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Supporting people with LD who have offended to live safely in the community

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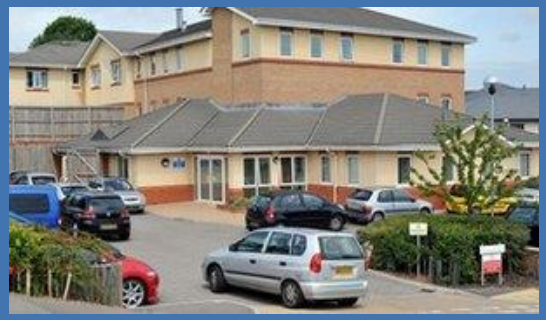
Background : same old problems



Inappropriate detention in prison

- Up to 25% of prison population people with borderline Learning Disabilities - ***Prison Reform Trust***
- Vulnerability and poorly adaptive prison regimes

Burgeoning secure hospital provision

- Inappropriate/overly lengthy referrals to secure hospitals
- Propensity for abusive practices to emerge
  e.g. Winterbourne View

Social exclusion in the community

- Emerson et al., 2005
- Hall, 2005
- Valuing People, 2001; 2010

Environmental Factors, Crime & LD

Study 1: 2007 to 2011

- Systematic multi-level analysis
- Drawing on mainstream criminological theories
- Matched sample offenders and non-offenders
- Compared on proximal and distal environmental factors

Key findings

- No association with distal neighbourhood environment
- **Proximal relational factors - strongly associated with offending**
- **Lack of structure - strongly associated with offending**
- Good fit with Social Control Theory *(Hirschi, 1969; Sampson & Laub, 1995; 2005)*

Wheeler, Clare, & Holland (2013) Offending by people with intellectual disabilities in community settings: a preliminary examination of contextual factors. ***Journal Applied Research in Learning Disabilities,*** 26 (5), 370-83

Predictive environmental risk factors

Lack of structure:

-No work or routine activities ****30 x more likely in offender group***

-Homeless in shelter

Impoverished/abusive relationships

- Living alone
- Anti-social or abusive friends ****12 x more likely in offender group***
- No friends
- Serious family conflict/disruption ****13 x more likely in offender group***
- No contact with family
- No paid social support

Recommendations: Focus on structure and relationships

Wheeler, Clare, & Holland (2013) *What can social and environmental factors tell us about the risk of offending by people with intellectual disabilities*? ***Psych, Crime & Law***

Supporting offenders with LD in the community

Outstanding issues:

1. **Structure and relationships not easy to support**
2. Further analysis required, including deeper evaluation of the relational nature of ‘good support’.
3. How might we better provide ethical and effective support at critical moments? e.g. moments of crisis, re-offending, and/or potential service breakdown

Study 2: 2012 to 2014 - *Objectives*

1. Identify recurrent critical tensions.
2. Explore underlying issues.
3. Ethical & legal analysis of policies, guidelines, and practices
4. **Identify good support arrangements** and, if necessary, develop supplementary frameworks.
5. Cost evaluation of exemplary services.

Study 2: 2012 to 2014 – Design

- ***Phase 1: Qualitative analysis of open interviews***

-27 offenders with LD [case studies], including interviews with offenders with LD, support workers, carers, and multi-disciplinary team members [from 2007 to 2012 study]

- **Phase 2: *Access range 'good' community services***

- New services brought into the study

- Services with well developed/specialist/innovative models for supporting offenders with LD in the community

- Focus groups with people with LD supported by the services (x30, 4 group meetings) and separately with support workers (x25, 3 group meetings) plus interviews

Phase 1: Qualitative analysis of open interviews

Support worker: She won't engage in anything at the minute. She doesn't want to do, sort of work placements or, we did try for employment things with her but it's just too much, too much else going on. It makes it very difficult.

Interviewer: *And when you say too much else going on you mean?*

Support Worker: [coughs] just chaos for her in getting, getting up, keeping clean, all of those things are very difficult for her to maintain and also she has now got a criminal thing on her CRB so she can't work with children. Um, that's because she kicked out at the staff member, so it's, you know that stopped her.

[38 year old woman, living in her own house in the community with daily support]

Support workers often have very little support or supervision in dealing with complex challenging roles.

