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NHS Foundation Trust

# The Role of a Learning Disability Practitioner in Birmingham Liaison & Diversion Team

Jessica Dickens (L&D Practitioner, BSMHFT)

[jessica.dickens@nhs.net](mailto:jessica.dickens@nhs.net)

Maggie Large (CFT Nurse, BCHC)

[m.large@nhs.net](mailto:m.large@nhs.net)

Dr Morna Browning (Clinical Psychologist, BCHC)

[morna.browning@nhs.net](mailto:morna.browning@nhs.net)



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# Overview

- Background – national & local
- Liaison & Diversion Team
- Statistics
- Pathways
- Benefits, challenges and solutions
- Education and joint working
- Case studies
- Feedback



# Learning Disabilities in the Criminal Justice System

- 7% of prisoners have an IQ of less than 70 (Mottram, 2007)
- Research across 3 prisons in England using the LDSQ found 7% screened positive on the LDSQ (Murphy et al, 2015)
- Generally accepted that between 5 and 10% of adult offenders will have a learning disability (Talbot & Jacobson, 2010) compared with approximately 2% of the general population (DoH, 2001)



# Learning Disabilities in the Criminal Justice System

- An HMIC report found that only 15 of 36 (58%) cases of learning disability identified by Probation Services had been previously identified by Police (HMIC, 2014)



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# Background - National

- The Bradley Report (2009) recommended that a national model for liaison & diversion (L&D) at police stations be rolled out across the country
- L&D services aim to improve the health and criminal justice outcomes for adults and children who come into contact with the Criminal Justice System (CJS), where a range of complex needs are identified as factors in their offending
- These are being rolled out on a phased implementation basis, further to a trialling phase.
- L&D has moved into Magistrates courts and into Crown courts



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# Model

The model is based on three distinct and inter-related phases:



1. Case identification



2. Secondary screening/triage



3. Assessment, including specialist assessment



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# Key aims

- Improved access to healthcare and support services for vulnerable individuals through effective liaison with appropriate services and a reduction in health inequalities
- Diversion of individuals, where appropriate, out of the youth and CJS into health or other supportive services
- Reduction in reoffending



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# Partnership working

- Some of the partners in Birmingham Liaison & Diversion
  - Police
  - BSMHFT
  - BCHC
  - Youth services
  - Anawim women's service
  - Substance misuse services
  - No Wrong Door
- Overseen by Kevin Heffernan (Lead for Health & Justice, NHS England)



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# Background - Birmingham

- Birmingham pilot started in April 2015
- Originally the team was made up of three psychiatric nurses employed by BSMHFT to be based at Steelhouse Lane Police Station, working 7 days a week, 14 hours a day
- Managed by Steve Jenkins, Clinical Nurse Manager, BSMHFT
- Learning Disability Service invited to attend L&D board meetings
- Gap in terms of provision for learning disabilities



# Background – Birmingham (cont'd)

- Training provided by BCHC on learning disabilities for L&D practitioners, including use of LDSQ (Learning Disability Screening Questionnaire)
- Learning disability nurse seconded from BCHC Learning Disability Service to L&D team for 18 months from August 2016
- L&D then employed their own Learning Disability Practitioner



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# Team Composition

- Part of Birmingham and Solihull Mental Health NHS Foundation Trust.
- Multi disciplinary team consisting of:
  - Mental Health Nurses;
  - Learning disability Nurses;
  - Social worker;
  - Support time recovery workers;
  - Peer Mentors;
  - Prison Liaison workers



# Hours of Operation

In custody

- Operate 7 days a week
- Monday – Friday 08:00hrs – 20:00hrs
- Saturday / Sunday / Bank Holidays  
08:00 – 16:00hrs



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# What the team does



## Identification

- Referrals via police, custody, custody health care staff, police warning markers, solicitors, magistrates, probation, service users, carer's and custody/court cells staff

- **Screening**

- To establish risk and any other vulnerability.



Completed via face to face contact, checking history via partner agencies and clinical notes to establish whether full assessment indicated/agreed.



