


What happens to ex-offenders with LD after leaving prison? - the OFFSCA-ID project

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When people with ID enter prisons...



- Between 1% & 7% in UK prison population have ID (exact figure much disputed – see Murphy & Mason, 2013).
- Difficulties in prisons (not disputed):
 - ✓ understanding information, like prison rules, how to make phone calls
 - ✓ filling in forms for meals or to obtain visitors or see the doctor
 - ✓ socially vulnerable to bullying, anxiety and depression, and yet are often seen as troublesome (Talbot, 2008).



When people with ID leave prisons.....

- Anecdotally we hear they are often told:
- Too able for support from CLDT
- Insufficient mental health needs for support from mental health teams
- Not sufficiently dangerous for forensic services
- Not eligible for social care because they do not fit the Fair Access to Care Services (FACS).



UK Government actions



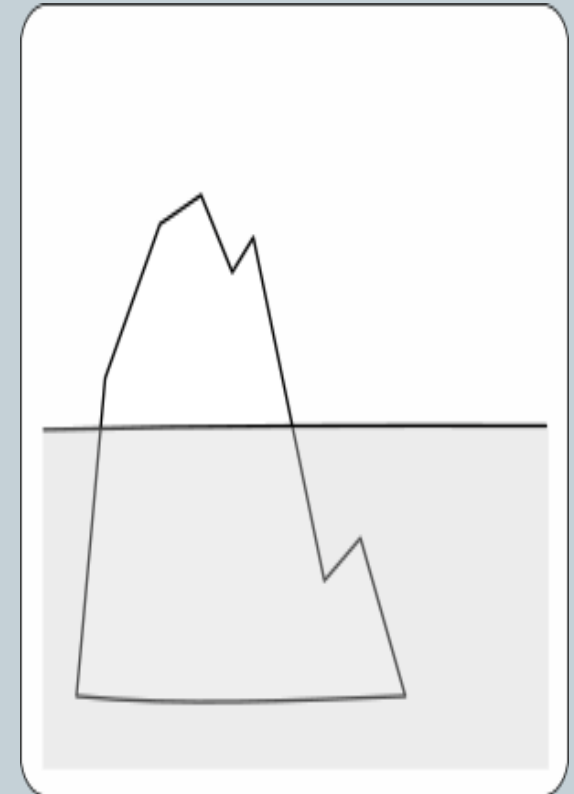
- Bradley report, 2009
- ✓ review to examine diversion for people with LD / mental health needs.
- Amongst the recommendations:
 - ✓ **Screening for ID in prisons**
 - ✓ **Better diversion from custody**
 - ✓ **National strategy for rehabilitation of offenders with ID (to tackle inconsistency of support when people leave prison).**



Has Bradley report been implemented?



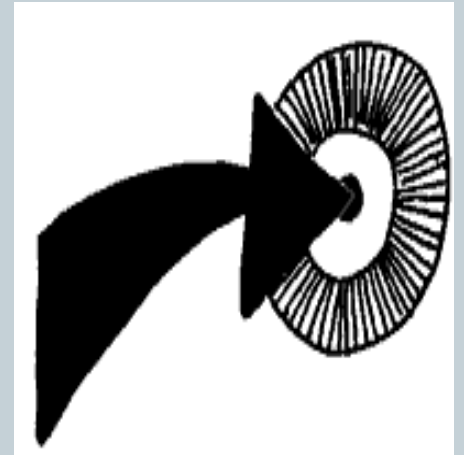
- No routine screening on entry to prisons – some screening is being done by mental health teams in the prisons - tip of the iceberg?
- Setting up of some Liaison & Diversion teams, who will screen (some) people for LD – tip of the iceberg?
- L&D teams will go national in April
- National strategy for rehab?



OFFSCA-ID: AIMS



- What happens to people with ID after they leave prison?
- Do they get social care &/or health care & or probation service support?
- Does social care or health care or probation input, after leaving prison:
 - affect the mood, behaviour & quality of life of ex-offenders with ID?
 - does it affect re-offending?
- What are the costs of social care support for these ex-offenders with LD?



How did we plan to find participants?



- DH pilot project, screening men for LD in 3 prisons over 3 mths
- All men entering prison were eligible (n=3778)
- 74% offered screening
- Of those, 14% refused screening
- Of those screened, 7% screened positive (169 men)
- Murphy et al (in press)
- So finding n=130? - no problem?



