprisingly cited the most common source of referral for this support as health care staff (39%). However, uniformed staff (35% of residential officers and personal officers and 31% of reception and induction staff) were again identified as common sources of referral.

Case conferences such as Integrated Case Management were also highlighted as an important source of referrals (35%). Two respondents mentioned family members or Family Contact Officers as sources of referral. Referrals for additional learning support appeared to come almost entirely from case conferences (50% of responses) or from residential staff (46%).

Does available support reach all prisoners with learning difficulties and learning disabilities? Most respondents (62%) believed that the supports they identified were available to most prisoners with learning difficulties or learning disabilities, though most of the remainder (33%) believed supports were available only to a minority.

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

Almost three-quarters of prison staff responding described the support as 'low' or 'fairly low' quality. None of the respondents described the support available as being of high quality ('1' on a scale of 1 – 4 from high to low quality; See Figure 6 below). Just over a quarter described the quality of support for people with learning difficulties or learning disabilities as fairly high ('2').

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5. 'Toe by Toe' is a peer-supported literacy scheme supported by the Shannon Trust charitable foundation.
6. Apex works with offenders and young people at risk to address issues of employability, education, and training.
7. Open Secret and Say Women support women who are survivors of rape or orther physical or sexual abuse.

Figure 6

Pie chart showing: Good quality 28.00%, Medium quality 36.00%, Low quality 36.00%
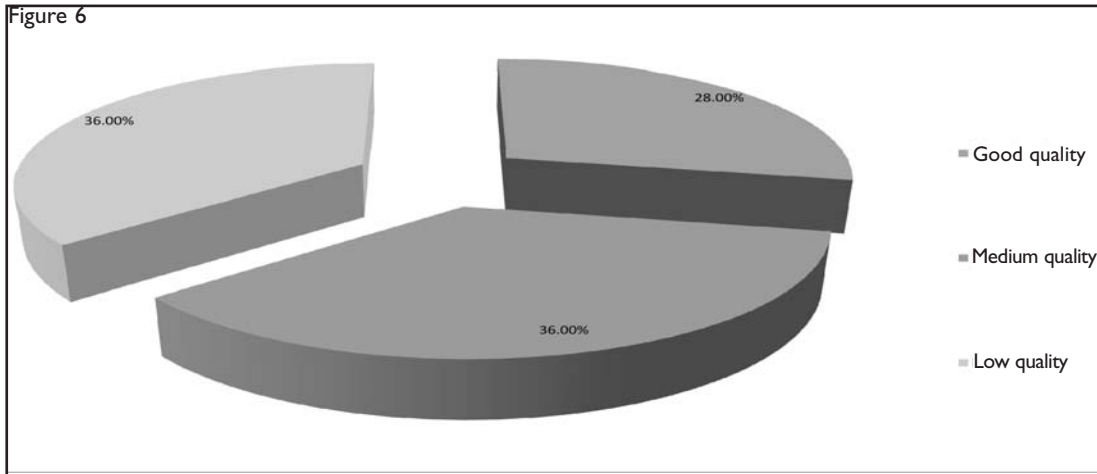
Were there any gaps in provision?

Almost three-quarters of respondents (72%) had recommendations for services they believed should be provided but were not currently available in their establishment. Suggestions varied widely but included:

- better liaison with community-based supports
- better awareness and support from staff
- dedicated specialist support staff
- more appropriate assessment
- more funding for one-to-one support work
- meaningful activities
- more support such as life skills training for prisoners on remand
- sign language
- more robust throughcare support.

Generally respondents wanted to see some sort of assistance in progressing these prisoners through their sentences:

> *Identification at start of sentence then support offered on an ongoing basis, advocacy for routine matters and learning support for 'must do' programmes 'demanded' by parole boards etc. in addition to the skills programmes being provided by [the] learning skills/education provider. (local prison)*

One respondent emphasised that support for prisoners with learning disabilities or learning difficulties needed to be holistic and not focussed solely on education:

> *I think we deliver a good quality service in education for people with learning disability. However prisoners have a variety of issues in their lives, and this makes it difficult to focus on one thing or in our case concentrate fully on education. We would like to be able to offer more life skills learning opportunities such as art but do not have the facilities for this. We do not fully assess for all kinds of learning disability, and many [prisoners] have multiple issues such as mental health issues, addictions issues, learning difficulties, low self-esteem, and family issues, which cannot all be easily separated out. (education provider)*

Exclusion from activities and opportunities

Just under a quarter of respondents in Scotland (24%) said they were aware of activities or opportunities from which prisoners with learning difficulties or learning disabilities could be excluded in their prison. Most examples of these related to participation in prison programmes due to limitations in literacy and attention span:

> *Indirectly it is difficult for some women to participate in programmes run by the prison because they do not have the literacy skills or concentration to fully take part. (women's prison)*

> *Prisoners with such disabilities will be able to take part in education and in adult learning, however dependent on severity their difficulty may restrict the amount of benefit they could expect from activities such as pre-release programmes, groupwork, addiction interventions etc. (local prison)*

> *If prisoners cannot read or write they will be excluded from programmes. (long-term prison)*

Despite the fact that an adapted programme is available, one respondent said prisoners may be excluded from sex offender treatment programmes.

Participation in wider regime activities appeared to be limited to some degree as well:

> *Some prisoners are not working as they are sometimes a bigger health and safety risk in the big sheds. (long-term prison)*

> *May not integrate in mainstream activities e.g. recreation (local prison)*

Progression

Progress through the prison system may also be restricted for prisoners with learning disabilities:

> *Access to the independent living units is difficult for anyone with a mental health problem or learning disability where regular ongoing support [is] required. (women's prison)*

Respondents were less certain about whether prisoners with learning disabilities or learning difficulties consequently spent more time in their cells than other prisoners did. Of those who answered the question, only 10% said they believed this to be the case, while 30% said this did not happen and 60% said they were unsure.

Under half of respondents (44%) said they were aware of situations in which prisoners' exclusion from particular activities or opportunities hindered their progression through their sentences. Few gave examples beyond the more general examples of exclusion noted above. One respondent again highlighted lack of opportunity to progress to independent living units, though the impact of this on parole decisions was less certain. Two others gave different examples, namely exclusion from employment opportunities during sentence and "self exclusion leading to isolation" (local prison).

Victimisation

The majority of respondents (60%) believed prisoners with learning difficulties or learning disabilities were more likely to be victimised by other prisoners, though 16% believed this was less likely. A fifth were unsure, and only one believed the presence or not of a learning difficulty or learning disability made no difference.

