

# The role of an OT and SLT in Birmingham CFT

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# Overview

- Background and aims of CFT
- CFT interventions and stakeholders
- Good Lives Model
- What else do we do?
- How is the CFT OT/SLT role different to the Community OT/SLT role?
- SLT and OT assessments and interventions
- Case studies

# Birmingham Community Forensic Team (CFT)

- Established in 2002
- Referral criteria:
  - Work with adults (19+) who have a learning disability and who have committed a serious offence or who are at risk of committing a serious offence
  - need a Birmingham GP
- Previously commissioned for caseload of 60. Currently commissioned for caseload of **70**. Moving to 80.

# The Team

The Forensic Team consists of a Full MDT including:



# Aims of CFT

- To work with people to reduce the likelihood of reoffending.

# CFT Assessment and Interventions

- Initial assessment
- Risk assessment (e.g. HCR-20, SVR-20) so as to guide risk management
- Development of formulations (shared understanding) to guide interventions
- Work informed by the Good Lives model (Ward et al) – building on strengths and skills to reduce the risk of offending e.g. accessing work & college placements
- Psychological work (1:1, groups) to reduce risk of offending e.g. anger management, trauma, sexual offending and help with mental health problems

# CFT interventions

- Working with care staff and families
  - Provide training as required
- Supporting people through the Criminal Justice System
- To offer advice and consultation to the CJS e.g. Crown Prosecution Service, Probation
- Supporting health and medical interventions
- Use of accessible information
- Transforming Care Agenda

# Stakeholders



# Good Lives Model

A strength based approach to offender rehabilitation

Based on the idea we need to build capabilities & strengths in people in order to reduce their risk of re-offending

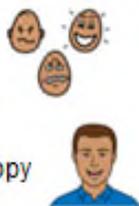
According to the GLM people offend because they are attempting to secure some kind of valued outcome in their life

Offending is essentially the product of a desire for something that is inherently human or normal  
Ward & Brown (2004)

# Examples of Human Goods

## Coping with your emotions

- Doing things to keep yourself happy
- Understand how you are feeling
- Knowing how to make yourself feel happy



## Learning about things

- Doing college courses
- Knowing what helps you



## Feeling good about your life

- Feeling proud of yourself
- Having something good in other parts of your life



## Thinking of ways to solve problems



## Working

- Work/Volunteering/College
- Following the rules at work



# A Good Life



## Feeling part of a group

- Sports, college
- Meeting new people



## To keep healthy

- Exercise
- Eating healthy
- Not feeling ill



## Believing in something

- Having a religion
- Having faith in something



## Being independent

- Setting goals for yourself
- Making good choices



## Relationships

- Friends, family, partners, co-workers
- Making and keeping relationships



## Doing things you enjoy

- Having hobbies
- Joining groups



# Role of SLT and OT

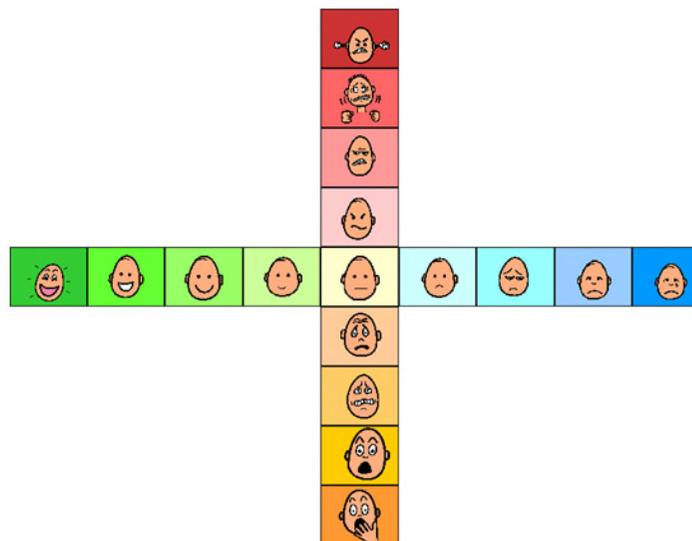
- To promote communication
- To promote risk appropriate meaningful occupation

# SLT Assessment

- Comprehension / Expression

## HIGHER LEVEL SKILLS

- Verbal reasoning, inference, theory of mind – from pictures and verbal sentences/paragraphs
- Acquiescence/being easily led
- Narrative and sequencing skills
- Understanding of time
- Symbolic understanding
- Reading and Writing
- Idioms
- Vocabulary
- Emotional Language
- Generalisation
- Rating Skills



- Joint working with LD Psychiatrist as part of establishing whether patient has a LD diagnosis.

