



SPECIAL EDUCATION NEEDS IS EVERYBODY'S BUSINESS!

An International Specialised Skills Institute Fellowship.

FELICITY WILLIAMS

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i. Acknowledgements

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The International Specialised Skills Institute was founded 29 years ago, by a small group of innovators including Sir James Gobbo AC, CVO, QC, and former Governor of Victoria, who had a vision of building a community of industry specialists who would lead the up-skilling of the Australian workforce. The Fellowship program builds shared learning, leadership and innovation across the broad range of industry sectors worked with. Fellows are supported to disseminate learning's and ideas, facilitate change and advocate for best practice through the sharing of their Fellowship learnings with peers, colleagues, government, industry and community. Since its establishment, ISS Institute has supported over 450 Fellows to undertake skill and knowledge enhancement across a wide range of sectors

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ii. Executive Summary

Learners are undoubtedly presenting to our adult education institutions with learning difficulties, such as ADHD or dyslexia – particularly in our foundation programs. However, our sector does not support deployment of highly qualified and trained staff with expertise to help these learners to manage their condition and achieve success through adult education. It is also of concern that around 50% of the justice cohort may have a learning difficulty that has remained unmanaged and provides further impediments to these individuals being able to comply and cope with the justice system. It is clear that the education system has failed these individuals as children and they are now presenting as adults with ongoing structural barriers to successful educational attainment.

The further education colleges, researchers and policy influencers featured in this Fellowship report provided the Fellow with insight into how special education needs (SEN) has become a powerful term in ensuring that transformational adult education is provided in the UK and European Union, including in the prison system. Through policy reform and organisational development, SEN has been embraced by adult education leaders as a factor within adult education provision that must be adequately managed, supported and invested in. This has resulted in an adult education sector that is ambitious for its SEN learners and provides a workplace that is motivating and inspiring for its practitioners.

Inclusion is being led from the top by colleges like Weston College and Leeds City College. The benefits of being and being seen to be an inclusive organisation are significant, including developing outstanding practice, not just for SEN learners, but all learners, and raising aspirations of staff, learners and partners. Educational provision in the UK prison system has been transformed with prison governors

being held accountable for educational outcomes of inmates. Whole of organisation approaches to supporting all learners, including SEN learners, is resulting in transformational outcomes. This includes, for example, prisons valuing every contact between prison officers and inmates as educational opportunities, and recognising opportunities to learn occur throughout the complex. Similarly, within further education colleges, SEN experts are deployed throughout the colleges to observe and assess all learners to ensure that any specific needs are identified including with learners who may not have self-declared a special learning need.

It is also clear that the mental and physical wellbeing of our learners and staff can be combined to great effect. Often, we think about one without the other. Weston College's Body and Mind Framework is an example of a college-wide approach to providing programs and activities that allow learners and staff time to participate in to improve their mental and physical wellbeing.

The Fellow was also able to explore innovative community approaches to supporting wellbeing and addressing problems such as isolation and loneliness. Social prescribing is proving to be highly effective in reducing visits to GPs for non-medical matters. The concept provides a Link Worker who takes the GP's social prescription and works with the individual to find and access community activities and programs. Social prescribing is also proving to be effective in improving employment success.

The Fellow was introduced to the term neurodiversity. This concept recognises that our brains are wired differently with some people experiencing structural barriers to social and educational attainment because of one or more learning difficulties. However, all of us have strengths – but these strengths may be hidden for some. In understanding learning conditions and difficulties, we have the opportunity to

help the learner to understand what may have been holding them back, as well as uncover their strengths and talents.

Early assessment of adults for special learning needs and learning difficulties must occur as soon as possible. With the knowledge that learning difficulties are more prevalent within justice cohorts, unemployed and low socio-economic situation, the opportunity to undertake an assessment could occur wherever the person first comes in contact with a relevant agency. With training in the use of a rapid assessment tool, frontline staff (e.g. in the police station, Community Corrections, community health, enrolment office) could easily undertake a quick assessment to ascertain whether a learning difficulty could be present. Through collaborative practice relationships, this information must then be shared with agencies as appropriate, including with a suitable adult education provider for further attention and deeper assessment.

In responding to these needs, we need to invest in and train SEN expertise within the VET sector. This includes providing training to teachers and trainers to recognise learning difficulties and help learners to manage their condition within the classroom environment. We also need highly credentialed teaching assistants with expertise in supporting and managing learning difficulties and SEN. These experts not only need to support learners directly, but also support our teachers and trainers to make reasonable adjustments and classroom arrangements, and embed therapeutic elements in programs that enable SEN learners to achieve success. A strong model supporting a SEND workforce has been developed by Weston College – and is delivered through their Motivational Career Structure.

Well trained staff who have the tools and wherewithal to help learners achieve success and transform their lives is the motivator.



The productive garden is a fragile creation, born largely of routine annual activity, tremendous focus and human perseverance. Without the continual input of experienced labour, day in, day out, it would soon disappear in an ocean of weeds, as those at Heligan did before.

The Lost Gardens of Heligan

1. Fellowship Background

There exists a group of people for whom day-to-day living in a literacy-based society presents unique challenges. They live within societal expectations that all members should be able to read and write. This value is instilled from an early age – but they experienced failure within an education system that provided limited recognition of the learning needs for people with learning difficulties such as dyslexia and Attention Deficit Hyperactivity Disorder (ADHD), and therefore did (does) not suit their learning needs. Into adulthood, undiagnosed learning difficulties has resulted in adults carrying significant challenges including lack of self-esteem and confidence, inability to control behaviour, anger and impulses, poorer health and well-being outcomes due to illiteracy, and potential to become involved in the justice system and/or problematic drug use, including self-medication.

Undiagnosed learning difficulties (specifically ADHD or dyslexia) have been found through Australian and international research studies to be prevalent in over 50% of the prison population. Research in the UK found 53% of criminal offenders at Chelmsford Prison¹ were dyslexic. Similarly, research has found a disproportionately high prevalence of individuals with ADHD within the criminal justice system, with prevalence rates of between 20 and 30%.

In an Australian study² of adult ADHD among NSW prisoners, the researchers concluded that 35% of the prisoner sample screened positive for ADHD and upon further diagnostic assessment, found 17% of those met criteria for adult ADHD (general population 2-3%). The majority of these had never been diagnosed with ADHD in childhood or as an adult. In addition, ADHD is commonly undiagnosed

in individuals presenting with other psychiatric disorders, and symptoms escalate in adulthood when individuals are faced with the challenges of independent living. The study found several correlates including younger age of first contact with the criminal justice system, substance dependence and comorbid psychiatric disorders. Stimulants (including methamphetamine) have a paradoxical effect on people with ADHD. Often, they experience a calming effect and an increased ability to focus and concentrate. Consequently, those who may not have been diagnosed or remain untreated may be self-medicating with non-prescribed or illicit stimulants.

The researchers concluded that identification of undiagnosed and/or untreated ADHD or dyslexia is likely to reduce reoffending and improve ability to successfully reintegrate into community following completion of their justice obligations.

The focus of this Fellowship is to identify best practice relating to educational approaches that address the gaps between disadvantaged learners and high quality education and training outcomes with a particular focus on learning difficulties associated with various conditions such as ADHD, Autism Spectrum Disorder (ASD), and dyslexia. For the purpose of adult education and working in a meaningful way with adults, instead of referring to learning disorders or learning disabilities, the Fellow will refer to 'learning difficulties'. In the European Union and the UK, the education sector widely refers to Special Education Needs or SEN when referring to learners who require additional support due to learning difficulties and related conditions.

There are a list of recognised conditions and labels, as outlined above, that are applied

¹ Hewitt-Main, J (2012) Dyslexia Behind Bars. Mentoring 4U, UK.

² Moore, E et al (2016) Adult ADHD Among NSW Prisoners: Prevalence and Psychiatric Comorbidity. Journal of Attention Disorders, Vol 20(11) 958-967.

to people with various learning difficulty conditions. However, in our work with this cohort and reflecting on the experiences in the UK, it is more useful to recognise that neurodiversity exists and adults may present with one or a number of various conditions, behaviours and a compromised ability to learn that is more effectively profiled as a set of learning difficulties rather than given a single label. Research indicates that those diagnosed with a condition may well have multiple conditions, for example, 35-40% of those diagnosed with ADHD will also have dyslexia.³ Patterns of conditions are interactional and cumulative, for example Specific Language Impairment (SLI) is on a continuum indicating greater risk of later dyslexia difficulties in adulthood.⁴

In addition, treatment and management responses to these conditions can be siloed – for example, Dyslexia is regarded as an educational issue, whereas ADHD is regarded as a psychological issue. It should also be noted that other conditions may influence our response, including diagnoses of mental health and anxiety, which can mask the neurodiverse condition. Those who are diagnosed with a neurodevelopmental condition may have one or more mental and/or physical co-morbidities. Another issue is 'the strict application of categorical diagnostic rules can also result in individuals with significant symptoms and impairments, but who fall just short of the diagnostic criteria, being denied support and treatment'.⁵

It is also the Fellow's intention to shift our approach to identifying specific learning disorders, differences, and disabilities to a strengths-based approach whereby each individual's abilities and strengths are appreciated. People who have experienced challenges to learning in the past due to the way their brain works need to be defined by what they can do – not what they can't do.

Adult Community Education (ACE) providers in Victoria, in particular, support people with low educational attainment and various barriers to accessing and engaging in formal education on a day-to-day basis, including those from low socio-economic backgrounds, and a range of circumstances such as mental health, alcohol and drugs and interaction with the justice system. Because of the cohort we are dealing with, we know that a proportion of our learners may have an underlying learning difficulty that has prevented them from achieving successful outcomes through the mainstream school system.

While some trainers may have completed formal schoolteacher training, our trainers generally hold an industry qualification and Certificate IV in Training and Assessment. On the whole, they have received little or no training in how to recognise and support the management of learning difficulties within their classroom. Even comprehensive teacher training at degree level is inadequate in relation to supporting learners with specific learning difficulties. Yet we expect our language, literacy and numeracy (LLN) teachers working in our ACE operations to support learners with complicated and challenging learning difficulties. In the UK, 55% of parents with dyslexic children reported that the schoolteacher did not notice that their child was experiencing literacy difficulties.⁶ So it is no wonder that children of parents who are less informed and empowered due to their own lack of education slip through the cracks in mainstream education and present later as adults who have had difficulty with gaining and sustaining employment and may have become involved in the justice system.

Low socio-economic status (SES) status is a factor. Children living in low income families are less likely to have their symptoms recognised as being a learning difficulty and are more likely to be labelled as having an emotional and behavioural

3 Willcutt, Pennington, Olsen et al, (2007) Understanding Comorbidity: A Twin Study of Reading Disability and Attention-Deficit/Hyperactivity Disorder. American Journal of Medical Genetics Part B 144B:709-714.

4 Pennington and Bishop (2009)

5 Kirby, A (2018) Presentation on neurodiversity.

6 Dyslexia Action, (2012) Dyslexia Still Matters. Accessed through Slideshare 13/8/2020

disorder, resulting in exclusion from school.⁷ This is further exacerbated by many of these conditions being hereditary, with the parents experiencing learning difficulties and sustaining negative experiences of education being unable to support their children with the same condition. Research in the UK also indicates significant prevalence of learning difficulties in children in care.

Adult learners with as yet undetected learning difficulties that have remained un-managed present additional barriers to successfully participating in formal education within an adult learning environment. There is a higher proportion of people with learning difficulties within specific cohorts, including low socio-economic backgrounds, and more particularly in the justice cohort.

The Future Opportunities for Adult Learners⁸ paper highlighted the need for specialised practitioner expertise required to deliver to learners with the lowest levels of literacy and systemic barriers which may inadvertently delay learner progress and inclusion. The review highlighted the varying levels of capability within the teaching fraternity within the ACE sector. We know that people with learning disorders such as ADHD or dyslexia are entering our classrooms, particularly if placed by Jobactive providers to meet their compliance requirements. Our teaching staff do not develop the skills to appropriately deal with people with these learning disorders through currently available adult vocational educator training.

This Fellowship will provide insights into practical ways teachers/trainers can:

- » broach the need for assessment with the learner by having skills to observe and recognise learning difficulty patterns or tendencies
- » facilitate support for people with learning disorders, particularly treatment experts, and work within a team case-management structure

- » understand the role of experts (e.g. psychologist, speech pathologist) in treating these conditions and understanding ways vocational education and training (VET) activities can complement the work conducted by these clinical experts
- » develop and deploy teaching and reasonable adjustment strategies to accommodate learning difficulties, including contextualisation of a VET program to suit specific cohorts
- » support learners to develop inter-personal and core work skills that help overcome and control tendencies due to the learning difficulty condition
- » support the learner to identify strengths and shift from a deficit view of self
- » effective use of mentors and/or peers for learner support
- » manage motivation and emotional processes within the learning program
- » provide appropriate careers/job insights for learners to improve success in seeking employment that plays to their strengths and accommodates their learning difficulty needs.

This Fellowship has enabled the Fellow to investigate best practice in supporting treatment and support initiatives for adults with learning difficulties within the VET context, including within the specific environment of prisons. The Fellow focused on ways to engage adults who have poor past experiences of education, lack of diagnosis as a child leading to frustration, low self-esteem and low educational attainment, who have become involved with the justice system through a combination of the above and the inability to gain or sustain employment, and/or poor decision making.

7 McCoy, S, Banks, J and Shevlin, M (2012) School Matters: How context influences the identification of different types of special education needs. Irish Educational Studies No. 2(2): 119-138.

8 Department of Education and Training (2017) Future Opportunities for Adult Learners. Melbourne.

The Fellow sought:

- » insights into ways to engage these adults in a VET setting that supports development of literacy, numeracy and inter-personal skills while overcoming the deficits of a learning disorder
- » to introduce these concepts into initiatives to enhance professional development outcomes for VET trainers, particularly those involved in general education for adults programs, including teaching literacy and numeracy skills in adults
- » to influence relevant policy agendas.

Fellowship methodology

This Fellowship was conducted through meetings with key contacts and through visits to further education colleges where the Fellow spent a day at the College talking to staff, learners and managers about their approach to supporting learners with special education needs. The Fellow was taken on tours of the College facilities, including purpose built/developed facilities to support various learning need conditions. The Fellow also visited and met with researchers, policy influencers and other service providers who support community members with barriers to education, including mental health or due to incarceration.

Fellowship period

The Fellowship was undertaken during February and March 2020.

Fellow biography

Felicity Williams is a marketing and business strategist and has held senior roles in the Victorian vocational education and training sector. Felicity deepened her skills and knowledge of business concepts and practices when she achieved her Masters in Business Administration. She also has a Bachelor of Arts, and a Graduate Certificate in Leadership (Education). She has also been a university lecturer in marketing.

She took up the role of CEO of The Centre for Continuing Education based in Wangaratta in north-east Victoria in 2014. Felicity is passionate about the adult community education and training sector because it has the power to change lives.

Over the past six years, Felicity has led the regeneration of The Centre in re-claiming its roots as a provider of adult education programs that are truly accessible for people with significant barriers to accessing education opportunities. Through Felicity's vision, The Centre now has a Learner Engagement Team at its heart, and is a highly regarded provider of 'whole-of-person' strengths-based transformational adult education programs that have proven to be engaging and transformational for vulnerable and hard-to-reach learners. The Centre's success is embedded in its array of programs that build protective factors for its learners, including, for example, programs that provide hope-filled career guidance and goal setting, that help reduce family dysfunction, and that empower women affected by domestic violence to become financially empowered.

In 2019, she successfully achieved Federal funding for Finding Strengths, a pilot project in partnership with Victoria's Department of Justice and Community Safety, Hume Region to work with offenders on community corrections orders and/or parole with learning difficulties such as ADHD or dyslexia.

Abbreviations / Acronyms / Definitions

ACE	Adult Community Education
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CRES	Centre for Research and European Studies
CPD	Continuous Professional Development (UK)
EHCP	Education, Health and Care plans
EQAVET	European Quality Assurance in Vocational Education and Training
EU	European Union
GFE	General Further Education
ISS	Istituto Superiore di Sanità
LAA	local area authorities
LLN	language, literacy and numeracy
SEN	Special Education Needs
SEND	Special Education Needs and disability
SES	socio-economic status
SLI	Specific Language Impairment
STEAM	science, technology, engineering, arts and maths
VET	vocational education and training

2. Theme 1: Supporting learners with learning difficulties through policy and reform

2.1 Policy environment in Europe and UK

There is widespread recognition across Europe that employment rates and early school leaver rates among young people remain under the target set by the European Commission for Education. Consequently, it has been recognised that the need to develop effective, efficient and quality VET systems throughout Europe is paramount.

In 2009, the European Union (EU) set up the Education and Training Framework 2020 with four common EU objectives to address challenges in education and training systems by 2020:

- » making lifelong learning and mobility a reality
- » improving the quality and efficiency of education and training
- » promoting equity, social cohesion and active citizenship
- » enhancing creativity and innovation, including entrepreneurship, at all levels of education and training.⁹

To this end, there has been a long series of EU funded projects and initiatives aimed at improving the quality, compliance and effectiveness of Europe's VET system through a funding stream called ERASMUS Plus. One such project was the Q4ADHD project which aimed to improve the quality of the training delivered to learners

with special educational needs (SEN), particularly learners with Attention Deficit and Hyperactivity Disorder (ADHD). The focus of this project was on developing a framework to assess the quality of the provision of VET, complementing the principles of the European Quality Assurance in Vocational Education and Training (EQAVET) framework and standards. It was this project that started the Fellow on this Fellowship journey to discover more about Europe and the UK's approach to protecting human rights for people with learning difficulties and ensuring that all citizens, including those with SEN, are appropriately and adequately supported by the community, the government and their various education providers.

SEN is a clear focus of VET providers throughout Europe and is reflected in their funding mechanisms for people with a diagnosed or assessed disability.

During the Fellow's visit to Rome, she caught up with Mario Spatafora who has led a number of projects across the European Union, including the Q4ADHD project. The Effebe Association was founded in 1978 and emerged from the European Banking Sector. It plays a role in convening ERASMUS + projects by drafting, managing and monitoring various European projects in the sphere of lifelong learning and professional qualifications under the following topics:

- » education and training
- » social inclusion
- » ICT
- » quality assurance.

9 European policy cooperation, ET 2020 framework. Accessed https://ec.europa.eu/education/policies/european-policy-cooperation/et2020-framework_en on 16/7/2020

To facilitate this, the Association has set up the Centre for Research and European Studies (CRES). CRES is based on the Lisbon Strategy, which is to build the European economy through knowledge. To operate effectively, it relies on the interaction of the knowledge pillars as fundamental to building an economy that enables the EU to compete with other world-wide economies (see Figure 1).



Figure 1: CRES knowledge pillars

CRES was founded by 11 Centres of Excellence from nine different European countries and sectors. Its vision is:

To make quality lifelong learning, education and training a reality for everyone in order to enhance economic growth and social inclusion and to boost employability opportunities and mobility.

The work undertaken by Effebi Association and CRES is enriched through the EU's unique ability to bring numerous countries and perspectives to the table. According to Mario Spatafora, President of the Association, it is this collaboration across different

cultures and experiences that supports successful and innovative project outcomes. The other key commitment is that all intellectual property from projects is shared throughout the EU freely and openly. One of the critical themes underpinning this work in improving the VET sector is ethics in training. To this end, the success of the Association's approach to its projects are:

- » good partnerships – engaging in and embracing wide ranging perspectives
- » striving for innovative solutions
- » well-conceived aims and context of projects
- » big dissemination and demonstration ensuring that IP is shared and each partner is free to sell IP.

Over the past year, projects have included one on science, technology, engineering, arts and maths (STEAM), including for students with special needs (STEAM4SEN, 2019) and Pathways for Guiding Employment Skills for Autism Spectrum Disorder (ASD) (PAGES, 2017). It is well worth looking up the Erasmus projects as there is a wealth of information, tools and initiatives freely available.

2.2 Creating a supportive policy and delivery environment for learning difficulties

In Europe, data estimates the number of children with special education needs (SEN) at 15 million¹⁰ experiencing a range of conditions including:

- » dyslexia, a learning difficulty that impedes a person's ability to read, affects approximately 6% of Europe's population¹¹
- » autistic spectrum disorders is around 1% but this is believed to be conservative¹²

10 European Commission (2012), 'Special Needs Children and Disabled Adults Still Getting a Raw Deal from Education'. Report noted in Commission Press Release July 2012.

11 Employment Social Affairs and Inclusion (2013) 'Support for children with special education needs (SEN)'. European Platform for Investing in Children (EPIC)

12 Employment Social Affairs and Inclusion (2013)

- » approximately 5% of the population aged ≥ 18 is affected by ADHD.¹³ A global survey has indicated that 50-60% of children and adolescents will continue to have ADHD as adults.¹⁴

The Q4ADHD project recognised that while different policies and measures were being deployed at European and national levels to deal with the ADHD situation, there are still issues remaining including:

- » limited access to early and accurate diagnosis of ADHD, both in schools and in workplaces
- » lack of a lifelong learning approach; generally these disorders are not addressed anywhere from kindergarten to VET and adult education
- » limited number of specialised staff for integration into the education process
- » lack of State Education Standards (SES) for children with SEN in all EU countries, although new educational standards have now been developed
- » limited awareness of what ADHD is and about existing opportunities for supporting ADHD learners and their families. VET providers, experts and professionals should be more active in presenting these disorders and disseminating information about assistance opportunities in the different countries. The main consequence of these issues is that learners with ADHD frequently leave school with few qualifications and are much more likely to become unemployed or economically inactive.

The tools and framework developed by the Q4ADHD project are aimed at contributing to the improvement of the VET quality offer for learners with SEN, especially for learners with ADHD. The program also includes learning difficulties such as dyslexia. The recommendations and guidelines are available online through the Q4ADHD website and provide quality assurance standards for VET providers to achieve in order to proactively support learners with ADHD.¹⁵

2.2.1 Background to SEND reforms in the UK

Over the day the Fellow spent at Weston College, Jacqui Ford and Sam Mayhew shared their approach to special education needs and disability (SEND) and mental health, including the specialist model they have developed. In setting the scene they shared the following data and insights.

Key changes that occurred in the UK relating to Special Education and Disability (SEND) students since 2010:

2010: The Academies Act, Publication of "The Importance of Teaching – The Schools White Paper" DfE, 2010

2011: "Support and Aspiration – A new approach to special educational needs and disability" Green Paper published for consultation

2012: "School Funding Reform: Next steps towards a fairer system" published for consultation (DfE, 2012b)

2014: Children and Families Act – committed the Government to supporting families and improving services for key groups of vulnerable children. It aimed to create a more joined up approach.

2014: SEND Code of Practice 0-25 (DfE and DfH, 2014d) – promoted a strong focus on high aspirations and providing the 'best possible' (rather than adequate) educational outcomes. Replaced Statements of Educational Need (known simply as Statements) with Educational, Health and Care Plans (EHCPs), now covering students until they are 25 years of age (previously only up to age 19). Students with EHCPs have the right to ask for 'Personal Budgets', which give them more say in how money for their provision is spent.¹⁶

¹³ American Psychiatric Association (2015) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association Publishing

¹⁴ Lara Carmen (2009) Childhood Predictors of adult ADHD, *Biol Psychiatry* Jan 1; 65(1): 46-54, . Other stats presented later in this report indicate that 70% of children will retain the ADHD condition into adulthood.

¹⁵ <https://tools4adhd.eu/>

According to Weston College, the number of Education, Health and Care plans (EHCP) provided in the UK between January 2018 and January 2019 increased by 11%, with 22% of all EHCPs given to young people aged 15-25. Since the 2013 SEND reforms, there has been an increase of 78% of high needs places in General Further Education (GFE) Colleges such as Weston College. Fifty-eight percent of learners in GFE colleges with an EHCP are allocated high needs funding. In 2017/18, there were 505,790 students across the further education system with a self-declared learning difficulty or disability (17% of the total adult students). Of these:

- » 188,880 students were aged 16 to 19 (21% of total students aged 16 -19)
- » 324,280 students were aged 19+ (15% of total adult students).

Weston College have also noted that mental ill health conditions have increased and they are currently supporting over 1,000 learners in this situation.

The SEND reforms and EHCP system gave parents and carers more of a voice and assisted more effective and efficient transitions from the school system to further education colleges.

Weston College had identified 10 key issues that have arisen since 2016 that have had to be managed to support this influx of SEN learners.

1. Lack of strategic and regional planning by local area authorities (LAA) (the Join the Dots report also identified the fragmented role of LAAs - LAAs were purposed with allocating and delivering resources through a 'critical new role' as strengthened champions of choice)
2. Decline in specialist expertise
3. The high needs funding system



Figure 2: Growth in learners with care plans entering further education colleges.

4. Support for those with SEND without an EHC Plan or with an EHC Plan but no high needs funding
5. Transitions in and out of further education
6. Ceasing of EHC plans at 19
7. Young person as decision-maker
8. Transport
9. An inspection loop-hole
10. Lack of accountability. ¹⁶

The insights into Weston College's approach and response to these challenges will be revealed more fully in following sections of this report.