Adapting the prison regime

Respondents reported a number of adaptations made to the prison regime to provide support to prisoners with learning disabilities or learning difficulties. Table 1 summarises these below:

Adaptations	Percentage of staff who noted changes
reception/first night	54
incentives and earned privileges	35
gym	23
personal officer scheme	42
education	54
orderley room	35
discipline	27
jobs	35
requests/complaints	39
visits/correspondents	42
healthcare	50
resettlement	31
library	46
DTT programmes	46
offending behaviour programmes	58
induction	65
Other	35

Adaptations to take into account prisoners' learning disabilities or learning difficulties appeared to be most common for induction, followed by offending behaviour programmes, reception and first night procedures, education, and health care.

The frequency with which offending behaviour programmes were mentioned seems surprising in view of the fact that these were also the most often mentioned areas of exclusion for this group. This is likely to reflect the fact that some programmes (namely the Adapted Sex Offender Treatment Programme, referred to as Adapted STOP) have been adapted specifically for people with literacy problems. The fact that gym was least often adapted was also interesting. This could reflect the fact that gym classes already cater to different levels of ability so would not need to make any special compensation for prisoners with learning difficulties or learning disabilities. Alternatively it may mean that more severely learning disabled prisoners do not tend to take part in these activities.

The types of adaptations made included the following:

First night/reception: Most common 'adaptations' were that staff took more time with those who needed it. Staff in some prisons mentioned the availability of information through earphones, pictograms, induction loops, large print, or verbally. Specialist 'Disability Discrimination Act' nurses, equipment, and resources were available in some prisons, and some prisoners were housed in the Health Centre for assessment following admission.

Induction: Audio information, induction loops, and verbal explanations were again available. Staff used alerting tools to identify needs (usually literacy and numeracy). Interviews were conducted on an individual basis, and staff were available to assist:

> *Talk to clients and offer time for reflection and feedback to ensure the information has been digested and the client understands. (local prison)*

Offending behaviour programmes: As expected, a number mentioned the adapted sex offender treatment programme available in the Scottish Prison Service. One noted that staff could adapt the language and materials used for programmes as long as they were aware of the need to do so.

> *Within programmes material is presented visually rather than in written format and more discussions take place. (local prison)*

Even with these adaptations, additional support was not always available to those with more severe difficulties:

> *One to one work will be undertaken with individuals with special needs, as long as they are literate. (long-term prison)*

Drug treatment and testing programmes: One prison employed a nurse dually trained in learning disabilities and addiction. Other support was more general, such as talking to participants to ensure they have retained information, or responses were very vague, such as "assistance", or "programmes in place".

Library: Audio and large print books were commonly available, though one prison said it provided "dedicated access times" for (or which at least included) prisoners with learning disabilities or learning difficulties. (contracted out prison).

Resettlement: Examples here tended to be vague (i.e. "yes"), though one respondent said learning disabilities or learning difficulties "would be taken into account by numerous agencies that support [the] prisoner on release" (local prison).

Health care: Three prisons mentioned employing nurses trained in learning disabilities. One added that all prisoners receive induction from health care staff, and that "Those who require additional support are identified then and referred to our learning disabilities nurse" (long-term prison).

Visits and correspondence: Respondents mentioned that personal officers can assist with this and with assistance in writing, reading, and completing forms. One local prison

mentioned that "visits [can be] arranged for some families in quieter areas".

Complaints and requests: Support for prisoners with learning disabilities or learning difficulties again depended on them approaching a personal officer or other member of staff for assistance in writing a complaint.

Jobs for prisoners: Respondents mentioned the individual assessment and selection of prisoners for work, sometimes with the advice of an occupational therapist. One said that pictograms were used in advertisements for particular jobs. One prison used an apparently unique approach:

> *[A] specific Personal Social Development Unit [has been] established. This manages people in small groups and is craft based.*

Discipline and orderly room (adjudications): Examples of adaptations made to disciplinary rules and procedures were limited. Again one respondent mentioned the need to speak with prisoners to ensure they understand what is happening, while another said learning difficulties and learning disabilities would be "taken into account with general management of behaviour" (local prison).

Education: Support in education usually came in the form of one-to-one work, assessment, and specialist teachers. Another interesting approach was evident in how work in one prison was managed:

> *Adult Basic Education: this is now called Communications Class Level 1, 11 & 111. This takes away the stigma that the Basic Education name suggests. (long-term prison)*

Personal officer scheme: Few specific adaptations were mentioned other than the fact that personal officers can offer assistance and have specific time allocated for each prisoner on a weekly basis:

> *Personal officer would take into account any disability and help prisoner with things. (local prison)*

No specific training was mentioned for officers in this regard.

Gym: Again, few specific adaptations were described beyond "assistance from staff", though one prison again mentioned dedicated time for access (contracted out prison).

No specific adaptations were mentioned regarding Incentives and Earned Privileges or for any other aspect of the prison regime.

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

About half of respondents (52%) said relevant community-based services got involved in pre-release care planning for prisoners with learning disabilities. This type of involvement was usually support from social work, throughcare services, or community support and nursing services. One mentioned specialist support for housing and psychiatry, though

others said the support depended on individual need or tended to focus on prisoners coming to the end of a long sentence. Interestingly one respondent commented only that "we are a short-term prison and have few prisoners with acute learning difficulties" (local prison).

Most respondents (70%) said they liaised with or forwarded information to community-based statutory or voluntary organisations when prisoners with learning difficulties or learning disabilities were preparing for release. Liaison was primarily with Criminal Justice Social Workers (46% of responses), though contact with community learning disability services (39%), community-based social workers (other than Criminal Justice; 39%), and the Children's Hearings System (35%) was also common. Colleges of further education were mentioned in 23% of responses, while housing providers and job centres were also mentioned. Importantly two respondents (one from a local prison and one from the open estate) said they would only liaise with such agencies or make appointments at the prisoner's request, but that this was not routine:

> *Only if the prisoner presents himself to us for help and wants to continue when released. (open estate)*

Confidence in skills and expertise

Finally, in this section staff were asked how confident they were that their prison had the skills and expertise necessary to support prisoners with learning disabilities or learning difficulties. Most said they were 'not very confident' ('3' on a scale of 1 – 4). None said they were 'very confident', though almost a quarter rated themselves as 'fairly confident' ('2'). The remaining 15% said they were not at all confident that their prison had these skills available.

