



Ordinary lives  
Extraordinary people

Supporting people with a learning disability and/or autistic people with an offending history or risk

## Introduction

Achieve together is a specialist provider of support to people with a learning disability, neurodivergent people, those with mental health conditions including personality disorders who present with an offending history, or are deemed to present with a high likelihood of offending.

Using a Good Lives Model of support, Achieve together has provided proven high levels of stability, minimisation of risk and long term sense of worth for the people we support with offending risks.

The attached case study provides an insight into the key ingredients of structure and support which make up the Good Lives Model - this offers the person (and their representatives) long term security while maximising potential and personal fulfilment.

Typically, people we support with a forensic history (or potential) have moved from prison, secure or children's services, or experienced frequent changes of address and support. They are often subject to Mental Health Act, Ministry of Justice or Criminal Justice System legislation and conditions.

We aim to support people to comply with legal conditions while supporting each person to lead a fulfilled life in their local community, at the same time maintaining public safety through a truly individualised package of support consisting of many components. Accommodation is in the heart of the community, not removed and isolated.

We are proud of the successes we have assisted people to achieve with reduction in risk to the public, alongside the person feeling more in control of their own lives, enhanced engagement in meaningful activity and positive peer networks.

## Types of offending behaviour supported by Achieve together

- Sexually harmful behaviour (contact or non-contact) targeted at adults and/or children
- Petty Crime
- Violent Crime
- Deliberate fire setting
- Criminal damage

## Accommodation Models

Support is provided within local communities, in either supported living, specialist residential models or outreach support depending on the unique needs of each person referred. Taken into account will be the degree of risk posed, the views of the person and their representatives, the person's ability to manage a tenancy etc.

Appropriate accommodation models would be offered following initial assessment and specific factors taken into account e.g. whether the person wishes to live on their own, possible group dynamics, whether single gender accommodation is necessary, risks posed by others in the accommodation which may impact upon the person's ability to progress positively.

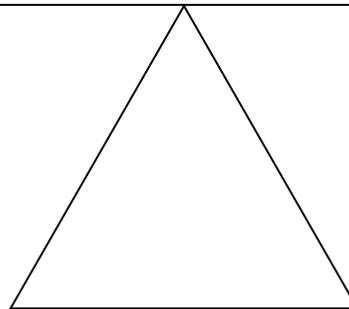
## Good Lives Model

Achieve Together works within a Good Lives Model, based on a treatment approach which has a twin focus to reduce the risk of re-offending and to assist offenders have a more fulfilling life (Ward & Brown, 2004).

Support is focused on the person's existing strengths and preferences with honesty and inclusion at the heart of support.

**Meeting the person's needs and aspirations**

**Avoiding harm to others**



## Good Lives Support

Each person is provided with –

- Support to develop a person centred plan
- A clear set of agreed and measurable outcomes to work towards
- An individual support plan
- Positive behaviour support plan/mental health support plan (as relevant)
- Detailed and robust risk management plans (taking account of static and dynamic factors)
- A personal effectiveness plan
- 'Keeping myself safe' strategies
- Communication profile
- Healthy lifestyles plan
- Employment and community inclusion pathway plan
- Relapse prevention and crisis plans
- Support related to alcohol/substance misuse

Emphasis is placed on honing in on the positive attributes of the person to enhance personal development and motivation, a focus on positive life experiences, the development of positive peer relationships and to improve desistance options, and therefore reduce recidivism.

By taking a life history approach to person-centred planning, support teams will build on an understanding of the person and how this impacts upon their current and potentially future behaviour and personality.

## Team Support, Professional Development, Competence & Confidence

Support is offered to people through skilled, robust and stable support teams with emphasis on being respectful, proactive, empathetic, nurturing and non-judgemental. Each team is supported to ensure strict confidentiality is maintained and that the person is seen for who they are – not simply as an offender.