Design & participants



- Planned to work with 3 prisons / associated NHS Trusts. Actually working across 22 NHS Trusts & 27 prison establishments
- Men screened positive for ID are recruited in prison (and consented there)
- We see them when leave prison (we planned for n=130 but recruitment very difficult)
- Their care manager/offender manager are also invited to take part
- Interviews are held at two time points (T1- within **one** month of leaving prison, T2- in **nine** months' time).

Design & Participants



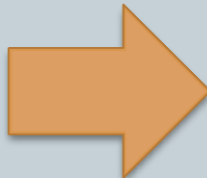
**Men screened
positive for ID
– at T1 & T2**



Interview/ assessments:

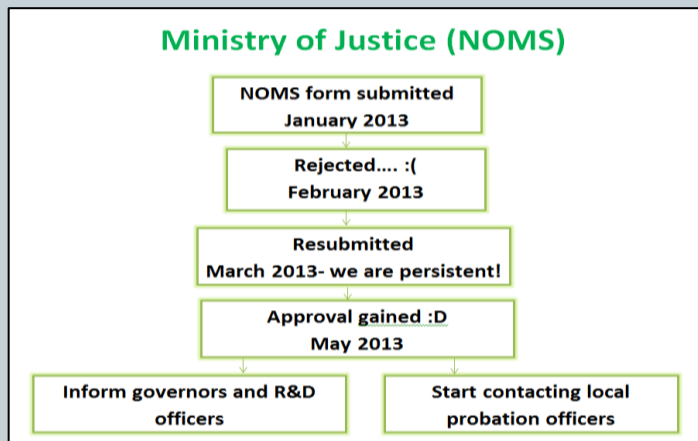
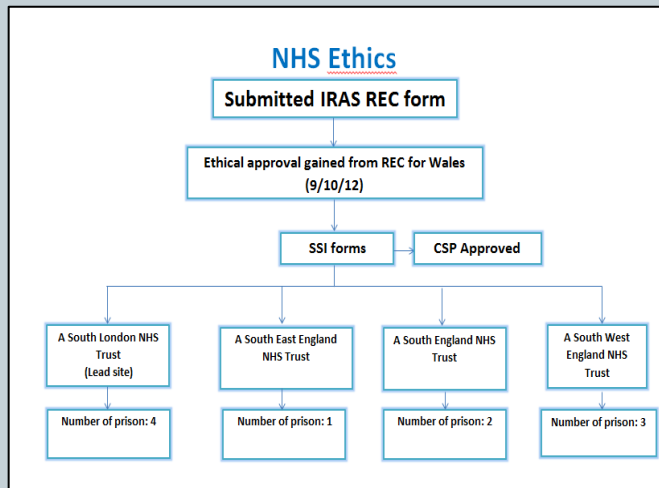
- **Social network**
- **Service utilisation**
- **Quality of Life**
- **Health & wellbeing,
including depression
& anxiety**
- **Re-offending**

**Staff
– at T1 & T2**



**Interviews to verify
above**

The journey of ethics...



- A time consuming process
- Endless amount of paperwork for local approvals
- Procedures vary between each organisation (NB: very confusing with the amount of NHS Trusts and prisons we were working with)
- Time frame for R&D approval:
 - Local NHS Trusts took on average, 2 months to approve
 - Prison sites- time to receive approval ranged from 2 hrs to 11 months (!!)

Snap-shot of our journey

Service user involvement



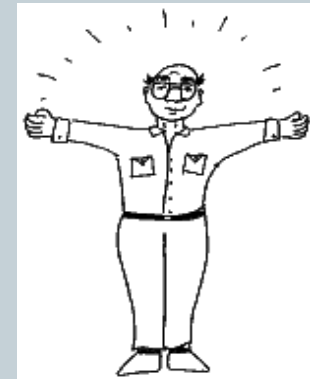
- Working for Justice group: Individuals supported in Key Ring Living Support Network; experience of the criminal justice system
- Met with them in June 2011 & Nov 2013
- They provided advice on:
 - ✓ The development of the service user interviews (both quantitative and qualitative interviews)
 - ✓ Practical aspects of the study (e.g. the timing of the interviews)
 - ✓ They gave us an idea of the issues



Service Users on Steering Committee



- **Two** service users on the steering committee:
 - ✓ Helped us pilot our measures
 - ✓ Giving us a different perspective
 - ✓ Kept us focused on what is important to service users.