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# What the team does

- **Assessment**

- to establish any needs for treatment or support. To be shared with partners as necessary, eg police, probation, court, once a the person has given consent



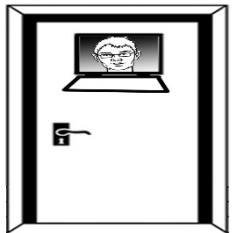
- **Referral**

- To make direct referrals to health and social care services, and others as indicated. Liaise with teams already involved. Referrals for admission or other statutory services. We have also established an “Outreach Team”, who can offer short term support to help improve engagement with community services, support to first appointment.



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# Where the team inputs to



## – Custody

- Assessment and referrals (including requests for MHAA), advice and liaison between Police & Healthcare Professionals



## – Courts (Magistrates & Crown)

- Assessments, court reports and referrals, advice and liaison, MHTR

## – Outreach

- Supporting service users in the community to engage in services, source accommodation etc, for up to 6 weeks.

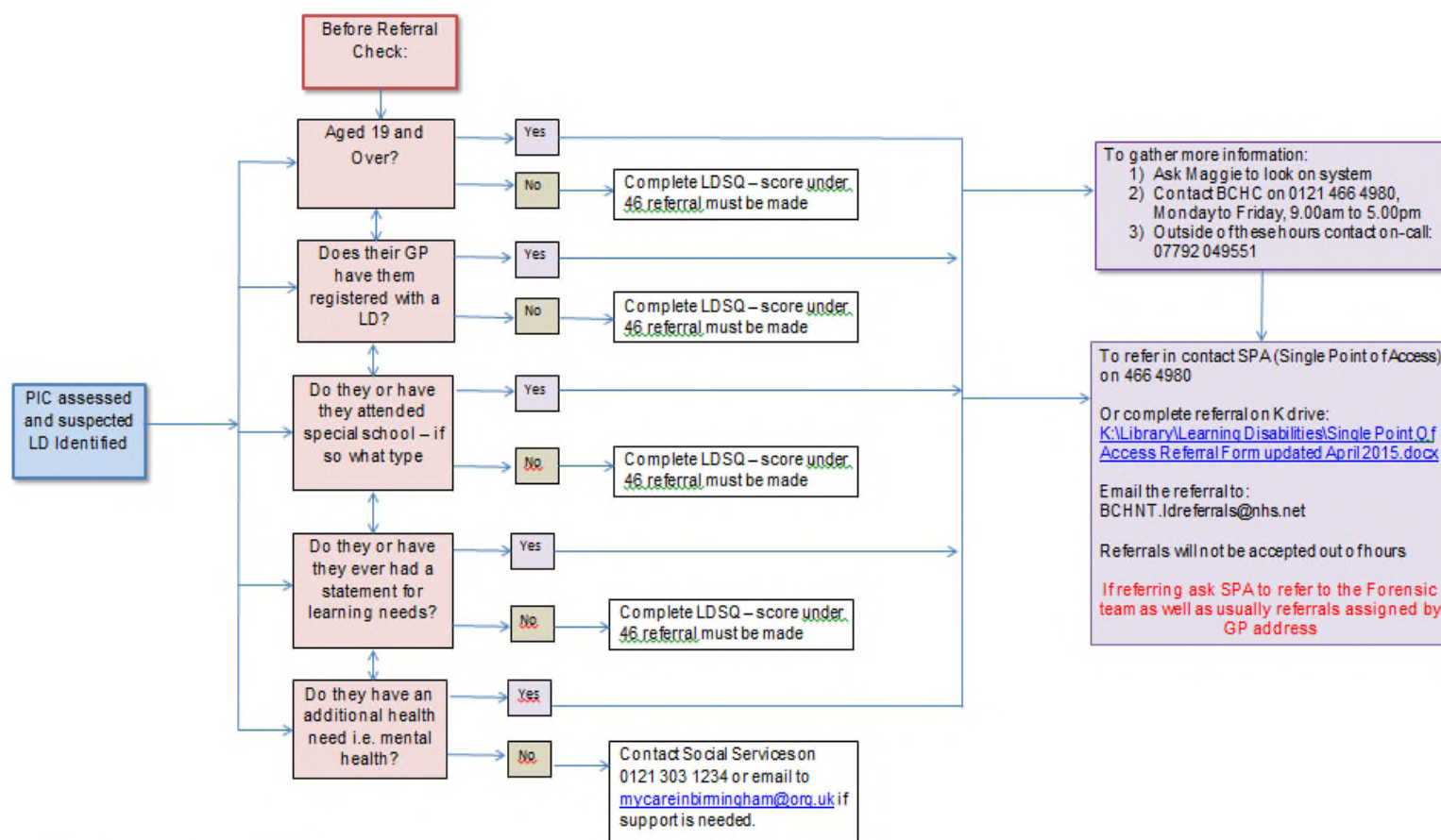
## – Youth Services

- Supporting those under 18 to divert from the criminal justice system or support through process. Liaison with social services , healthcare professionals