# OT Assessment

- Model of Human Occupation
  - Occupational Self Assessment/Occupational Circumstances Assessment Interview Rating Scale
  - Volitional Questionnaire
  - Occupational Questionnaire
  - Roles Checklist
  - Interest Checklist
  - Assessment of Motor and Process Skills
  - Model of Human Occupation Screening Tool
- Skills Assessments
  - Road Safety
  - Money Management – Capacity assessment
  - Other skills assessments as required e.g. independent living skills
- Sensory Assessments

# SLT Interventions

- Accessible information – e.g. Sexual Harm Prevention Order, diagnosis.
- Making sessions/treatment accessible, e.g. Sex Education.
- Social Skills including comic strip conversations and social stories
- Facilitating Mental Capacity Assessments
- Contributing to Positive Behaviour Approaches and Behaviour Support Plans
- Staff training
- Consultation and providing advice as part of MDT approach
  
- Other interventions in toolkit but not used often with this client group (often mild learning disabilities) : visual timetables, speech sound/dysfluency work, switches, signing, PECS, Objects of reference, Intensive Interaction, high tech AAC, communication passports/dictionaries/books.

# Accessible information - SHPO

The Defendant is prohibited from:

Devices capable of accessing the internet

1. Using any device capable of accessing the internet unless:

(a) It has the capacity to retain and display the history of internet use;

(b) That function is enabled at all times;

(c) The history of internet use is not deleted;

(d) He makes the device available on request for inspection by a police officer or member of police staff; and

(e) He makes available on demand all passwords necessary to view the content of that device (including secondary and any other layers of password protection and/or authentication).

2. Deleting the history of any device capable of accessing the internet which he uses.

3. Failing to notify the Chief Constable of West Midlands Police or appropriate Police Force for the area in which he resides immediately or as soon as reasonably practicable of all devices capable of accessing the internet which the defendant owns, uses or has with him.



An internet device is anything that you can use to go on the internet, like a phone, computer, or games console



If you have an internet device, you have to tell the Police

If you want to use the internet device, you have to tell the Police



If you have an internet device, it needs to be able to keep and show what you have been looking at.

This is called your search history



You are not allowed to delete your search history



You will have to show the Police your internet device if they ask for it



You will have to tell the Police your internet device passwords

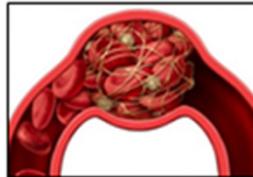
# Accessible information - diagnosis

## What is a TIA?



TIA means 'transient ischaemic attack'

A TIA is like a mini-stroke



A TIA lasts for a short amount of time so you can get better quickly

A TIA happens when blood can't get to part of the brain for a short amount of time