Findings so far



- **Hoped for n=130**
- 88 referred to the project
- 9 unsuitable (no LD or sentence too long)
- 10 consent declined/withdrawn
- 63 participants
 - 48 active/complete
 - 15 missing in action

Time 1 & Time 2 data:

- Time 1 interviews n=35
- Time 2 interviews n=19
- At T1: Mean age 34.1 years (s.d. 9.3)
- At T1: Mean social network size: 27 (s.d. 26; range 4 to 145)

During the day at T1

- Employment:

- 3 people employed (eg cleaner for 2 hrs per week)
- 4 people volunteering (eg gardener, helps in youth club, helps in homeless shelter)
- 1 person in apprenticeship (British Legion?)
- Remainder unemployed

- Activities

- often very empty days
- typically very few activities
- mean no. of activities per week 3.7 (according to staff)

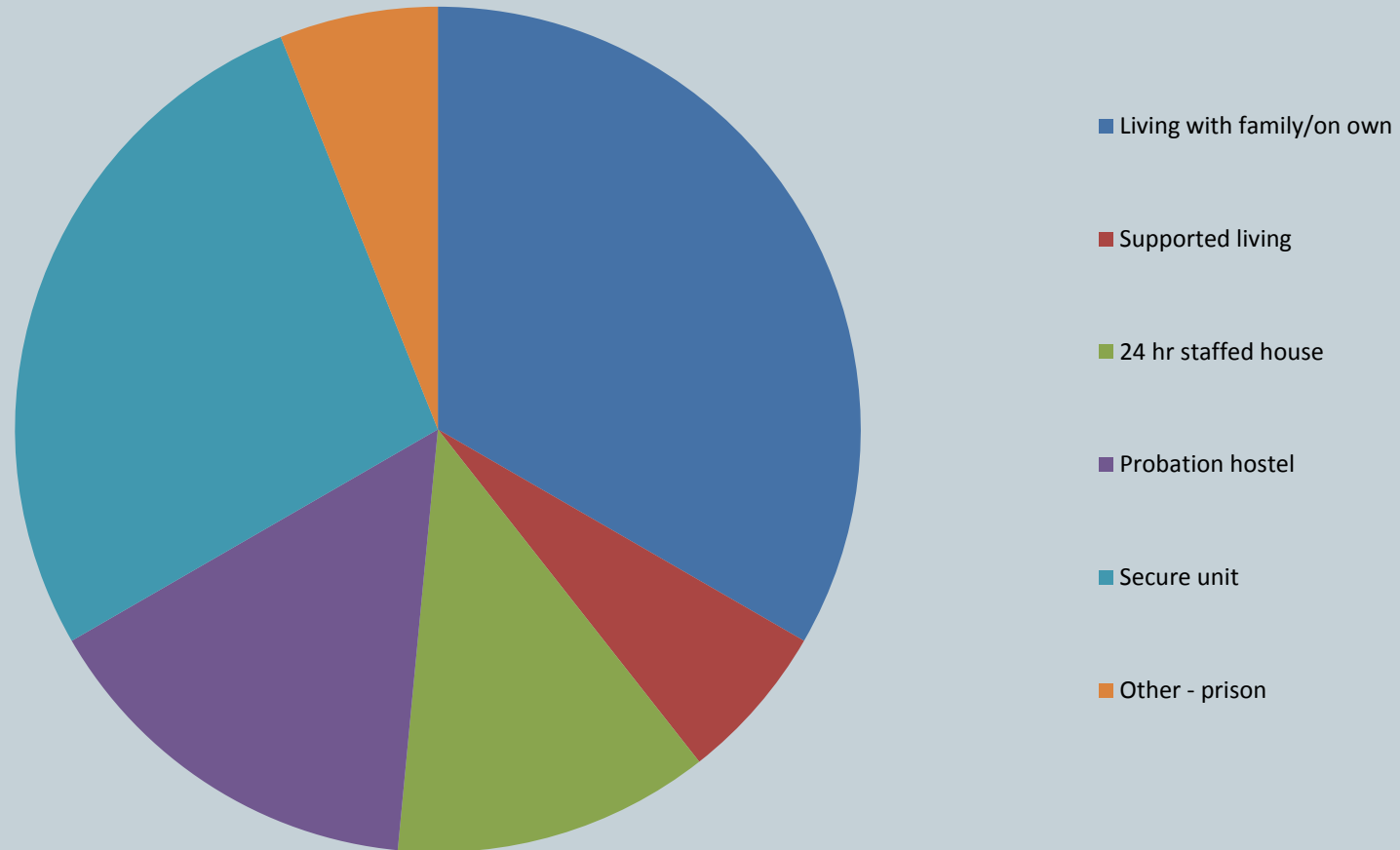


Living situation at T1

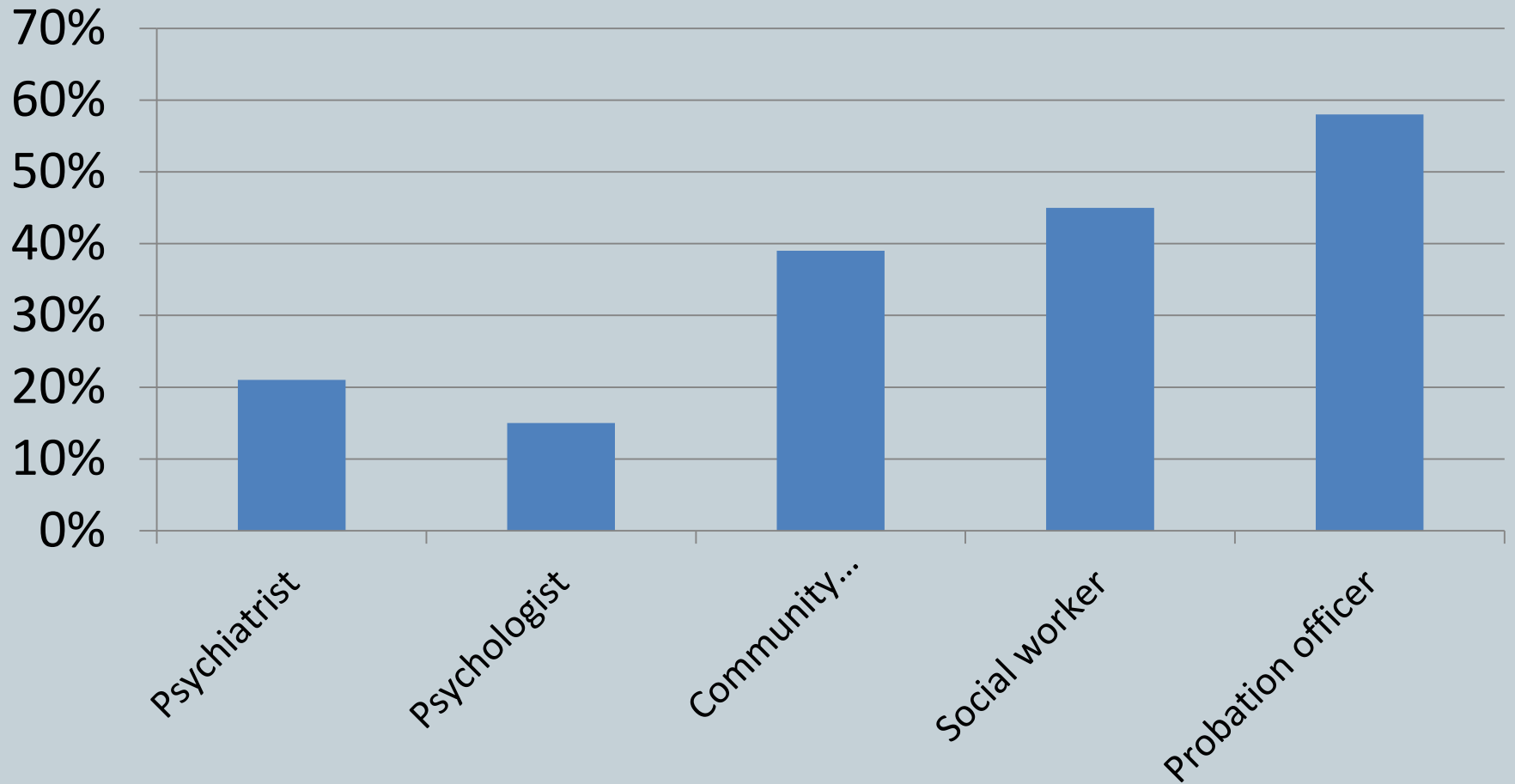


- Living situation:
 - 33% living alone or with family
 - 6% supported living
 - 12% 24-hr staff home
 - 15% probation hostel
 - 27% in secure units (low or medium secure)
 - 6% other – back in prison