Figure 7
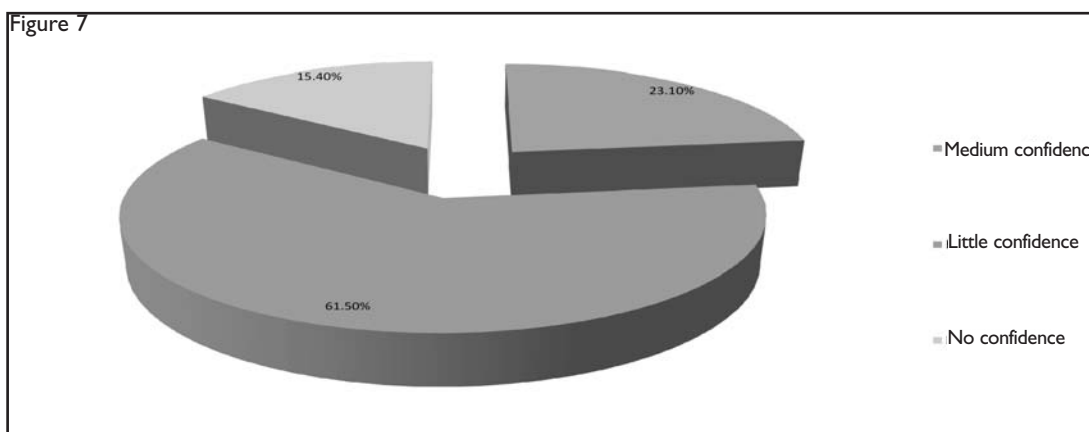
Respondents had the most confidence in the skills and expertise of health care staff, for example because some prisons employed specialist nurses in this area. Education staff also held the confidence of many respondents, as in some cases did induction officers. Two respondents mentioned social workers trained in working with people with learning disabilities or learning difficulties, while another mentioned staff in Links Centres, "employability staff", and peer tutors. Residential staff and personal officers received praise from a number of respondents as well:

> *Officers on the gallery would help any prisoner that needed help. (local prison)*

One respondent said skills were available, but not in sufficient quantities:

We have the people with the skills but need more of them. (women's prison)

Staff training and awareness

Disability awareness training

Over half of respondents (56%) said their prison ran or took advantage of disability awareness training. About half of these (53%) said learning difficulties and learning disabilities were included in this training. In most cases where disability awareness training was available, it was available to all staff (60%) or to most staff (27%). While only one person said training was targeted to staff in specific roles (specifically to health care professionals or those working with offenders who may present as having learning difficulties), a number of others said certain staff took priority over others for this training, namely operational and residential staff or induction staff.

Only 13% of respondents said their prison ran, or took advantage of, specific disability awareness training for learning difficulties and learning disabilities. The few able to answer the question said this training was available to all (25%) or most (50%) staff.

Statements on learning difficulties and learning disabilities and the Disability Discrimination Act 2005

None of the respondents was aware of a specific statement at their prison that described learning difficulties and learning disabilities. They either said that no such statement existed (71%) or that they did not know of one (29%). Equally none knew how learning disabilities or learning difficulties were reflected in their prison's disability equality scheme under the Disability Discrimination Act, though one said this was "currently under development" (contracted out prison).

Issues facing prisoners with learning difficulties and learning disabilities

Staff gave a range of responses regarding what they believed were the most difficult problems faced by prisoners with learning difficulties or learning disabilities in custody. For the most part these focused on five main themes:

- Difficulty understanding why they are in prison;
- Difficulty in adjusting to the prison regime;
- Low self-esteem and therefore increased vulnerability to bullying and stigma combined with less likelihood of admitting these problems and seeking help;
- Likelihood of reoffending due to lack of support after release; and
- Lack of staff training, time, and resources to provide the support necessary.

The following comments highlight these issues:

Limited understanding at why [they are] here – couldn't communicate/retain information easily – necessarily should perhaps be in psychiatric hospital (some of those who are here); others reoffend due to lack of community support and limited resources available upon release. (women's prison)

Admitting to having problems – due to risk of appearing different/vulnerable. Understanding of systems/routines within the prison related to day-to-day living and opportunities including those relating to education/employability/addressing offending behaviour. (women's prison)

The unknown aspect of prison and understanding of routines, policies and procedures. The lack of fully trained personnel to deal with daily issues. This is not a criticism of current staff, and the fact that generally we have coped effectively without this level of training or specific resources in the past speaks volumes for the patience and compassion of many prison service employees. (local prison)

Given the high proportion of prisoners who have some form of learning disability i.e. literacy and numeracy, prisons have a high number of society's disadvantaged and therefore require to have greater resources to provide the appropriate help. (long-term prison)

Challenges to providing support

Respondents also identified a number of challenges or obstacles to providing support for prisoners with learning difficulties and learning disabilities. Almost all of these related to shortages in resources, staff training, and awareness:

Lack of knowledge/expertise at all levels. Lack of understanding or care among some individuals. Stigma. Culture. Time and resources. Small staff groups for high prisoner numbers. Environment. (local prison)

Some respondents, however, described the challenges as more complex:

Low self-esteem. This is only one aspect of the individual – even with all the support not everyone will want to improve their skills. Lack of vision about what is possible for them to achieve which comes from a history of failure. Bullying and peer pressure – common problem not just for those with learning difficulties. Drugs. Mental health issues. It has to be the right time for that individual. Resources – facilities and staffing. When prisoners are only in for a short term it is very difficult to provide support that will make a long term difference. (women's prison)
A lifetime of coping with their difficulties and hiding them. Need for small groups, 1:1 – prison management needs for KPI targets which include the number of prisoner learning hours. It is impossible to reach a high target catering to small groups of learners. (long-term prison)

Work of which prison staff are most proud and good practice

The final section of the questionnaire focused on the positive aspects of support for people with learning disabilities or learning difficulties in prisons. For example, staff were asked what they were most proud of in their prison in terms of the support available to this group. All but two respondents (both from local prisons) highlighted some element of work they were proud of in their establishments.

Examples included one-to-one work, multi-disciplinary case conferences (some including community-based professionals), and specialist staff such as learning disability nurses or, in two prisons, speech and language therapists. Respondents praised the patience and dedication of staff in education and induction as well as support from peer tutors. Education departments attempted innovative approaches to learning such as specialist computer programmes, story sacks, and "integrated card making literacies". HMPI Cornton Vale had a "sensory room" with special lighting, furnishings, and music in one part of the prison used to 'de-stress' prisoners and work with them in a relaxed setting.

> *[Work with psychologists using cognitive behavioural therapy] has been multi-disciplinary in nature in that regular case conferences have taken place with care/management plans set up to assist all staff, including residential officers, in providing best practice. In one case, community-based specialised services [were] also involved and provided input following release. [I] believe this has been possible due to the fact that prisoners were serving long sentences and more time [was] available to organise input. (women's prison)*

> *Setting up of full time peer tutor posts within the education department. Tutors are directed by education staff. They work with the communication lecturer for a month after training them to tutor individual prisoners. They then report back on a regular basis to the communication lecturer. This is working extremely well. (long-term prison)*

> *There are two full time learning disability nurses working within the mental health team. We recently ran a small group with three prisoners to help improve their social skills, coping skills and self-esteem. Since completion of the group (8 weeks duration), one has since been liberated and the other two attend work parties daily and appear to cope better in the prison environment. (young offender institution)*

Examples of good practice in the establishments followed very similar themes. Other than those mentioned above, good practice they cited included strong links with local community-based learning disability teams (young offender institution) and computer software based on educational games such as scrabble, word searches, crosswords, jigsaws, sudoku, and Who Wants to Be a Millionaire, which has proved very popular (long-term prison). The education department in the latter prison also used current magazines to encourage interest in reading and learning. Intranet support resources had been developed at another prison to overcome lack of access to the internet, and partnership projects had been developed with local libraries, including recruitment of a "reader in residence" to develop new ways of encouraging reading at every level (women's prison).