Each team is provided with a bespoke training package which can include –

- Good Lives Model
- Positive Behaviour Support (PASS+PORT™ or PROACT-SCIPr-UK®)
- Wheel of Engagement – person-centred approaches
- Active support
- Health planning & promotion
- Developing rapport, motivation and engagement
- Personality disorder in learning disability
- Trauma informed support
- Supporting autistic people
- Mental health awareness (and specific mental health conditions as appropriate)
- Relationships & sexuality
- Forensic Risk Assessment and Management
- Substance Misuse

Team members will be assessed during the recruitment and selection process for their capability and attitude to working with a person with an offending history/potential. Regular individual supervision and appraisals will take place to aid individual professional development. In addition, our central Health & Wellbeing Team members are available to support with expert critical incident debriefing.

A practice leadership approach is in place to ensure effective management and leadership from the home or supported living manager. Practice leadership is associated with management focussed on the immediate staff work done with the person supported through observation, feedback, coaching and training. (Beadle-Brown, 2006)

## **Assessing and managing risk**

The internal Health & Wellbeing Team uses various tools to consider and manage risk including ARMIDILO-S (Boer et al, 2013), HCR-20 Version 3 (Douglas et al, 2013) to measure the risk of recidivism. Bespoke risk assessment and management tools designed by the Health & Wellbeing Team compliment the actuarial risk tools to ensure a comprehensive and robust system for assessing, monitoring and managing risk.

We use the BILD 'Exploring Sexual and Social Understanding' Tool to assess a person's understanding of, and attitude to a range of relationship and sexuality matters.

Critical to effective risk management is the engagement with the person and also the multi-agency/multi-professional team – risk management plans are agreed with each agency to ensure effective communication and inter-agency partnership working.

Risk management plans are monitored daily by the direct support team, and regularly by the Health & Wellbeing Team. Increased vigilance is immediately introduced if an 'escalation alert' is raised by the Home/Supported Living Manager.

Importantly, risk assessment and management is a shared responsibility with the funding authority and other local statutory agencies. We always work with shared responsibility in mind, and a clear multi-agency and multi-disciplinary approach.

## Achieve Together Health & Wellbeing Team

The internal support to each home supporting a person with an offending history is provided by –

- Michael Fullerton, Director of Health & Wellbeing, RNLD and PG Dip in Mental Health in Learning Disability, Institute of Psychiatry)
- Kevin Taylor, Head of Forensic Mental Health, RMN – responsible for overseeing forensic risk in Achieve together

With support from the wider PBS and Health Promotion Nursing Team, and specialist learning disability or mental health nurse trainers.

Kevin acts as the main contact point for an escalation alert.

## Partnership Working

Achieve together recognises that in supporting people with a risk of offending we must absolutely always work in partnership with the person, and other external agencies. We will work positively with local health, criminal justice, social services and other community services to ensure that each person has the best opportunities to live a life free from offending.

We frequently work with community forensic support teams to aid in supporting people discharged from hospitals or released from prison.

When people require specialist therapeutic support we will help in seeking out the most appropriate type of treatment locally, and work with the provider of such input in the best interests of the person.

## Case Study

John\* (not his real name) was 26 years of age when he was first supported by Achieve together. John has a mild learning disability and is autistic. He attended residential colleges, as sexualized and physically challenging behaviour at home were difficult to manage. John moved to an Achieve together home following unsuccessful moves to other residential homes. In teenage years, John was both the victim and perpetrator of sexual abuse including unwanted sexual contact. John was supported in an all-male home, and the following specialist assessments and plans were completed upon moving in –

- ARMIDILO-S and Exploring Sexual & Social Understanding (BILD, 2015)
- Autism focused person centred plan, coproduced with John, his parents and social worker
- Positive Behaviour Support Plan
- Supported employment and active lifestyle plan
- Risk Management Plans linked to outcomes from ARMIDILO-S and BILD Assessment
- Social Interaction and Sexual Education Plan

John was accessing specialist psychological therapy, alongside access to Achieve together's specialist Health & Wellbeing Team.

A combination of clear focus on both the protective and risk factors in John's life meant that he was able to alter some of his cognitive distortions, understand how autism affected his thinking style, and was able to focus on positive meaningful activities (sports and supported employment). Carefully supported social opportunities led to John developing an appropriate adult personal relationship.

John moved to a point in which the risk of offending was deemed to be much reduced. This in turn led to lessened restrictions on his lifestyle (starting with less paid support while spending time in the community and accessing the internet alone). John has since moved on to supported living with less paid support, greater autonomy, improved family relationships and a bright future ahead of him.