Living situation at T1



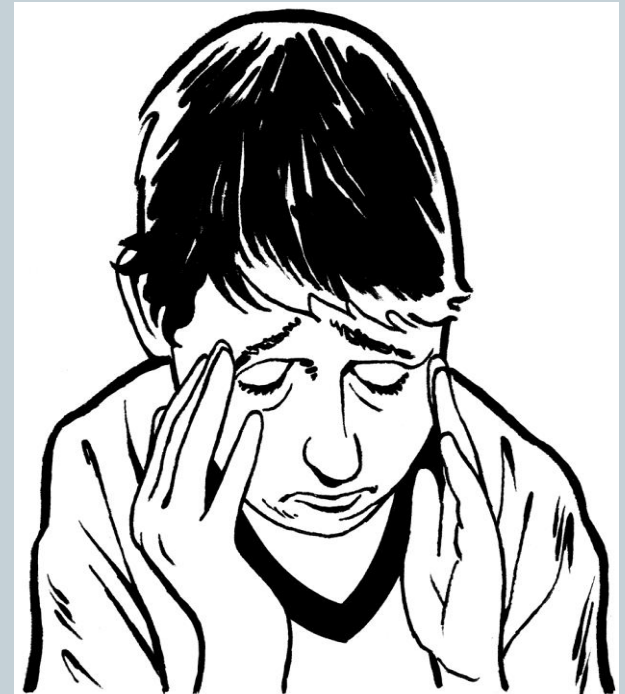
Services received at T1



Depression & anxiety at T1



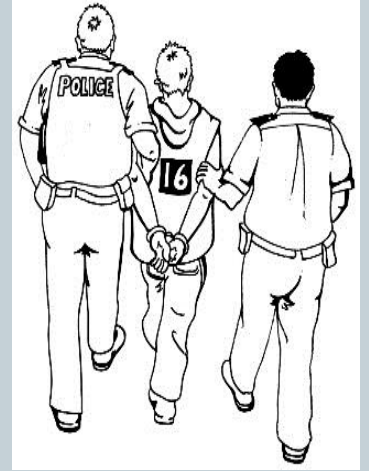
- Depression:
 - mean score on Glasgow –LD depression scale =15
i.e. above the ‘clinical’ cut-off for depression (13)
 - 54% of men above the cut-off
- Anxiety
 - mean score on Glasgow–LD anxiety scale =19, also above the ‘clinical’ cut-off for anxiety
 - 66% of men above the cut-off



CJS contacts at T1



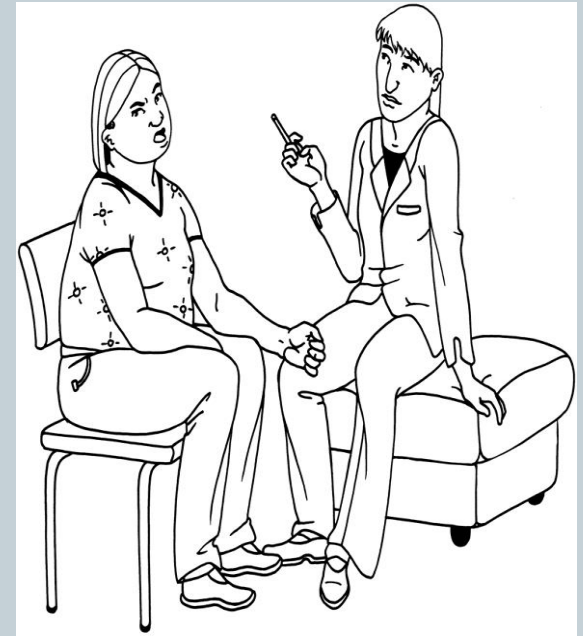
- **55% had been in contact with the police** (47% of these about possible charges; 21% just checking up; 32% they didn't know why)
- 31% of those in contact with police **re-arrested & charged within one month of their release**
- 2 men returned to prison within one month of their release
- Contact with police not significantly correlated to restricted living situation



CJS contacts at T1: does support make a difference?