Usually this is because you have a blood clot



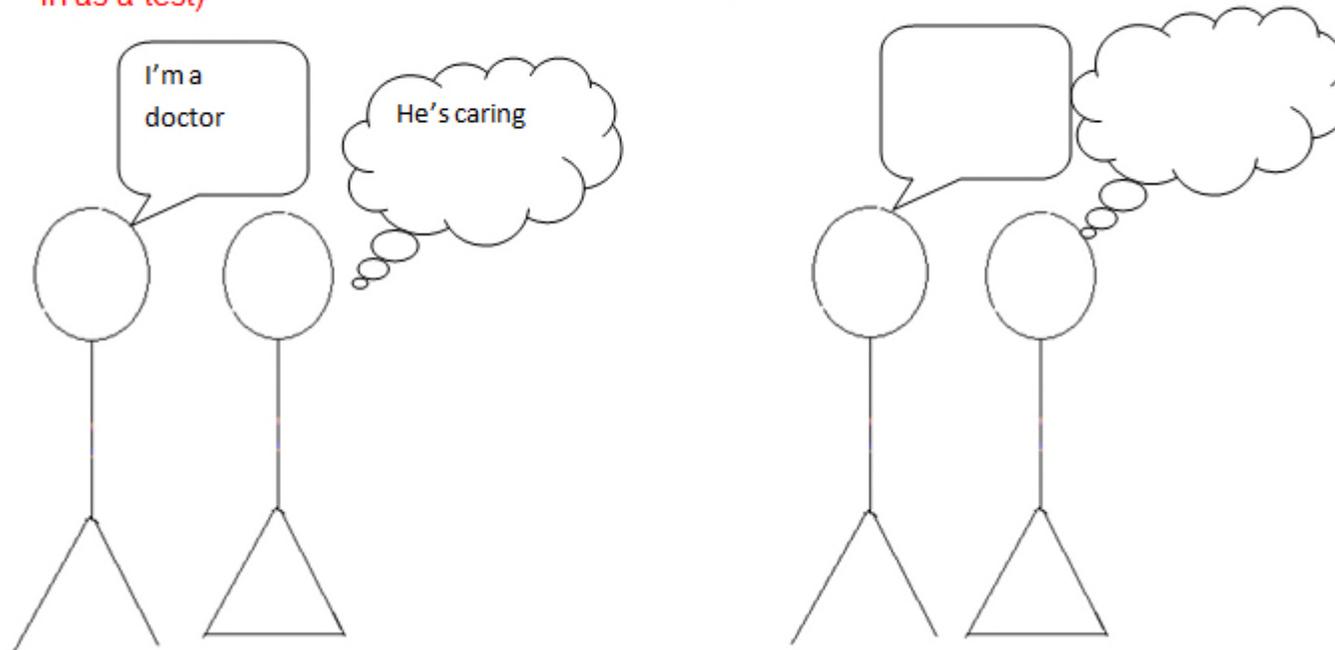
A TIA might mean that you could have a full stroke in the future



Best Care  
Healthy Communities

# Comic strip conversations re: disclosure

(Comic strip cartoon example – 2 people at a party, 2 versions. and then blank to fill in as a test)



Best Care  
Healthy Communities

# OT Interventions

- Disclosure work to support day placements
- Meaningful occupation/routine/motivation development (including supporting risk assessment)
- Skill development e.g. money management or independent living skills
- Work/training with support staff
- Contributing to Positive Behaviour Approaches and Behaviour Support Plans
- Supporting MDT approach to occupation and risk management

# What else do we do?

- Shared leadership model - datix, investigations, CQC self assessments, feedback from senior management, mandatory training, audits.
- Part of service development working groups – internet safety, PBS.
- Supervise HCAs and OT externally
- Attend CLDT Hub referral meetings
- Attend Clinical Reference Groups and Patient Experience Network as part of wider service
- Link in and train stakeholders, e.g. probation, liaison and diversion, substance misuse services.
- Attend SLT and OT team meetings
- Maintain a small dysphagia caseload
- Arrange and attend training, e.g. PDA, mediation.

# Internet Safety module



## Ways to keep the internet safe



Millions and millions of people use the internet.



It can often be easier to talk to people on the internet than when you see them.



But the internet can also be dangerous.



There are ways to make the internet safer.



You could think about using some of these things to help keep yourself safe but enjoy the internet



- Using a computer with a member of staff there to help.



- Put a block on the computer to stop illegal or inappropriate images coming up or to stop you buying things.

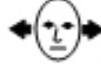


- Put anti-virus software on your computer. This stops a virus which could break your computer.



# Work with Probation around Victim Awareness

 Did you think about what you did before you did it?

 Yes       No

 What did you think about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 Who helped you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Think about what happened, whose fault was it?

 Me

None	A little bit	A lot	All
			

# How is the CFT OT/SLT role different to the Community OT/SLT role?

- When a referral is made to CFT the patient has access to the entire MDT. SLT/OT has awareness of all cases through weekly MDT. This allows for on-going consultation/advice and knowledge of when input is required.
- Working directly with approximately 15 patients at one time.

# How is the CFT OT/SLT role different to the Community OT/SLT role?

- Fluidity of specific profession input with no formal referral process and waiting lists. E.g. 2 weeks input for accessible information, no SLT input needed for 2 months, then input for 2 months on 2 pieces of accessible information and training for new staff team. Other professionals involved will then step back as needed during this additional input.
- Work with a patient for a longer period of time and they have consistent SLT/OT.
- Increased opportunities for joint working.