3. Theme 2: Putting SEN at the heart of the organisation

3.1 Weston College - inclusion led from the top

A recurring theme throughout all of the Fellow's meetings was the need to support a whole-of-organisation approach to supporting SEN learners whether in a further education college, prison or an alternative-to-school youth education program. The theory being that excellent practice for SEN learners is excellent practice for all learners and ensures that all learners receive support as and when they need it to succeed. As an example, Dame Sally Coates stated in her review of the UK prison education system:

'Let there be no doubt. Education should be at the heart of the prison system.'¹⁷

This includes 'proper support for the needs of prisoners with Learning Difficulties and Disabilities'. The result of her work and report is that Governors are now accountable for, and required to prioritise, education in a new way. The landscape also radically changed for the prison education providers – now only four throughout the UK, of which Weston College is one.

In 1981, Weston College had eight young people with additional learning needs – according to Dr Paul Phillips, Principal and CEO of Weston College - when he arrived in 2001 they were housed in a shed. One of his first actions was to bring them and their program inside the campus, and house them in the room immediately adjacent to his (the principal's) office. He grasped the opportunity for change while the focus was on development of a new strategic plan that embraced learning difficulties and mental health needs of learners. The momentum brought teams together to focus

on the social issues that were occurring, including suicide, unmet needs and neglect of learners with a disability, at every level. This resulted in governance changes, interdepartmental linkages, capability to support drug problems, a mental health, wellbeing and welfare strategy, a body and mind framework, and an external partner strategy. Dr Paul championed the singular aim to create a culture of positive mental health that benefits learners, staff and communities. In achieving its vision 'Creating brighter futures', the College has four key departments that work collaboratively:

1. welfare and pastoral
2. inclusive practice and mental health
3. sport and enrichment
4. human resources.



“Quality is the key, and the learner must come first. We keep the learner the centre of all that we do”

Dr Paul Phillips CBE, Principal and CEO of Weston College



From left to right, Sam Mayhew, Felicity Williams, Dr Paul Phillips and Jacqui Ford, Weston College.

In supporting staff and learners' mental health, the College provides practical programs generating peer to peer support that are accessible throughout the work week, e.g. meditation, yoga and fitness sessions. All new staff are assigned a mentor, have access to a Welfare Officer, and the College now has a Lead Practitioner in Mental Health. Continuing Professional Development (CPD)¹⁸ is available to staff and includes: Mental Health First Aid, ASIST Suicide Training, and Psychological Responses which is a comprehensive mandatory program for all staff. Through its mental health program, the College has strong links to local General Practitioners enhancing their capacity to support their patients.

They now support over 1,300 SEND learners through further education, apprenticeships and higher education courses. In the early 1980s, SEND learners were segregated and this took place until the mid-1990s when the College commenced moving to a more integrated model. Now, gone are the days of one-size fits all. Weston College ensures that the aspirations of all individual students are supported by addressing individual needs. All SEND learners have access to programs and courses that are appropriate for each individual. Investment in continuous professional development has led to highly qualified professional specialist teams in specific areas of SEND (see figure 3 below). (For further insight into professional development, refer to section 3.4 Their work across the organisation further embeds inclusive practice to benefit all learners and support best practice in the mainstream as well.

Figure 3: Areas of SEND supported by trained staff at Weston College.



Weston College shared their inclusive model with the Fellow, explaining that it is

a whole-of-college approach. Key ingredients for success in their approach to SEND and achieving solid learner outcomes that are individualised and sensitive to each learner's needs includes:

- » whole of organisation approach to inclusive practice – leading from the top
- » SEND is integral to overall strategy – good practice in SEND is good practice for all
- » strong effective partnerships – Local Authorities, Independent Specialist providers, funding agencies etc
- » ambitious for all learners – aspirational targets
- » investment in staff – high quality specialist CPD that professionalises and motivates with a clear career structure.

The inclusive model is depicted in the diagram below.

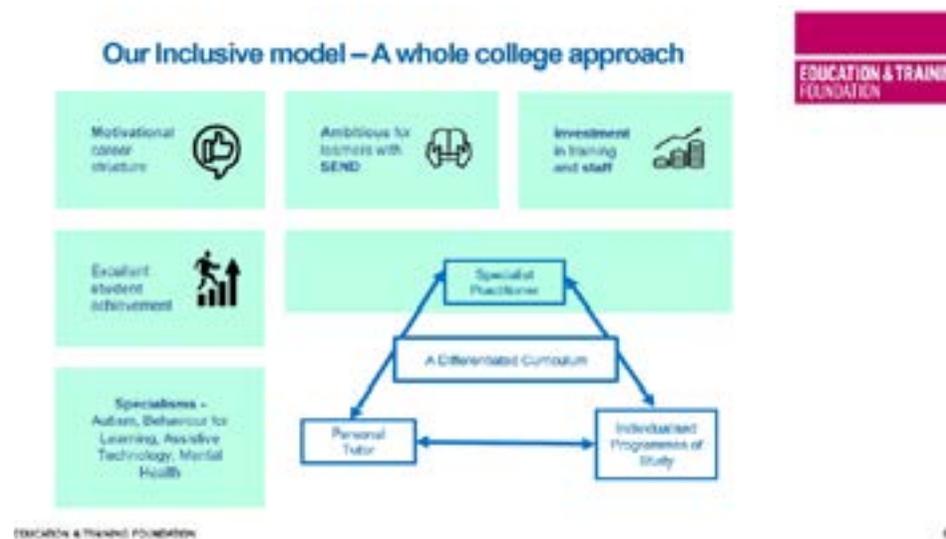


Figure 4: Weston College's model of inclusive practice and support structure in delivery of education.

Weston College recognises that the learners entering the college invariably have a wide range of learning difficulties and conditions that range from profound through to as yet unidentified milder conditions that have nevertheless resulted in underachievement in the school system. Learners in the latter category arrive at the College without ECHPs. In moving the SEND program next to his office post his 2001 arrival Dr Paul conveyed a very strong message that Weston College's direction was firmly aimed at not only transforming the college, but on transforming the lives of SEND learners, and exceeding the expectations of others, including parents and carers.

Local Authorities in the UK are responsible for distributing and allocating funding. However, due to structural difficulties and funding shortages, Weston College, like other further education colleges, were being asked to take more and more SEND learners. It quickly became apparent that the College needed to significantly invest in building SEND practitioner capability to effectively and efficiently support SEND learners.

3.2 The benefits of an organisational focus on SEN

The improvement in learner success, retention and destination outcomes, since introducing the whole-of-college approach to SEND at Weston College are very clear. The college supports the ethos of empowerment leading to independence. The college has achieved several awards for outstanding results, including the Queen's Anniversary Award in 2017.

WESTON COLLEGE - AMBITIOUS FOR LEARNERS

Proven Impact



Table 1: Outcomes for SEND learners.

Now, 25% of SEND learners successfully move into employment, and 33% of learners with autism achieve employment.

The benefits of both being and, being seen to be, an inclusive organisation include:

- » develops consistent outstanding practice, not just for SEND learners, but all learners
- » widening participation and increased student numbers
- » raises aspirations of staff, learners and partners
- » innovation and fresh approaches leading to a more attractive organisation
- » enhanced reputation
- » efficient and high-quality processes, approaches, teaching and learning
- » excellent retention and success rates
- » positive progression to meaningful and sustainable outcomes
- » a responsive organisation with people at the centre.

In thinking about how to be seen as an inclusive organisation, Weston College ensures the following:

- » marketing materials are accessible
- » digital inclusivity
- » effective transitions
- » being on the 'right' partnership boards
- » close links with feeder schools
- » Local Authority links with education, health and social care.

There are a number of 3-dimensional tours on the Weston College website providing learners with a virtual tour of various parts of the College, including information points containing text, videos and pictures. Of particular interest is the virtual tour of the Weston Bay facility for young adults with autism, the Sensory Learning Base, and the choices made to orientate services including health beside reception.

https://www.weston.ac.uk/why-choose-us/campuses-and-facilities/interactive-virtual-tours?utm_source=main-menu&utm_medium=main-menu&utm_campaign=main-menu

The virtual tour of Reception indicates the help and support immediately available to learners as they walk in the door. This includes Health Care Assistants who can help support learners with medical concerns, first aid, quitting smoking, contraception queries, pregnancy test and sexual health. The note on the disabled toilet in the interactive tour suggests that learners requiring assistance should ask at Reception, making it very clear that help is readily available. The ASPECT service (Advice, Schools, Progression, Employability, Careers) provides information, advice and guidance to all learners under 19 years of age across the

College and at local schools. This supports active partnerships between local schools and the College, enabling strong referral and need identification pathways particularly for SEND learners.

3.3 Prison education approach in the UK – holistic and connected

This joined up approach of partners, referral pathways and reducing silos, was also a key recommendation coming out of Jenny Talbot's No-one Knows project and Dame Sally Coates' assessment of provision of education within the UK prison system. A key recommendation in the No One Knows project was to establish multi-agency collaborative service provision involving criminal justice agencies, health care, social care, education and the full range of local services.

There is an inherent problem with much service provision that is not just the domain of criminal justice: the 'client' is required to move between different service providers that rarely talk to each other, and receive support according to availability rather than in response to individual need. To ensure the most effective outcome for people with learning disabilities or difficulties who offend, this needs turning on its head. Instead, person centred packages of intervention and support are required, which should be provided in a structured and timely way as the individual enters and travels through the criminal justice system.¹⁹

Similarly to Victoria, responsibility for prison education rests with the Department of Justice not the Department of Education. Throughout England, there are four main education providers contracted to provide education programs for inmates. Curricula is centred on english, maths, ESOL, IT. Inmates undertake an LLN assessment, which includes an assessment of learning disorders or difficulties. However, there is no nationally accepted tool used resulting in varying assessment outcomes and lack of consistency throughout the system, with issues arising

when inmates are moved to different prisons and locations. If moved, the result is usually the need to work through yet another assessment to satisfy the criteria of the present facility. In addition, health assessments are performed, but it is rare for links to be drawn between the educational assessment and the health assessment.

In 2005, Dame Sally Coates was asked to lead a review into education in prisons. Most of the recommendations in her report *Unlocking Potential*²⁰ have been accepted by the Government and have informed the White Paper, *Prison Safety and Reform* (2016).²¹ In the Executive Summary of *Unlocking Potential*, Dame Sally wrote:

“Education in prison should give individuals the skills they need to unlock their potential, gain employment, and become assets to their communities. It is one of the pillars of effective rehabilitation. Education should build social capital and improve the well-being of prisoners during their sentences.

“Improved prison education can transform individual prisoners’ lives, but it can also benefit society by building safer communities and reducing the significant financial and social costs arising from reoffending. The cost of current levels of reoffending has been estimated to be £9.5-£13 billion per year.

“Education is more than a service provided by OLASS providers in classrooms or workshops. All areas of the prison regime should be considered suitable for learning.”

3.4 Workforce development and investment

A recurring theme shared at both further education colleges visited was the recognition that in order to efficiently and effectively support the growing number of learners presenting with complex learning needs, significant investment needed to be put into organisational development to build in-house expertise. Both Leeds College and Weston College had their own accredited professional development qualifications to build their SEN support workforce.

3.4.1 Leeds College – Teaching Assistants workforce

Ann Marie Spry, Vice Principal Curriculum and Adult Provision with Luminare Leeds College, shared their approach to qualifications and professional development for members of their teaching team.

Leeds College supports the education of students from various disadvantaged communities in and surrounding Leeds and includes a significant proportion of students with additional learning needs up to the age of 24. This includes a cohort of learners who may have mid-level and less severe learning difficulties, but nevertheless significant as they may have tended to be classed as ‘a bit thick’ at school and not been afforded appropriate intervention. For these learners, education is something they ‘couldn’t do then’ and ‘can’t do now’. They may also have developed a fear of agencies and interventions. Ann Marie charges her team with observing and seeking these learners out as each new class group commences (including mainstream groups), then providing appropriate assessment and ongoing support for them within their class.

20 Coates, S. (2016)

21 Ministry of Justice (2016) *Prison Safety and Reform*. London.

To this end, they have used an in-house approach to recruit and further develop their teaching team's skills resulting in a team of Teaching Assistants who are highly trained to work with young SEN adults. Recruits to this team often include newly trained schoolteachers who wish to develop their confidence and this certainly provides fresh and passionate team members; however, they invariably choose to return to the school sector resulting in some churn. This is proactively managed from a human resource management perspective.

All Teaching Assistants are proficient and capable in English for Speakers of Other Languages (ESOL), refresher and remedial maths, english and digital skills. They employ Teaching Assistants at either Level 2 or 3 and through their in-house training programs invest in the recruitment, training and development of this vital capability ensuring ongoing renewal of the team.

Leeds College uses a Teaching Assistant model rather than a Learner Support Assistant (LSA) model. In this example, Teaching Assistants support all students in the classroom while the teacher supports each and every learner. LSAs are charged with supporting the individual and therefore perform a slightly different role.

Leeds College deliver a range of courses for teaching practitioners to commence their career in teaching assistance through to advanced skills, including the following qualifications and continuing professional development programs.

- » Teaching Assistant Level 2: This course enables you to work as a teaching assistant or support worker in a school or college. You will undertake voluntary experience in a school one or two mornings a week. The first four weeks of introductory modules are free to all learners. This level 2 part-time course is the National Standards in Supporting Teaching and Learning. You will learn about the role of the teaching assistant as part of a professional team in a school setting.
- » Supporting Teaching and Learning (teaching assistant) Cache Certificate Level 3: With this course, you can become qualified to work with children or young people in primary, secondary, or schools for specialist support. Work placement in a relevant setting is built into this course. Please note: if you are 16-18 you have to study this course full-time. You will inspire young minds by encouraging positive behaviour in children and young people and supporting children and young people during learning activities. Additionally, you will gain an understanding of how children and young people develop.
- » Advanced Practitioner in Schools and Colleges NCFE Cache Certificate Level 4: this continuing professional development (CPD) qualification supports learners to progress within the workforce in roles such as a Special Educational Needs Coordinator (SENCo) or a higher-level practitioner/teaching assistant. They cover an array of topics such as enabling individuals to learn and understand how to support children and young people to improve their mental health. They also learn how to support those with additional needs and disabilities, and how to implement change.
- » Understanding Specific Learning Difficulties (Dyslexia, Dyspraxia, ADHD): You will learn how specific learning difficulties are identified and the support that can be offered. This includes recognising autism and how to provide the best support. This course runs on a part-time basis across eight weeks. You will learn about how mental health affects children's physical wellbeing and the ability to enjoy and achieve. Progression from this course could include other level 2 qualifications such as Childcare or the Teaching Assistant Certificate. Understanding Special Education Needs encompasses three qualifications; you can study one or all three of them. These qualifications include: Certificate in Understanding Specific Learning Difficulties Level 2, Certificate in Autism Level 2, and Certificate in Understanding Children and Young People's Mental Health Level 2.

Through a similar approach Weston College also invest in the development of their Special Education Needs support team. In-house development of specialist expertise has been critical to Weston College's success. This has included capacity to understand high-needs funding models, how to navigate the system for the benefit of learners and the college, and the ability to establish and maintain partnerships with the LAs.

3.4.2 Weston College - The Centres for Excellence project

Weston College in partnership with two other further education institutions support the Education and Training Foundation, which underpins the professional development of its SEND staff, as well as providing various professional development opportunities, tools and resources for staff working in the further education sector.

Dr Paul Philips, Principal and CEO of Weston College, is one of three further education leaders, who is actively promoting and championing the belief and concept that inclusion must be led from the top of the organisation. The three of them offer expert support to other further education institution leaders on how putting learners with SEND at the heart of strategic thinking and decision-making doesn't only improve outcomes for learners, it also has benefits for the curriculum, staff and the community. Through the project Putting SEND at the Centre of the Further Education and Skills System, three Centres for Excellence have been established for the benefit of the wider further education sector. Weston College is the Centre for Excellence in SEND: People; Derbyshire College Group is Centre for Excellence in SEND: Curriculum; City College Norwich is Centre for Excellence in SEND: Community.

Through the Centres for Excellence in SEND (CfE), the Foundation provides free events and in-house webinars accessible by further education staff within Weston College, as well as from other Colleges around the UK. The website is an exhibition site and provides a plethora of information from news, videos, career opportunities, policy developments through to events and communities of practice, <https://send.excellencegateway.org.uk/>.

Communities of Practice are regular and accessible and are delivered across the three areas of people, curriculum and community. Weston College is leading on three core communities of practice themes:

1. mental health and well-being
2. autism
3. motivational Careers in SEND.

Following the shift in strategy after Dr Paul's arrival in 2001, Weston College realised the need to invest in training and staff to support SEND learners and were unable to source suitable CPD. This led to the development, in-house and with partners, of a range of SEND practitioner modules and qualifications. The Specialist Practitioners became the champions for supporting differentiated curriculum and provided ongoing support for teachers and other service providers who came in contact with SEND learners. The approach ensured a holistic and consistent approach to SEND learners, who were enabled and empowered to say what their needs were and manage their own disability. It became a cost-effective solution as generalist staff were reduced and replaced with highly skilled and effective staff who were more able to ensure learners achieved beyond their expectation.

The benefits of becoming an inclusive organisation were outlined above (p. 18). Weston College's experience of achieving that sense of innovation, is that it has raised the aspirations of staff and partners who are exposed to a whole new range of possibilities, creating an attractive environment and ethos for recruitment of high quality and dedicated staff – their 'motivational career structure'. In 2001, Dr Paul reflected that Weston College was identified as inadequate by the national regulator. Within two years, the college was regarded as 'good', with SEND agenda outstanding. SEND can be the catalyst for change. In Dr Paul's words, "Get it right and the development and ethos will flourish of participation, communication and progression that is so crucial".

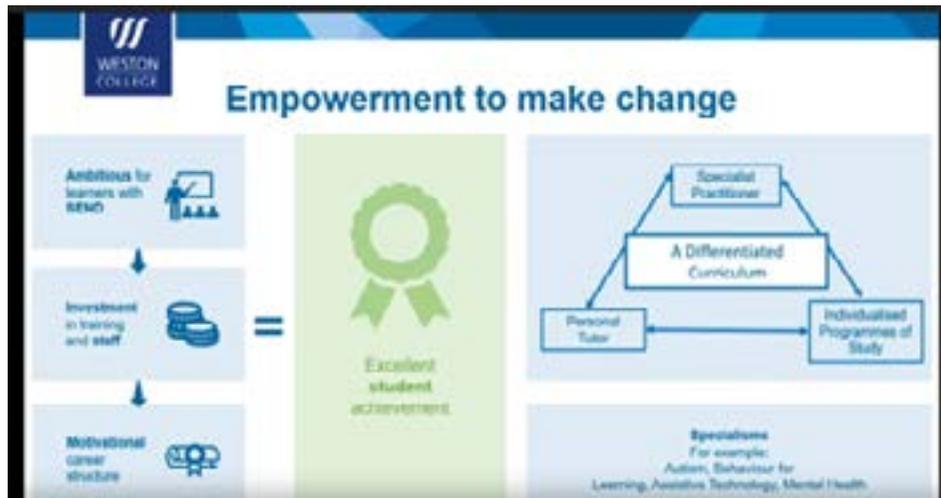


Figure 5: Weston College's motivational career structure.

The College has reached out to other colleges to support their transformational change to a whole of organisation approach to SEND. Through the Centre's of Excellence project, they provide guidance for colleges to develop their leadership with no cost attached. The process involves:

- » leaders identifying managers and practitioners at all levels to join the SEND Centre for Excellence
- » empower members with the knowledge, skills and support to be the agents of change
- » The Centre for Excellence will facilitate:
 - » know where you are
 - » know your vision
 - » building developmental plans
 - » matching supports and CPD

- » monitoring and supporting progress against the plans
- » individualised tailored approach and solutions.

Programs and activities are not prescriptive and include:

- » opportunities to engage and share with other organisations
- » tailored mentoring to support implementation
- » a national SEND conference
- » SEND Helpdesk – informed by specialist staff to offer advice and guidance
- » face-to-face workshops with senior leaders to assist and share best practice so inclusive practice permeates from the top
- » individual visits to organisations offering support in self-reflection to benchmark
- » measurement of impact, diversity of approach, what is working well and what is not.

3.4.3 Weston College's Motivational Career Structure

Weston College's Motivational Career Structure approach (outlined in Figure 5 above) supports the recruitment, retention and elevation of its specialist practitioner staff, many who have been trained through a degree-led apprenticeship, spending two years at Weston College and their third year at Weston University (for further information refer to page 24). Recognising the skill and knowledge they bring to the College, SEND practitioners are paid at the same level as lecturers. Advanced specialists work with teachers throughout the college to differentiate curriculum and regulate delivery for specific learner needs, including accessing helpful digital and technology solutions. Through the Motivational Career Structure, all staff are not only personally ambitious, but are ambitious for their learners. The strategy has led to less generic support workers, and a reduced dependency model.

Weston College's SEND staff can complete an Inclusive Practice Foundation Degree (FdA) through University Centre Weston, which works in partnership with University of the West of England, (UWE Bristol). The two-year course includes 600 hours of work placement. The course prospectus identifies the following reasons for studying this course

With the number of people in education with disabilities, learning differences or mental health conditions increasing every year, there is a growing need for practitioners who are able to implement inclusive practices that recognise the diversity of these students to enable them to fully participate in learning, teaching and assessment activities.

Course content:

Year 1:

- » Contributing to the support of people on the autism spectrum
- » Positive interaction with learners
- » The voice of the learner
- » Thinking and learning

Year 2:

- » Autism spectrum and communication skills
- » Independent study
- » Issues of mental health
- » Professional practice.

Graduates are eligible to apply for related Honours Top-up Degrees at UWE Bristol – their third year.

The College has between 80 and 90 members of staff who have completed a SEND-related qualification.

Attention is also paid to professional development of SEND Managers with a leadership module: Leading when you're not in charge. This module includes exploration of Systems Leadership. Systems thinking has been identified as key to leading beyond your organisation through insightful collaborative working. The Fellow was able to register to access the Foundation Online Learning unit, which provides various online professional development opportunities for the education and training sector <https://www.foundationonline.org.uk/>. The outline of the introductory session is provided in Appendix 1.

3.4.5 Prison staff training – learning at the heart of the regime

Through the No One Knows project it was realised that prison officers and management are critical in creating a supportive and observant educational culture within each prison. Awareness of learning difficulties alerts staff to question what might be behind certain behaviours and will increase confidence in providing support and in making referrals for more specialist help. Prison Officer Entry Level Training (POELT) comprises eight weeks of core training to learn how to do the job, and also includes a session on recognising and supporting people with learning disabilities. The UK system recognises the following factors.

- » Prisoners with learning difficulties and learning disabilities (LDD) are not incapable of learning, but require support to access learning and be successful.
- » Prisoners with LDD may have behaviours that are seen as uncompliant – this means that there needs to be a greater awareness and understanding of such behaviours and how these may manifest themselves.
- » The responsibility for ensuring prisoners with LDD have equal access to the regime lies with everyone, not just specific departments within the prison. So, it isn't solely the responsibility of healthcare to support prisoners with LDD, they need to be supported across the whole regime.
- » Prisoners with LDD are entitled to have reasonable adjustments made to

support them. This will come as a result of initial screening and consultation with a professional who understands their LDD and can put in place a suitable support plan, again across the whole regime.

- » It is important for staff to recognise that no two prisoners are the same, even if they have the same LDD. What works for one prisoner, may not work for another. Part of the process of working with prisoners with LDD is to ensure that a relationship of trust is built up, so that the prisoner feels able to provide information about what works for them specifically.

The Fellow met with Jenny Talbot of the Prison Reform Trust (PRT) and Francesca Cooney, Head of Policy through her role with Prisoners Education Trust (PET). Founded in 1981, the PRT is an independent UK charity working to create a just, humane and effective penal system. Their main objectives are:

- » reducing unnecessary imprisonment and promoting community solutions to crime
- » improving treatment and conditions for prisoners and their families
- » promoting equality and human rights in the justice system.

They do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government and officials towards reform.²² Jenny Talbot has authored many of their published research, including highly influential work researching the incidence, impact and effect of learning difficulties within the penal and justice system.

PET funds courses in levels and subjects that are otherwise unavailable through the State system; supports people to choose courses, build connections and progress with their learning and champions the life-changing power of education to prisons and policy makers. Participation in PET courses has been evaluated and resulted in:

- » offending reduced by 25%
- » chances of finding work increased by 26%
- » through personal accounts of people funded by PET, learners say their education had a positive impact on wellbeing (ability to cope in prison, improvements in mental health), human capital (feeling of self-worth, hope and motivation), social capital (relationships with others, including prisoners and families) and culture (involvement in creating a positive prison environment).

Courses include a wide range of options from hands-on applied learning to university degree, from bee-keeping or gardening through to peer mentoring and working in the health sector. Considerable attention is provided to support prisoners to continue their learning after release with links to further education providers in the community.

During the Prison Reform Trust meeting, Francesca Cooney outlined the highly successful prison officer training now supported by the system. The session, Learning at the heart of the regime POELT,²³ promotes the need to have learning and education at the heart of the prison regime in order to support rehabilitation and a shift in circumstances upon release.

²² <http://www.prisonreformtrust.org.uk/WhoWeAre>, accessed 26 July 2020.

²³ Learning at the heart of the regime resources accessed through <https://www.excellencegateway.org.uk/content/etf2817> 13 June 2020.