Phase 1: Qualitative analysis of open interviews

Care home manager: …I haven't got a problem with who he meets as long as he's safe. But I, I do have an issue around the toilets and the fact that – can you imagine if they were caught having sex in the toilets? And…you know I have a duty of care to protect him and look after him…

[40 year old man, living in group home]

Contradictions in supporting independence, freedom, and choice, alongside concerns about risk.

Phase 2: *Range of community services e.g.*

- **Service A – 'Step down' residential unit** Ten flats in a purpose built unit, air-locked doors, CCTV, staff carry alarms. In-house multi-disciplinary team, focus on mental health, nurse supervises support staff.
- **Service B – Specialist group home** – 10 residents, all 'high-risk'/mostly sex offenders, individual rooms, shared kitchen, dining room, living room areas. Managers /owners qualified social worker/forensic nurse, with experience in medium secure LD services, closely involved in day to day support arrangements. Describe role as 'parentalism'. Have devised specialist in-house training package for staff.

Service C – Specialist community support - 50+ service users, with 'high-risk' status/serious convictions, living independently in variety of accommodation settings (flats, group homes) with intensive support and access to psychotherapeutic input. Family-style, 'open door', 'intense therapeutic risk management', staff training/support integral, staff have an acknowledged 'paternalistic teaching role'.

- **Service D – Generic service/integrated housing scheme -** Service users live fully independently in their own homes, in a small constellation, with local support volunteer accommodated nearby. Peer to peer support, self-management, offenders and non-offenders with LD not differentiated, minimal/no individual paid support.

Phase 2: *Range of community services*

Different service models - Opportunity sample of services offering 'good', 'specialist', 'innovative' community support to offenders with LD:

- community-based
- support 'high risk' offenders
- different models e.g.

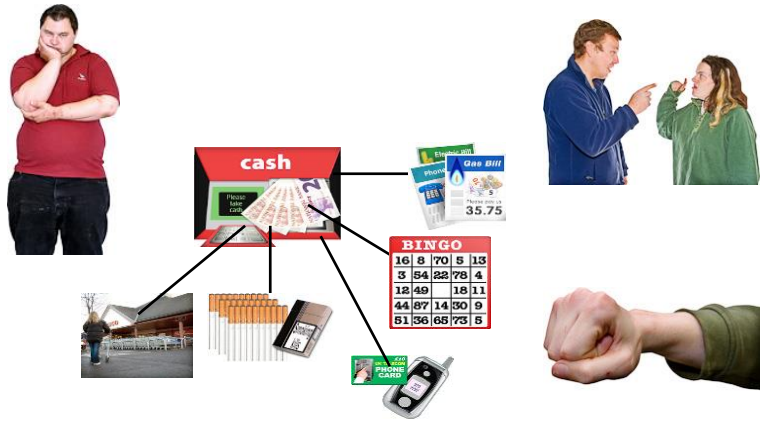
Service D 'Community housing'	Service C 'Specialist community'	Service B 'Specialist group home'	Service A 'Step down residential'

Unrestricted → **Intensive supervision** → **Locked unit**

Physical/environmental constraints
Relational /supervisory constraints

Phase 2: *Focus Groups*

I want my money!



Trouble with my friends…

People with LD

- *Check for familiarity*
- *Share experiences*
- *How should support deal with these kinds of difficulties?*
- *What's good support like?*
- *When, how and who should intervene?*

Support workers

- *Check for familiarity*
- *Share experiences*
- *How do you deal with these kinds of difficulties?*
- *Good days/bad days*
- *Organisation, support, training, supervision, support roles...*

People with LD: Features of good support

1. Open and responsive

"I noticed if I've got something on my mind and I need to speak to somebody and if I can't talk to my family, I always know I can call someone in the office in [Town], or I can ask for particular staff members who I know I can speak to. The people in [Manager's office] can give me advice over the phone... Or ...get [me] over ... and sit down face to face'."

"I had a staff member who was a bit too full on...everywhere I went...it felt like I had a shadow. If I went to the bathroom she'd sit on top of the stairs...so I, I mentioned it to the other staff members and to [Manager] and the staff member what were being too much full on, they had a word with her and told her to back off and told her I'm independent and I don't need shadowing and she came up to me and was apologising..."

People with LD: Features of good support

2. Authentic, committed, trustworthy

"He was really good...when he was on duty he had his own skills, he used to tell me... to get it off my chest 'Tell me anything that's on your mind' so he didn't have to go home worried about me. In the morning time he did the same, when he came on shift. "Is there anything I can do for you? Have you got any problems? Tell me anything that's on your mind."