# Case Study - A

- Man in his 20s, not long out of the paediatric system.
- Disorganised Attachment Disorder, ADHD, Autism, Dyspraxia, Epilepsy.
- He witnessed the death of his father at a young age.
- Social services involved as a child due to history of neglect. Mother's partner displayed anti-social behaviour within the home.
- Moved geographical areas and had 18? previous placements all of which have broken down due to providers not having the skills to manage his offending behaviours and support his emotional regulation.

- Family and service user history of inappropriate sexual behaviours
- Trauma – possible victim of physical abuse by birth father. Sexual abuse by mother’s partner.
- Placed in care at aged 11 years

## Offending behaviours –

- History of contact sexual offences against 3 young girls aging from 5 to 14.
- Aged 17 sexually assaulted a 9 year old.
- Aged 17 inappropriate touching of an adult female.

- On referral to CFT, daily incidents regarding self harm, property damage, threatening suicide and physical aggression. Staff having difficulty de-escalating and reporting these situations. Staff also having difficulty preventing further incidents.
- Living with 2 females who were subsequently moved due to risk assessment by CFT.
- Staff were not able to consider and manage his forensic risk, e.g. staff not observing at trampoline park, not considering timings and supervision requirements when visiting fair.

## Triggers:

Inconsistent staff team

Lack of structure and routine

Lack of supervision

Anxiety if staff are unable to understand his needs

Living with others

Not understanding or processing the reasons for restrictions being placed on him

Cognitive demands being placed on him – not giving time to process and respond, asking too many questions, too many choices.

# Assessment

- Communication assessment
- Activity checklist
- Occupational questionnaire
- Informal environmental assessment
- Unable to complete full OT assessment due to occupational deprivation.

# Interventions

- Accessible information regarding moving home.
- Staff training at previous home regarding forensic risk and completing effective observations.
- Staff training at new provider regarding forensic risk and management, communication and occupational needs. He was also involved in presenting information which he felt was important for staff to know about him.
- Staff training at new home regarding importance of ABC charts and the importance of structured meaningful activity.