Learning at the heart of regime POELT training program is available through <https://www.excellencegateway.org.uk/content/etf2817>. It provides:

- » background reading for trainers
- » handouts explaining why learning should be at the heart of the regime, recognising prison officers as key to rehabilitation
- » recognition that prison officers need to value their own learning and education in order to positively influence and mentor prisoners, including strategies for prison officers to improve their own literacy and numeracy
- » statistics and references to Dame Sally Coates' influential review of education in the justice system, Unlocking Potential
- » trainer manual and slides for delivery of the unit
- » practical cards and strategies for prison officers to use during day to day contact with prisoners to understand various conditions, behaviours and difficulties experienced by prisoners with learning difficulties and disabilities

Fundamentally important is the learning mosaic (see figure 6).



Figure 6: UK prison system learning mosaic.

The other powerful tool used in this training module is a series of cards outlining the theory of change based on five themes: prison culture; wellbeing; human capital; social capital; and knowledge, skills and employability. The resulting theories of change were developed through consultation with prison teachers; focus groups with former prisoner learners, and a review of key literature. Each diagram provides:

- » context
- » process to bring about change
- » outcomes potentially contributing to the desistance process and improvements across all the National Offender Management Service (NOMS) pathways and therefore to reduced reoffending.

An example of the cards is provided in figure 7.



Figure 7: example of the theory of change cards used in the UK prison system.

In promoting the potential for every encounter to be an opportunity for transformational change, the program promotes Five Minute Interventions (FMI). FMI aims to combine the potential for wing staff to have transformational contacts with the principles of interventions. Residential staff have a choice in how they interact with prisoners – the greatest opportunities to make a difference, showing you care, noticing when there are opportunities to coach someone through a problem.²⁴ FMIs have the potential to yield opportunities to:

1. building trust confidence and rapport
2. active listening
3. giving people hope
4. creating space
5. Socratic questioning
6. teaching people to seek reliable information
7. moving from negative to positive
8. building commitment to change
9. rolling with resistance
10. giving and receiving feedback.

Every contact matters!

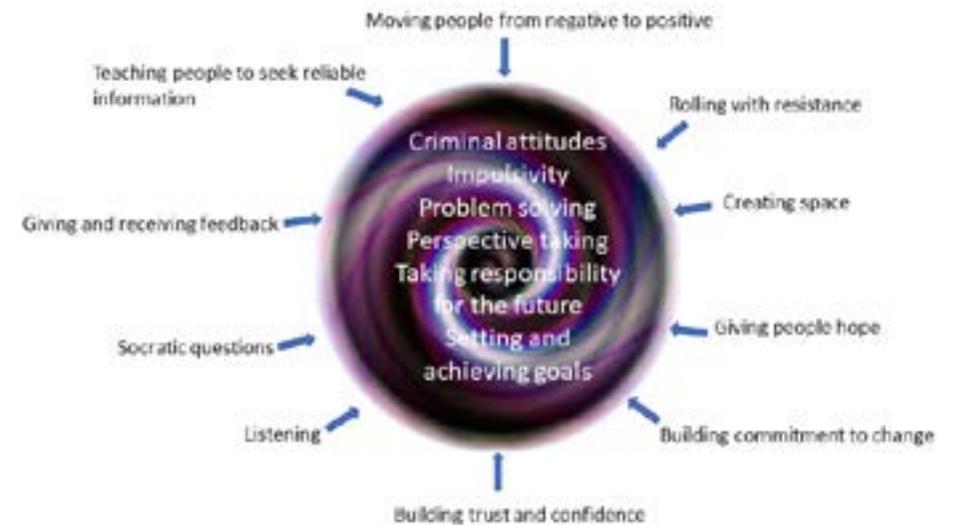


Figure 8: UK prison approach demonstrates that every contact matters when motivating offenders to participate in education.

These resources provide a practical, pragmatic and comprehensive basis for prison officers to play a fundamental role in the education and rehabilitation of the prisoners under their care. So too, Prison Governors have been provided with new autonomy (including financially) to manage their programs and make choices about the types of programs that will benefit their prison population. This includes having insight into employment opportunities in the community and selecting training programs that providing a constructive and authentic pathway to employment. In 2005, *Wings of Learning: the role of the prison officer in supporting prisoner education* concluded that the following should happen in order for prisoners to receive support and encouragement from officers on the wing.²⁵

24 Learning at the heart of the regime POELT Background reading for trainers v5, p 7

25 Braggins, J and Talbot, J (2005) *Wings of Learning: the role of the prison officer in supporting prisoner education*. Esmee Fairbairn Foundation, UK.

1. Promoting prisoners' learning should be an integral part of the common purpose of the institution, communicated to all involved.
2. Like all staff, officers should have a basic responsibility to facilitate prisoner learning, as part of implementing a policy of dynamic security (preventing disorder by good communication and providing appropriate activity).
3. There needs to be a service-wide recognition of the 'learning mosaic' (the broad range of learning opportunities across the prison). This calls for a variety of skills amongst officers, to promote learning of all kinds, for both prisoners and staff.
4. Integrated management of learning is needed at governor level within each prison.
5. Promotion of learning should be comprehensively covered in: management plans and time budgets; activity options for prisoners; and initial training, professional development and appraisal for officers.
6. A fundamental clarification of the roles, management and support, training and staff development for officers is necessary.
7. The service should clarify what prison officers can and should offer to promote learning, and consider formalising a range of recognised opportunities to do so, whether as guides, mentors, advisers, support assistants, or skill instructors.
8. Critical management problems of the Prison Service should be addressed, to ease pressure on all and improve outcomes.

At the heart of the recent prison education reform in the UK is a belief that governors should have greater control over, and accountability and responsibility for delivering quality education in prisons, with a particular focus on the basic skills necessary to succeed in life.

Governors can access education provision in two ways:

- » the new Prison Education Framework (PEF), the prison's education provider will cover the majority of education services, including a core curriculum of English, maths, ICT and ESOL
- » the Dynamic Purchasing System (DPS), which will allow governors to purchase smaller, more specialist or short term education services to meet the needs of their prisoners. The DPS has been live since September 2018 ([link](#)) and suppliers can apply to be on the DPS at any time.

Initiatives like the Through the Gate service have found that many prisoners needed substantial help before being released. Finding somewhere to live was cited as a common problem but finding work, making a benefits claim, getting assistance with substance misuse and mental health problems were also major issues. PEF initiatives are designed to help solve them.

The PEF reforms also resulted in re-structuring provision of education within the UK prison system, resulting in the awarding of four contracts covering the entire UK system. The prisons were divided into 'prison lots' that took into consideration support of the offender journey (where viable). Weston College provisions for 19 prisons, including youth and women.

In being awarded one of the four contracts, Weston College acknowledges the key principles highlighted in the PEF framework:

- » the importance of the prisoner journey and the need to work as part of a cohesive whole, leading each prisoner to be a positive member of society once released
- » the importance of quality teaching and of a high-quality workforce
- » the importance of recognising, managing and meeting the needs of the high number of prisoners with learning difficulties and disabilities, and protected characteristics

- » the need for clarity of expectation and roles – looking for firm agreements agreed at local level about expectations on staff and the prison
- » the importance of data collection and sharing.

The contract recognises that prison education matters for three very clear key reasons:

- » education leads to employment
- » education reduces reoffending
- » education reduces sentence length.

4. Theme 3: Caring for mental wellbeing

4.1 Taking care of the mental health and wellbeing of learners and staff

During the Fellow's meeting with Ben Knocks, Director of the Mental Health and Wellbeing unit at Weston College, he explained Weston College's approach to not only supporting the mental wellbeing of learners, but also of staff. Ongoing stigma has hampered disclosure over the years. The following statistics illustrate the difficulties of the health system in coping with increasing mental health problems, with inadequate provision locally and particularly for young people. In addition, the College observed with alarm the sentiments of their staff in 2018 with 70% considering quitting as a result of workload and stress.

3%

Local NHS sees 3% drop in income resulting in reduction of mental health services (April 2017)

14%

Increase in young people accessing North Somerset's mental health services CAMHS (July 2018)

40%

Number of mental health patients treated miles from home surges by 40% from June 2016 (June 2017)

70%

70% of College staff consider quitting as workloads and stress levels rise NEU (June 2018)

Figure 9: statistics relating to mental health in the UK.

Statistically, 74% of mental health issues arise before the age of 24, providing an ideal opportunity for a further education college such as Weston, to positively impact young people's wellbeing with specialist provision. Through professional development and timely support, tutors and teachers are better at recognising the signposts of mental ill health. The provision the college has put in place is designed to complement the provision of external agencies or 'anchor partners', e.g. Child and Adolescent Mental Health Services (CAMHS) through a team case management approach so as not to duplicate services and interventions unnecessarily.

At Weston College:

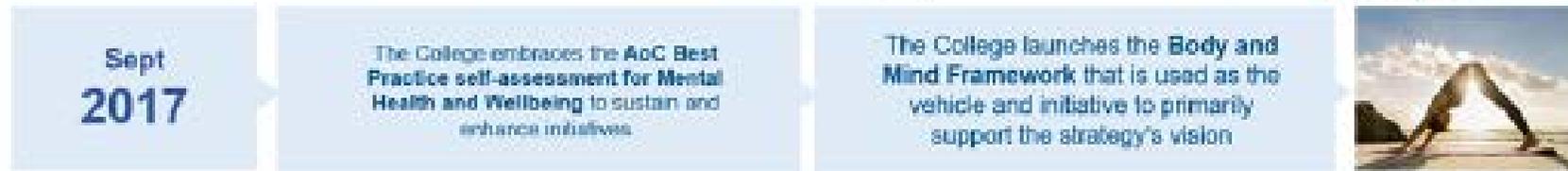
- » demand for welfare services has grown by nearly 50% in the last two years, there were 13,143 student interventions in 2017/18
- » 4,978 conversations linked to Mental Health recorded on College systems
- » their Specialist Mental Health team receive five new referrals each week
- » of all college staff absences 4% were linked to stress
- » 34% of college students say they complete less than one hour of exercise per week.

In 2017, the College embraced the Association of Colleges' Best Practice Self-assessment for Mental Health and Wellbeing tool to sustain and enhance its initiatives in this area. The resource pack includes a mental health self-assessment tool for learners covering nine key areas:

- » leadership and management
- » ethos and environment
- » student voice
- » staff development and support
- » targeted support
- » parents and carers
- » external partnerships
- » auditing and monitoring.

In line with this, the College launched the Body and Mind (BAM) Framework that is used as the vehicle to support the College's strategy and vision as outlined in figure 10.

A transformational approach



VISION	
Establish a co-ordinated 'College wide' approach to mental health and wellbeing that advances this agenda and improves the student and staff experience	
1	Design, create and implement proactive initiatives and activities that raise awareness and understanding on how to maintain good mental and physical health. Create a brand that is accessible and helps signpost learners and staff to those activities and initiatives
2	Empower both staff and students to improve their mental health literacy so that they can make informed choices around mental health and wellbeing
3	Create an environment and support areas that encourage mental wellbeing and quality pastoral support
4	Use sport and physical activity to improve individual's mental health and wellbeing as both preventative programmes and also as interventions
5	Work closely with external agencies to build wrap around support for students and staff that will also benefit the wider community
6	Develop effective partnerships with specialist local, regional and national organisations

Figure 10: Weston College's Body and Mind Framework.

The purpose of the BAM Framework is to increase awareness, education and participation in activities that help minimise the proportion of students and apprentices who could experience poor mental and physical health. It has the following features:

- » vehicle to implement a range of promotional initiatives, activities and theme weeks to support key target groups
- » integrate this agenda and provision into college curriculum
- » student Services Hubs
- » raise awareness of everyone's mental health and wellbeing
- » led by a working party group
- » forum for innovation, ideas and impact
- » use experiences, current trends/data to identify gaps
- » delivers to both internal and external audiences
- » staff mentoring and staff welfare officer
- » inter-departmental linkages, e.g. HR and Welfare
- » BAM fund for each Faculty.

Figure 11: Body and Mind Framework promotional material.



The strategy includes using technology to reach those who are the hardest to reach, e.g. Big White Wall which is a safe 24/7 online mental health support platform. A weekly calendar provides a wide range of physical and mental health wellbeing activities, e.g. it is the solid link between physical and mental health that is so interesting. Mental health and wellbeing has been integrated into curriculum and intersects with leadership and management as indicated in the figure below. Staff are encouraged to take time out during the day to attend BAM sessions, e.g. yoga or running club. Feedback on activities and initiatives are delivered from the bottom up to the BAM Committee ensuring they are reflective of needs. Inclusion in curriculum is also supported. For example, childcare learners participated in a 6-week Zumba program. For those who couldn't afford appropriate clothing, a kit was purchased for them which supported their inclusion. Other programs have included, for example, a 6-week program about presentation, make-up and facials. Young males who have ADHD were involved in a table tennis club to burn some energy as part of their learning program.



Figure 12: Weston College's holistic approach to mental wellbeing of learners and staff.

It is a seamless service that is both universal and targeted with a spectrum of interventions. The framework can be applied universally across the whole college, targeted for those that require additional or different support/intervention through creation of a bespoke package of support, and specialist for more complex cases where specialist support is required following individualised assessment to enable the individual to progress and succeed, e.g. through the Specialist Mental Health

Team. The tutor or teacher is recognised as the key link to ensuring appropriate intervention as the most constant person in each learner's time while at the College. They are expected to be observant and seek support when needed. Attention is paid to ensuring staff feel empowered, confident and comfortable to not only discuss but support learners with their mental health or SEND needs.

As a result, Weston College is the only educational institution to be chosen as a trailblazer and included in the Young Minds Trail Blazer Project.

The College actively engages and collaborates with local services. GPs have developed confidence in the college's approach to mental health and actively refer patients direct to the college. Weston College's provision has also lightened the load for CAMHS.

Cross college BAM initiatives and events raise awareness and educate, and have included:

- » Regional National Trauma Conference
- » Social Media Focus
- » "Wellfest"- World Mental Health Day Oct 2019
- » Charlie Waller Trust joint collaboration for FE colleges - Male Mental health focus
- » Eating Disorder Focus - BEAT student ambassadors
- » Liaison with Prison Education
- » Regular student blogs (BAM)
- » Suicide Prevention
- » All Personal tutors, Mentors, Governors and Senior Leadership Team Mental Health First Aid
- » Future in Minds strategy group

- » Representation at Board for local children's MH service (CAMHS)
- » Connect 5 Mental Health Awareness Champions – 'train the trainer'
- » Work with CCG on transformation plan with Director of Public Health
- » Whole College Directory.

The Mental Health Specialist team have a range of interventions as outlined in figure 13.

Figure 13: Mental Health Specialist team at Weston College work within an escalation framework ensuring learners and staff receive appropriate interventions.

Tier 1: no specified timeframe

- Dialectical Behaviour Therapy
- Emotional Regulation
- Co-joint working with CAMHS
- Suicidal/Self Harm Crisis

Tier 2: no specified timeframe

- Cognitive Behaviour Therapy (various)
- Strengths/Values
- Emotional Regulation
- Depression/Low Mood

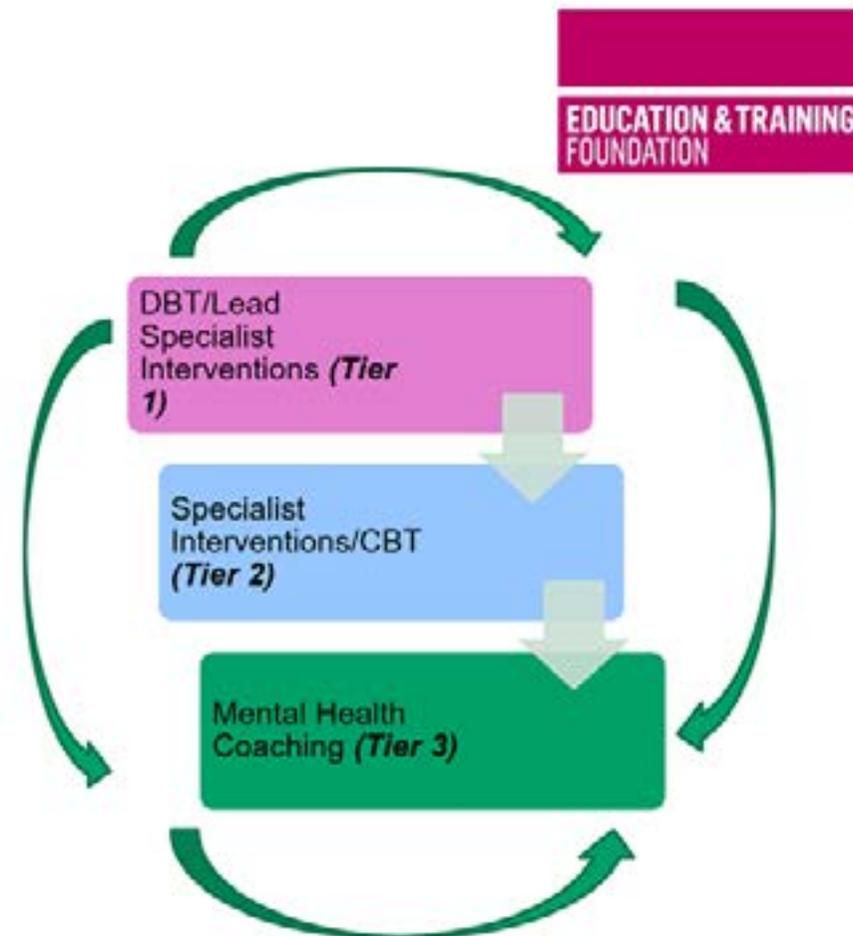
Tier 3: 6-10 week coaching blocks

- CBT Toolkit
- Positive Emotion Coaching
- Low Mood/Affect Coaching
- Anxiety, Panic & Fear Coaching
- Signposting externally (directory) & Big White Wall

Wraparound (whole college) support

- MHFA Agenda & Big White Wall (24/7)
- Staff training toolkit & Teams

EDUCATION & TRAINING FOUNDATION



The Big White Wall platform is run by the College's psychologists and provides additional support opportunities during term breaks. In particular, a campaign is run prior to Christmas encouraging learners to access the platform during the break and participate in texts and conversations in a safe, moderated environment.

4.2 Social prescribing

Some time ago, the Fellow came across the concept of social prescribing, which was achieving positive outcomes in the UK for improving people's health and wellbeing. Social prescribing enables GPs and allied health care professionals to refer patients, whose health or mental health is affected by non-medical factors such as housing, financial stress, health literacy, loneliness or social exclusion, to a range of community services that can deal directly with these issues. Recognising that education is a social determinant of health, the concept should be of interest for the Victorian Learn Local sector, which could be the ideal vehicle for providing Link Workers and empowering more vulnerable members of our community through this scheme.

Research indicates that we tend to underestimate the relevance of social factors such as loneliness and social isolation, and other social, economic and environmental determinants of health. For example, a recent meta-analysis showed that social isolation is associated with an overwhelming 29% increase in mortality, and there is evidence to suggest that 20% of all GP visits are primarily for social issues.²⁶

Social determinants of health — the conditions into which we are born alongside the broader set of forces and systems shaping the conditions of our daily life — are the cause of many health inequalities. Non-medical factors have a widespread effect on our overall physical and mental health. For example, individuals who are

less affluent and less educated have more health problems and die earlier than those who are more affluent and more educated.



Source: Dahlgren and Whitehead, 1991

Figure 14: Social determinants of health. Dahlgren-Whitehead 'rainbow model'. The model, developed by Göran Dahlgren and Margaret Whitehead in 1991, maps the relationship between the individual, their environment and health.²⁷

Social prescribing involves the creation of referral pathways to the "third sector" (local non-clinical voluntary services and community groups) that enable health care professionals to refer patients or clients to a link worker in order to co-design a non-clinical social prescription to improve their health and wellbeing. This link worker (community development worker, wellbeing coordinator, social prescribing coordinator) holds detailed knowledge of local organisations, services and supports to ensure appropriate signposting for individuals and to facilitate access.

26 Yeoh, M and Boydell, K (2019) Improving mental wellbeing through social prescribing. Black Dog Institute. Accessed through Actuaries Digital 13/8/2020.

27 Dahlgren, G accessed through <https://esrc.ukri.org/about-us/50-years-of-esrc/50-achievements/the-dahlgren-whitehead-rainbow/> 14 August 2020

Some examples of the groups and services used by social prescribing schemes include luncheon clubs; walking and reading groups; literacy classes; support with housing, employment, debt and legal advice; gardening groups; cooking classes; exercise programs; and arts and creative activities.

To discover more about this concept, the Fellow visited BARCA, which is a community-based charity that delivers a range of services that supports people with various barriers, including mental health, housing, poverty, domestic violence, alcohol and drugs. They are also a leading agency associated with social prescribing in Leeds. It is for insights into the latter that the Fellow visited them.

The Fellow met with their CEO, Mark Law, and Paula Gardner, Operations Director Complex Needs. Their model of change is contained in their Strategic Plan. Throughout the meeting we realised that we are very much speaking the same language, particularly Mark's strategic development of his organisation through linking programs to build protective factors around their clients.

They have identified five key characteristics that set BARCA clearly apart from other similar providers.

These are the 'personality traits' that, together, make Barca-Leeds, their staff and their work unique. They inform every step of the client's experience, from first contact to final outcome. And they are fundamental to their long and consistent record of success as follows:

- » voluntary engagement
- » active listening
- » integrated and holistic
- » social justice
- » participation and self-determination.²⁸



Figure 15: Barca's model of change as outlined in their Strategic Plan.²⁹

28 BARCA Strategic Plan

29 BARCA Strategic Plan

BARCA has a strong commitment to social prescribing, which is where GPs provide social prescriptions to patients who could benefit from talking to a Link Worker who can in turn assist and support the person to participate in community and other social connection activities and pursuits. Mark explained that in the UK, 4% of the population take up 45% of GP appointment time – often due to the need for connection to a person for a social issue rather than a pure health issue. Social barriers then impact on quality of life and chronic health issues, e.g. diabetes. Up to one in five cases seen by a GP are for difficulties that could be classed as 'non-medical' (e.g. inadequate housing, financial issues, bereavement, loneliness).³⁰

BARCA employs Link Workers who take referrals from GPs, meet, assess and provide tailored responses for each individual. This has now been expanded to accept referrals from other agencies and self-referrals. The impact of the work is measured using the Wellbeing Wheel. Each Link Worker has a case load of around 30 people.

There are a number of wellbeing wheel models. Figure 16 on the right is one example.



Figure 16: SHANARRI wellbeing wheel.³¹

30 Tierney, S et al (2020) Supporting social prescribing in primary care by linking people to local assets: a realist review. BMC Medicine 18:49.

31 Wellbeing wheel accessed through <https://www.gov.scot/publications/child-adolescent-health-wellbeing-scotland-evidence-review/> on 21 August 2020

In Leeds with a population of 750,000 people, there are eight partners across the city with 36 Link Workers. In addition, some funding is now going to GPs to employ their own Link Workers; however, the danger here is that they revert to clinical support and care. Health providers tend to be a little insular and fail to understand the contribution other sectors can make to the care of their patients. It is BARCA's view that better outcomes come from Link Workers being housed in providers that are external to the health sector.

Some GPs are on board – others less so. Leeds was the first city to provide social prescribing for all ages. It is now part of the UK's national health agenda.

Clinical Commission Groups broker funding similarly to our Primary Health Networks. BARCA is highly committed to facilitating strong partnerships and constructive relationships with funding bodies.

The other issue that social prescribing is assisting with is lowering the 'frequent flyers' attending Accident and Emergency (A&E) departments. At times, they are attending for appropriate health issues, but much of the time it is related to mental health conditions. These referrals tend to have more complex needs, and when working with A&E patients Link Workers manage a lower case load – between 10 and 15. But early indications are that social prescribing is reducing the burden on A&E.

In addition, their approach to those with complex needs is founded in a flexible approach, e.g. meeting them where they are physically located or 'at'. The program supporting these people is called the 'Fulfilling Life Program'.

BARCA was a partner in the Patient Empowering Project (2014-2016) which was evaluated to assess its effectiveness. The Patient Empowerment Project (PEP) was an intervention developed by NHS Leeds West Clinical Commissioning Group (CCG) to address unmet patient needs by increasing signposting to, and

knowledge about, local services and voluntary groups that could provide appropriate support. PEP was designed to address the following aims:

- » improve the wider health and wellbeing of patients
- » improve patients self-reported wellbeing and ability to self-manage their condition
- » make it easier for primary care to access local services, thereby reducing fragmentation
- » increase uptake of support groups
- » promote social inclusion in local communities
- » provide access for primary care to facilitate the holistic approach to patient welfare, thereby improving the patient experience.

PEP was also particularly focused on the improvement of wellbeing and self-management for individuals with one (or more) of four long-term health conditions; depression, diabetes, chronic obstructive pulmonary disease (COPD) or cardiovascular disease (CVD). The cohort involved in the project was particularly affected by depression and/or anxiety. Statistically significant improvements in patients' self-reported wellbeing and ability to self-manage their condition were observed with happiness and satisfaction improving at each time point though levels of anxiety and health-related self-efficacy deteriorated by the third review. Confidence in the management of long-term conditions was reported as higher at all review points. Patients reported higher levels of confidence in relation to the medical management of their conditions i.e. judging when they should visit a doctor and taking their medication to manage their condition.³²

There were 3,283 onward referrals of PEP patients throughout delivery of the intervention. These were to third sector or statutory services, groups or organisations (included BARCA) which may meet the needs of patients identified

at each assessment. Each patient could be referred to more than one group or service depending on the complexity of their needs. Where a support group did not exist but unmet need was identified PEP could commission or develop a group to provide this service.