"I have a staff member who can be off on holiday because he's got holidays to take and he'll come back on his shift and he will have done stuff for me. It's like...I'm on a diet...they'll do me three or four weeks of menus and they'll bring 'em in for me and I find that really helpful."

"[Cares] a lot...probably 99%...200% actually"

"He did well over his job...he was still finding out stuff..he'd go home and look on the internet and then the next day we'd go through it."

People with LD: Features of good support

3. Empowering

"When I first come out of [secure hospital] I couldn't drink – and I thought why can't I drink? They told me I couldn't drink at all... I would have been in breech, and I could have been sent back to prison. So what I did was I challenged it, instead of kicking off. Cos I went on a course... when people kick off...you lose your argument, because people say look at you kicking off, this guys unsettled. So rather than doing that... I talked about. And so they said, look at this guy he's talking to us, he's not getting upset. So I went to the main man, the doctor, and he said 'we've made a mistake' and now I'm allowed to drink. They have sent off to the Home Office."

People with LD: Features of good support

4. Fun, creative:

They've got the same interests as me. Like the football and that.

When the service in [bigger town] are doing outside stuff they'll ring up and invite me along. If they do any walks or camping or something they'll invite me along.

One of my support workers we wind each other up and torment each other just for a joke and that's how I like it.

Support Workers: Good support

1. Thorough induction and training

Three or four weeks of shadowing. My wife works for another organisation and the shadowing they do is much much shorter. Months shadowing really good – up to the point when you really feel you don't need it any more. You get supervisions, if there is any issues, if I've done something wrong, or positive stuff or can ask 'have I done alright there?'

We've all done emotional development with our psychotherapist..it's given us a bit more understanding into how their learning disabilities affects how they act on a day to day. So obviously their emotional age is a lot different to ourselves and it really does show us. Like one of our service users [J] his emotional development it's very low compared to what we sort of see him as and so it puts things into perspective with how we approach things with him. Since the training the staff have been made aware how to work with him and the change in him is amazing.

Support Workers: Good support

2. Guided –clear boundaries

[on the strict use of care plans] Its the structure to enable them to live in the community safely – without that the whole thing would just come crumbling down. ..It isn't punitive its what they need to live in the community and to enable us to help them.

I think it's using that influence as opposed to your own emotions and feelings on the matter...referring to another authority. A professional says this... It reinforces what you're suggesting...

We've had a Community Treatment Order lapse..it was quite bad... The responsible clinician just hadn't renewed the CTO and that CTO kept that person stable because they knew the rules and confines of their community presence. The service got progressively worse..and the police were constantly involved and now they've put an ABC and it gave him his boundaries back and the service improved...

Support Workers: Good support

3. Exceptional communication

Got a hundred people behind you who you could ring up...

Senior and team leaders have work phones..you'll always get on to the person you need. And we have 24 hour houses so there's always someone on shift

In some places you might not get a supervision once a month. With [X managers] it's more like every 15 minutes! A lot of constructive feedback...constant communication

Support Workers: Good support

4. Equals, empowered and creative

Its a horizontal management structure anyone can come up with an idea and you can go straight to the top and it'll be implemented if it was a good idea...Everyone's got a voice and if you walked into the office and wanted to speak to [the Director] you could do that. There's no barriers between the staff at all. The kudos that senior managers doing something like a sleepover gets...[and] never asking you to do anything they wouldn't do themselves, that's a key concept.

When...I saw how open they were, it was an absolute joy, you have no idea the difference it made, I felt like I belonged, it really is amazing.

You've got the ability to take ownership...if you want to take your client to different aspects of the community, so long as it's risk assessed... It's encouraged, the management are always quite open to us making our own decisions, we are quite empowered, its very open, everyone's entitled to their own opinion.

Good support in challenging circumstances

Phase 1 problems:

-Support workers often have very little support or supervision in dealing with complex challenging roles.

-Contradictions in supporting independence, freedom, and choice, alongside concerns about risk.

Phase 2 findings - good support dependent on:

1) The quality , authenticity and sensitivity of support relationships;
2) Communication, openness and mutual support throughout service;
3) Training, vigilance and consistent ethical and regulatory clarity.

This model raises further issues:

- The size of the organisation? *How big can these services safely get?*

- The business ethos? *Can profit come first?*

- Physical restrictions vs. legal and/or emotional restraint?

Tension and physical restraint –iatrogenic consequences of security

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