Prison staff recommendations for change

Respondents recommended changes in three main areas, namely priorities, training, and funding. Proper assessment and multi-disciplinary support were also highlighted, along with the provision of specialised support (i.e. from psychologists) where appropriate:

> *Routine screening involving specialised nursing staff, psychology and residential staff in relation to intellectual and social functioning (with necessary resources to provide this). Closer links with community-based learning disability services, both generally, and at individual client leve,l from early stage of admission to custody. Language and speech therapy service alongside occupational therapy service previously provided. (women's prison)*

> *More staff awareness on the issue, separate from [Disability Discrimination Act]. Training or awareness allowing them to support the prisoner with confidence rather than ignoring it because they do not have the skills or are embarrassed to approach it with the prisoner. (long-term closed prison)*

> *Removal of emphasis to deliver maximum number of learning hours. This directly contradicts the need for teaching in small groups for adult literacies which incorporates prisoners with learning difficulites and learning disabilities. (long-term closed prison)*

Additional comments in the context of recommendations included the following:

> *Funding has been made available for [Disability Discrimination Act] issues, and this has been of tremendous help in addressing some of the mobility and access issues. Along with awareness for staff, this over time will drive up the competencies we have in delivery of our services to support those with learning disabilities. (local prison)*

To make changes and implement them within a short period of time because this problem is known and recognised and has been for 20 years. (local prison)

Additional comments

Few respondents made any comments beyond those elicited in specific questions. However, one concluded the questionnaire as follows:

I think to progress work in this area would involve increases in training for staff and increases in resources. However there are also prisoners with learning difficulties who really should never be in prison, and perhaps some sort of other option is required to develop. (women's prison)

Conclusion

The purpose of this exercise was to gather views from staff throughout Scottish prisons about how prisoners with learning difficulties or learning disabilities were identified or supported. The study also sought views regarding good practice and recommendations for change. The following section summarises these findings.

Main findings from the research to date:

1. Information did not accompany most prisoners with learning difficulties or learning disabilities when they entered prison.

2. Few systematic procedures were in place in prisons specifically for identifying prisoners with learning difficulties or learning disabilities.

3. Staff shared information about prisoners with learning difficulties or learning disabilities with other areas of the prison but were often unfamiliar with specific protocols for confidentiality.

4. Prison staff are often not aware of the types of support available for prisoners with learning difficulties or learning disabilities in their prison.

5. Most referrals for support came through Integrated Case Management or from residential officers.

6. Staff were sceptical about the quality of the support available to prisoners with learning difficulties or learning disabilities in their prison.

7. Prisoners with learning difficulties or learning disabilities were sometimes excluded from activities or opportunities including wider regime activities such as work and recreation.

8. Respondents frequently believed that prisoners with learning difficulties or learning disabilities were more likely to be victimised.

9. Some adaptations had been made to prison regimes to take into account prisoners' learning disabilities or learning difficulties, but these 'adaptations' were mainly that staff took more time with people who needed it.

10. Respondents were not confident that the skills and expertise necessary to support prisoners with learning disabilities or learning difficulties were available in their prison.

11. Few prisons took advantage of specific disability awareness training for learning difficulties or learning disabilities.

12.   None of the respondents were aware of a specific statement at their prison that described learning difficulties or learning disabilities, and few kept statistics on this group of prisoners.

13.   Prisoners with learning difficulties or learning disabilities faced problems in understanding why they are in prison and how to adjust to the prison regime; increased vulnerability combined with a reduced likelihood of seeking help; likely reoffending due to lack of support after release; and lack of staff training, time, and resources to provide support.

14.   Obstacles to providing support for prisoners with learning difficulties and learning disabilities related to shortages in resources, staff training, and awareness.

15.   Respondents recommended changes in three main areas, namely priorities, training, and funding.

16.   Work staff were proud of in their establishments included one-to-one work, multi-disciplinary case conferences, specialist training, and the patience and dedication of staff and peer tutors.

17.   Examples of good practice included strong links with community supports and innovative approaches to education.

The next section looks at these main findings in more detail, following the main headings in the report.

Prison systems and procedures

Information, identification, and information flow

◆   Information did not accompany most prisoners with learning difficulties or learning disabilities when they entered prison.

◆   Few systematic procedures were in place in prisons specifically for identifying prisoners with learning difficulties or learning disabilities.

◆   Staff shared information about prisoners with learning difficulties or learning disabilities with other areas of the prison but were often unfamiliar with specific protocols for confidentiality was less common.

An important obstacle to providing prisoners with the appropriate support is when learning disabilities or learning difficulties have not been identified prior to imprisonment. Research shows that people with learning difficulties or learning disabilities may be reluctant to identify themselves or do not identify themselves accurately (see review in Loucks 2006). Others may not be aware that they have a learning difficulty: research amongst dyslexic young offenders in England found that over a third had statements of Special Educational need, but that all of these were for behavioural problems rather than for dyslexia (BDA 2004).

The survey indicates that when prisoners arrive in prison there is a lack of information accompanying them, and that this gap undermines efforts to support prisoners with learning difficulties or learning disabilities. Responses from staff suggested that, for this reason, prisoners with learning difficulties or learning disabilities are unlikely to be identified at reception. Exceptions may be when social workers or solicitors are aware of a learning difficulty or learning disability. In such cases, the prisoner is likely to have had assistance from a Supporter under the Vulnerable Witnesses (Scotland) Act 2004 and consequently (at least in theory) to have information passed to the prison.

Once in custody, information about most of the prisoners who require additional support – such as those with learning difficulties or learning disabilities – appears to be shared fairly readily. The Integrated Case Management process appears to have facilitated this, especially for sharing information between different departments in prisons. The smaller size and relatively informal hierarchies in many Scottish prisons is likely to make information sharing more straightforward than in prisons in England and Wales albeit not always consistent.

Assessments at reception and induction, particularly where specially trained nursing staff are available, will assist in identifying prisoners who may be more vulnerable. The practical difficulty here is that learning disabilities or learning difficulties may not be identifiable in cases where prisoners arrive in custody in distress or intoxicated. The Core Screen assessment tool is also likely to be of use in identifying vulnerability, as will alerting tools used by prison education staff. However, few assessments used in Scottish prisons specifically identify learning difficulties or learning disabilities. Some assessments are conducted for dyslexia, but this is one of a range of possible difficulties a prisoner may have. Equally, assessments of literacy and numeracy may fail to pick up on learning difficulties such as autistic spectrum disorders.