Groups developed by PEP	Groups supported / commissioned by PEP
Diabetes Group	3x Headspace Groups
West Leeds Social Group	Managing Your Mental Health
Healthy Cooking at BLC	Chronic Pain Management
Arthritis PALS	
Dog Walking Group	
Eating Disorder Focus group	
Yeadon Wellbeing Group	

Table 2: Range of prevention/support/self management groups developed by PEP.

Category	Definition
Benefits / Debt management / Financial inclusion	A wide range of services provided by both statutory and voluntary agencies which address issues around benefit entitlement, debt or financial crisis and ongoing budgeting money management support.
Community based	Local services for local communities and may include groups to enjoy a leisure activity such as dog walking to peer support groups for a long term health condition.

Category	Definition
Healthy living	Services to support people who would like to make lifestyle changes, such as stopping smoking, reducing alcohol or losing weight.
Housing	Services which address housing related need and can be either Local Authority services or voluntary services, including floating support.
Other	Services which do not fall into any other category.
Mental health	A wide umbrella of services provided by both statutory and voluntary agencies ranging from community groups for mindfulness or individual counselling to community mental health and crisis services.
Physical health	Includes services to address physical health conditions and range from primary care services to groups in the community for particular conditions, such as arthritis or chronic pain.
Social Services	Services provided by the Local Authority. They have a statutory duty to safeguard children, young people and vulnerable adults and also provide support to people in their homes. This can include support with equipment to help with mobility issues.
Structured support	Services that offer a particular programme or structured intervention such as parenting classes or detox programme

Table 3: Taxonomy of services, groups and organisations in the PEP project.

The literature around social prescribing generally acknowledges that the approach has much promise in improving health outcomes, health equity, and improved relationships between the health sector and third sector leading to more holistic approaches to improving health and wellbeing of community members. There is growing interest in the potential for this approach to relieve pressure on primary care and improve outcomes for people with long-term conditions. The PEP project particularly found that the program was helpful and supportive for people in lower socio-economic deciles. However, there is general awareness that further evaluations, including against control groups, is needed to more firmly establish the efficacy of social prescribing. Several pilot projects have commenced in Australia as a result of seeing program outcomes in the UK.³³ The values of social prescribing are consistent with “a focus on prevention and wellbeing, patient-centred care, and better integration of services, as well as highlighting the role of the third sector in delivering services that promote wellbeing.”³⁴

Social prescribing has also been identified as having a role in improving employment outcomes and job retention.

“A recent report recommends clinicians should make greater use of social prescribing to help people with disabilities/long-term conditions stay in or return-to-work, and that social prescribing can improve work outcomes directly through referral to employment support services, or indirectly by improving health outcomes . . . this requires GPs to expand their existing remit beyond sickness certification and to engage more fully with employment issues.”³⁵

The Work Foundation, a think tank for improving work in the UK, explored the extent to which social prescribing might be contributing towards broader recovery goals such as a return to full functioning and to work, and how this might be happening

in practice. Steadman’s investigation of social prescribing as a pathway to work described social prescribing as:

A means of enabling GPs and other frontline healthcare professionals to refer patients to a Link Worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. ‘co-produce’ their ‘social prescription’- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector.’³⁶

Steadman noted that people who interact with social prescribing are generally frequent attenders (either at GP clinics or A&E), history of mental health problems, multiple long-term care conditions, socially isolated, untreatable/poorly understood conditions, not benefiting from clinical medicine and drug treatment. According to the Dahlgren model (see p 36), living and working conditions are a crucial determinant of health. Through a social prescribing provider network survey, 70% agreed that employability and work-related outcomes should be included in the specifications of SP services. The diagram on page 43 indicates Steadman’s vision of how social prescribing can pathway to positive work outcomes. This concept combines community support and intervention in ways that build confidence and networks as well as skills. When well managed, the advantage of social prescribing is the sense of gravitas the GP can bring to the recommendations made to the patient that these sorts of activities will be good for their health and wellbeing. This then gets picked up by the link workers who provide the connections and introductions to community support. Interestingly, there is generally poor awareness of the health benefits of work and the impact unemployment has on health and wellbeing. Short termism of traditional medical approaches limits support for longer term outcomes such as work.

33 Embed Health Consortium (2016)

34 Social prescribing: a selected bibliography. Accessed through <http://www.healthywaterford.ie/projects/social-prescribing/bibliography/> 14 August 2020.

35 Social prescribing: a selected bibliography

36 Steadman, K (2017) Social Prescribing: a pathway to work? The Work Foundation. Presentation accessed through www.stats.learningandwork.org.uk 14 August 2020.



Figure 17: Steadman's pathway to work via social prescribing.

'Bridging the gap' was a social prescribing and work program piloted in Leicester and Manchester. This program when evaluated led to improvements in health and in work readiness. The estimates of economic and social return on investment were:

- » Fiscal value: £3.68 per £1 spent
- » Social value: £8.99 per £1 spent
- » Total cost savings estimated: £73,828.³⁷

4.3 Key Ring – community peer support

Francesca Cooney mentioned KeyRing, a highly effective service supporting people with learning difficulties or who are neurodiverse to achieve independence in the community. This organisation supports those people who have multiple support needs or lead a 'chaotic' lifestyle through connection, flexible support and skill-building. People join KeyRing and have access to a 24/7 phone line with trained advisers available to help members to develop social connections and establish ways to lead a healthier lifestyle. Every member co-produces an action plan with their KeyRing support worker detailing specific goals and actions – focusing first on what they can do. KeyRing supports peer to peer support, matching people with similar experiences to support each other. Support workers are highly aware of the services and opportunities within their local area.

Interestingly, KeyRing has been evaluated for financial 'proof of concept' of the KeyRing service model, illustrating for commissioners and others both the service outcomes and associated financial benefits of a typical KeyRing Network. This report and its proof of concept are based on the actual service outcomes from a sample of KeyRing Networks and the associated financial benefits that these Networks deliver. These benefits are compared to the cost of the Networks to identify the net financial benefits provided for the service outcomes achieved. This study demonstrates that it is possible to achieve cashable savings of £187,168 per annum/£3,599 per week using the KeyRing model.³⁸

37 Steadman, K (2017)

38 Housing LIN (2018) Establishing the financial case for KeyRing. London.

4.3 The Court system – actively supporting vulnerable people

The UK Magistrates' Association has championed reforms in how people with mental health and learning disabilities/difficulties are supported across their journey through the criminal justice system. In addition, information and resources are also provided to magistrates and judges. This includes the resource developed by the Prison Reform Trust Mental Health, Autism and Learning Disabilities in the Criminal Courts, written by Jenny Talbot and Polly McConnell (2017). The resource is available in print as well as online with elements such as film clips, and hyperlinks for further reading and other resources. This resource extensively describes various conditions and associated signs that may indicate someone has a mental health condition, learning disability, autism or communication difficulty. It also provides insight into why offenders with these conditions are vulnerable as they move through the justice process, and questions to be considered by the court in order to enable appropriate support and intervention. The guide makes it clear that while members of the judiciary and court staff are not expected to diagnose conditions or provide welfare services, they should be able to raise concerns about defendants who they think might be vulnerable.

As a result of Lord Bradley's report on people with mental health problems and learning disabilities, liaison with other agencies and diversion options are also explored in the guide.³⁹ The primary purpose of liaison and diversion is to seek to improve health outcomes and reduce re-offending by providing intervention as early as possible for vulnerable people as they first come to the attention of the criminal justice system. To this end, Criminal Justice Liaison Services are being rolled out throughout the UK. Interaction with the service results in individuals either being diverted away from criminal justice and into healthcare for treatment and care, or continue through the justice system with appropriate support.

Helpful resources providing insights into learning difficulties and how they can be handled sensitively and constructively is also available in the toolkits created by The Advocate's Gateway. For example, Toolkit 5 Planning for assisting court staff to question someone with 'hidden' disabilities: specific language impairment, dyslexia, dyspraxia, dyscalculia and AD(H)D. Liaison with other agencies and diversion options are also explored in the guide.

Various community organisations have new-found appreciation of the issues surrounding their clients who are on the edge of the justice system. For example, MENCAP, which represents and provides programs for people with a learning disability is led by a former Police Officer. MENCAP actively participates in improving awareness of the issues faced by people with a learning disability and communication difficulties in the Criminal Justice System that can cause them to re-offend due to a lack of support. In partnership with NACRO and I CAN, MENCAP delivered a 5-year program called Raising Your Game, to improve training and awareness within community agencies, policy makers and stakeholders in the criminal justice system. NACRO is the UK's largest crime reduction charity. I CAN supports children with communication difficulties.

The other objective is to actively link the probation process with support services in the community. However, at this stage, this is only occurring with health and social care, not education. Housing also continues to be a problem (as with Australia) for prisoners on release. Social housing has been decimated in the UK, and there is significant reluctance to go into a hostel, which are often unsafe.

5. Theme 4: Defining and supporting people with learning difficulties and associated conditions

5.1 Differentiating between learning disability and learning difficulty

During the Fellow's visit with Jenny Talbot at the Prison Reform Trust and who has undertaken seminal work with prisons and prisoners with learning difficulties, she strongly advised of the need to clearly define terminology.

Jenny Talbot's three-year research project No One Knows concluded in 2008 but continues to be influential within the prison system in advocating for recognising and committing to improving outcomes for prisoners with learning difficulties. Recognition of learning conditions had been constrained by clinical and educational definitions through scores, e.g. IQ score. No One Knows examined both learning disabilities (defined in 2001 as impaired intelligence, social functioning and impact on adult development⁴⁰) and learning difficulties, which includes a wider range of impairments such as dyslexia and autistic spectrum disorders. The project took in the views of prison staff, prisoners, and other stakeholders (e.g. academics, policy makers) and presented the beliefs, attitudes and recommendations in a range of reports divided into various jurisdictions (e.g. Wales, Northern Ireland, Scotland). The project explored experiences before being arrested, at the police station, in court and in prison. It drew attention to the high levels of discrimination experienced by people with learning disabilities or difficulties as they enter and travel through the

criminal justice system. The project also highlighted the failure of the UK criminal justice agencies in complying with disability and human rights legislation.

Without training and insight, criminal justice staff will often not know which people have learning disabilities or difficulties – theirs is largely a 'hidden disability' with few obvious visual or clear behavioural clues. The research recognised that many people with an IQ of 70 and above will also experience major difficulties with understanding and communication. These may include, for example, people with speech and language difficulties, people with attention deficit and attention deficit hyperactive disorders, people with dyslexia and people on the autistic spectrum, including Asperger syndrome. Those who don't fit a formal IQ defined disability group can be the most vulnerable people falling through the gap. Because of the difficulties in navigating various formal definitions, the project chose not to adopt precise definitions of learning disabilities and learning difficulties that would serve to either include or exclude people by a very fine margin.⁴¹

40 Department of Health (2001) Valuing People: a new strategy for learning disability for the 21st Century.

41 Talbot, J (2008) No One Knows Report and Final Recommendations. Prisoners'Voices. Experiences of the criminal justice system by prisoners with learning disabilities and difficulties. Prison Reform Trust, London.

Learning disabilities and learning difficulties:

No One Knows has included in its scope people who find some activities that involve thinking and understanding difficult and who need additional help and support in their everyday living. The term learning disabilities or difficulties thus includes people who:

- » experience difficulties in communicating and expressing themselves and understanding ordinary social cues
- » have unseen or hidden disabilities such as dyslexia
- » experience difficulties with learning and/or have had disrupted learning experiences that have led them to function at a significantly lower level than the majority of their peers
- » are on the autistic spectrum, including people with Asperger syndrome.

The table provided in Appendix 2 outlines definitions and distinctions between various conditions: Learning Disability, Learning Difficulties, and Autism Spectrum Disorder. This Fellowship and report is mainly concerned with learning difficulties and their impact on adult learners, particularly those who are vulnerable and were left behind by the mainstream education system, including those who have interacted with the justice system.

The report explains this further.

People with learning disabilities are not a homogenous group, neither are those with learning difficulties or those on the autistic spectrum. They are all individuals with a wide range of different life experiences, strengths, weaknesses, and support needs. However, many will share common characteristics, which might make them especially vulnerable as they enter and travel through the criminal justice system.⁴²

The following table provides clear definitions of learning difficulty.

Term	Description and factors	Various terms
Learning difficulty	<ul style="list-style-type: none"> » Can have a range of IQs from below average to above average » Involves weaknesses in information processing, communication skills and memory » Specific learning difficulties that are not identified or dealt with at an early age can cause significant life problems, particularly if family is socially and economically disadvantaged » Learning difficulties can prevent children and subsequently adults from learning and socialising » It is common for a person with a learning difficulty to have more than one condition » Can be hereditary » Dyslexia is 3-4 times more common amongst prisoners than general population » With support, people can learn to manage their learning difficulty 	<p>Range of conditions:</p> <ul style="list-style-type: none"> » Dyslexia » Dyspraxia » Dyscalculia » Attention deficit disorder » Attention deficit hyperactivity disorder

Dyslexia	Contrary to popular misconception, dyslexia is not confined to literacy, although weaknesses in reading and writing are often the most visible signs. Dyslexia affects the way information is processed, stored and retrieved, with problems of memory, processing, organisation and sequencing, and getting dates, numbers and events in the right order.
Dyscalculia	Dyscalculia causes an inability to understand simple number concepts and to learn basic number skills. Likely difficulties concern telling the time, time-keeping and understanding quantity, prices and money.
Dyspraxia	Dyspraxia impairs movement and coordination but can also involve problems with language, perception, thought and personal organisation. Speech clarity can be affected and coordination of fine and/or gross motor activity. People with dyspraxia can appear anxious in unfamiliar situations (due to sensory overload), be easily distracted and have difficulty judging how to behave in company. This condition is more common in males.

Table 4: Definitions of learning difficulties.⁴³

Attention deficit (hyperactivity) disorder (ADHD)	ADHD has often been described as a behaviour disorder but is now recognised as a neuro-developmental disorder affecting the cognitive management system of the brain. It is typified by poor listening skills, distractibility and disorganisation. Behaviour can be unpredictable and impulsive, leading to the blurting out of inappropriate comments or excessive interrupting. As people with ADHD have difficulties with remembering information, they may easily become frustrated and distressed, and some come across as unintentionally aggressive. If no 'hyperactivity' is present, the term attention deficit disorder (ADD) is used. AD(H)D affects young people and can continue into adulthood. It may be treated with medication.
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Table 5: this report is primarily concerned with conditions associated with dyslexia and ADHD.⁴⁴

5.1.1 Neurodiversity

The term neurodiversity was first coined in 1998 by Judy Singer, an Australian sociologist, who has managed her own neurodiverse condition of Autism, along with her mother and daughter's condition. US writer Harvey Blume, with whom Singer corresponded with about their mutual interest in Autism, further popularised the word in a 1998 issue of *The Atlantic*, stating, "Neurodiversity may be every bit as crucial for the human race as biodiversity is for life in general. Who can say what form of wiring will prove best at any given moment? Cybernetics and computer culture, for example, may favor a somewhat autistic cast of mind."⁴⁵

According to Judy Singer, "Too often they (autistics) spend a life doing more and more courses which don't lead anywhere beyond more volunteering or, at best, low-paid menial tasks that don't fit their abilities. Disabled people are still ripe for exploitation, doing work they have every right to be paid for".

She believed that we needed "an important-sounding word in the new language of Neuroscience". The word she came up with was neurodiversity, which according to her is really just a new word for a very old idea – a fancy 21st century way of repeating the old adage: "From each according to their ability; and to each according to their need." This is an ideal to be strived for though it may not always be reached.⁴⁶

Founder of Do-IT Solutions, Professor Amanda Kirby, has since championed the concept. Professor Amanda Kirby is unusual as she is a GP, experienced researcher, clinician and most importantly parent of neurodiverse children and grandchildren. This provides her with an understanding of neurodiversity and co-occurrence from differing perspectives and a drive to raise awareness and champion best practices.

Having been a GP, and professor with the University of South Wales, Amanda founded and is now the CEO of Do-IT Solutions, a tech-for-good company, which has developed unique person-centered computer profiling tools and apps to support neurodiverse children and adults in a range of contexts including education, prisons, and employment settings used nationally and internationally.

The Fellow visited Do-IT Solutions in Cardiff, Wales, and while Amanda was unfortunately called away that day, had a long conversation with Helen Arnold-Richardson, Business Manager, about their work and obtained insights into Amanda's research and observations.

44 The Advocate's Gateway (2015) Planning to question someone with 'hidden' disabilities: specific language impairment, dyslexia, dyspraxia, dyscalculia and AD(H)D Toolkit 5. Accessed www.theadvocatesgateway.org/toolkits 12 June 2020.

45 Spectrum Suite, <http://www.myspectrumsuite.com/meet-judy-singer/> accessed 4 May 2020

46 An interview with the Australian Sociologist who coined the term 'Neurodiversity', www.myspectrumsuite.com/meet-judy-singer/, accessed 4 May 2020

While it was originally more directed at autism, Neurodiversity is a term that is increasingly being used to embrace a number of conditions such as Dyslexia, Dyspraxia, ADHD, Autism Spectrum Condition, Tourette's syndrome and Developmental Language Disorders (DLD) and moves away from the use of the term 'specific learning difficulties'. Embracing the term signals a fundamental shift from difficulties to diversity and subsequently changing the way individuals are viewed and supported during the identification process and ongoing support.

According to the entry in Wikipedia, the term neurodiversity refers to variation in the human brain regarding sociability, learning, attention, mood and other mental functions in a non-pathological sense. It emerged as a challenge to prevailing views that certain neurodevelopmental disorders are inherently pathological and instead adopts the social model of disability, in which societal barriers are the main contributing factor that disables people.⁴⁷

Neurodiversity embraces these neurological differences and even more importantly recognises and respects this human variation. Terms such as disorder, difficulties and disabilities have been for many a negative viewpoint about themselves, and some describe feelings of shame. They can be limiting. The diagnosis is based on what the person cannot do rather than considering the benefits that some of these traits can bring. There is increasing recognition that utilising the skills and viewpoints of different brains brings real advantage.

Neurodiversity is common within the general population and at even higher rates in specific populations such as those who are unemployed and in prison. Rates for each condition are cited anywhere from 1% to 10% of the general population.

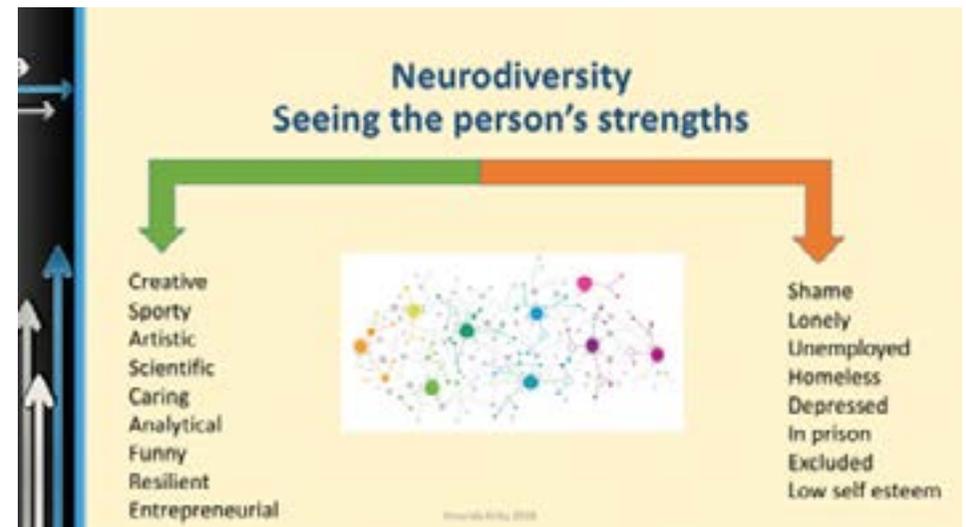


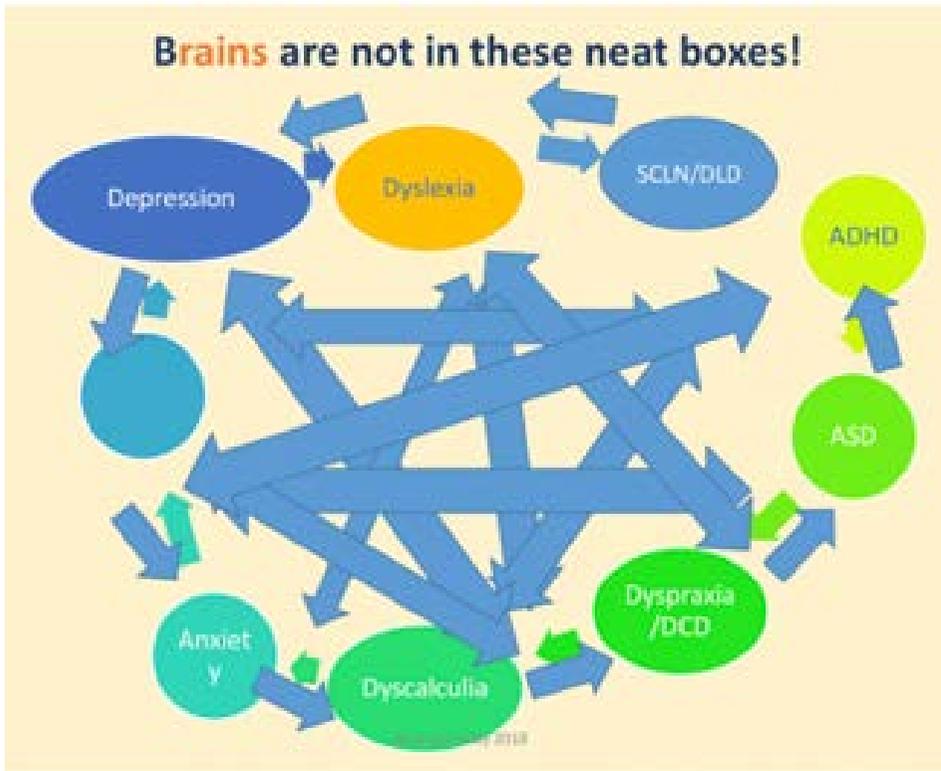
Figure 18: Excerpt from Kirby's presentation on Neurodiversity indicating the divergence between a person's strengths and negative experiences they may have encountered throughout their lives.⁴⁸

Extensive evidence also shows that neurodiverse conditions often co-occur or overlap with one another, so a student with one diagnosis will be quite likely to have challenges in one or more areas to a lesser or greater degree but may not have had these specific needs addressed. In addition, neurodiversity tends to manifest in disadvantaged, low socio-economic cohorts particularly with the addition of adverse childhood experiences and head injuries. This adds to the complexity of 'diagnosing' symptoms and arriving at a single diagnosis. Failure to be assessed and diagnosed is usually the result of lack of access and/or will of parents and schools to access services in low-socio economic cohorts. Misdiagnosis is also a considerable issue when neurodiverse conditions are labelled as 'bad behaviour'.⁴⁹

47 Wikipedia, Neurodiversity accessed 4 May 2020

48 Kirby (2018)

49 Kirby, A, Arnold-Richardson, H and Cleaton, M (2020) Rationale and evidence for taking a person-centred approach to screening in prison. Do-It Profiler, Cardiff.



Dyslexia	
+ ADHD + DCD + ASD	Extensive evidence of overlap between all four disorders
+ SCLI	On a continuum with greater risk of later dyslexia difficulties in adulthood
+ ADHD	In about 35-40% of cases showed a shared genetic basis
+ Dyscalculia	
ADHD	
+ ASD	From 14-78% depending on the research
+ ADD + Dyslexia + Dyscalculia	Specific problems in spelling, reading and maths, unaccounted for by low intelligence

Table 6: excerpt from Kirby's Neurodiversity presentation indicating the co-morbidities that can occur with any of these learning difficulty conditions.

Figure 19: Excerpt from Kirby's presentation on neurodiversity – brains are not neatly siloed in line with our service structure.

Neurodevelopmental disorder	Other commonly co-occurring condition(s)	
	Mental	Physical
ASD	Anxiety disorders, eating disorders, gender dysphoria, mood disorders, OCD, personality disorders, schizophrenia, substance use disorders, Tourette's syndrome, tic disorders. ¹	Allergies, ear infections, epilepsy or seizures, gastrointestinal disorders, hearing impairment, immune disorders, intellectual disability, metabolic disorders, neurotransmitter disorders, overweight and obesity, sleep disorders. ¹
ADHD	Anxiety disorders, gender dysphoria, mood disorders, OCD, personality disorders, schizophrenia, substance use disorders, Tourette's syndrome, tic disorders. ²	Allergies, asthma, epilepsy or seizures, gastrointestinal disorders, headaches or migraine, hearing impairment, overweight and obesity, vision impairment, sleep disorders. ²
DCD	Anxiety disorders, mood disorders, personality disorders, substance use disorders, tic disorders. ³	Epilepsy or seizures, joint hypermobility syndrome, overweight and obesity, sleep disorders. ³
DLD	Anxiety disorders, mood disorders, OCD, personality disorders, schizophrenia. ⁴	Epilepsy or seizures. ⁴
Dyscalculia	Mood disorders, schizophrenia. ⁵	Epilepsy or seizures. ⁵
Dyslexia	Anxiety disorders, mood disorders, schizophrenia. ⁶	Epilepsy or seizures. ⁶

Figure 19: Excerpt from Kirby's presentation outlining the mental and physical health issues that can be associated with learning difficulty conditions.