- Contacts with police:
 - Significantly associated with having some community health team support (chi sq 7.2; $p=0.007$)
 - Not significantly associated with having seen an SW
 - Not significantly associated with having a probation officer
- Being arrested & charged not associated with any of the above



Results at T2 (9 mths after leaving prison)

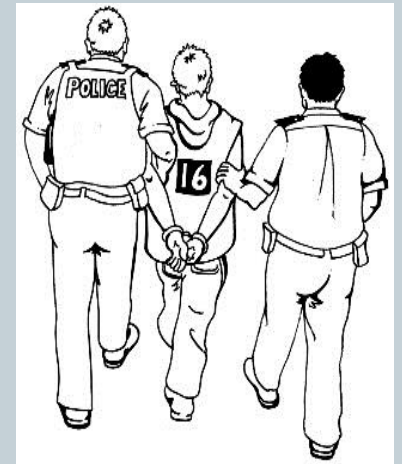


- Living situation:
 - 57% with family/alone/supported living (39% T1)
 - 15% in secure units (27% at T1)
 - 5% in probation hostel (15% at T1)
 - 18% back in prison (6% at T1)
- Social network shrunk to 17 (sd 9) –was 27 at T1
- 87% still unemployed (only one man doing voluntary work)
- Depression score: mean 15 (58% above cut-off)
- Anxiety score: mean 19 (68% above cut-off)

Support & Contacts with CJS at T2



- 70% had community health contacts
53% had SW contacts
63% had PO contacts
- 68% had had contact with police
(47% re possible offence; 21% just checking up; 32% don't know why)
- 32% had been arrested and charged
- No association between police contacts & support (health/SW/PO)



Case studies- No re-offending



● **Mr ‘Family support’**

- Known to prison staff as a ‘repeat offender’ (been to prison many times)
- Support at Time 1 interview: Probation and Drugs & Alcohol service
- Dad ‘took him in’ and offered him a job at his workplace (full-time work)
- Moved away from his social network in order to ‘keep out of trouble’
- Has not re-offended since released. T2 interview is due
- Identified his father as his key support.

● **Mr ‘Keep my head down’**

- Experienced imprisonment many times
- On this occasion he was released early to serve a 6 months licence in the community
- Service input: Probation & AA support from a charity organisation
- Under strict curfews and required to report to probation weekly
- Probation was also helping him to prepare for employment
- Daily activities as reported by the participant: ‘stay in to keep myself out of trouble’.

Case studies- re-offended



● **Mr 'Homelessness'**

- Been in prison a number of times
- Requested help with accommodation and mental health issues before his release
- Despite his request, participant left prison with no support except for a peer support worker (voluntary organisation), who was trying to help him find accommodation
- Remained homeless and reported to have been struggling with money
- Arrested seven times within one month of release. Participant was recalled to prison.

● **Mr 'Peers'**

- Hostel accommodation was set up before leaving prison (no other services offered)
- Ran away from his hostel shortly after released
- Continued to sofa surf at his friends
- Arrested four times by the police within one month of release
- Has been mugged and physically assaulted on two separate occasions
- After his last arrest, police placed him with the community Risk management team (he now has to report to the team on a regular basis)
- Participant his returned to his home town to live with his parents.

General conclusions



- **Identifying participants**

- Prisons do not routinely screen for LD.
- If an offender does not self report a diagnosis, or has never been given a diagnosis, then they may not be identified as having LD.
- Prison staff resources are very stretched, and understandably they do not necessarily have the time to accommodate research

- **Keeping track of participants**

- Many participants are not released to a stable address. No phones allowed in prison. Also, when we gain consent in prison participants find it hard to recall phone numbers and addresses of family where they can be contacted.

- **Requests for support**

Participants and their family members frequently complain about the lack of support, and express understandable frustration about their situations.

Next steps



- We are still collecting data but have to stop very soon.
- Health economics analysis yet to be started.
- Conclusions so far:
 - This is a very vulnerable group
 - They often don't get enough support
 - Many of them could work if supported to & this is likely to reduce re-offending
 - It seems that having support from health team helps reduce re-offending

Thank you for listening



We would like to thank all those prisons, NHS & probation staff and the ex-offenders themselves for their help with this study

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