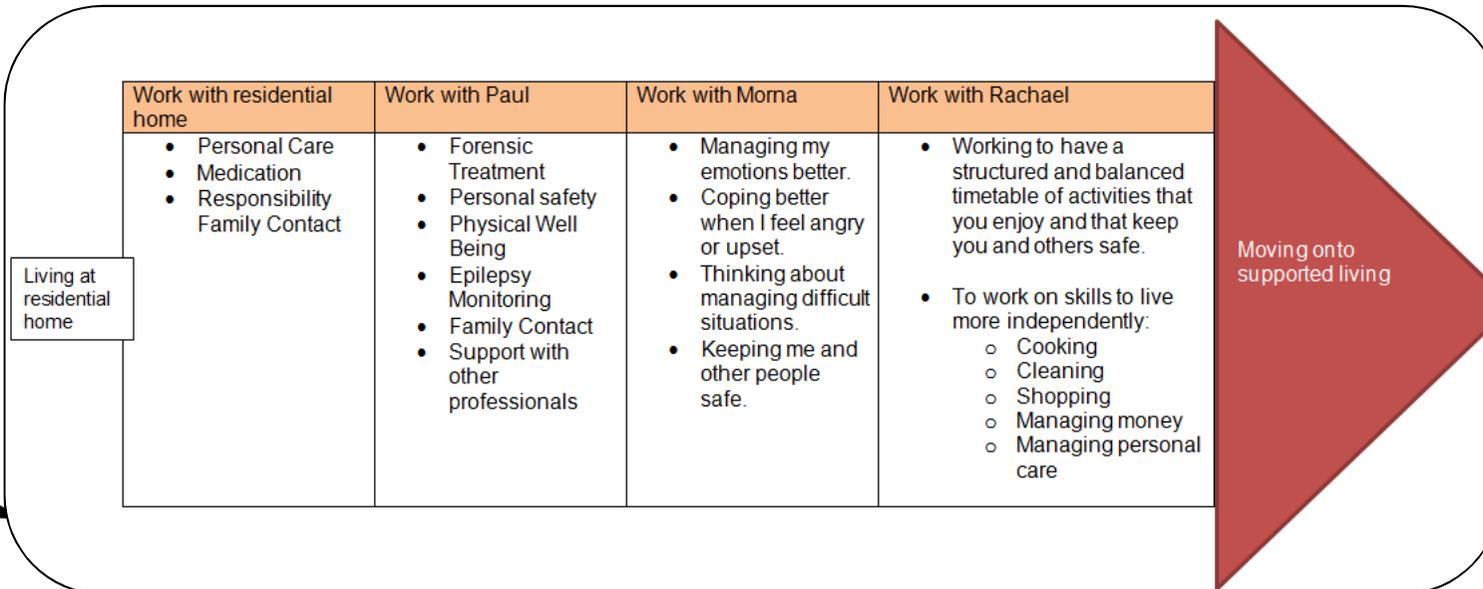
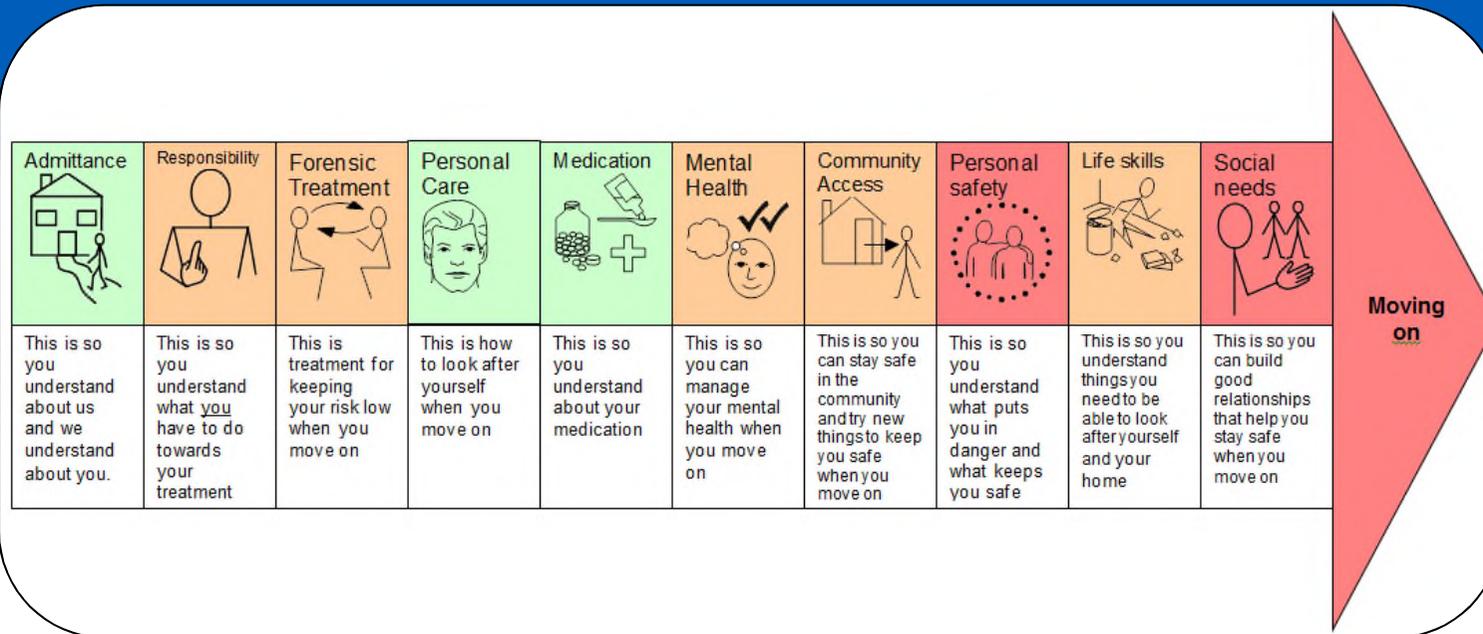
# Interventions

- Supported to identify college placement, liaise with tutors around behaviour management strategies and support regarding disclosure.
- Support to access meaningful occupation and routine, e.g. drumming, karate.
- OT acted as Appropriate Adult. Provided with SLT report and recommendations.

# Outcomes and OT/SLT Future Aims

- Incidents decreased
- Meaningful activity increased – drumming, kickboxing, cycling
- More engaged with CFT and recognising future aims, e.g. money management
- Successfully transitioned to new home
- Attended a college placement
- Involved in training staff
  
- Recent incident involving police contact.
  
- Future aims: Care plan arrow regarding moving on to supported living. Money management skills assessment and Mental Capacity Assessment regarding money management. Personal care, domestic activities. Accessible information regarding legal vs illegal and SHPO. Supporting police with regards to communicating in appropriate way.

# Care Plan arrow



# **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)**

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