Females are particularly at risk of remaining undiagnosed into adulthood. Neurodiverse individuals typically experience cumulative adversity over time resulting in poor psycho-social outcomes relating to offending behavior, physical and mental health problems, poor education and employment outcomes. People with learning difficulties such as ADHD and dyslexia have been found to be more susceptible to mental health disorders and suicide than the general population. They may also be more likely to have substance use disorders.⁵⁰

This is particularly true of individuals with multiple neurodiverse conditions and also individuals with co-occurring neurodiverse and mental health condition(s)⁵¹ This may be a reason why their overall needs are not met because diagnosis and support has tended to be delivered in silos. For example, dyslexia being seen as

'educational' and ADHD as a 'health condition' despite the fact that overlap of the two conditions has been cited by some researchers to be as high as 40%. Neurodiversity embraces the reality of a dimensional approach.

In making the case for being aware of neurodiversity, Kirby asked the question in a presentation, could you have . . .

- » Thought a student was lazy because they seemed to never start an assignment?
- » Got annoyed at the student who kept getting out of their seat.
- » Become so frustrated with the student in the back of the class banging his pencil on his desk over and over and over again?
- » Reminded a student to bring home their book at least five times and then they still forget it?
- » Been in the middle of a lesson when a student blurts out some random information irrelevant to the lesson?
- » A student that takes ages to answer questions and others jump in and answer for them?

Students may exhibit this behaviour for many reasons including the following:

1. Feels frustrated because they have a different perception of the situation
2. Lacks structure - so don't know what is happening next
3. Acts the role of being "bad" as expected
4. Doesn't know how to ask for help - so act out
5. Distracted by class and so loses focus

50 Kirby (2020)

51 Kirby, A (2019) Is Neurodiversity Coming of Age in 2020? FE News, www.fenews.co.uk accessed 28 May 2020.

6. Has difficulties expressing themselves and doesn't understand
7. Feels overwhelmed with tasks assigned as doesn't know where to start
8. Tired/hungry.

The slides provided in previous pages 49-52 as part of that presentation, outlining the need to see the person's strengths and being aware that neurodiverse people can present with multiple conditions requiring holistic and joined up responses from agencies.⁵²

5.1.2 Adult ADHD

Attention-deficit/hyperactivity disorder (ADHD) is an exquisitely puzzling condition. For those affected by it, many aspects of daily life that most people take for granted are rendered more difficult by the symptoms of ADHD. Although these symptoms may appear innocent and merely annoying nuisances to observers, if left untreated, the persistent and pervasive effects of ADHD symptoms can insidiously and severely interfere with one's ability to get the most out of education, fulfill one's potential in the workplace, establish and maintain inter-personal relationships, and maintain a generally positive sense of self.⁵³

The Fellow met with Dr Philip Asherson in London to discuss his research into ADHD, particularly his insights into various treatments and ways to support adults with ADHD, which will be further explained in section 5.3. However, at this stage of this report, it is important to provide some insight into the condition.

ADHD is typified by impairing symptoms of overactivity, impulsivity and inattention,

and persists into adulthood statistically for around 70% of those diagnosed as children.⁵⁴ Its symptoms can be difficult to differentiate with other more familiar psychiatric disorders, increasing the likelihood that ADHD is missed.⁵⁵ ADHD is the result of 'atypical neurodevelopmental processes'. It severely affects self-control, behavior, cognition and learning.⁵⁶

There are a number of types of ADHD as follows.

- » Predominantly inattentive – inability to focus and allocate attention and concentration efficiently, particularly when tasks are not inherently enjoyable, such as studying, paying bills or planning projects. More likely to seek activities that are more immediately reinforcing and more pleasurable than to be vigilant with less exciting, though ultimately more important tasks. When interrupted they have more difficulty re-engaging in an activity. While hyperactivity and impulsivity can wane with age, symptoms of inattention and subsequent information processing problems remain relatively constant across the life span. Demands for the ability to concentrate, to be organised, and to manage one's time and effort increases in adulthood and the negative consequences associated with inattentiveness and disorganisation become more severe. Those with inattentive type are often associated with comorbid internalising disorders, such as anxiety or depression.
- » Combined type – the most frequently encountered where they experience the combination of inattentive and hyperactive-impulsive symptoms. They tend to be the most impaired of the three ADHD sub-types with academic impairment and high incidence of behavioural and emotional comorbidity.

52 Kirby, A (2018) Neurodiversity. University of South Wales.

53 Ramsay, R J, Rostain, A L (2007) Cognitive-Behavioural Therapy for Adult ADHD: An Integrative Psychosocial and Medical Approach, Taylor and Francis Group. Accessed through ProQuest Ebook Central. P 2.

54 Ramsay (2007)

55 Ramsay (2007)

56 Ramsay (2007, p, 15

- » Not otherwise specified – individuals may seek help for significant functional difficulties such as disorganisation, procrastination, or poor time management. This may include adults who have been treated since childhood, developed good coping skills but require ongoing management.⁵⁷

Children may appear to 'grow out of ADHD' as they learn to cope with and manage the condition, but symptom profiles shift with age. A complicating factor in recognising and getting treatment for adult ADHD is the fact that it very often co-exists with other problems that may mask the symptoms of ADHD. Ramsay maintains that ADHD is a potentially disabling syndrome leading to many negative life outcomes if left untreated. It is estimated that 70 to 75% of adults with ADHD who enter treatment carry at least one additional psychiatric diagnosis. This suggests that comorbidity in the assessment and treatment of ADHD is the rule rather than the exception. Conditions include:

- » anxiety disorder – 24 to 43%
- » depression – 16-37%
- » substance use disorders – twice the prevalence found in the general population – 32-53% reporting alcohol use problems and 8-32% reporting substance use problems.⁵⁸

In addition, they are at higher risk for a number of serious life problems that affect their ability to function:

- » complete fewer years of school
- » lower levels of employment – regardless of academic attainment
- » earn lower salaries
- » change jobs more frequently

- » receive more negative ratings of work performance
- » have higher divorce rates
- » have lower relationship satisfaction
- » poorer driving record
- » are at higher risk for psychiatric and substance abuse problems (most often marijuana) in order to relieve associated stress and anxiety and 'quieting down' their brains
- » have higher rates of pessimism and lower life satisfaction
- » more likely to report impairment that interferes with keeping up with the demands of daily life.
- » less likely to have participated in extra-curricular activities and educational/cultural activities outside of school
- » less likely to recall being liked by teachers, parents and peers and more likely to describe themselves as having negative attitudes and social experiences.⁵⁹

ADHD can coexist with high intelligence to create a uniquely frustrating combination of strong abilities and executive dysfunction.

Ramsay outlines the dimensions that should be considered when profiling ADHD within an adult:

- » some adults self-diagnose – it is useful to ask how they came to that conclusion or became interested in the fact that they might have the condition
- » it is vital to always assess the individual's strengths and their available positive support systems and resources

57 Ramsay (2007)

58 Ramsay (2007)

59 Ramsay (2007)

- » view developmental history as a child, understanding if sustained injury during pregnancy or delivery, exposure to toxins in utero
- » family history – understanding if other family members exhibit the symptoms, particularly those born before the mid-1960s
- » academic history – not just qualifications or stages achieved, but how did the person perform, what classes/programs were not completed or failed, levels repeated, behaviours such as ability to listen at school
- » vocational history – any work-related difficulties such as getting projects done on time, getting to work on time, disorganisation, time management problems, or interpersonal conflicts with co-workers or superiors; review reasons for changing jobs
- » medical and psychiatric history – understand medical disorders or brain injuries that could contribute to inattention or impulsivity; sometimes a psychiatric or medical condition can mimic the symptoms of ADHD
- » explore how the individual manages their life – managing time, organising paperwork and other materials, working independently, meeting deadlines, personal affairs (paying bills, household chores, financial budget), do they learn from their mistakes.

Substance abuse needs to be addressed and stabilised before commencing pharmacological treatment.

According to Ramsay, individuals with ADHD often report numerous and recurring examples of functional problems that cause them great distress almost every day. As the need to manage their condition increases with the demands of adulthood, they often have the lingering feeling of being an imposter or an escalating sense

that they are facing demands beyond their abilities to cope and increased emotional distress.⁶⁰

Emotional lability (EL), which is characterised by irritable moods with volatile and changeable emotions, is a common co-occurring feature. In addition, other psychiatric conditions may also be present with ADHD by the time adulthood is reached, such as oppositional defiance disorder (60%), borderline personality disorder, along with EL.⁶¹ Skirrow and Asherson's research concluded that EL is an important contributor to impairment in major domains of life. Individuals with low intellectual function and high levels of hyper-activity-impulsivity and clinical symptoms were most likely to be affected by the sudden temper and anger outbursts assessed in their study. Individuals with ADHD who frequently engaged in anti-social behavior reported greater EL in the scales used in the study. They concluded that clinicians should consider ADHD as an important differential diagnosis when encountering patients with unstable emotional symptoms.⁶² Understanding the complications of EL aids in explaining a variety of problems not easily accounted for by the core features of inattention and hyperactivity-impulsivity. EL impairs areas of life requiring successful social interaction (home, social functioning, education and work).

60 Ramsay (2007)

61 Skirrow, C, Asherson, P (2012) Emotional lability, comorbidity and impairment in adults with attention-deficit hyperactivity disorder. *Journal of Affective Disorders* 147 (2013) 80-86. Accessed through Elsevier.

62 Skirrow (2012)

5.1.3 Hidden disabilities

The term hidden disabilities is widely used to describe the range of conditions that individuals experience that produce barriers to learning and work as a result of specific difficulties that are not immediately visible. Often the individuals are unaware that they have such difficulties. These difficulties include dyslexia and dyspraxia, as well as ADHD.⁶³ As previously mentioned, it is not unusual for multiple learning difficulties to be present in an individual.

Dyslexia is a disorder that is mainly characterised by severe difficulties in acquiring reading, spelling and writing skills. Dyslexia occurs worldwide regardless of culture or language and affects about 9-12% of the population; 2-4% of the population can be seriously affected by it.

Based on the experience of more than 10 years intensive research, three different disorders - a reading disorder, a spelling disorder and a combined reading and spelling disorder - were differentiated.⁶⁴ Despite average intellectual abilities and sufficient motivation, without appropriate support children who are dyslexic do not learn as their peers do. However, when diagnosed early, they can be helped to learn with teaching that is success orientated, structured, systematic and evidence-based. But they will always require a great deal of support and encouragement.⁶⁵

While there is much concern about the negative impact of dyslexia on learning, it is also important to recognise areas of strength which may be associated. Many dyslexic people are reported to be good at architecture, engineering and other creative arts. They can also be good at acting, lateral thinking and many have good "people-skills". If given the appropriate help for their areas of difficulty, there is no reason why a dyslexic person should not be a high achiever, and many can gain a university degree.

We should be concerned about the children who enter adulthood without a diagnosis and any support for the difficulties they have experienced in learning and attaining educational outcomes through the school system.

While there is no evidence to suggest that dyslexia or a related specific learning difficulty should predispose an individual to commit a crime, of concern is the disproportionately higher incidence of hidden disabilities, particularly dyslexia and ADHD in the prison population. Research funded by The Dyslexia Institute (UK) indicated that around half the prison population have a literacy difficulty that will limit learning and work opportunities. The purpose of the research was to address the needs these individuals have for appropriate support and individualised approaches to help them specifically manage their condition. Generic education and support does not help them to progress and successfully navigate the justice system and manage their lives upon release. The research indicated that prison education providers need to plan for providing SEN support to at least 50% of prisoners. This includes systematic and consistent screening and assessment, support to understand strengths and weaknesses, direct and specialist teaching of literacy and numeracy, and support in accessing other educational and vocational training.⁶⁶

On its own, the assessment and understanding or providing a possible explanation for difficulties in learning and in work can be very empowering. To learn that the reason for underachievement in school might be dyslexia rather than limited general ability or poor motivation can make an enormous difference at an individual level. This research found that whether or not individuals were assessed as having some recognisable pattern of hidden disability, the assessment report provided a description of strengths and weaknesses and that information can be used to help plan for learning and work that best suits the individual's characteristics.⁶⁷ In

63 The Dyslexia Institute (2005) The Incidence of Hidden Disabilities in the prison population: Yorkshire and Humberside Research.

64 <https://www.eda-info.eu/what-is-dyslexia/> accessed 10 August 2020

65 <https://www.eda-info.eu/what-is-dyslexia/> accessed 10 August 2020

66 The Dyslexia Institute (2005)

67 The Dyslexia Institute (2005)

prison populations, complexity increases with the incidence of a history of head injury, having been a victim of child abuse and/or a victim of domestic violence, as well as having one or more learning difficulty. Therefore assessment needs to be holistic, which is further discussed in section 5.2.

5.2 Early and consistent assessment of learners

Jenny Talbot stressed the need for consistent and comprehensive assessment of people who are screened as having potential learning difficulties. The ongoing lack of consistency across the prison system in the UK has meant that people coming into the system and traversing it may experience varying levels of helpful interventions. The need for assessment is imperative as learning disabilities and difficulties are largely 'hidden disabilities; with few visual or behavioural clues. In addition, many people with these conditions try hard to hide their impairments and even if asked directly, may deny that they have learning disabilities or difficulties'.⁶⁸ Even now, assessments throughout the UK and various other settings are not consistent. Yet effective information sharing between various agencies is critical to supporting a consistent joined-up approach.

The need for assessment is now part of the prison education contract; however, they have yet to implement a consistent assessment tool that assists with transition between sites and continuity of treatment and education interventions. Advocates have been recommending that screening should take place at the earliest possible point - in the police station, if not when they get to court. However, the ability to accurately screen, which to a significant extent relies on feedback from the individual, very much relies on screening and assessment taking place with appropriate timing, a safe space and the establishment of good relationship

between interviewer and interviewee to achieve an honest appraisal. This requires

adequate training of all criminal justice and healthcare professionals to recognise the need for assessment.⁶⁹

Research conducted in Yorkshire proposed that the diagnostic process is about understanding and not labelling; and a diagnosis should always be made tentatively and modified if new information suggests a different interpretation. The emphasis in their research project was on identifying barriers to learning by thinking about symptoms in functional terms, for example interpersonal communication or organisational skills.⁷⁰

The RAPID screening tool was developed and evaluated by Ali in 2015. This is a 15-item self-report questionnaire designed to identify adult offenders who may have difficulties with both intellectual and social and independent living skills. The tool was designed to be administered quickly and by people with little training. It can be followed up with a clinical assessment if warranted to gather deeper understanding. If concerns are raised about levels of engagement and educational ability, the questions about historical diagnoses of dyslexia or ADHD are useful. However, training was recommended for using the tool, including three main areas:

1. general awareness of intellectual disabilities and learning difficulties and the rationale for implementing a screening tool
2. the importance of building rapport, considering the environment within which they were administering the screening tool, the importance of seeking additional information when necessary and to support endorsed screening items
3. participants were trained on how to ask the separate questions, the importance of asking all the questions and the interview approaches that they may find useful.⁷¹

The RAPID tool was designed to highlight the need for further cognitive evaluation

68 Talbot (2008)

69 Ali, S and Galloway S (2015) Developing a screening tool for offenders with intellectual disabilities – the RAPID. Journal of intellectual disabilities and offending behaviour, vol. 7, no. 3, 2016. Accessed through Emerald 10 April 2020.

70 The Dyslexia Institute (2005)

71 Ali (2015)

and initiate a specialist assessment pathway. It also provides a more structured but simple and effective screening tool, reducing personal judgement, and providing a way to quantify and therefore justify and endorse referral for full assessment. Positive feedback was provided by users of the tool indicating that it has allowed them to feel more confident in identifying intellectual or learning difficulties and advocate for further assessment, while also preventing those with learning conditions being absorbed into the general mental health sphere in the absence of any appropriate screen.⁷² The tool is provided in Appendix 3.

The evaluation indicates that the screen offers a potentially significant contribution to reducing the risk of offending and prevents criminalising behavior which may actually be related to communication difficulties, limitations in understanding and associated vulnerability.⁷³

5.2.1 Leeds College considering needs of all learners through its High Needs Team

Through the Learning Support Team, Leeds City College provides a service for students across the college. The High Needs team is committed to helping people with learning difficulties/disabilities to overcome any barriers within learning, identify strategies that will help them in adulthood, build on personal and social skills and be fully integrated into the college community. Learners with learning difficulties and or disabilities, aged 16-24 years are provided with the required Education, Health and Care Plan (EHCP). However, students who do not have an EHCP but require some support will receive this through universal (first teaching) and targeted support.

Leeds City College's approach to identifying and providing appropriate and consistent ongoing support for learners with SEN is to deploy all of their TAs into all classes at commencement of each group. It is the TA's task to observe all learners over the first few weeks, assess the needs being exhibited in the group, look for signs of learning difficulties requiring specific assessment and attention, any mental health issues, and ensure that all learners are actually in the right program. Throughout these weeks, the TAs develop relationships with all learners through providing assistance in the classroom, as well as a series of counselling conversations with each learner.

Once the need for an individual learner to receive formal assessment is determined, the learner is referred to the College's trained SEN assessors to undertake an initial formal assessment. According to Ann-Marie Spry, this is reasonably straightforward if they have received similar attention while in the school system or in earlier life. But adults, including youth adults, can be quite reticent about declaring that they have a special need and can be worried about disclosure. This assessment event conducted by the specialist assessors looks for patterns and tendencies through a one-to-one conversation. The positive nature of SEN support is emphasised throughout the process as a direct result of the assessment. The key message is that anything communicated through these sessions has the primary aim of supporting 'you' to succeed.

If further assessment is needed by specialised clinicians, this capability is brought in from a centralised high needs team in the district.

In addition, Leeds College welcomes Level 4 counsellors on placement rotations to provide ongoing support for the wide range of mental health conditions, the college's 18,000 adult learners present with.

72 Ali (2015)

73 Ali (2015), p 165

5.2.2 Do-it-profiler – an example of comprehensive assessment instrument

This assessment instrument is used across a number of settings, including in prisons in Scotland and Wales, and also in South Africa.

This instrument was developed by Professor Amanda Kirby as a 'whole person-centred screening and guidance' tool. In an article about the tool, Helen and Amanda noted that the systems in place may preclude appropriate screening or assessments being made as follows.

- » Paper-based systems may not be accessible for those who cannot read the questions, e.g. with low levels of literacy or for the 10% of people where English is a second language (but there may not be a means of assessing their needs in their home language resulting in limited or little information about their prior educational experiences).
- » Questions relating to the 'other' factors may not be asked concurrently so conclusions may be biased by the data collected.
- » A lack of confidence and training by the non-specialist LDD staff to have a conversation with the offender if identified as having an LDD and there can also be a lack of knowledge to know what to do and how to provide support for the offender or make reasonable, practical adjustments.
- » A lack of tools in place to assist may prevent the process of screening happening or the tools may take too much time or be too confusing to administer, missing key information on the rehabilitation barriers the offender may have.
- » Lack of pathways for onward referral – there may not be a system in place to know what to do if someone is identified with ADHD or Dyspraxia traits or how to make reasonable adjustments.⁷⁴

According to Amanda's research, there are generally a number of reasons why offenders could be mis-diagnosed or missed, therefore not having their needs recognised or supported:

- » been a looked after child or young person (what we call Children in Care) excluded from school
- » left school early or not attended school regularly and not been in a 'system' at all
- » not recognised as needing to be diagnosed
- » come from another country
- » homeless
- » other reasons including association between traumatic brain injury and ADHD. There is evidence that up to 60% of young people in custody in England have reported having experienced a traumatic brain injury.

In reality, the impact of having an LDD may mean that some offenders may not be able to use public transport to get to meetings or community payback. They may miss appointments due to not being able to plan. They may react badly to a new situation or they may not fully understand what they must do to adhere to their community order. If the probation practitioner knew that the offender had these barriers practical adjustments and strategies could be put in place to support the offender achieving their outcomes.

The Do-it-profiler has been designed to understand all barriers and strengths to support rehabilitation through a bio-psychosocial approach. That is, screening in all areas so as not to miss key information about a person that could assist in planning interventions. The tool is a modular based system that is completed online. It screens for LDD traits and range of skills including literacy, numeracy, work skills and also wellbeing factors. The system provides instant feedback to the individual as well as guidance for staff and reporting. It has been designed to be highly accessible with questions read out aloud in the individual's dialect and language.

5.3 Practice in supporting learners with learning difficulties

5.3.1 An example of managing ADHD within the Italian context, clinical and legal framework

The Istituto Superiore di Sanità (ISS) recognised that all guidelines for the inclusion of patients with ADHD in learning contexts and for success in the work place are rooted in diagnostic and intervention protocols. Understanding treatment programs is crucial for the planning of tailored strategies, both in schools and in vocational training. Subsequently, the ISS released a medication-based intervention protocol for ADHD patients in order to inform all interested professionals about best practice treatment.

In brief, for the assessment and treatment of ADHD in adults, the ISS proposes that:

1. ADHD in adulthood should be diagnosed based on self-report and in-depth evaluation, but collateral information is desirable
2. ADHD can be diagnosed in adults based on 4 of the 9 DSM-IV⁷⁵ criteria, if impairments are significant, and age of onset after 7 years does not preclude diagnosis
3. age-appropriate presentations of ADHD symptoms should be taken into account when scoring the symptoms of ADHD in adults
4. neurobiological and neuropsychological tests are neither required nor

sufficient for the diagnosis of ADHD but may document specific functional impairments

5. non-treatment may deprive the patient of the chance to resolve functional and psychosocial impairments at personal, relationship and professional levels
6. pharmacotherapy is recommended first-line
7. psychotherapy should be used for relief of comorbidities and functional impairments
8. long-term management is often necessary for adults with ADHD.⁷⁶

Within this context the Fellow visited Federico Caffé in Rome, which was one of the Institutions featured in the Q4ADHD Compendium of Good Practices. This institution is a secondary school that is an alternative to mainstream secondary schools providing vocational education programs with a senior school certificate outcome, similar to our non-senior secondary school model in Victoria. Federico Caffé takes a high proportion of special and additional needs students, including learners diagnosed with ADHD, often with co-morbidities such as mental illness, e.g. Tourette syndrome, anxiety etc. Some are formally eligible and funded for a support teacher, while others miss the mark, but are still supported. The school prides itself on providing complete coverage of learners in need with support staff regardless of funding.

These Special Support Teachers complete an additional two years of study on top of their teaching degree and are highly skilled. The provision of Support Teachers is supported by legislation in Italy. They understand the need to build rapport and

75 DSM-IV – American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC: American Psychiatric Association, 2004.

76 Caforio, A et al (2018) Vocational Training for ADHD learners – Compendium of Good Practices. Q4ADHD program funded by the Erasmus+ Programme of the European Union. Accessed through <https://www.researchgate.net/publication/327890894>

trust with those learners assigned to them, responding to individual needs and allowing the learner to direct when help is needed. Importantly learners are very empowered to say what they want. For example, I met a learner with ADHD and anxiety, Jacob, and his support teacher. As a matter of course, the support teacher checked in with him prior to his next class to ascertain what support he would like during the class. Jacob's preference was to take notes and attend the class as per other students – he didn't want to be singled out through visible special support. While talking to the staff about their approach, a key focus is to ensure learners are not made to feel unnecessarily different to their peers. The Support Teachers are quite conscious of being sensitive to this. The Support Teacher is there to provide reminders to the student to enable engagement and assist with strategies associated with behavior and coping with the requirements of the class and study program. They do this very diplomatically and sensitively.

Interestingly, they adjust their expectations of the standard some learners will reach depending on their learning difficulties – but importantly, they ensure that all learners achieve their secondary school diploma.

The building and classrooms were dilapidated but that did not seem to affect the wonderful atmosphere there. Staff were incredibly friendly and warm and the relationships with their learners was blatantly positive and open.