Assessment tools are not in themselves a solution to dealing with prisoners who are more vulnerable due to learning difficulties or learning disabilities. A number of prison-based screening tools has been developed, but none is universally accepted as a 'gold standard' for use in prisons (Loucks 2006). Some prisoners may fail to meet formal definitions of learning disabilities or learning difficulties but will still struggle to cope with daily life in prison. Emphasis therefore needs to lie on the supports available for these prisoners.

Support for prisoners with learning difficulties and learning disabilities

Gaps in provision and quality of support

- Prison staff are often not aware of the types of support available for prisoners with learning difficulties or learning disabilities in their prison.

- Most referrals for support came through Integrated Case Management or from residential officers.

- Staff were sceptical about the quality of the support available to prisoners with learning difficulties or learning disabilities in their prison.

- Respondents were not confident that the skills and expertise necessary to support prisoners with learning disabilities or learning difficulties were available in their prison.

A relatively small proportion of staff were aware of specific support services for learning difficulties or learning disabilities in their prison. Whether this is because the services do not exist or whether staff are simply not aware of the services available in their prison is less clear; the cross-section of staff who responded, however, would suggest that such specialist services are generally unavailable in most cases. The highest proportion of respondents was aware of support from 'other' community health and social services, usually meaning general support that may be able to accommodate people with learning difficulties or learning disabilities (but not necessarily designed for that group).

About a third of respondents said their prison had a dedicated learning disability nurse (in one case someone dually trained in learning disabilities and addictions) or had access to specialist learning disability in-reach services. Respondents from two prisons also said they had a Speech and Language Therapist, which research in prisons in England has shown to be highly effective in supporting both prisoners and staff (Bryan et al. 2004; Freer et al).

The source of referrals reported for specialist health-related supports suggests that health care staff still often take primary responsibility for prisoners with learning difficulties or learning disabilities. However, the consistently high proportion of referrals said to come from multi-disciplinary case conferences and from residential staff shows that staff throughout prisons in Scotland are taking ownership of issues such as learning difficulties and learning disabilities amongst prisoners and are seeking support for this group. Residential staff arguably spend the most time with prisoners and may therefore be more likely to become aware of difficulties a prisoner may have in coping with daily life in prison. They then raise these issues at case conferences or through direct referrals.

The dichotomy between confidence in the availability of support and lack of confidence in the quality of that support is a concern. No matter how readily available a service is, staff will hesitate making referrals to it if they do not perceive it to be of adequate quality. Adequate information about the support available and how to access it is therefore essential if staff are to make use of the resources available.

The Scottish Prison Service's Mission Statement includes the aim of providing prisoners "with a range of opportunities to exercise personal responsibility and to prepare for release". Responses from prison staff in this study suggest that this aim is decidedly limited in relation to their work with prisoners who have learning difficulties or learning disabilities. While pockets of support were available in particular areas, such as prisoner education, staff in Scottish prisons clearly wanted to see more support available for this group. Staff could 'make do' with the resources available in their prisons, but meaningful and comprehensive support specific to this group of prisoners was clearly lacking.

Without adequate provision in place, staff end up spending disproportionate amounts of time trying to support prisoners who struggle to cope with even the basics of a prison regime and need more specialist help. Filling gaps in provision for prisoners with learning disabilities or learning difficulties therefore supports both the prisoners and the staff who work with them.

Staff will hesitate to make referrals to support services if they have little information about them or if they do not perceive them to be of adequate quality. Information about the skills and expertise available in a prison, or at least available to the prison from outside, and about how to access these services, is therefore essential if staff are to make use of the resources available. The responses show that staff are not currently confident in the work their prisons do with prisoners who have learning difficulties or learning disabilities.

The Committee of Ministers of the Council of Europe (1998) recommend that health care in prisons be commensurate with that provided in the community. The Standards published by the Inspectorate of Prisons for Scotland (2006) reiterate this, saying that prisoners should have direct confidential access to qualified medical personnel and the provision of appropriate medical services without undue delay. The Standards go on to say that "mentally ill prisoners" (which, under the Mental Health Act in Scotland would include "mental handicap") should be transferred as soon as possible to a more appropriate setting, and that the special needs of all individuals and groups of prisoners are met.

The expertise needed to support prisoners with learning difficulties or learning disabilities extends far beyond the remit of health care alone. Specialist services of any kind for this group appear to be limited in prisons, despite the fact that the proportion of people with learning difficulties or learning disabilities appears to exceed that in the community. For staff to have confidence in the support available to prisoners with learning disabilities or learning difficulties, that support needs to exist and to be seen to exist.

An accessible regime?

- Prisoners with learning difficulties or learning disabilities were sometimes perceived as being excluded from activities or opportunities in Scottish prisons, including from wider regime activities such as work and recreation.

- Prisoners with learning difficulties or learning disabilities were sometimes excluded from activities or opportunities including wider regime activities such as work and recreation.

- Some adaptations had been made to prison regimes to take into account prisoners' learning disabilities or learning difficulties, but these 'adaptations' were mainly that staff took more time with people who needed it.

The Committee of Ministers for the Council of Europe (1989) recommends that opportunities for education are commensurate with those in the community and that "Special attention should be given to those prisoners with particular difficulties and especially those with reading or writing problems" (Rec. (89) 12: 8). The Inspectorate of Prisons for Scotland includes in its outcomes and standards for inspection that "Prisoners take part in activities that educate, develop skills and personal qualities and prepare them for life outside prison" and that "The regime of the prison encourages prisoners to make the most of their time there and to exercise responsibility" (HMCIP 2006: 38).

The responses to this research show that prison education is one aspect of the regime that is likely to provide a range of innovative learning opportunities for prisoners with learning disabilities or learning difficulties. This assumes, of course, that their needs are identified and that they are willing to take part in education. People who have had poor experiences in school in the past often choose not to take part in prison education (NIPS 2000), and they may be excluded from classes if their specific needs have not been identified (Office of Standards in Education 2004). In England and Wales, the Office of Standards in Education (2004) commented on a case in which a group of young people was regularly suspended from prison education because of poor concentration span and frequently disruptive behaviour. The question is to what extent such behaviour and consequent exclusion resulted from undiagnosed learning difficulties.

Research for *No One Knows* (Talbot 2006) suggests that a significant proportion of prisoners, because of their impairments, are excluded from many aspects of the prison regime, including offending behaviour programmes. While the Adapted STOP programme has been designed specially for sex offenders with learning difficulties or learning disabilities, no other offending behaviour programme has as yet been similarly adapted and implemented.