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# Pathway





# Case study A

- Male open to Community LD Team – In supported accommodation
- Concerns had been raised regarding presentation in home setting
- Previous admissions to Hospital under MHA,
- 3x assaults on care staff within 24 hour period – brought to custody following third assault. Referred to Liaison & Diversion within 1 hour of arrival
- Liaison with LD Forensic Team and CLDT – Medical review completed and decision made to be escalated to MHAA for hospital admission – Local Authority Emergency Plan (LAEP) Completed
- Liaison & Diversion offered full support to request MHAA in custody
- Full assessment completed – DETAINED S2
- Due to bed not being located remained in custody overnight
- Escalation in behaviour / deterioration in presentation – began to smear / become aggressive towards staff – unable to complete transfer safely due to presentation / engage with custody staff
- L&D arrived following day – supported Client A using Makaton as anxiety had increased resulting in Client A being unresponsive to verbal communication
- Using Makaton – needs met and patient safely transferred to in-patient bed



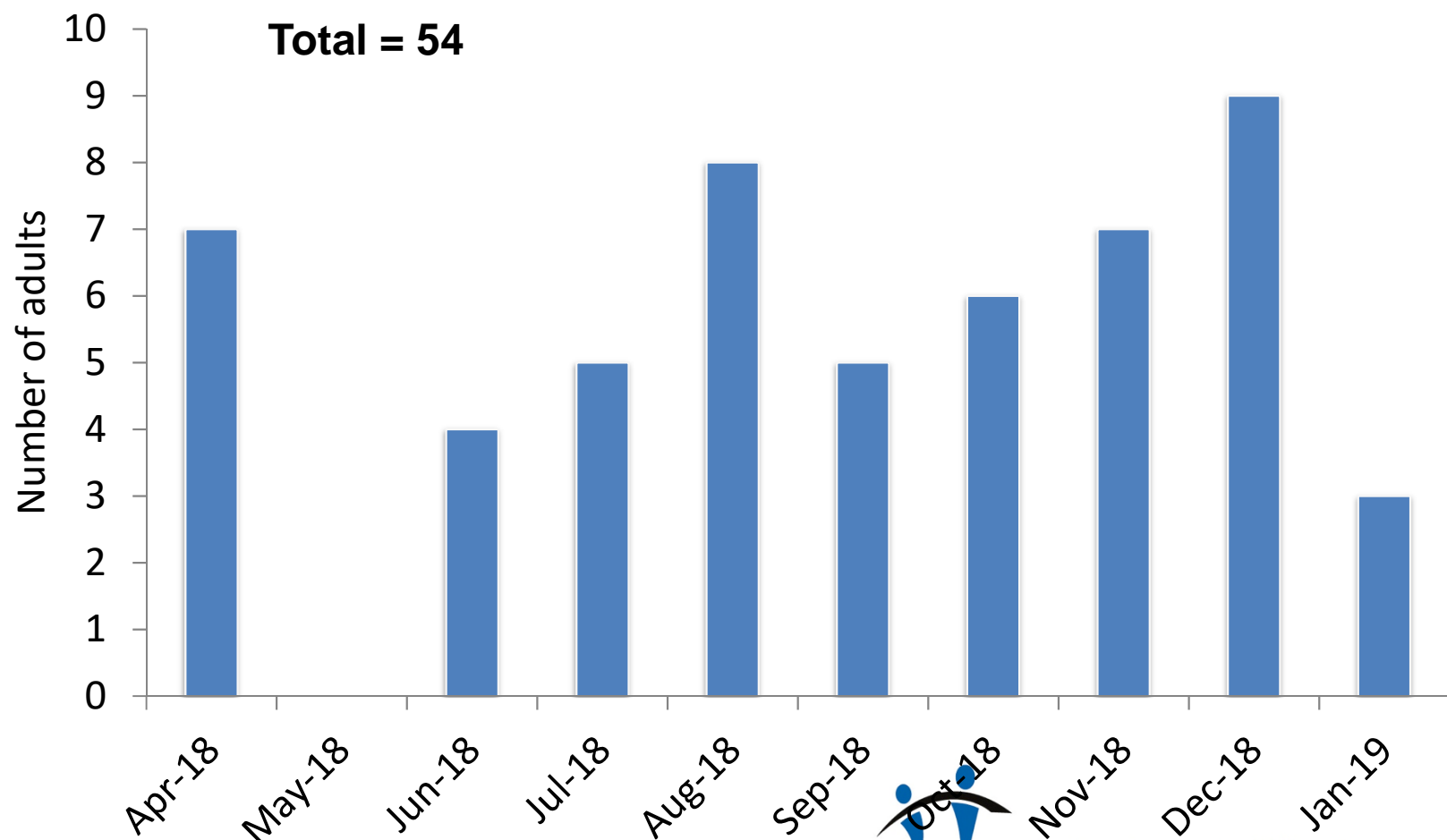
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# Number crunching