Federico Caffé was featured in the Q4ADHD compendium for its VET Diploma in Industrial/Surveying Science. Delivered for the first time in 2012, this is a five-year course with an average of 20% of students with various learning disabilities. In the program prior to 2018, there were three ADHD students. The program is supported by a psychologist on staff. The classroom is organised in a U shape with the teacher's desk placed in the middle and the white board on one side – nearest the students with ADHD. Some students are identified as peer trainers, in rotation, in support of the learners with ADHD. When necessary and in order to break up the learning sessions, the learners visit the gym and IT lab at various

points throughout each day. The educational program and how it is delivered on a day-to-day basis is designed and arranged according to the student cohort's learning needs and is agreed upon by all the learners in the class. For example, structure of the educational day could be as follows:

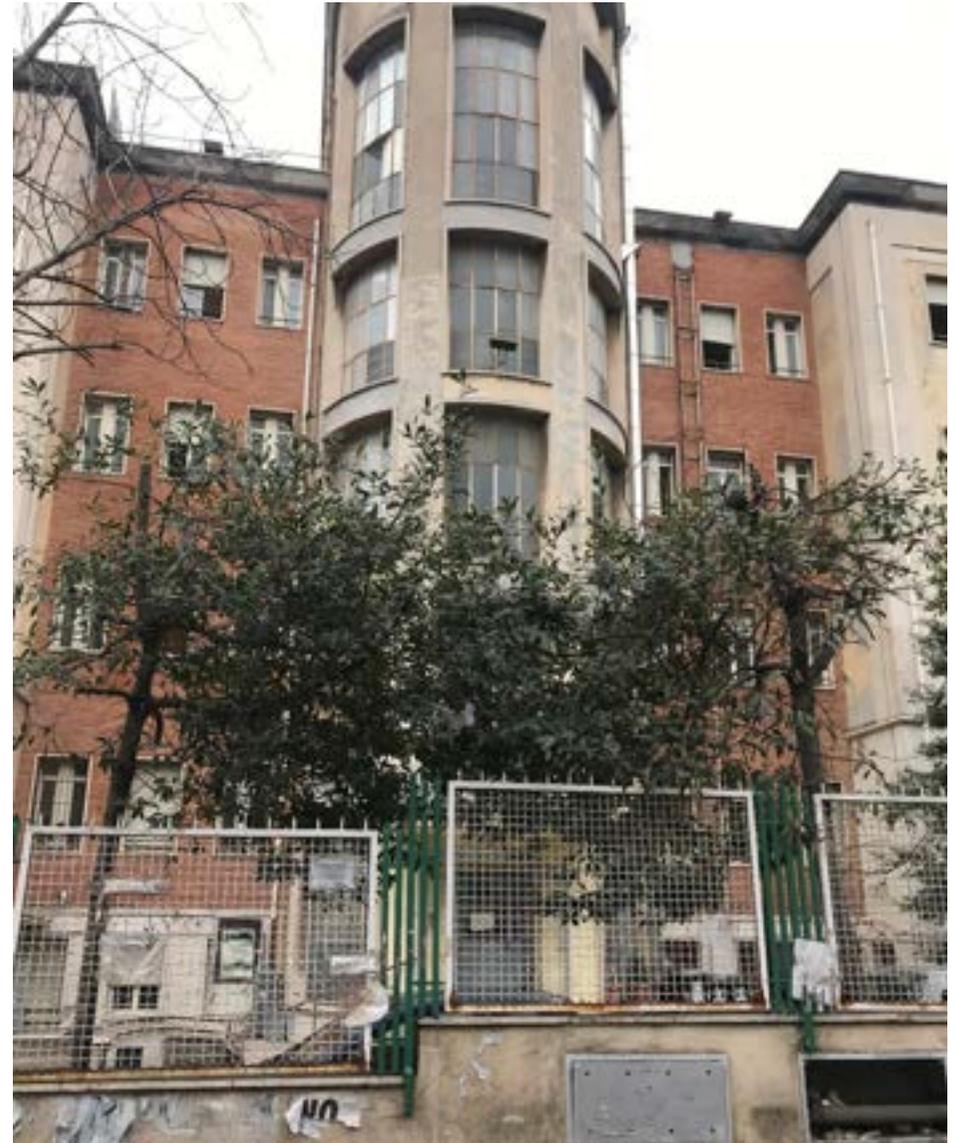
1. entrance in classroom
2. presentation of the educational activities (contents and working time)
3. frequent breaks (agreed with students)
4. recreational activities (agreed with students)
5. tests / homework set.

The educational strategies implemented are based on the cooperative learning methodology (structured in working groups). The students with ADHD cover different roles and tasks according to their potential and knowledge level on the educational contents and carry out work based also on the peer tutoring methodology.⁷⁷

At another institution featured in the Compendium, Maria's World Foundation in Bulgaria, the work with ADHD students is designed with: individual and independent work - not in the group; clear framework; tasks that are very precise and clear with simple description of all details; frequent movements during work activities; specific methods to help concentration – e.g. colouring of small details, performing mechanical, repetitive activities; promotion of social and communicative skills. Moreover, the ADHD individuals are encouraged to recognise their emotions and try to develop strategies for changing behaviour and regulating emotional state. The teaching staff includes special educators; social worker; psychologists; family therapist; and a group supervisor.



Students at Federico Caffé



Federico Caffé in Rome.

5.3.2 Learner support delivery approaches

Learning support for various cohorts, including those with autism, specific learning difficulties and moderate learning needs have a range of interventions available to them throughout their time with Leeds City College. The range of cognition and learning support available includes:

- » in/out of class support at ratio required
- » specialist assistive technology
- » orientation (photos, images on personal mobiles)
- » transition plan
- » meet and greet
- » familiarisation of campus and rooms
- » taster session
- » lunch time supervision
- » personalised timetable
- » personal care
- » access to tablet/apps
- » oasis room
- » Makaton (simple sign language).

(Leeds City College website, accessed 15 Mary 2020)

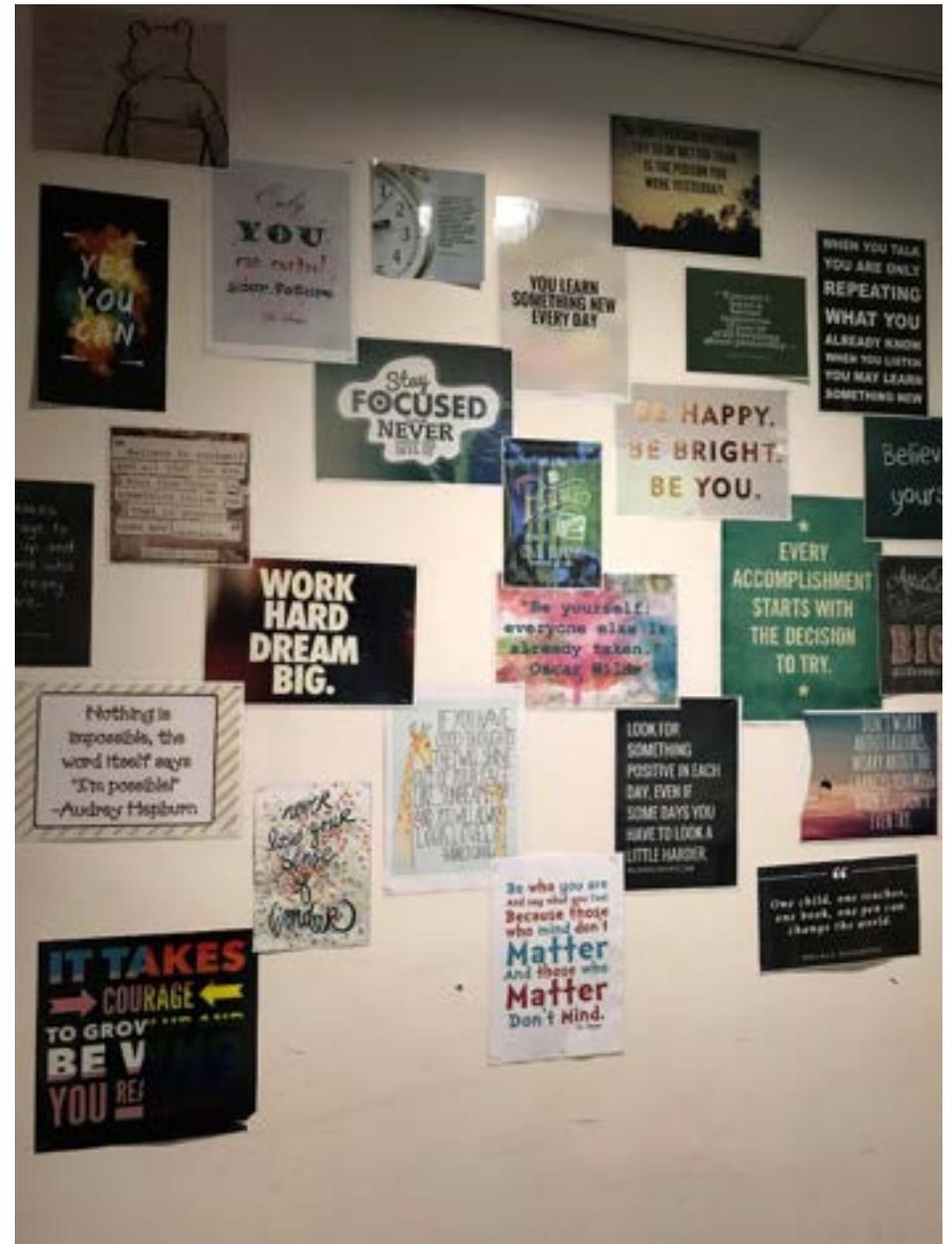
There is a different emphasis in terminology. Where we tend to refer to language, literacy and numeracy, learning program curricula in the UK and Europe are generally shaped around building "English and Maths" skills. They also include holistic programs that support learner health and wellbeing. For example, courses in mindfulness, managing stress, mental health first aid etc. Strategies to support



Nicki McKenna, Deputy Principal of the Apprenticeship Academy at Leeds College.

SEN needs are routinely identified, e.g. behavioral management, use of the Oasis room etc. These initiatives are loaded into the learner management system. It is incumbent on and the responsibility of each teacher to familiarise themselves with strategies and notes relating to each learner's requirements.

During my visit to Leeds Community College, the Fellow spent some time with Nicki McKenna, Deputy Head, and learned about their 14+ Apprenticeship Academy. This is an alternative secondary school similar to our VCAL non-senior secondary program. They provide a combination of english, maths and other applied subject curriculum, along with personal development and health and wellbeing programs (e.g. mindfulness) resulting in a General Certificate of Education Advanced Level



(GSE). The program has proven to be highly successful in engaging parents and carers in their young adult child's alternative education – this includes parents who have had past negative experiences of education both personally and through their children.

The photos provided on the previous page indicate the highly visual environment present throughout the spaces at Leeds College providing positive reinforcement of values, providing space to vent, and celebrating achievement.

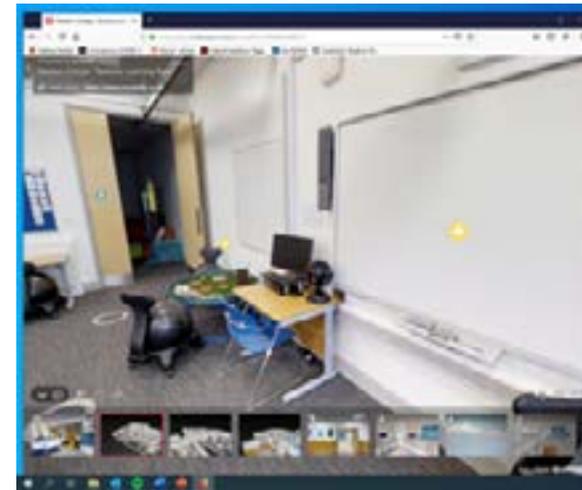
5.4 Value of purpose-specific facilities

5.4.1 Weston College's Sensory Learning Base (SLB)

Only learners and staff within the SLB have access ensuring that learners know and feel safe with the people they are interacting with. Hoists and toilet and shower facilities are included, with the proviso that other specialist equipment can be purchased depending on learners' support needs. The facility has a blend of therapeutic aids, learning equipment and activities, and an independent living learning facility. The Learner Welcome Board is an opportunity for learners to use visual aids to let staff know how they are feeling and to promote an understanding of their environment such as weather, dates and seasons. A small reading room is an additional learning space for one-on-one or independent work for learners who require a low stimulus environment. Each room has black out blinds to reduce light for some learners. In one of the main rooms, there is a social corner, which is a relaxed area for learners to interact with peers and staff while still in the classroom environment. Adjustable wall allows space to be created or reduced in the classroom depending on learner and subject need. Each learner has an individualised visual timetable allowing for predictability and empowering learners. When the Fellow visited, technology was used to project a game from the ceiling onto the classroom table for learners to improve motor skills. The classrooms include:

» Art Gallery corner

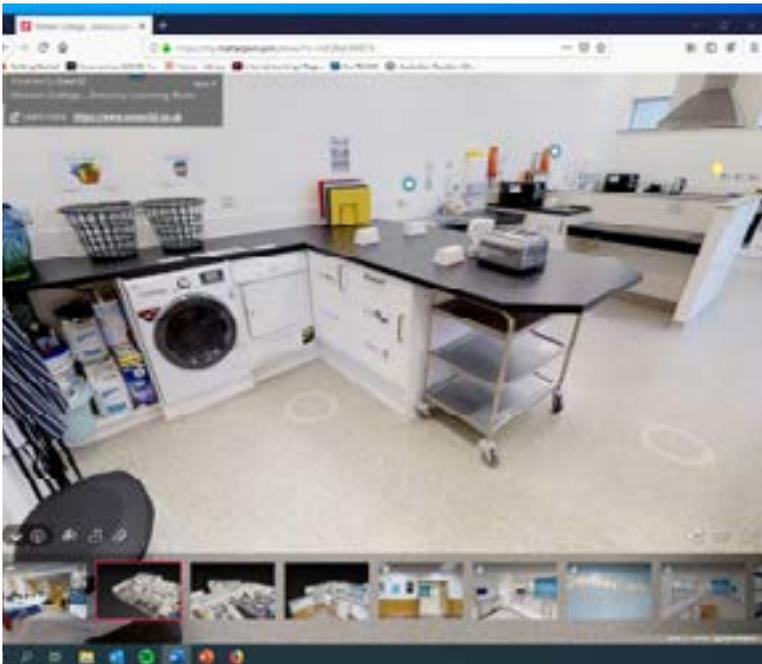
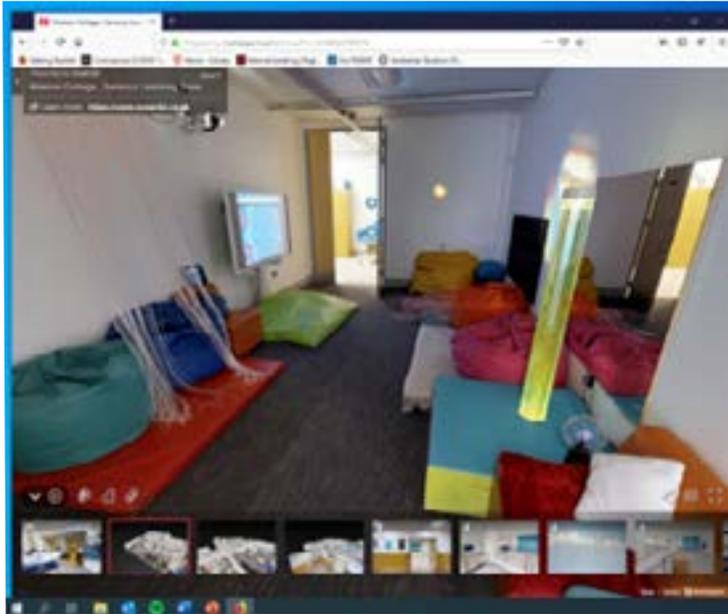
- » Smart boards with links to useful websites
- » Leisure activities – wide range to promote a variety of skills including but not limited to social skills, fine and gross motor skills and communication skills
- » Music and listening zone where musical equipment is stored and explored
- » Sensory activities with a felt table and shapes, and chairs with a ball to sit on.



Clipped from the SLB interactive tour showing the sensory chairs.

The SLB also includes a room set up to develop independent living skills with a domestic laundry and domestic kitchens. It includes:

- » domestic appliances (washing machines, dryers, vacuum cleaners)
- » tables and chairs for lunch and breaks, as well as areas to discuss the theory elements of cooking and cleaning
- » healthy living is promoted through a wall display and learning is devised around individual learner outcomes in relation to health living



- » instructional QR Cod videos enable use of assistive technology that display instructional videos to support cooking and independent living skills – they are displayed on the walls
- » a colour coded system and resources are used to support learners to work independently where appropriate and develop food hygiene skills, e.g. colour coded chopping boards
- » the kitchen workspaces are fitted with domestic ovens, stove-tops, microwaves, kettles, toasters and washing facilities. All stoves and washing facilities are height adjustable to meet the needs of individual learners. Induction hobs have been installed for safety reasons.
- » All equipment and facilities have visual aids to enable learners to be more independent when using the kitchen.

Left page: This room has a wide range of sensory equipment including bean bags for seating, light boxes, LED light curtains and individual sensory equipment.

Domestic style kitchen and laundry facilities provide simulated at home learning situations.

5.4.2 Weston Bay

The Fellow was taken on a tour of Weston College's innovative residential training facility for young adults with autism. A hotel on the sea-front road was converted into a crucial facility for students, parents and professionals dealing with the challenges of living with autism. Students live at the facility for one or more nights per week. It has eight bedrooms and three flats, which are all decorated exactly alike taking into account low sensory needs and comfort. All rooms include an ensuite bathroom. TVs are not provided in rooms as a way to encourage learners to socialise with other residents downstairs in the communal areas. There are always two members of staff in the building who are available throughout the day and night. Learners make their own beds, do their own laundry, budgeting, manage their time and cleaning. Support staff help learners to develop a timetable that they keep in their room. Through a residential pack, they also have access to visual resources and QR codes.



Activity board at Weston Bay



Supported by live-in staff, the learners get used to living away from home by managing household tasks like cooking, washing, ironing, cleaning and go out on excursions to further develop social skills. This includes, for example going to the local pub and playing darts, and an annual excursion to Disneyland in Paris. Information boards are constantly updated with social activities.

The common area features a homework board which shows the homework learners have been set, hand in dates and resources needed. Homework is themed and includes employability, healthy lifestyles, social skills, independent living, team building, study skills and creative arts. A storage area contains a range of sensory resources to help learners engage in training and lower anxieties. There are also a wide range of games, activities and puzzles. A quiet study space is available with a computer and internet access.



Weston Bay provides sensitively designed and consistent facilities for young adults with autism.

The training kitchens and laundry are designed to replicate a domestic kitchen and laundry. Visual resources are on the walls and cupboard labels and instructions. Learners are encouraged to keep food diaries which can help develop the variety of foods they try. Each kitchen is a different colour and has utensils and equipment in that colour, e.g. the green kitchen. Information is provided about healthy lifestyles on notice boards and information containers on the walls. Some learners are given recipes to take home to try. This helps to transfer the skills they have learned to the home environment, further enhancing independence.



One of the domestic kitchens at the Weston Bay facility.

Sam Mayhew explained the extraordinary and transformational difference that this facility has made to young adults with autism and their families in the Western regions, but also further afield. The Fellow met twins who are non-verbal as they were coming into the facility and were about to spend some time in the more independent living flats attached to the main facility. Sam explained that they only communicate with each other. When they first arrived they were visibly terrified and couldn't step through the door. With the patient support of the staff they are now spending several nights a week at Weston Bay and are participating in an education program. While they didn't speak to the Fellow, they smiled and acknowledged her.

5.4.3 Special purpose accredited prisons

Several prisons have become exemplars in supporting learning difficulties. For example, Feltham Prison has achieved autism accreditation status through the National Autistic Society (NAS). Feltham is a young offender institution in London for boys and young men aged 15-21. Autistic people are represented in the Feltham population at 4.5%, but they represent some of the most vulnerable people in the offender population.

Feltham became the first prison or young offender institution in the country to be awarded Autism Accreditation. Her Majesty's Young Offenders Institute (HMYOI) Feltham approached and worked with The National Autistic Society (NAS) for nearly two years to improve the way they support autistic offenders in custody. While it isn't known how many autistic people are in the prison system in the UK at any one time, Feltham recognised that the impact on the prison in trying to meet their needs can be particularly challenging. The Accreditation aims to improve autism practice across every area of prison life, such as admission, staff training, behaviour management and the physical environment, with the long-term aim of tackling issues often faced by autistic prisoners and ultimately lowering reoffending rates.

Clare Hughes, the Criminal Justice Coordinator for The National Autistic Society, describes how the improvements needed to encompass the whole prison and not just the mental health services. "It was clear to see that staff were clearly committed to improving the experience for autistic people in the prison. Some members of staff spoke about a 'culture change' at the prison." Three other prisons became a part of the pilot: NMP Parc, HMP Dovegate and HMP Wakefield.

The prisons are all involved in networking events to discuss the standards and share best practice. Through this work, it was identified that "even a few simple adjustments can go a long way to providing a more suitable environment."⁷⁸ This

includes initiatives such as familiarising staff with autism, allowing an autistic prisoner to use communal areas at quieter times or making reasonable adjustments to the building, such as creating areas with minimal stimuli by reducing posters and notices.

More recently, probation services, such as the National Lancashire Probation Service division, also achieved Autism Accreditation. If someone's disability is not identified, it's much harder to recognise and meet their needs, reduce the likelihood of them reoffending and help them deal with any issues effectively. At Parc, the prison has established a dedicated unit for prisoners with learning difficulties at which specialist autism support is provided, including for education and physical activity, and autistic offenders are mentored by other prisoners throughout their sentence.

Probation staff in Lancashire received specialist training at various places, including at a local secure hospital, to improve the way they work with autistic people. And Wakefield prison is translating all documents into an easy-to-read format to make them more accessible to autistic offenders.

5.5 Supporting adults with ADHD

5.5.1 Assessment and treatment initiatives

Professor Philip Asherson, Kings College Institute of Psychiatry, London, has been involved in a number of research projects aimed at improving how ADHD is handled and supported, particularly within the criminal justice system in forensic settings. During the Fellow's meeting with Philip, he introduced her to the work of Susan Young who has been at the forefront of significant research into ADHD and offender populations. Many of the insights contained in this section are taken from her work, which Philip has also been involved with.

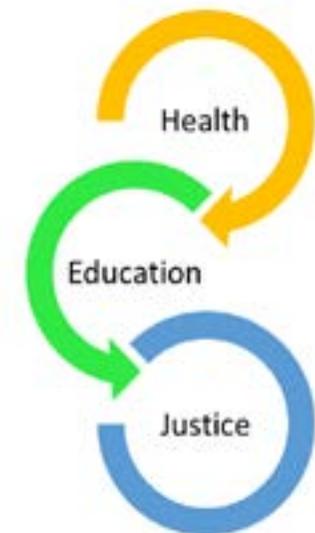
In people with ADHD, symptoms are severe, persistent over time and lead to clinically significant impairments. These include low self-esteem, educational and occupational problems, problems in social interactions and relationships, antisocial behavior, the development of comorbid psychiatric symptoms, syndromes and disorders. Comorbidities in ADHD are common and include other neurodevelopmental disorders such as autism spectrum disorders and dyslexia, drug and alcohol abuse disorders, personality disorder, or other common mental health problems such as anxiety and depression.⁷⁹

The recommended first line of treatment for adults with ADHD is methylphenidate. Drug treatments for ADHD should always be considered as part of a comprehensive treatment program addressing psychological, behavioral and educational or occupational needs. During the interview with Philip Asherson, he confirmed that drug therapy, if appropriate, is necessary in order to reduce the symptoms of ADHD that impact adversely on behavior, including inattentiveness, physical restlessness, impulsive responding and mood instability. Pharmacological therapy is regarded as an issue of concern by the Department of Justice and Community Safety in Victoria due to the controlled drug status for stimulants and abuse potential. However, the cause and effect, and risk assessment of reducing symptoms should be understood in context and the ability of drug therapy to enable people to take advantage of rehabilitation programs aimed at reducing recidivism and improved behavioural control. Treatment of underlying ADHD may lead to improvements in comorbid disorders. Young et al conclude that "overall the potential benefits of treatment particularly in highly impaired individuals, appear to greatly outweigh the potential risks. Risk assessments should, however, be carried out in each individual case and consideration given to the particular drug formulations prescribed."⁸⁰ They also acknowledge that there are options with low abuse potential such as atomoxetine. The National Institute for Clinical Excellence (NICE) recommends that drug treatment should always form part of a comprehensive

treatment plan that includes psychological, behavioural and educational advice and interventions.⁸¹ For learners entering ACE environments, and from a funding perspective, this requires bridging silos across government and achieving joined up service and support, particularly joining education, health and justice.

Figure 20: Asherson and Young's research indicates the need to combine a holistic approach through health and education to support learners in the justice system with ADHD.

Treatment plans need to be multi-disciplinary and comprehensive and need to recommend stimulant drug therapy as a precursor to psychological work addressing criminogenic factors. This requires links with local services and information sharing – or integrated care pathways. These pathways may be circular and not necessarily linear and should commence from initial contact with police and follow their journey through the system. The GP is recognised as an important gatekeeper for handling ADHD in community settings. The effectiveness of GPs referring people into multi-disciplinary solutions, including elements such as education as a social determinant of health, depends on the GP's knowledge and willingness to seek out non-pharmacological/clinical solutions. This is where initiatives such as social prescribing could be invaluable (see section on social prescribing on page 38).



79 Young, SJ, Asherson, P et al (2011) "The identification and management of ADHD offenders within the criminal justice system: a consensus statement from the UK Adult ADHD Network and criminal justice agencies". BMC Psychiatry, 11:32.

80 Young et al (2011) p 9

81 Young et al (2011)

Young (2011) concludes that at least basic screening should be available at all stages of the justice process to alert to a special need and trigger a second stage process, including diagnostic assessment. A useful starting point is to create awareness of ADHD within all agencies and services that come in contact with offenders and other vulnerable cohorts who may have remained undiagnosed and subsequently excluded from the education system. For her approach to screening, assessment and training of staff to address ADHD, refer to table in Appendix 4. To that end, training and workforce development is vital to improve awareness and basic understanding of ADHD in order to signpost appropriate healthcare and rehabilitation.