The extent to which prisoners with learning difficulties or learning disabilities are unable to take part in equivalent programmes, and are therefore unable to progress or to reduce their risk of reoffending, raises some important questions. First, is the public at increased

risk because offenders with learning difficulties or learning disabilities are unable to access the support they need to reduce their offending? Second, does the lack of equivalent offending behaviour programmes violate the human rights of prisoners with learning difficulties or learning disabilities due to their inability to progress through their sentences? In other words, are they likely to be kept in custody longer due to the lack of availability of adapted programmes or specialist support?

Less than half of the staff who responded said that prisoners with learning difficulties or learning disabilities were excluded from wider regime opportunities or progression. Whether the regime was equally accessible to this group under the terms of the Disability Discrimination Act, however, is highly questionable.

For the most part, adaptations to prisons regimes to take into account learning difficulties and learning disabilities were informal efforts on the part of staff. Some prisons were fortunate enough to have the more formal support of trained learning disability nurses or indeed Speech and Language Therapists, but again these were exceptions.

Informal support from staff who take the time and effort should be applauded. However this should not be the only supports available to prisoners with learning difficulties or learning disabilities. Such prisoners need support from people with specialist skills and expertise. Equally prison staff need people with such expertise to support and inform them in their work and to build confidence that appropriate support services will be available should they need to make a referral.

Staff training and awareness

- Few prisons took advantage of specific disability awareness training for learning difficulties or learning disabilities.

- None of the respondents were aware of a specific statement at their prison that described learning difficulties or learning disabilities, and few kept statistics on this group of prisoners.

- Respondents frequently believed that prisoners with learning difficulties or learning disabilities were more likely to be victimised by other prisoners.

The introduction of the Disability Discrimination Act and the Scottish Prison Service's Disability Equality Scheme provides the ideal opportunity for the SPS to examine its policies and practice with regard to learning disabilities and learning difficulties. Opportunities for staff to increase their knowledge in this area as well as awareness of existing protocols were clearly limited at the time of the research. Staff play a primary role in the recognition, referral, and ongoing support of prisoners with learning difficulties and learning disabilities, so the importance of training and support cannot be overemphasised.

Research with prisoners with learning difficulties or learning disabilities shows that these impairments can create problems for them in their communication and interaction with both staff and peers (Bryan et al. 2004; Freer et al.). While some prisons operate special units for prisoners who require additional support, this is the exception rather than the rule. In Scotland, Myers (2004) found that prisoners with learning disabilities or Autistic Spectrum Disorders may have to be locked in their cells for their own protection where staff are unable to provide them with appropriate activities.

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

Challenges and recommendations for change

- Prisoners with learning difficulties or learning disabilities faced problems in understanding why they are in prison and how to adjust to the prison regime; increased vulnerability combined with a reduced likelihood of seeking help; likely reoffending due to lack of support after release; and lack of staff training, time, and resources to provide support.

- Obstacles to providing support for prisoners with learning difficulties and learning disabilities related to shortages in resources, staff training, and awareness.

- Respondents recommended changes in three main areas, namely priorities, training, and funding.

Prisoners with learning difficulties and learning disabilities clearly face a number of hurdles to their ability to cope with daily life in prison. Ultimately they, and the wider community after release, are the ones who suffer for the lack of specialist support available. During custody, prison staff are the ones who must take on the responsibility of supporting this group as best they can.

Prison staff are the most valuable resource for identifying and supporting prisoners who have more complex needs on a day-to-day basis. The responses imply that staff did not shrink from this responsibility but argued for more training and support to help them address it more effectively.

Good practice

- Work staff were proud of in their establishments included one-to-one work, multi-disciplinary case conferences, specialist training, and the patience and dedication of staff and peer tutors.

- Examples of good practice included strong links with community supports and innovative approaches to education.

The responses to the questionnaire show that staff have clearly developed innovative ways of working with prisoners with learning difficulties and learning disabilities when they are identified. Some prisons also have more specific expertise available in their establishments, such as the presence of nurses trained in learning disabilities and Speech and Language therapists.

The impact of local innovations and available expertise should be examined in more detail regarding the support they offer both to prisoners and staff. Positive work should then be supported and built upon. This could include, for example, the routine dissemination of good practice, working groups to develop further innovations, and network to share information, such as through newsletters or the SPS intranet.

Concluding remarks

The question of whether prison is the most appropriate place for offenders who have learning difficulties or learning disabilities is a matter of some debate amongst health and social care professionals as well as prison professionals and staff. *No One Knows* will consider this question at a later date. What is clear, however, is that people with learning difficulties and learning disabilities are not identified routinely prior to arriving in custody and, once in prison, face a number of difficulties. They are likely to receive inadequate levels of support of varying quality. They are more likely to be victimised than other prisoners and, because of their impairments, will be excluded from certain activities and opportunities. Exclusion from offending behaviour programmes in particular decreases the likelihood that they will be able to address their offending behaviour and increases the likelihood that they will return to prison again and again.

Despite the restrictions on staff from limited time and resources and the lack of training and expertise, many examples of good work were evident in the support of prisoners with learning difficulties and learning disabilities. Prisons can make many improvements at a local level, such as to ensure staff are aware of what support is available at their prison for prisoners with learning difficulties or learning disabilities and how to access it. Commitment across government departments and leadership are essential, however, if prisons are to progress beyond the current state of limited access to specialist expertise and prison staff having to 'make do' as best they can

Early recommendations

The No One Knows project lasts until 2008, and ongoing research for it will inform further recommendations. However, a number of preliminary recommendations can be made on the basis of the findings reported here. The recommendations avoid making a 'blanket' call for more resources and concentrate instead on suggested changes to policy and practice. The recommendations are not comprehensive and will be developed as the programme of research continues.

1. A review of the information that accompanies prisoners into prison and on release should be conducted. The review should include the quality and content of the information as well as the effectiveness of the 'flow' of information to and from various locations.

2. User-friendly tools for screening defendants for learning difficulties and learning disabilities should be developed and agreed for use across the criminal justice system.

3. Screening and, where appropriate, diagnostic assessment of people for learning difficulties and learning disabilities should be undertaken routinely and systematically prior to their arrival in prison.

4. Referrals from staff of prisoners they are concerned about should be recognised and encouraged, with clear routes for such referrals established at every prison.

5. Multi-disciplinary approaches to supporting the needs of prisoners with learning difficulties or learning disabilities should continue, though some route for this other than through Integrated Case Management or Act to Care (such as mental health review meetings) should be explored.

6. Clear protocols for information-sharing, and for confidentiality in information-sharing, should be disseminated and practiced throughout the prison estate.