- Since the L&D project launched in 2015 up until December 2018 the team has seen a total of **6,683 people!**
- Up until August 2018, of those people assessed, the team made onward referrals for **2,963** people.
- Our engagement rate is 48% - beating the national average of 33%!



# No. of adults identified as having a suspected LD (Apr 18 – Jan 19)

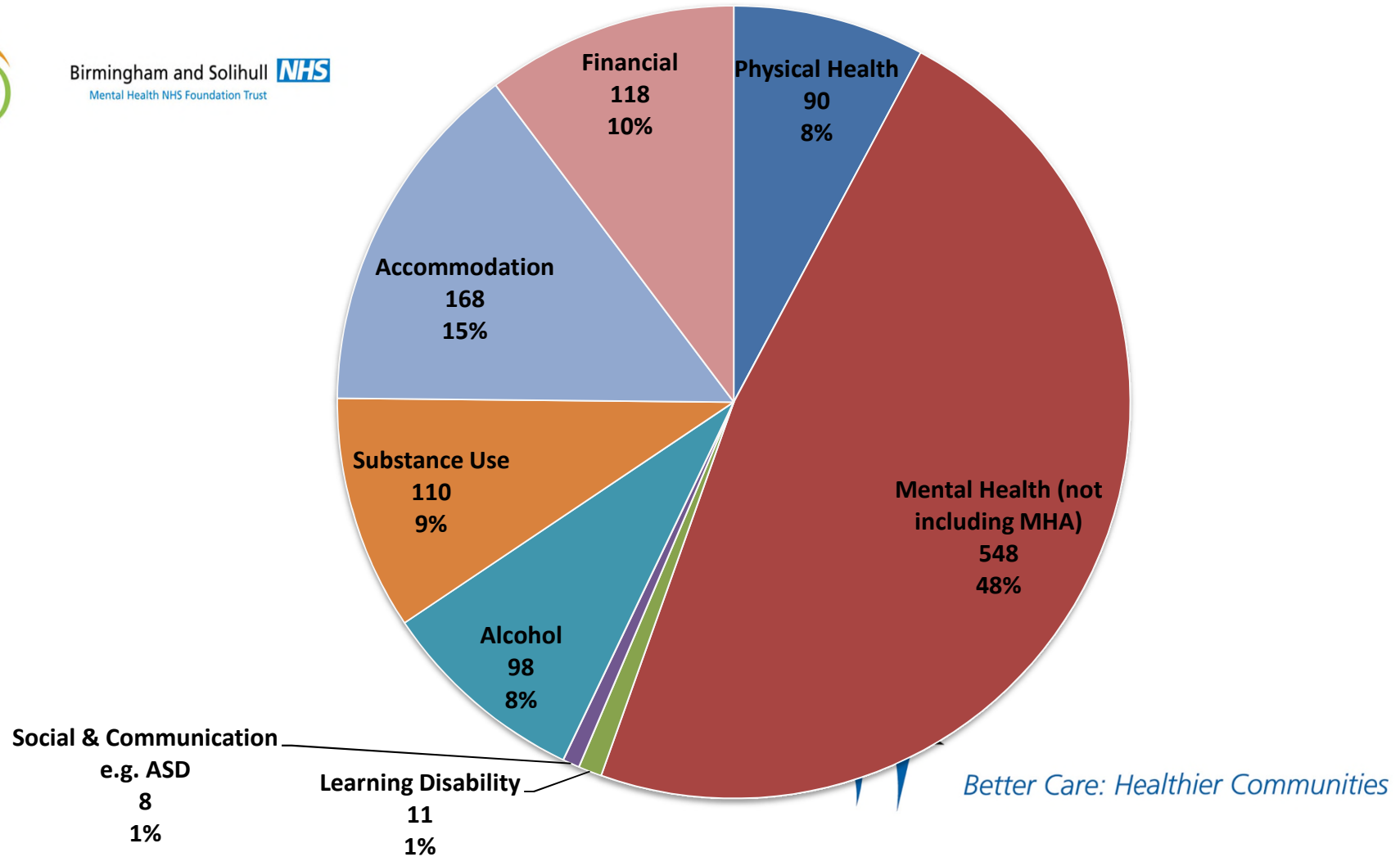


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# Vulnerabilities identified



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# Reasons for low numbers of people with LD identified

- Poor understanding regarding difference between a “Learning Disability” and a “Learning Difficulty” – phrases are often used interchangeably
- Not detected by custody/Police staff – therefore not highlighted on system
- Stigma? Mild LD – may not always disclose diagnosis
- Recorded under “Ailment” – sometimes missed?
- Reluctance of Police to bring people with LD/suspected LD into custody
- Lack of understanding regarding capacity – crimes are not always progressed



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# Screening for Learning Disabilities in Police L&D

- Use of the LDSQ (Mackenzie & Paxton, 2012)
- Recommended as a screening tool by the Royal College of Psychiatrists (2014)
- 7 items, quick, easy to complete
- Most L&D practitioners trained in using LDSQ
- Learning Disability practitioner supports with implementation and interpretation
- Benefits
  - Quicker, more reliable identification of people with a learning disability
  - More detailed referrals and fewer inappropriate referrals



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# Benefits of having an LD practitioner

- Improved identification of those with a LD – extra support at early stage
- Improved pathway from custody into the LD service, including decreased time from assessment in custody to being assessed by LD services
- More appropriate referrals to LD service
- Advising on reasonable adjustments to support process, i.e. Appropriate Adult, Voluntary Interviews, easy read information
- Provide advice/guidance/training to other professionals including Police, Court, Probation – increasing confidence of professionals
- Information Sharing



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# Example of easy read form


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**BIRMINGHAM**


**CRIMINAL JUSTICE MENTAL HEALTH TEAM**


**CONSENT FORM**

 To help you and to help us to do our job we may need to talk to other people about you. We will need your consent to do this.



 Consent is deciding if you want to do something or let something happen



 ☐ You can say yes


 ☐ You can say no


 It's up to you.



If you tell us something which means you may be hurt, we may have to tell someone.