An additional complicating factor can be the long-term impact of adverse childhood experiences - childhood trauma, abuse and neglect. Research indicates that trauma can have an adverse effect on structural and functional development of children leading to poor educational outcomes. Adults with a trauma background with ADHD may not respond to disorder-specific treatments, but will respond better to trauma-focused interventions addressing core disturbances including dysregulation, attention and consciousness, interpersonal skills.⁸²

Addressing ADHD is a win-win and may have a two-fold impact on crime reduction, firstly by directly treating the disorder (e.g. reducing symptoms)⁸³ and secondly by improving engagement with rehabilitative programs. Susan Young writes that the treatment of ADHD within offender populations fits well with the Risk-Needs-Responsivity principle (used in the Victorian justice system). Working within this model, they identified three broad aspects that relate to treatment for ADHD offenders:

1. pharmacological treatments to alleviate ADHD symptoms
2. psychological treatments aimed at improving strategies for self-control and reduction of antisocial attitudes and behaviours
3. concurrent treatment of comorbid disorders.⁸⁴

82 D'Andrea, W et al (2012) Understanding Interpersonal Trauma in Children: Why we need a developmentally appropriate Trauma Diagnosis. American Journal of Orthopsychiatry, vol. 82, no. 2, 187-200.

83 Young et al (2011)

84 Young, SJ (2011)

Risk-Need-Responsivity (RNR) tool

First developed in 1990, the Risk-Need-Responsivity (RNR) model for offender assessment and rehabilitation was developed in Canada by James Bonta and D A Andrews over 10 years ago, and is the tool used by Victorian Community Corrections staff to rate risk associate with each offender on their case list.

- » Risk principle: Match the level of service to the offender's risk to re-offend.
- » Need principle: Assess criminogenic needs and target them in treatment.
- » Responsivity principle: Maximise the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.

There are two parts to the responsivity principle: general and specific responsivity. General responsivity calls for the use of cognitive social learning methods to influence behaviour. Cognitive social learning strategies are the most effective regardless of the type of offender (i.e., female offender, Aboriginal offender, psychopath, sex offender). Core correctional practices such as prosocial modeling, the appropriate use of reinforcement and disapproval, and problem solving spell out the specific skills represented in a cognitive social learning approach.

Specific responsivity is a "fine tuning" of the cognitive behavioural intervention. It takes into account strengths, learning style, personality, motivation, and bio-social (e.g., gender, race) characteristics of the individual.

Offender treatment programs involve teaching offenders new behaviours and cognitions and to maximise this learning experience requires attention not only to whether the offender is a visual learner or an auditory learner but a whole range of personal-cognitive-social factors.

Treatment responding directly and proportionate to the responsivity needs of an offender can be effective in reducing recidivism while incarcerated (17%) but even more effective when treatment is in a community setting (35%).⁸⁵

The research indicates that ADHD is an important risk factor for the development of antisocial behavior. Children with ADHD are particularly susceptible to risk factors for the development of behavioral disorders, poor social interactions, poor engagement with education and exclusion from mainstream activities. NICE and other expert reviews conclude that drug treatments for ADHD in adults are the first line choice when considering treatment options. There is insufficient evidence to recommend psychological approaches as first line treatments, although this might be suitable in less severe cases.

Naturally, concerns regarding drug therapy within offender populations are grounded around concerns regarding abuse potential. In actual fact, prescribed stimulants may be associated with a reduction in illicit drug use. Through research he has been involved in, Philip Asherson contends that the risk is actually more grounded in adults not adhering to the treatment regime and failing to take their meds.⁸⁶ On this basis, the drug therapy becomes ineffective. Through his research, he believes this cohort probably has more of a problem with cannabis than stimulants. It is for these reasons that researchers are investigating the efficacy of non-pharmacological treatments, but still maintain that regulated and well-managed drug therapy remains a necessary strategy.

Motivation is a key factor with adults with ADHD – particularly if the mainstream education system has failed them. Effective adult education interventions are designed around each individual, recognising that while they may have the condition, different approaches work for each individual. Key principles are that the education program needs to be interesting enough to capture their attention, concentrates on what they are good at, provides something to do taking care of that restless and unrelenting energy. For example, Philip observed a program that involved taking apart and putting back together a motorbike, which was highly effective in capturing the attention of ADHD sufferers in an adult education program. They can

be reluctant to take a break – so this needs to be managed also. They benefit from structure, e.g. notes and prescriptive reminders work for some.

Some of Philip Asherson's research work has involved investigating the efficacy of alternative therapies. This includes use of light therapy targeting depression associated with ADHD, and use of physical activity as a way to improve mood. The light therapy was delivered through use of an app at home. The use of light therapy was found to have had some effect but not significant. Physical activity is well known for positive effect on mood, depression and cognitive ability. Philip observed positive short-term impacts particularly supporting people with ADHD to focus for a time and using up some of that energy, but a question still remains whether there are long-term outcomes through, for example changed lifestyle and habits. Of concern is that, according to data, young adults with ADHD tend towards becoming overweight through eating too much and not regulating behavior or habits. The prevalence of obesity is about 40% higher in children and adolescents with ADHD compared to individuals without the condition. This further increases in adult hood which is around 70% higher in adults with ADHD. Obesity accompanied by depression significantly increases the disease burden for these individuals and needs to be addressed while they are as young as possible. Exercise needs to become routine and the form it comes in needs to suit each individual. Some need others to encourage participation through a team environment, but for others being part of a team and when on the field being depended on can be stressful.⁸⁷

UK and European further education college's approach to improving outcomes for SEND learners includes structured physical activity within the lesson plans. For example, learners at Leeds College and Federico Caffè include sessions in the college's gym or in college teams (e.g. soccer, basketball). This activity not only has physical health and wellbeing benefits, but also positive psycho-social outcomes.

86 Mayer, JS, Asherson, P, et al (2018) Bright light therapy versus physical exercise to prevent co-morbid depression and obesity in adolescents and young adults with attention-deficit/hyperactivity disorder: study protocol for a randomised controlled trial. Open access, BioMed Central.

87 Mayer, JS, Asherson, P, et al (2018)

5.5.2 Cognitive education

Philip also pointed to cognitive education coaching as a useful methodology for educators. The key is for practitioners to clearly understand the ADHD condition, as well as understand how it manifests in each individual, identify what each individual is good at and where their strengths lie, and use that to support them to manage their lives better.

Cognitive education is essentially teaching and motivating learners how to learn and learn to think.⁸⁸ It surpasses teaching as the mere transmission of knowledge. This approach requires a shift in how teachers approach the process of teaching, requiring open enquiry and focusing learners on their own thought processes and cognitive resources, using techniques like thinking aloud and valuing the thought and reasoning process. The use of cognitive education and how it could be successfully implemented in our adult education system is probably the subject of a whole fellowship on its own. But research indicates that it could be useful in supporting learners with learning difficulties, particularly ADHD. An example of how it has been implemented is as follows.

The interplay of process focus and content learning presents interesting challenges to teachers and learners. In a cognitive education classroom, the curriculum content is often seen as a set of vehicles for learning and practicing use of formal tools of learning, that is, modes of logical thinking. That does not mean that the content is only incidental, rather, that cognitive teachers keep constantly in mind their process goals while teaching content . . . In my former role as dean of a graduate school . . .

I asked course instructors to specify both content and cognitive goals on their course outlines and to indicate how the cognitive goals would be pursued . . . the consensus was that the goals and related activities were mutually reinforcing.⁸⁹

Cognitive education is ideal for the adult education environment particularly because it supports learner-driven learning. Successful cognitive education approaches include the following characteristics:

- » teachers as catalysts between learner and material to be learned
- » teachers' confidence in learners' ability to learn
- » interactive, often questioning, approach rather than purely didactic instruction
- » deliberate combining of content and process
- » major goal of generalisation of thinking processes.⁹⁰

Further to this, teachers who employ this approach do the following:

- » do more asking than telling, thereby expressing confidence in the learners' ability to respond
- » act as information resources for the learners
- » challenge both correct and incorrect answers
- » ask process questions
- » require logical justification for learners' responses to questions
- » promote task-intrinsic motivation, that is, learning for its own sake and as its own reward
- » emphasise order, structure and predictability.⁹¹

88 Hessels, MG, Hessels-Schlatter, C (2013) Current Views on Cognitive Education: A Critical Discussion and Future Perspectives. *Journal of Cognitive Education and Psychology*, vol 12 (1): 108-18, p 29-30.

89 Haywood, HC (2013) What is Cognitive Education? The view from 30,000 feet. *Journal of Cognitive Education and Psychology*, vol 12(1): 26-44.

90 Haywood (2013), p 33

91 Haywood (2013), p 33

5.5.3 An example of an effective behavior modification and educational program

A program identified by Young that has been evaluated numerous times internationally (e.g. in Iceland) is the R&R2 ADHD offender program. This program has been found to be effective in treating ADHD adults with comorbid difficulties, with the effect continuing to improve at three-month follow-up. Reasoning and Rehabilitation (R&R) was developed in 1986 and reviewed to produce R&R2. Evidence based, the program is based on:

- » management of emotion
- » desistance
- » relapse prevention
- » prosocial modelling and role-playing
- » social cognitive neuroscience.

Each R&R2 version teaches all of the cognitive skills taught in R&R:

- » problem-solving
- » social skills
- » anger management
- » critical reasoning
- » creative thinking
- » values.

The R&R2 program includes the following topics:

- » Self-monitoring
- » Emotional management
- » Interpersonal skills
- » Communication
- » Pro-social life-story
- » Self-efficacy
- » Relapse prevention.

Further details regarding each module is provided in Appendix 5.

The program provides a specific version for youth and adults with ADHD, recognising that ADHD requires specific intervention. The program is designed to target not only individuals who have been diagnosed with ADHD but for the much larger population of individuals who have not been diagnosed but evidence some or all of the ADHD characteristics, including:

- » adolescents who have poor behavioral control, exhibit disruptive behaviour, or conduct problems at home and/or school, and are "at risk" of progressing to more severe antisocial behavior
- » youths under the supervision of social service agencies or youth justice agencies
- » adults whose ADHD symptoms engenders interpersonal problems, poor productivity and/or disruptive behavior at work
- » adults under the supervision of community criminal justice agencies or in institutions.

Over 15 sessions of 90 minutes each, five modules are included:

- » Neurocognitive Module which introduces techniques to improve attentional control, memory, impulse control and develop skills in constructive planning
- » Problem Solving Module which engages the individual in a process of skilled thinking as opposed to automatic thinking, scanning for information, problem identification,

generating alternative solutions, consequential thinking, managing conflict and making choices

- » Emotional Control Module which includes managing thoughts and feelings of anger and anxiety
- » Social Skills Module which includes the recognition of the thoughts and feeling of others, both verbal and nonverbal, social perspective taking and the development of empathy, negotiation skills and conflict resolution
- » Critical Reasoning Module which teaches that individuals have choices to make in life, that there are alternative possibilities, and trains them in effective skills in thinking and behaving, in evaluating options, and in making good choices.

The kit also includes a screening tool – the “RATE” rating scale, which is specifically designed to identify individuals whose antisocial behavior is associated with symptoms of ADHD. This tool can also be used as an outcome measure to evaluate progress.

The program includes elements such as mystery games for participants to practice the thinking and problem-solving skills they are taught in the program; movies for in-class exercises in social cognitive emotional skills; stimulus cards for in-class exercises dilemmas game cards, non-verbal emotion cards, non-verbal situation cards, non-verbal question cards, goal cards; signs to stimulate the participant’s thinking and behavior.⁹²

A report on the findings of fifty independent, international controlled evaluations of R&R and R&R2 conducted in many countries over more than twenty years since the program was first evaluated in Canada concluded that:

“Reasoning & Rehabilitation programs are among the most frequently evaluated programs in the criminal justice field. Their efficacy in reducing recidivism has been demonstrated in a remarkable number of evaluations. The report documents the success of many applications of the R&R/R&R2 model. R&R/R&R2 programs can significantly and substantially reduce recidivism when conducted with integrity by well-trained, enthusiastic staff and implemented in a social, political and economic environment that is supportive of their efforts...R&R2 programs were designed to provide shorter, theoretically sound and practical ways to motivate reluctant, resistant and ambivalent clients. The foregoing evaluations document their efficacy.”⁹³

⁹² R&R program accessed through www.cognitivecentre.ca/rr2program on 16 June 2020.

⁹³ Antonowicz, DH and Parker, J (2014) Reducing Recidivism: Evidence from 28 Years of International Evaluations of Reasoning and Rehabilitation Programs. Accessed through http://archive.icpa.ca/tools/download/1937/Reasoning_and_Rehabilitation_Review 16 June 2020.

5.6 The UK prison education system

5.6.1 Delivering inclusive education to nineteen prisons

The Fellow spent some time with Chris Emmett, Director of Strategy, Prison Education, and Ann-Marie Dagless, LDD (Learning Difficulties and Disabilities) Manager, Prison Education at the Knightstone campus. Sadly, due to COVID 1 was unable to visit one of the prisons.

‘The current prison population represents a huge diversity of individuals with a wide range of very complex needs, including a high number who are suffering from mental health problems and/or LDD. Critical to the effective management of these individuals is good early identification and assessment of problems, which can inform how and where they need to be most appropriately supported.’⁹⁴

Consequently, Chris explained they had spent considerable time testing various assessment instruments and have finalised two straightforward assessment instruments that can be conducted by prison education staff without clinical qualifications. In line with neurodiversity principles, they seek positives and downplay the negatives in the testing outcomes. Assessment occurs on admission into the prison and fits into the whole-of-prison ethos underpinning the importance of appropriate learner-centred education provision. The assessments need to be conducted sensitively as the prisoners are highly vulnerable and can be reluctant to admit that they have LDD. They are highly supportive of initiatives such as the Toe by Toe program, and Shannon Trust Turning Pages peer to peer reading program, particularly as they are phonics-based systems. There are also maths versions such as Times Two.

Educators within the prison system are actively encouraged to access the Education and Training Foundation Centres of Excellence (see page 21), to obtain

toolkits and strategies for working with learners with SEND. Based on the concept that all teachers must know how to support SEND, every teacher regularly engages with the COPs and resources.

A copy of the Education and Training Foundation's Supporting Learners with Additional Needs: A three-tier approach is provided in full in Appendix 1. This is a highly practical tool for practitioners to easily refer to and includes 100+ strategies to support learners. The tool supports the premise that enabling learners with additional needs to make good progress is as much about differentiated, inclusive teaching and learning, as it is about high-quality learning support. This includes ensuring that learners don't feel singled out as needing extra help or having a support staff member visibly assigned to them.

5.6.2 Peer to peer support

During the discussion with UK contacts regarding their approach to prison education programs, including with Chris Emmett, the success of peer to peer reading and support programs was noted as a highly effective approach. Over a number of decades, a wide range of organisations and foundations have embraced the benefits of peer to peer work and developed specific capabilities to support peer to peer work within the prison system and other disadvantaged community environments, for example social housing.

User Voice is an organisation that is staffed (around 80%) by ex-offenders and was founded by Mark Johnson who had lived a life dominated by drugs and crime until he was able to turn himself around. Mark is an inspirational example of where a VET qualification and trade was something he was able to grasp as he pulled himself out of a drug dominated life. During a period of rehabilitation, he trained as a tree surgeon. While it took many attempts to completely leave that life behind, tree surgery and employment became something to hold onto. He finally got a head start and established his own business and employed ex-offenders. User

Voice then emerged as a foundation to give offenders a voice at the policy table, at the prison organisation table, and at the community table. They also established and supported a peer mentor program. This is no longer a feature of User Voice, which is concentrating on advocacy; however, peer mentorship and its benefits are keenly supported by Mark and his team.

Whilst the meeting with Brendan Doyle in the UK fell through due to COVID, the Fellow did spend some time via Zoom with Dan Hutt who is now residing in Sydney and is exploring ways to establish a chapter of User Voice here in Australia.

Dan described the commitment User Voice provides in championing inclusion of people with lived experience in meaningful, not just token, ways. User Voice retains its independence by not relying on government funding to deliver services. In this way User Voice can be frank and fearless in its advocacy. Subsequently, User Voice no longer delivers a mentoring matching service. However, if delivering a mentoring service, Dan suggested the following considerations:

- » do they want it – vital question to ask potential mentees
- » the community of potential mentees must be asked – they may need something else that the service hasn't thought of
- » ensure it is a service done with – not to
- » in relation to offenders, they have often been marginalised and had negative experiences with agencies all of their lives – services must tread carefully to build trust and often this will require champions with lived experience.

In supporting the voice of offenders, User Voice has been involved in setting up 'councils' of elected people that focus on a particular service or issue. Councils have been commissioned for use within prisons and in the community for probation, youth offending teams and other related services. To this end, many members of staff have received significant training in facilitation. User Voice supports two other distinct services. Consultations delivered by well-trained facilitators, which are bespoke projects that help service providers and commissioners to access, hear

and act upon the insight of their users. And the User Voice peer support program, which sometimes occurs through the gate (exiting custody). This program provides support for people in the community or those who are leaving custody; where one-to-one sessions and peer-led groups give practical help and inspiration. Their supporters are uniquely placed to promote and ignite real change, as advocates and role models. All staff manning these programs are highly trained through User Voice's in-house training programs. This is another example of an organisation investing in specialised training for its staff that ensures they are trained to do no harm, and instead support positive transformation.

There are two sides to User Voice's impact.

1. Improving Services – with service user insight and experience, services can become more effective and accessible for hard-to-reach groups.
2. Promoting active citizenship – as service users engage with improving the services they access, they develop the skills and behaviours to become contributing members of society.

Their theory of change is outlined below. Note the significant commitment to training. Everyone involved in delivering User Voice services are highly trained group facilitators and peer research skills. Because they have lived experience, trust is more easily established within focus and research groups. There is an unvoiced license to probe and challenge participants in the group that someone without lived experience would be unable to reach. Our Learn Local sector would be an ideal vehicle for this type of training in partnership with User Voice as it establishes itself in Australia. To this end, the Fellow mentioned to Dan that we would be very interested in discussing a project to license this training in Australia and map it to our training packages.

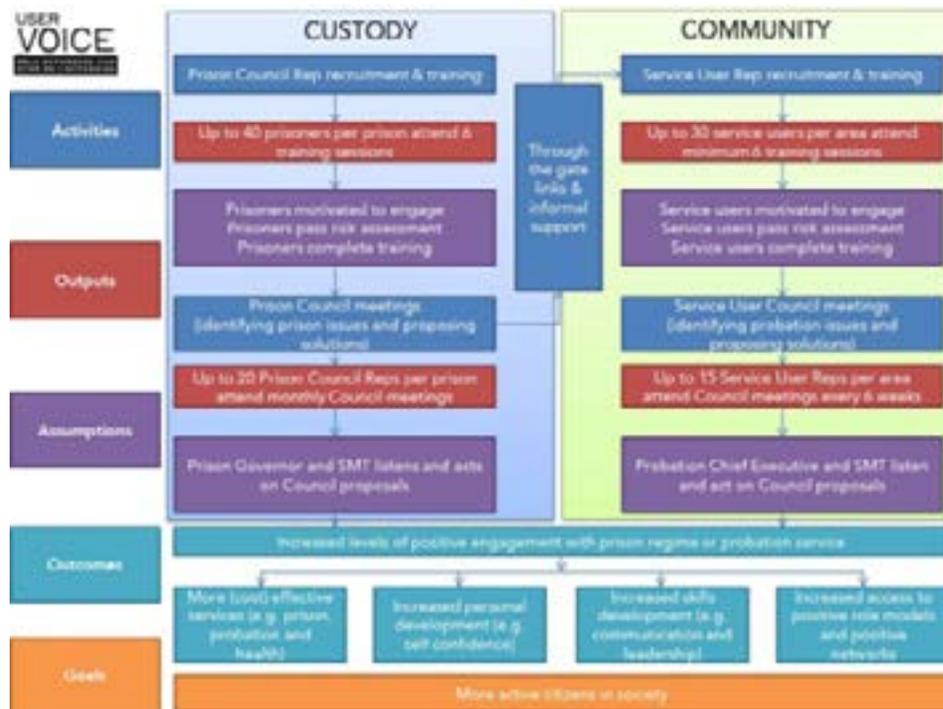


Figure 21: User Voice's theory of change.

User Voice's fundamental goal, which was reiterated by Dan during the conversation, is to eliminate the 'us vs. them' culture that pervades the justice system. They firmly believe that rehabilitation only happens when everyone in the criminal justice system shares responsibility for transforming this culture of division into real collaboration.

During the conversation with Dan, he mentioned their relationship with Claire Seppings who completed an Australian Churchill Fellowship in 2015 during which

she investigated best practice in relation to peer support. She noted that people in these situations, particularly where there is a power or authority asymmetry, are more likely to listen and respond to individuals who have 'walked in their shoes'.⁹⁵

In custodial settings, peers can form pro-social communities that realise wider benefits such as supporting managerial and front-line staff. There are therapeutic benefits in helping relationships. Allowing people in prison, opportunities to assume a positive identity through helping roles seeks to make use of the positive strengths of prisoners in a constructive way.⁹⁶

The No One Knows research discovered that the support needs of many prisoners were met by fellow inmates through a natural process where prisoners routinely cared for others who were elderly, vulnerable or ill and that there was a lack of support for those who took on such a caring role.⁹⁷

5.6.3 Peer to peer reading programs

A number of the Fellow's contacts, including Jenny Talbot and Francesca Cooney, talked about the highly successful peer to peer reading programs supported in the UK. Two programs that have been highly successful in transforming literacy ability among prisoners and in other disadvantaged populations (e.g. social housing tenants) are Toe By Toe, and the Shannon Trust reading program.

The Shannon Trust works closely with prisons and prisoners to make the Shannon Trust Reading Plan available to those prisoners who could benefit from improving their reading, or from being a mentor to others. Shannon Trust provides all resources and training to prisons free of charge. The one-to-one peer mentored approach of Shannon Trust Reading Plan appeals to prisoners who are reluctant to engage in classroom learning. The Reading Plan uses the Turning Pages reading

95 Seppings, C (2015) To study the rehabilitative role of ex-prisoners/offenders as peer mentors in reintegration models – in the UK, Republic of Ireland, Sweden and USA. Churchill Fellow, p 13

96 Seppings p 13

97 Talbot 2008, p. 68

program which replaced the use of Toe by Toe manual in 2015. Details can be found at <http://www.shannontrust.org.uk/>

The Toe By Toe program has been successfully used in prisons with peers supporting a fellow prisoner to work through the program. The Toe By Toe teaching method was first published in 1994 and was developed out of twenty-five years of research. "It arose out of the needs of a teacher whose abundant dedication and patience were still not enough to teach all of her students to be competent readers." Toe By Toe is a small red book designed for anyone who finds reading difficult. This includes weak readers who struggle to decode or those with dyslexic difficulties.

Author Keda Cowling chose the name Toe By Toe to signify that students make progress by the tiniest steps – one toe at a time. However, even though the steps taken are small, students can clearly measure progress right from the first page. Confidence and self-esteem are boosted as a result. This program continues to be used with successful outcomes in various jurisdictions throughout the world, including Australia and is promoted by SPELD.

Shannon Trust have now published their own program called Turning Pages, which is specifically designed for adults who struggle with reading and contains more extensive resources than Toe By Toe.

Turning Pages is a set of 5 friendly, structured manuals which use a synthetic phonics approach. Always starting with manual 1, a learner and mentor aim to work together for 20 minutes, 5 times a week but they will still make great progress with fewer sessions; the aim should be little and often.

Each learner works at a pace that's right for them. There are no entry requirements or exams.

Turning Pages is interactive. Learners build and practice their skills working through a range of different activities. Three progress checks are built into each manual so learners and mentors can be confident new skills have been embedded. As these progress checks are completed Turning Pages reading books become available. These have been written to match the reading skills learners have covered so that they are giving the chance to put their new skills into action and so they can experience the joy of reading for pleasure from early on in the first manual.⁹⁸

Synthetic phonics, also known as blended phonics or inductive phonics, is a method of teaching reading in which students are first taught the relationship between letters and the speech sounds they represent. Students are then taught to join or 'blend' these sounds together to read whole words. An overwhelming body of research supports synthetic phonics over other methods of teaching reading.⁹⁹

98 www.turningpages.shannontrust.org.au/how-it-works, accessed 14 June 2020

99 Definition obtained through www.readingdoctor.com.au/synthetic-phonics-programs, accessed 14 June 2020.

The Turning Pages program includes audio resources to check phonic sounds and comprises 46 reading books written for adults: 11 for manual 1, 10 each for manuals 2 and 3, 9 for manual 4 and 6 for manual 5. Each reading book:

- » has been written to mirror the skills learners have covered up to that point
- » allows learners to put their skills into action with a real book very quickly
- » includes some out of level words for learners to practice with their mentor before starting the book.

The program has helped many individual prisoners. They note that more than 40% of prisoners have low literacy skills, so low that on release they are ineligible for more than 90% of jobs. By improving their reading and literacy skills, programs like Toe By Toe and Turning Pages have improved the prospects of thousands of ex-prisoners. Instead of returning to crime on their release from prison, and so becoming repeat offenders destined to return to prison again and again, many now have regular employment and all the satisfaction and benefits that brings. #TBTchangeslives

The program is delivered in prisons through a mentor/mentee program where prisoners who are able to read spend time with prisoners who have difficulty reading and support them to work through the program and develop reading and literacy skills. Outcomes for prisoners include being able to read letters from their children and to be able to write letters in return. Once confidence builds, they are more readily able to fully and successfully participate in prison education courses. The mentor program also provides purpose and the feeling of being valued for mentors. Mentees then take great pride in becoming future mentors.

Shannon Trust provides the resources to participating prisons. You don't have to be trained in any field of education to tutor with Toe By Toe or Turning Pages. In fact, the programs often work better with non-professionals as they do not come

to the task with any pre-conceived notions and thus simply follow the very detailed instructions to the letter.