7. Prison regimes should be fully accessible to the entire prison population. In particular every prisoner should have full access to information, to offending behaviour programmes, and to opportunities for education, training and employment.

8. A matrix of support for prisoners with learning difficulties or learning disabilities, including access to community-based support services, should be available in every prison. The matrix should specify referral routes and areas of staff and departmental responsibility.

9. National standards should be agreed for levels of care and support for offenders with learning difficulties or learning disabilities while in custody and upon release.

10. All prison staff should undertake specific disability awareness training on learning difficulties and learning disabilities and how these issues may manifest themselves in the prison environment.

11. Staff responsible for specific areas of work, such as education and health care, should receive specific training on learning difficulties and learning disabilities.

12. Information about learning disabilities and learning difficulties, as well as referral routes and community-based supports, should be advertised and easily accessible on the Scottish Prison Service's staff intranet.

13. Details of work that prison staff are most proud of and examples of good practice should be identified, built upon, and disseminated routinely across the prison estate.

14. The Scottish Prison Service's Disability Equality Scheme should draw more attention to the specific needs of prisoners with learning difficulties and learning disabilities and reflect this more thoroughly in its Action Plans.

15. The Inspectorate of Prisons for Scotland and Social Work Inspection Agency and/or HM Inspectorate of Education for Scotland should conduct a joint thematic review on the care and treatment of prisoners with learning difficulties and learning disabilities.

16. The Scottish Commissioner of the Commission for Equality and Human Rights should investigate the Scottish Prison Service's compliance with the terms of the Disability Discrimination Act 2005.

17. A cross-departmental working group should be convened to address the needs of offenders with learning difficulties and learning disabilities throughout the criminal justice system in Scotland. The group should include, among others, the Community Justice Authorities, representatives of the Scottish Executive, and relevant representatives from criminal justice social work, education, employment, and social exclusion.

Appendix 1

Membership of the advisory group:

- Chair: the Rt Hon. The Baroness Joyce Quin

- Alan Bicknell, Regional Co-ordinator, The National Autistic Society

- Professor Karen Bryan, University of Surrey, European Institute of Health and Medical Sciences

- Judy Clements, Regional Director, London and South East, Independent Police Complaints Commission

- Shirley Cramer, Chief Executive, Dyslexia Action

- Dr Kimmett Edgar, Head of Research, Prison Reform Trust

- Dr Andrew Fraser, Director of Health and Care, Scottish Prison Service

- Dr Ann Hagell, Freelance Research Associate, Policy Research Bureau and trustee, Prison Reform Trust

- Brian Ingram, Head of Resettlement, Northern Ireland Prison Service

- Dr Glyn Jones, Consultant Psychiatrist, Learning Disability Directorate, Bro Morgannwg NHS Trust

- Glynis Murphy, Professor of Clinical Psychology of Learning Disability, Tizard Centre, University of Kent

- Robert Newman, Director: education, training and employment, Youth Justice Board

- Sue O'Hara, Head of Offender Learning, Learning and Skills Council

- Sarah Payne, Regional Offender Manager (South East), National Offender Management Service

- Tom Robson, National Executive, Prison Officer Association

- James Shanley, Governor, HMPYOI Norwich

- Keith Smith, Chief Executive, British Institute of Learning Disabilities

- Kathryn Stone, Chief Executive, Voice UK

- Dame Jo Williams, Chief Executive, Mencap (and partner organisation)

Appendix 2

Questionnaire fo r prison staff in Scotland

No One Knows:
Offenders with learning difficulties and learning disabilities

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

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

Purpose and importance of contacting you
The treatment of learning difficulties and learning disabilities is sometimes seen as being 'a job' for education or health care, and clearly they have an important role to play. However, the day to day living experiences of prisoners, including those with learning difficulties and learning disabilities, are spent in the halls and in a number of different locations across the prison. Because we are interested in the total experience of prisoners with learning difficulties and learning disabilities we are asking a range of different post holders to respond to this questionnaire including Heads of Education, Health Centre Managers/Clinical Managers-in-Charge, Heads of Residential, Senior Ps   ychologists and Disability Liaison Officers.

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

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

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

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

About the Prison Reform Trust
The Prison Reform Trust is an independent charity that seeks to create a just, humane and effective penal system. We do this by inquiring into the system; informing prisoners, staff and the wider public and by influencing key government departments and devolved UK administrations and officials towards reform.
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QUESTIONNAIRE

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

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

Name of prison:	
Position, please tick one box:	❑$_1$ Head of Education ❑$_2$ Disability Liaison Officer ❑$_3$ Health Centre Manager/ Clinical Manager-in-Charge ❑$_4$ Head of Residential ❑$_5$ Senior Psychologist ❑$_6$ Other, please say which in box below:
If your post is dedicated to a particular unit within the prison, for example a Vulnerable Prisoners Unit, please say which type of unit you work in	

On arrival into prison

1. In your experience how likely is it that information accompanying prisoners into your prison, for example SERs, prison education or school records, court reports, health records, will have identified the presence of learning difficulties and learning disabilities <u>prior</u> to the prisoners arrival? Please tick one box:

Likely for all prisoners with learning difficulties and learning disabilities ❑$_1$

Likely for a majority of prisoners ❑$_2$

Likely for a minority of prisoners ❑$_3$

Unlikely ❑$_4$

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

YES ☐₁

NO ☐₂

SOMETIMES ☐₃

If NO, go to Question 3

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

All prisoners with learning difficulties and learning disabilities ☐₁

Most prisoners? ☐₂

A minority of prisoners? ☐₃

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

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

RELIABLE   UNRELIABLE

1☐   2☐   3☐   4☐

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

Please go to Question 4

In custody

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

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

Effective in all cases ☐₁

Effective in most cases ☐₂

| Effective in a minority of cases | ❑3 |
| Ineffective | ❑4 |

5. Does your prison screen or assess prisoners for learning difficulties and learning disabilities? Please tick one box: YES ❑1

NO ❑2

DON'T KNOW ❑3

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

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

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

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

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

Please tick one box: YES ❑1

SOMETIMES ❑2

NO ❑3

DON'T KNOW ❑4

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

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

b. If YES or SOMETIMES, are there any protocols in place to ensure that prisoner information remains confidential? Please tick one box: YES ❑1

NO ❑2

DON'T KNOW ❑3

<div style="border:1px solid black; padding:10px;">
i.   If YES, please name or describe the protocol
</div>

Support for prisoners with learning   difficulties and learning disabilities

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

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

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

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

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

   1. Residential officer   ❑ 1
   2. Personal officer
       ❑ 2
   3. Induction staff   ❑ 3
   4. Case Conferencing or MDMHT   ❑ 4
   5. Education staff   ❑ 5
   6. Health care staff   ❑ 6
   7. Reception staff   ❑ 7
   8. Other, please say in the box below   ❑ 8

