This study looks at the numbers of people with learning disabilities and/or Autistic Spectrum Disorders in secure settings in Scotland and the arrangements for assessing their needs and providing them with care. The research comprised a literature review, a scoping exercise of 57 secure settings and case studies of 7 of these settings.

Main Findings

- Processes for identifying and assessing people with learning disabilities and/or Autistic Spectrum Disorders (ASD) and for providing care, support and after care will be influenced by different policies and perceived service responsibilities. National policies relating to people with learning disabilities and/or ASD are not consistently applied across the different types of secure setting. This may affect the experiences of, and opportunities available to, people with learning disabilities and/or ASD in these different environments.

- Only a small number of people with learning disabilities and/or ASD were identified in prisons and secure accommodation for children. The perception held by the prisons was that those identified represented only a proportion of a larger number of prisoners with learning disabilities and/or ASD who had not been identified, assessed or diagnosed. Across different types of secure setting it was suggested that the number of people with ASD, including Asperger’s syndrome, was also not accurately known.

- Data on a sample of 49 people with learning disabilities and/or ASD in secure settings reveal a multiply disadvantaged group of people in terms of their past histories: the great majority had been in local authority care at some time. Many had attended special schools or had been in psychiatric care or hospitals for people with learning disabilities. Over half of the sample were believed to pose a risk to others due to their offending behaviours. But they were also a group of people ‘at risk’, either from risks to self such as self-harming, or from others resident in the secure settings.

- Assessment processes, including multi-disciplinary input and co-ordination and user, advocate and carer involvement, varied across the different secure settings. Different strategies were employed across the secure settings to respond to assessed need including: using specialist resources; using generic resources; adapting generic resources.

- With the exception of the specialist in-patient units, staff and managers in the different environments felt that people with learning disabilities and/or ASD did not fit in easily with the core business of the secure settings. Women with learning disabilities in adult settings and people with ASD across all settings were particularly identified by respondents as having needs beyond those which ‘mainstream’ services in the secure settings could meet.
Introduction

The study was commissioned in response to one of the recommendations contained in The same as you? the Scottish Executive review of services for people with learning disabilities published in 2000. The review pointed to the lack of information on the numbers, needs and vulnerabilities of people with learning disabilities and/or Autistic Spectrum Disorders (ASD) in prison and secure accommodation for children.

For the purposes of the research secure settings included the State Hospital, the 16 prisons in Scotland, the 6 secure accommodation units for children and 24 specialist in-patient units for people with learning disabilities and/or ASD and for people with mental health problems.

Identifying people in secure settings

The literature review highlighted the difficulties of identifying and measuring the numbers of people with learning disabilities and/or ASD in secure settings. These difficulties were confirmed in the course of the study. There are a number of different ways in which staff in secure settings can become aware that someone has a learning disability and/or ASD, including: pre-admission information; routine assessment on admission; and assessment in response to problems arising after admission. However, because of the difficulties of identifying people with learning disabilities and/or ASD the view was expressed, particularly by prison staff, that the number of people identified in this study represented only a proportion of a larger number of prisoners with learning disabilities and/or ASD who had not been identified, assessed or diagnosed. Across different types of secure setting the number of people with ASD, including Asperger’s syndrome, was also not felt to be accurately known.

People in secure settings

Anonymised information on a sample of 49 people with learning disabilities and/or ASD in different types of secure settings revealed that a high proportion had prior histories of statutory or institutional care, for example, as looked after children or as in-patients of hospitals for people with mental health problems and/or learning disabilities. Current mental health problems and communication difficulties were also noted in relation to a significant number of the sample. In terms of the offences they had committed, or their behaviours, some of the sample were high risk. In addition they could be at risk within the secure settings: vulnerable to exploitation, bullying or even abuse from others resident in the setting.

Assessing and meeting the needs of people in secure settings

The study revealed different approaches to assessment across the secure settings in terms of the extent of multi-disciplinary working, user and carer involvement, assessment co-ordination, information sharing and care planning. Few of the environments, other than the learning disability units, had access to specialists in learning disabilities or ASD.

For staff and managers in the different secure settings the appropriateness of the environment hinged on 2 related dimensions. First, the core role of the secure setting. Respondents felt that people with learning disabilities and/or ASD did not fit easily in to the ‘core business’ of the secure setting, for example, in non-healthcare secure environments where the core function was to provide custody or address offending behaviour, or in healthcare settings in which the focus is on mental illness. Women with learning disabilities across all secure settings for adults, and people with ASD across all settings, were particularly felt by respondents to present needs beyond those which ‘mainstream’ services in the secure settings could meet.

The second dimension was the resources that the settings could draw upon to meet needs. The data suggest that, other than the specialist units, different secure settings had to adapt generic resources. Where this was not possible the only resources to which people had access were ‘mainstream’ resources, designed around the needs of people without learning disabilities.

As a result, staff in each of the secure settings identified ‘gaps’ or perceived inadequacies in provision for this group of people. These included ‘direct’ services as well as ‘indirect’ resources such as the physical environment.

After care

After care planning could be ‘formal’ or ‘informal’. Formal arrangements were in place for people released from prison under a statutory order and for children placed in secure accommodation. There was also evidence of the use of the Care Programme Approach for people moving from secure health care settings. For people being released from prison who were not under an order discharge planning could be informal and the process abrupt.
Staff felt that a lack of resources outwith the secure settings undermined the scope for a smooth transition for people with learning disabilities and/or ASD to an environment of lesser security or to the community. For people in healthcare settings this could mean they were unable to move on, becoming ‘entrapped’ in a hospital or ward at a higher level of security than they required. For people leaving other secure settings it could mean moving on with inadequate or no support.

Implications

An overview of policy revealed the different and distinct policy streams which will impact upon people, depending upon whether they are a looked after child, a child, young person or adult with learning disabilities, or with ASD, or an adult with learning disabilities and/or ASD who engages in offending behaviour. Policies targeted at people with learning disabilities and/or ASD are not consistently applied across the different types of secure setting. This may affect the experiences of, and opportunities available to, people with learning disabilities and/or ASD in these different environments.

The study begins to suggest that the combination of complex individual needs and the lack of clear service responsibility or policy focus may further increase the risk of social exclusion for this vulnerable group of people. This has a number of implications for policy, planning and practice.

- At policy level the study suggests scope for greater integration between policy initiatives as they affect people with learning disabilities and/or ASD in secure settings.
- In service planning terms, there may be a value in undertaking a systematic assessment of a sample population to more accurately identify the numbers of people with learning disabilities and/or ASD in these environments. There may also be scope to link secure settings with other planning initiatives of relevance to people with learning disabilities and/or ASD.
- At a practice level the study suggests a need to look at ways of increasing awareness and enhancing assessment processes. Consideration could also be given to greater involvement by specialist professionals and agencies from outside the secure settings.

Methods

The study comprised: a review of literature relating to people with learning disabilities and/or ASD in secure settings; a quantitative scoping exercise across 57 secure settings in Scotland; and detailed case studies of 7 of these settings. The scoping exercise required each secure setting to complete forms providing information on the unit and the numbers of people currently accommodated who had been assessed or diagnosed or where information strongly suggested they had a learning disability and/or ASD. Secure settings also completed anonymised case recording forms for a sample of the people identified. The case studies comprised in-depth analysis of 4 prisons, 2 secure accommodation units and the State Hospital. This stage involved interviews with service managers, staff and people with learning disabilities and/or ASD. One relative also took part in a telephone interview.
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