The Toe By Toe program has also been used successfully in the UK to help adults with reading and writing difficulties in public housing, buddying them up with another tenant who can read.

Another model used in UK prisons is to train capable prisoners to be classroom assistants – peer support is proving to be highly effective in supporting engagement and skills development in a, surprisingly perhaps, non-threatening manner.

Unlocking Potential suggested that, "Those in custody will be encouraged and drawn into learning in a range of settings and activities that are relevant to their interest, abilities and aspirations".¹⁰⁰ In order to do this all those that work in prisons need to be involved.

The Government has moved this to the next stage by defining, in Prison Safety and Reform, the four purposes of prisons moving forward.

"Prisons exist to deprive people of their liberty and so punish them for crimes they have committed. However, the time people spend in prison is an important opportunity to prevent them going on to commit further crimes on release. To achieve that, there are four purposes that prisons need to deliver well:

- » protect the public
- » maintain safety and order
- » reform offenders to prevent more crimes from being committed
- » prepare prisoners for life outside the prison."¹⁰¹

100 Coates, S. (2016), p 4.

101 Ministry of Justice (2016) Prison Safety and Reform. London, UK, p20

6. Personal, professional and sectoral Impact

My interest in the special education needs of some learners presenting to Learn Local foundation programs was piqued several years ago. During a meeting with the CEO of a community health provider we were working with, who was a qualified speech pathologist, she asked what support we provided to learners with dyslexia and ADHD. Sadly, my reply was a shrug of the shoulders and recognition that we were probably not doing very much beyond rudimentary attempts to support literacy and numeracy skill development. Those who have significant learning difficulties and are forced to attend our foundation programs by their job services provider probably withdraw rather than achieve success.

I became further alarmed when I began to research learning difficulties in adults and the prevalence within prison, unemployed and low socio-economic cohorts – very much the bread and butter for Learn Locals. Consequently, The Centre was successful in obtaining pilot funding for a significant project working with offenders to help them manage learning difficulties to become more employable. Part of this project funded the development of a professional development module for our trainers and teachers called The Successful Classroom.

This Fellowship enabled me to visit a number of colleges who are successfully supporting learners with wide ranging special education needs and achieving strong learner outcomes. I was also able to meet with researchers and people who have significantly influenced policy in the UK and the EU. Through these meetings, I deepened my research and connections with a view to improving the system here in Victoria for adult learners with special education needs. I was inspired by these meetings and convinced that workforce development and whole of organisation approaches to supporting SEN learners is actually 'good business' for all.

The importance of this work was really brought home to me during a recent episode of The Drum on the ABC during which the failure of our education system for people with a disability was discussed. Graham Innes, who was Australia's Disability Discrimination Commissioner, stated that Australia is not yet an inclusive society and that there is no doubt that our education system continues to fail our children with a disability. I have first-hand family experience of schools that don't participate in the detection nor ongoing management of learning difficulties.

So, we know that we have adults coming through to our adult education colleges who have been victims of system failure. Let's not continue to fail them as adults when they present to our institutions for support in transforming their lives through education.

7. Recommendations and Considerations

Theme 1: Supporting learners with learning difficulties through policy and reform

Recommendation 1: The power of terminology – embedding SEN in policy

Special Education Needs (SEN) must become part of our vernacular and be embedded in policy and reform associated with supporting adult learners who have experienced barriers to education and subsequently have low educational attainment.

SEN learners connect with agencies and support in myriad of ways – either intentionally or unintentionally. For many adult learners presenting at Learn Locals with low educational attainment, a learning difficulty that has remained unmanaged and unsupported throughout their school years may be an impediment that will continue through adult education initiatives if not addressed. We must ensure that SEN learner needs are identified at the earliest opportunity during 'first contact' – for example, in the police suite, or within an alcohol and drug support facility. The results of any assessments must be communicated to the adult education provider so that education and other support needs can be accurately applied and relevant interventions continued. The key is to enable continuity of care in the management of SEN between services to support continued positive development of the individual.

In addition, we need to ensure that service and support staff have an understanding of learning difficulty conditions and have the capability to undertake a first assessment to detect the possibility of a learning difficulty. They then need access to provision of deeper clinical assessment and treatment, if warranted, within local communities.

Close transitional linkages between the various sectors (particularly education, health and justice) through collaborative practice is the only way to provide connected, comprehensive and timely support for SEN learners. We must have strong collaborative relationships allowing the sharing of client data and information. The Learn Local sector is ideal for undertaking a pivotal role in underpinning collaborative sector linkages and providing holistic education and support for SEN learners requiring foundation skills development.

Recommendation 2: Dissemination of innovation projects and tangible outputs from major projects

We need to get better at sharing positive projects undertaken, including licensing arrangements or other means of making intellectual property widely available, particularly if publicly funded. We need to ensure that best practice tools and resources are freely available and shared throughout the Learn Local system to support continuous improvement of the capability and capacity of our staff, and to support innovative delivery of programs that meet special education needs of vulnerable learners.

Theme 2: Putting SEN at the heart of the organisation

Recommendation 3: Inclusion led from the top

We need to put learners with SEN at the centre of our organisations, ensuring that their needs are adequately identified and supported, particularly in environments where SEN learners are likely to be more present. We need to be ambitious for our SEN learners – they too have strengths, but these may be hidden and need to be uncovered. Their potential needs to be unlocked.

In Victoria, this is particularly relevant to prisons, community corrections and adult community colleges. Accountability for improving outcomes for SEN learners needs to start at the top. We need to measure impacts of our programs on improving learners' lives and community outcomes – not just measure learner satisfaction, withdrawals and completions. Whether it is a prison or an adult education college, SEN must become a whole-of-organisation priority.

It is evident from research that the justice system needs to assume that around half of its cohort has a learning difficulty and the system should respond accordingly. In the UK, Prison Governors are now held accountable for educational outcomes of prisoners, and are provided with autonomy to create positive educational environments that suit their facility. Failure to address this situation results in continued adverse impacts on our communities through recidivism and unrelenting economic disadvantage.

Failure to adequately and professionally support SEN learners in our adult education environments results in withdrawals, and perpetuates failure and inability to access employment. Many of these learners have been failed by the school system – let's not continue to fail them in the adult education system.

Recommendation 4: Looking after the mental and physical wellbeing of all

Putting SEN at the heart of the organisation leads to good practice for all learners and ensures that all learners are supported when they have challenges, including mental health issues. Supporting the health and mental wellbeing of both staff and learners is something that adult colleges could play a role in. Mental health and physical wellbeing are necessary ingredients for the individual's ability to access education and achieve success. The benefits of physical activity for the mind are well documented. As a first step, adult learning environments should include physical activity as a part of the curriculum, particularly Foundation course learners. This could be low impact games such as Finska, which includes numeracy, playing a fun game and getting outside the classroom. In both the UK and Europe, taking time out of class to go to the gym or out on the soccer field is a normal part of the learning day.

Mental and physical wellbeing initiatives should include staff as well as learners. Our staff are just as likely to have wellbeing issues that need to be supported. Workplace initiatives should be encouraged that provide staff with time each day to participate in an activity (even a short time) to re-charge mentally and/or physically, e.g. yoga, walking group.

Recommendation 5: Social prescribing

Social prescribing is gaining traction in the UK as an innovative way to support members of our community who rely on their GP for non-medical factors. Evidence in the UK suggests that 20% of visits to GPs are primarily for social issues. In addition, hospital accident and emergency departments can receive patients for non-emergency conditions. Social prescribing has been found to be particularly effective in reducing health inequity particularly in low socio-economic communities. It has also been found to be effective in improving employment outcomes and job retention.

Broadening out our response to people's care needs beyond medical intervention will ensure that we provide continuity of care across sectors in order to address the social determinants of health, including loneliness which has been proven to be a cause of death. There are several pilot projects evaluating social prescribing here in Australia, including Brimbank local government area. However, the Learn Local sector is an ideal vehicle for providing the Link Workers that interact with the GP practices to enable the social prescription to be enacted. It is recommended, that a number of pilot projects are set up in a regional and metropolitan setting to evaluate the effectiveness of this approach here.

Recommendation 6: Motivational career structure and investment in SEN specialists

We need to invest in more highly qualified staff to support SEN learners. Learning difficulties are not one-dimensional, they manifest differently in each individual and learners can have multiple conditions. To support learners to manage their condition, we need highly skilled practitioners who can also work alongside clinicians when needed. Their salaries need to be commensurate with that experience and qualifications.

Over the past decade the UK and the EU have invested in the development of a highly qualified SEN support workforce that has achieved strong return on investment in better learner outcomes leading to employment and positive impacts on communities. SEN Support Teachers or Teaching Assistants are deployed throughout their adult colleges to champion and provide direct support to SEN learners as well as support the class teacher/trainer to make reasonable adjustments, curriculum allowances and classroom arrangements that support successful outcomes for SEN learners. These SEN support worker teams have specialist expertise in SEN conditions as well as skills in working within the wider system and maintaining successful partnerships.

We need to invest in the development of degree-level professional development, which could include continuous professional development (CPD) units or micro-credentials, to develop our SEN practitioners who work with and support foundation adult learners. We need to develop a degree level qualification for Teaching Assistants that specifically builds skills in assessing and supporting learners with learning difficulties.

We must develop Centres of Excellence for SEN that supports professional development and embraces health, education and justice, and ensures continuity and adequate standard of care.

Training also needs to be provided to front-line staff in various settings ensuring that initial assessment of individuals is undertaken at the first opportunity – whether in the police suite, alcohol and drug counselling room, men's behavior change program, or in a community corrections interview. We need to ensure that our teachers, trainers and support staff understand SEN conditions and have tools and techniques to support these learners within our classrooms.

The motivational career structure emerges when our front-line staff, our case management staff, learner support staff and our teachers and trainers have the training, tools, techniques and services to actually support transformation in the individuals they are supporting or educating. It is the stories of success that truly motivates.

Recommendation 7: Make prisons accountable for educational outcomes – person centred not prison centred

Prison education programmers should expect to provide SEN support for 50% of their cohort. Education needs a whole-of-prison approach where learning opportunities are grasped at every opportunity and supported by all prison staff, including prison officers who can have a significant impact on whether an inmate

embraces education or not. Enlightenment regarding learning difficulties can provide insight into reasons for an individual's uncompliant behavior or inability to cope with the system. The UK's Learning at the Heart of the Regime encompasses a series of logical theories of change that includes the themes of prison culture, wellbeing, human capital, social capital, and knowledge, skills and employability. Subsequently, the UK approach is that every contact matters, e.g. five minute interventions by prison officers can have a powerful impact on the inmate starting to develop self-confidence and will to participate in education programs. All prisoners or offenders on community corrections orders should be assessed for learning difficulties using an assessment instrument that is consistent throughout the justice system. Justice and police system staff should be trained to understand learning difficulties and in undertaking a rapid assessment as early as possible so that a full assessment can take place if warranted to detect 'hidden disabilities' such as ADHD and/or dyslexia.

Inmates who have experienced failure through their schooling, and have low literacy and numeracy skills due to unmanaged learning difficulties will not participate in an education program without support to understand their condition, and confidence to overcome it.

Theme 4: Defining and supporting people with learning difficulties and associated conditions

Recommendation 8: Embrace and understand neurodiversity and learning difficulties across the adult education sector

Include the concept of neurodiversity in training provided to VET training staff regarding learning difficulties to encourage understanding that all brains are wired differently, with some experiencing difficulties because of one or more underlying conditions. Neurodiversity is more prevalent within justice and unemployed cohorts. Yet, all individuals have strengths and talents. However, if the system has failed to support and manage any learning condition these strengths may remain

hidden until gently uncovered by an empathetic and scaffolded adult education system.

Whether a learner is presenting with characteristics of ADHD, dyslexia, dyscalculia or a combination of conditions – hidden disabilities - there are ways that we can make the classroom a place for achieving success. However, this cannot be achieved through a 'one-size-fits-all' approach to adult education and blind provision of education without insight into any functional learning barriers. Reasonable adjustments, class-room hygiene and set up, and treatment and other interventions can only be provided if we have ascertained insight into the learner's condition. Profiling and understanding an underlying learning difficulty can be empowering for the learner and also for those trying to scaffold and support learning success.

Recommendation 9: Include assessment for learning difficulties in the LLN assessment

Rapid screening tools have been developed for front-line staff to use in determining if a learning difficulty may be present and subsequently requires further investigation. The tool featured in this report can be conducted within around 10 minutes. It is recommended that this tool be included in the LLN assessment. Learn Locals and RTOs conduct at enrolment. Training in conducting this assessment should be included in the literacy and numeracy assessment module completed by staff assessing learners' LLN skills levels. If a learning difficulty is detected as being potentially present, Learn Locals must have access to other agencies to undertake deeper assessment, including clinical assessment. Collaborative partnerships need to be in place between Learn Locals and other agencies – particularly with community health providers. It should be noted that learning difficulties may be mild and present outside of clinical definitions but nevertheless have prevented past learning success, and will continue to do so unless managed.

Recommendation 10: Invest in purpose-specific facilities

Facilities that have been purposefully developed to provide ideal environments for learners with specific conditions, e.g. autism, dyslexia, can be invaluable elements of a wider institution. Becoming accredited to provide a holistic approach to supporting people with a condition is also an effective way of sending a message to all staff that the institution is committed to changing the lives of people affected. This is occurring in prisons in the UK that have, for example, become accredited for whole of organisation support for dyslexia or autism. It is recommended that we look more closely at ways to develop a structural approach within community adult education colleges and other institutions to supporting learning difficulties, which may consist, for example, of a special room, a social enterprise, or accreditation that supports an all of organisation focus.

Recommendation 11: Invest in delivery of programs that are therapeutic as well as educational

There are examples of programs that have been specifically designed to support learners to manage their learning condition that we could deliver through Learn Locals. This includes programs that are therapeutic in nature, but nevertheless supporting educational outcomes, for learners with ADHD. The R&R2 ADHD program develops core work skills including problem-solving, creative thinking, as well as self-monitoring and management of self. While these programs directly support treatment and management of the condition, they make a valuable contribution to foundation learner development, including confidence and core work skills leading to further education and employment outcomes. It is recommended that programs like this are funded as pathway programs. Other teaching techniques that could be embraced by our sector and embedded in our approach to foundation education programs, include cognitive education, mindfulness, use of physical activity.

Recommendation 12: Peer to peer support for learning

Peer mentoring programs, particularly for adults trying to learn how to read, have proven to be a less threatening, more accessible and powerful means of changing lives. This is particularly effective when a person with lived experience is matched with a mentee, e.g. an offender who is able to read fluently supporting another to read. Turning Pages has been specifically developed for adult learners and has been designed to be delivered by a lay-man, not a teacher.

Learn Locals are ideal organisations to champion and support peer to peer learning programs. Peer to peer reading programs such as Turning Pages could be delivered in specific environments and cohorts, e.g. community corrections clients, social housing communities. Psycho-social benefits are experienced by both the mentee and the mentor.

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Appendices

Appendix 1

The following is an outline of the course in the Introduction session of Systems Thinking provided through the SEND Centre of Excellence professional development program.

About the course

Welcome to the Systems Thinking for Special Needs online course. Spend a few minutes finding out about the course and the best ways to study it.

Why is the course important?

The Children and Families Act 2014 places a duty on Colleges and others to co-operate with partners to meet the needs of young people with special educational needs. At the same time, services for those with special educational needs or disabilities (SEND) are changing fast, requiring us to fundamentally rethink how we work. In particular, we need new forms of collaborative working which both are highly sensitive to individual needs and enable us to lead beyond our organisation. Despite this, SEND is often under-prioritised. A key function of this course will therefore be to help you make it a higher priority wherever you work.

What will I get from the course?

This course, commissioned by the Foundation, is for those seeking to radically improve the quality of both service and outcomes for learners within SEND education provision.

By the end of the course, participants will:

- » have a grounding in systems thinking basics
- » be able to make the distinction between types of challenges and how to respond to them
- » be able to see their work through a new systems perspective
- » have an action plan to apply systems thinking to the real challenges they are working on
- » start leading beyond role and organisation with diverse partners within and across their area of responsibility.

The following is an excerpt from the handout for Module 1: Introduction to Systems Thinking¹⁰²

Systems thinking is a way of being and acting in the world which is appropriate for dealing with the complex challenges we face in our lives and work. It transcends but still includes the mechanistic, "everything can be fixed" approach which dominates traditional management thinking.

Why is Systems Thinking Important to Special Needs?

Systems thinking becomes more important the more complex your work is and, as we explore in module 2, education and special needs can be extremely complex. Complex situations are characterised by being hard to predict such as teaching a student with special needs who may have changing learning requirements; or having to maintain service standards when the resources available are reduced which may never have been done before. The drive towards increased partnership working is also highlighting the need for better systems thinking. Partnership works best when people understand how they are interconnected to their partners and how their partners exist within a set of different systemic factors.

Three Core Capabilities

At the heart of this course we will be seeking to develop three core capabilities:

1. Being adaptive: the ability to be sensitive to the particular situation and respond flexibly according to the particular needs as opposed to pushing a particular agenda.
2. Open minded: the ability to be able to consider various view points.
3. Seeing the whole picture: the ability to be aware of as much as possible not just the narrow sample of information that we select.

There is also a Knowledge module: maximising potential – supporting personalised learning experiences.

102 Schumacher Institute for Sustainable Systems, The Education and Training Foundation (2020) Systems Thinking for Special Needs Module 1: Introduction to Systems Thinking handout.

Appendix 2

Definitions differentiating learning disability, learning difficulties and autism.

Term	Description and factors	Various terms
Learning disability	<ul style="list-style-type: none"> » Low IQ of less than 70 » Reduced ability to cope independently and adapt to demands of a normal social environment » A lifelong condition and not an illness. It cannot be cured » Often described as a hidden disability as may not be immediately obvious » More likely than general population to experience mental health problems, and chronic health problems (e.g. epilepsy) » Can be on autism spectrum 	<ul style="list-style-type: none"> » Mild, moderate, severe » People with mild to moderate are most likely to come into contact with criminal justice system
Learning difficulty	<ul style="list-style-type: none"> » Can have a range of IQs from below average to above average » Involves weaknesses in information processing, communication skills and memory » Specific learning difficulties that are not identified or dealt with at an early age can cause significant life problems, particularly if family is socially and economically disadvantaged » Learning difficulties can prevent children and subsequently adults from learning and socialising » It is common for a person with a learning difficulty to have more than one condition » Can be hereditary » Dyslexia is 3-4 times more common amongst prisoners than general population » With support, people can learn to manage their learning difficulty 	<ul style="list-style-type: none"> » Range of conditions: » Dyslexia » Dyspraxia » Dyscalculia » Attention deficit disorder » Attention deficit hyperactivity disorder

Term	Description and factors	Various terms
Autism	<ul style="list-style-type: none"> » A lifelong, developmental disability that affects how a person communicates with and relates to other people » A spectrum condition, all share some difficulties, condition affects them in different ways » Not a learning disability or mental health condition, but may have accompanying learning disabilities or mental health problems » May experience over or under sensitivity to sensory factors » Impact on individuals includes: social communication and social interaction issues; social imagination issues » Autism is a hidden disability, resulting in few if any visual cues that a person has autism. 	<ul style="list-style-type: none"> » Different terms include: » Asperger syndrome » Autism spectrum disorder » Autistic spectrum disorder » High functioning autism » Pervasive development disorder (PDD) » Classic autism » Kanner autism

Appendix 3

The RAPID Screening Tool	
The Rapid Assessment of Possible Intellectual Disability	
Score '1' for each Yes and '0' for each No answer. 'Don't know' answers should be scored '0'	
1.	Did you ever have any difficulties with classroom work or subjects at school?
2.	Did you ever have a Statement of Special Educational needs, or your own classroom assistant?
3.	Did you ever go to a special needs school or attend a special needs class?
4.	Did you ever need or receive extra help with:
a.	Reading
b.	Writing
c.	Maths
4.	Do you need help now with any of the following?
a.	Filling in forms
b.	Household tasks
c.	Managing money
d.	Using public transport
5.	Have you ever been diagnosed with or has anyone ever said that you have:

a. Learning disabilities

b. Learning difficulties

c. Dyslexia

d. ADHD

e. Autism

Yields a total score of 15, with a score of 3 being the threshold for further onward referral.

Please note: The screening tool items are currently undergoing formal validation and are strictly prohibited for use or reproduction without permission from the author. The tool has been provided here to indicate that just by asking a series of simple questions, insight can be gained quickly into whether a person requires further support.

Appendix 4

Young's screening, assessment, treatment and staff training recommendations.

Screening and Assessment

- » Screening tools are needed in police custody suites, courts, prison and probation services; while screening procedures exist across CJS services with a range of sensitivities and specificities, these exclude ADHD.
- » ADHD screening tools exist for this purpose (e.g. the Barkley ADHD scales [47] and the Adult ADHD Self-Report Scale [48] however initial screens may need to be briefer.
- » For diagnosis, of particular importance is the issue of comorbidity, which can complicate symptom presentation and hinder identification of adult ADHD. Differentiating between diagnoses (e.g. between ADHD and personality disorder) requires distinct, evidence-based diagnostic tools with ADHD criteria specific to adulthood.
- » Advice is available [49] and, as recognised by NICE, it will be necessary to include ADHD alongside other mental health conditions that currently have much greater awareness/training.

Treatment

- » ADHD can be effectively treated by a range of therapies providing many opportunities and benefits of treatment across the CJS.
- » Psychosocial interventions have been specifically designed for this (e.g. adapted R&R2 [45]).
- » It may not be easy to encourage service managers and policymakers to embrace new developments into care pathways and crime reduction strategies, but systems must be put in place for those with health needs who remain in prison care.
- » Evidence for ADHD treatment is needed and must link with health economic modelling.

Training

- » Little is known about the operational challenges of ADHD for prison staff and how these might be addressed.
- » Greater understanding and awareness is key for improving assessment, diagnosis and treatment of adult ADHD, and continuity of care. This will require training across the CJS.
- » Training in ADHD for medical staff is minimal, and needs to be increased.
- » Training must extend beyond the medical discipline to all CJS agencies.

Commissioning

- » PCT commissioning is the way forward in developing and modifying services, and a key issue in this regard is evidence.
- » Establishing links between treatment and outcome is crucial (e.g. the direct correlation between methadone maintenance and reducing offending has demonstrated that detoxification programmes reduce both drug use and offending thus solving two problems).
- » Both health and CJS commissioners will be attuned to interventions with the strongest evidence base. For ADHD this will require evidence of health and offence-related outcomes.
- » Service provision is additionally determined by value for money, which further emphasises the need to demonstrate an economic argument for change within services.

Key areas of research

- » Educational needs assessment across the CJS to determine knowledge, skills, attitudes and values, and identify training needs.
- » Proof of principle studies to evaluate the use of screening measures across the CJS
- » Proof of principle studies to evaluate treatment efficacy; using health and offence-related outcomes
- » Cost-effectiveness studies using health economic modelling techniques to strengthen the case for ADHD treatment (e.g. each person prevented from entering prison saves £75,000p.a).

Appendix 5

The R&R2 program outline.

R&R2 programs also teach the following:

SELF-MONITORING: Neuroscience research has made it clear that our behavior is often triggered by activity deep in the brain and not just in the neo-cortex (the "rational" area of the brain). We do not always operate in a thoughtful manner. Much of the time we function in an automatic mode. An offender's antisocial behavior is often triggered by thoughts of which they may not be fully aware and is reflexive rather than deliberative. R&R2 programs train offenders to attend to the thoughts that trigger their anti-social acts. They are also led to realise that they are the originators of these triggers and not simply the victims of them. They are trained to become aware of their self-talk, recognise when their self-talk is antisocial, and taught how to replace antisocial self-talk with pro-social self-talk.

EMOTIONAL MANAGEMENT: Participants are also trained to attend to and identify the emotions that trigger their antisocial behavior. Neuroscience research has shown that accurately putting feelings into words can weaken negative emotions. Participants are taught how to reduce the strength of their emotions by training in a brief relaxation method that has been found to appeal to offenders.

R&R2 programs also teach the following:

INTERPERSONAL SKILLS: A key factor in an offender's desistance from antisocial behavior is close personal relationships with family members and others – including employers and co-workers. In order to enable them to develop such relationships, participants are taught the interpersonal problem-solving skills taught in R&R. They are also trained in attending to and accurately interpreting the behavior, thoughts and emotions of others. Training involves exercises that have been employed for decades in teaching counseling skills such as active listening that enable counsellors to establish relationships with their clients

COMMUNICATION: participants are taught to realise the importance of clear verbal and non-verbal communication and the misunderstanding that can result from unclear communication. They are trained in skills in expressing feelings and thoughts clearly and pro-socially.

PRO-SOCIAL LIFE-STORY: How individuals behave is strongly influenced by their "scripts" or their "self-narrative" that they develop through their social experience that tells them who they are and why they are that way. R&R2 includes interventions that lead participants to examine their antisocial scripts and change them to pro-social ones.

SELF-EFFICACY: Participants are engaged in numerous role-plays and out-of-class assignments in which they practice the pro-social skills they have been taught in order to develop confidence in their ability to employ those skills.

RELAPSE PREVENTION: They are trained to anticipating factors and situations in that can trigger their previous ways of responding and they learn pro-social skills for coping with them in order to ensure long-term maintenance of positive change.



ISS Institute
Level 1, 189 Faraday Street
Carlton VIC 3053

T 03 9347 4583
E info@issinstitute.org.au
W www.issinstitute.org.au

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