<div style="border:1px solid black; padding:10px;"></div>

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

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

<div style="border:1px solid black; padding:10px;"></div>

   7b. Does your prison have a dedicated learning disability nurse   ?
      Please tick one box: YES ❑ 1
                                                    NO ❑ 2
                                                    DON'T KNOW ❑ 3

   7c. Mental health in reach (from the local NHS Board)
   . Please tick one box: YES ❑ 1

NO ☐2

DON'T KNOW ☐3

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

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

1. Residential officer		☐1
2. Personal officer		☐2
3. Induction staff		☐3
4. Case Conferencing		☐4
5. Education staff		☐5
6. Health care staff		☐6
7. Reception staff		☐7
8. Other, please say in the box below		☐8

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

9. Daily		☐1
10. Weekly		☐2
11. Fortnightly		☐3
12. Monthly		☐4
13. Other, please say in the box below		☐5

iii. If YES, is a consultant psychiatrist in learning disabilities involved?
Please tick one box: YES ☐1

NO ☐2

DON'T KNOW ☐3

7d. Speech and language therapy. Please tick one box: YES ☐1

NO ☐2

DON'T KNOW ☐3

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

YES ☐1

NO ☐2

DON'T KNOW ☐3

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

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

YES ☐$_1$

NO ☐$_2$

DON'T KNOW ☐$_3$

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

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

YES ☐$_1$

NO ☐$_2$

DON'T KNOW ☐$_3$

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

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

1. Residential officer   ☐$_1$
2. Personal officer
   ☐$_2$
3. Induction staff   ☐$_3$
4. Case Conferencing   ☐$_4$
5. Education staff   ☐$_5$
6. Health care staff   ☐$_6$
7. Reception staff   ☐$_7$
8. Other, please say in the box below   ☐$_8$

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

1. Daily   ☐$_1$
2. Weekly   ☐$_2$
3. Fortnightly   ☐$_3$
4. Monthly   ☐$_4$
5. Other, please say in the box below   ☐$_5$

7h. Voluntary organisations   . Please tick one box: YES ☐₁

NO ☐₂

DON'T KNOW ☐₃

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

7i. Does your prison have any advocacy arrangements   for prisoners with learning difficulties and learning disabilities? Please tick one box:

YES ☐₁

NO ☐₂

DON'T KNOW ☐₃

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

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

8.   Does the support you have described above reach, (please tick one box):

All prisoners with learning difficulties and learning disabilities   ☐₁

Most prisoners   ☐₂

A minority of prisoners   ☐₃

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

HIGH QUALITY   LOW QUALITY

1 ☐   2 ☐   3 ☐   4 ☐

b.   Are there any services for people with learning difficulties and learning disabilities that in your view should be provided for prisoners at your prison but which are not currently available? Please tick one box: YES ☐₁

NO ☐₂

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

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

YES ☐₁

NO ☐₂

i. If YES, can you give any examples?

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

NO ☐₂

DON'T KNOW ☐₃

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

YES ☐₁

NO ☐₂

If YES, can you give any examples?

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

MORE LIKELY ☐₁

LESS LIKELY ☐₂

DOESN'T MAKE ANY DIFFERENCE ☐₃

DON'T KNOW ☐₄

10. There are many different aspects to life in prison, some of which are listed below. Can you give any examples where the regime has been adapted or changed in order to provide support to prisoners with learning difficulties and learning disabilities? For

example, taking care to ensure that prisoners fully understand what is said to them, using pictures rather than text to get a message across.

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

Activity	Tick	Brief description	
Reception and first night			1
Induction			2
Offending behaviour programmes			3
Drug testing and treatment programmes			4
Library			5
Resettlement			6
Health care			7
Visits and correspondence			8
Complaints and Requests			9
Jobs for prisoners			10
Discipline			11
Orderly Room			12
Education			13
Personal officer scheme			14
Gym			15
Incentives and earned privileges			16
Anything else?			17

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

VERY CONFIDENT | | | NOT AT ALL CONFIDENT

1❑   2❑   3❑   4❑

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

Pre-release

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

YES ❑1

NO ❑2

DON'T KNOW ❑3

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

13. When prisoners with learning difficulties and learning disabilities leave your prison do you or does your area of responsibility liaise with or forward any information to statutory or voluntary organisations in the community, for example, community social work, colleges of Further Education, community learning disability services?

Please tick one box:

YES ❑1

NO ❑2

DON'T KNOW ❑3

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

Criminal Justice Social Work ❑1

Children's Hearings System ❑2

Community learning disability services ❑3

Community social worker (other than CJ) ❑4

College of Further Education ❑5

Other, please say which in the box below ❑6

Staff training and support

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

YES ❑ 1

NO ❑ 2

DON'T KNOW ❑ 3

If NO, go to Question 15

If YES:

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

YES ❑ 1

NO ❑ 2

DON'T KNOW ❑ 3

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

All staff	❑ 1
Most staff	❑ 2
A minority of staff	❑ 3
Targeted to staff in specific roles	❑ 4

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

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

Please tick one box:

YES ❑ 1

NO ❑ 2

DON'T KNOW ❑ 3

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

All staff	❑ 1
Most staff	❑ 2
A minority of staff	❑ 3
Targeted to staff in specific roles	❑ 4

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

16. Is there a statement at your prison that describes learning difficulties and learning disabilities? Please tick one box:

YES ❑ 1

NO ❑ 2

DON'T KNOW ❑ 3

IF YES, PLEASE RETURN A COPY WITH THIS QUESTIONNAIRE

17. Disability Discrimination Act 2005 (DDA)
The DDA places a duty on public sector authorities to promote disability equality.

Prisons will be required to have a disability equality scheme in place by December 2006. Please describe how learning difficulties and learning disabilities are/will be reflected in your disability equality scheme. If you DON'T KNOW, please tick: ☐1

18. Do you or does your area of responsibility keep any statistics on prisoners with learning difficulties and learning disabilities? Please tick one box:

YES ☐1

NO ☐2

DON'T KNOW ☐3

If YES, please describe what records are kept and what happens to them:

Challenges and recommendations for change

19. What do you think are some of the most difficult issues facing prisoners with learning difficulties and learning disabilities?

20. What do you think are some of the challenges or obstacles to providing support for prisoners with learning difficulties and learning disabilities?

21. Are there any recommendations for change you would like to make?

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

22. Please tell me what you are most proud of in relation to work with prisoners with learning difficulties and learning disabilities at your prison.

23. Please tell me about any examples of good practice in relation to work with prisoners with learning difficulties and learning disabilities at your prison.

Appendix 2:   Questionnaire for prison staff in Scotland

No One Knows:
Offenders with learning difficulties and learning disabilities

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jenny.talbot@prisonreformtrust.org.uk

References

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