 →  If you say yes now you can say no later

 →  If you say no now you can say yes later

 So if you change your mind phone 0121 678 3148

 ☐ I agree for a See Me Worker to talk to me

  ☐ I agree that some information can be shared with Court staff and Probation



# Challenges and solutions



## Challenges



## Solutions

Confirming diagnosis of LD

Use of LDSQ and referral to LDS

Sole practitioner in team of mental health professionals

Supervision with CFT, LDS

Police staff still view Liaison & Diversion as a “Mental Health Team”

New presentation explaining the team

Confusion / awareness that Capacity is decision specific

Offer training on this

Lack of facilities for people with physical disabilities

?

Different process for requesting detention under MHA/Hospital Treatment e.g. Transforming Care, CTRs, LAEP

Given information on these

Lack of services for people with ASD

Raise issue with Commissioners  
Signpost to third sector

# Education and joint working

- The LD practitioners have provided training to the L&D team and custody staff on:
  - Communication
  - Difference between learning difficulty and learning disability
  - Autism
  - Capacity
  - Consent
  - Reasonable adjustments



# Staff feedback

“For me the benefits of having LD nurses in the team has been the advice they can provide to other Practitioners when assessing individuals with Learning disabilities.

It has been invaluable having experienced and knowledgeable LD nurses based within the team. Not only to me on an individual basis,(as in seeking advice and support on the assessment process but also forwarding on concerns and requesting appropriate follow up support), but also to the team as a whole, it is due to their competence, confidence, knowledge and experience that allows L&D to effectively assess and refer on those in Police custody who are living with learning disabilities.”

“The benefits to the team are multi-layered;

1. Enables the staff to have confidence in their dealings with people with LD
2. Gives assurance that they are “doing the right thing” with individuals
3. Supervision of difficult cases
4. Able to speak with confidence to our partners about the issues

For partners;

1. Police have more confidence in referring individuals with LD
2. They feel able to discuss cases with the team members

For the individual;

1. Early identification, assessment and support means that they are dealt with in a timely and appropriate fashion
2. Better outcomes
3. More support if they are required to go through the CJS”



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# Service User feedback

"It felt good that I was understood"

"I was scared in custody and was helped to understand what was happening"

"Glad someone was listening to me"

"Had lots of support"

"Was able to say how I felt"



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# Case study B

- Patient B arrested for “inciting child for sexual activity” using internet sources,
- Police did not identify “Prader–Willi syndrome” as a LD and had marked as a physical ailment
- Not previously open/known to LD Services
- Patient B had been assessed by Physical Healthcare Team and deemed fit to proceed
- LD Nurse in L&D identified Patient B via screening and completed assessment on Patient B
- In custody reasonable adjustments recommended, including Appropriate Adult
- Referred Patient B in to Forensic LD Team – WAIS completed – LD confirmed
- Support received by Forensic LD Team
- In later arrests, liaison occurred between L&D and Forensic LD Team re: capacity to engage in CJS process
- Patient B received remand status whilst awaiting trial– due to continued involvement with LD Team and risks associated to vulnerability – work undertaken and Patient B now receiving assessment & treatment in in-patient setting

# Awards



- **2017**
  - Quality and excellence – **Winners** – **Team of The Year** – In Outreach
  - Quality and excellence – **Runner Up** – **Partnership Working**
- **2018**
  - Howards Justice League – **Winner** – **Team of The Year**
  - Quality and excellence – **Silver** – **Team of The Year** – (Custody)
- **2019**
  - West Midlands Combined Authority – Thrive Mental Health Commissioner Awards
  - **Shortlisted** for Diamond Award 2019 **Team of the Year** (Ceremony 4/04/2019)



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# Birmingham Community Forensic Team Conference

If you are considering setting up a Community Forensic Team or are in the process of doing so, the Birmingham CFT are hosting a conference on **Thursday 26<sup>th</sup> September 2019** at **Birmingham City football ground**.

We have 17 years of experience of operating as a CFT and will be presenting on a variety of subjects, including what we have found to be effective as well as potential pitfalls.

For more information, please email [Amaara.Nassar@bhamcommunity.nhs.uk](mailto:Amaara.Nassar@bhamcommunity.nhs.uk)

(Alternatively – [morna.browning@nhs.net](mailto:morna.browning@nhs.net))



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# Questions



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