Firstly we must be clear on what actually constitutes a Learning Disability?
A learning disability is identified by:-
(a) A significantly reduced ability to understand complex information or learn new skills (impaired intelligence). This is usually assessed by Psychologists who use IQ tests, the cut-off score is an IQ less than 70. About 2% of the general population will have an I.Q of less than 70. and
(b) A reduced ability to cope independently (impaired social functioning). and
(c) The condition started before adulthood (18 years of age) and has a lasting effect.

All of the above conditions must be met, an IQ score alone is not a sufficient indicator, social factors must always be considered. A learning disability is a lifelong condition – not an illness or disease.

Severe cases of learning disability are easily identified but mild/moderate learning disabilities are often more difficult to identify.

A person with ‘impaired intelligence’ may be slower to understand information or to pick up new skills. Tasks such as reading, budgeting, completing forms, remembering things may be especially difficult. The person may have communication needs that make certain situations particularly stressful, for example, they may find it difficult to follow complex instructions.

A person with ‘impaired social functioning’ may require extra support to live independently, the level of help will depend on the individual needs. They may require assistance with everyday activities such as cooking, shopping, self-care and in developing social relationships and using community facilities.

The term ‘learning disabilities’ replaced ‘mental handicap’ in the early 1990s. Other terms used are ‘intellectual disabilities’ or ‘developmental disabilities’. Specific conditions such as dyslexia or dyscalculia are not classed as learning disabilities.

Health and Social Care Needs of people with learning disability
People with learning disabilities are at increased risk of:
• Physical health problems such as diabetes, thyroid problems, gastro-intestinal problems, obesity.
• Epilepsy.
• Mental Health problems such as anxiety, panic disorders, depression, schizophrenia.
• Attention deficit hyperactivity disorder.
• Sensory impairments – sight, hearing.
• Autistic Spectrum Disorder.
People with learning disabilities are also vulnerable to bullying and abuse of all kinds.

People with learning disabilities at risk of offending
Despite decades of research there is still no clear answer to the question of whether people with a learning disability commit more or less crime than those without learning disability, or whether the type of offences committed by people with learning disability differs from those committed by general populations of offenders.
We know that in the United Kingdom of people living in the community known to have a learning disability, approximately 3 per cent have previous convictions. We also know that approximately 70 per cent of offenders with a learning disability are males.

The percentage of adults with learning disabilities in the Criminal Justice System is thought to be between 2 – 10 per cent of the offender population.

Many people with learning disabilities who engage in inappropriate sexual behaviour do not come in contact with the Criminal Justice System:

• Victims may not report – many victims of learning disability abusers are other people with learning disability.
• Police and Prosecution Services may believe that successful prosecution is unlikely.
• The abuser with a learning disability may seek to go into special hospital on a voluntary basis.
• They may be detained under Mental Health Legislation.

PACE (Police and Criminal Evidence Act, 1984/2006) - There are safeguards and procedures specified in PACE which apply to those who are mentally vulnerable. Vulnerable people should have an 'Appropriate Adult' with them when they are being interviewed by the Police. Their role is to make sure that the suspect’s rights are respected and that they understand the procedures.

Legislation
Mental Health Legislation that exists to allow admission to hospital for assessment and treatment is dealt with in the Mental Health (N.I.) Order 1986. This order defines Mental Disorder as:

"Mental Illness, mental handicap, and any other disorder or disability of mind".

A treatment order/Hospital Order in Northern Ireland can be invoked only in a case of severe mental impairment (severe impairments of both intelligence and social functioning) and when this is associated with abnormally aggressive or seriously irresponsible conduct.

Therefore, in Northern Ireland if a person has a mild learning disability but not a severe mental impairment then they cannot be detained under Mental Health Legislation.

Some people with mild learning disability will be dealt with by the Criminal Justice System and will serve a prison sentence and/or will be required to undertake a period of probation.

If someone receives a Hospital Order in court or if they are 'detained' under the Mental Health Order by a Psychiatrist, then they can have their case reviewed by a 'Mental Health Review Tribunal' on a yearly basis. The Tribunal decides if the person is ready for discharge or if they should still be detained because of risk of physical harm to themselves or others.

Some people found ready for discharge by the Tribunal remain in hospital – as Voluntary patients because they do not have suitable accommodation/support available to enable them to leave.

Risk Assessment
Research on the effectiveness of standard risk assessment tools with people with a learning disability has identified that instruments such as HCR-20, Violence risk assessment guide – VRAG, SVR-20 and Static – 99 can all be used with some degree of confidence.

Tools have more recently been developed for specific use with people with a learning disability. Examples include:

DRAMS – Dynamic Risk Assessment and Management System (Lindsay and Murphy). This instrument aims to monitor changes in acute risk factors relevant to violent and sexual offending.

ARMIDILo – S – Assessment of risk and manageability of intellectually disabled individuals who offend – sexually (Boer et al). This provides a framework to consider stable and acute risk factors that are both internal and environmental.
Specialist Treatment for people with learning disability who have committed sexual offences
Currently in Northern Ireland there are a number of specialist treatment programmes available which include:

• Treatment for sexual offending
• Good Thinking skills (social skills and problem solving)
• Anger management
• Adapted Dialectical Behaviour Therapy – DBT (emotional dysregulation associated with personality disorder)

Specialist community forensic learning disability services are beginning to be developed in Southern, Northern and Belfast Trust areas. These will provide a range of specialist assessment, treatment and risk management services.

NOTA Northern Ireland
NOTA Northern Ireland supports the provision of specialist assessment and treatment for those sexual offenders with a learning disability, and those at risk of sexual offending who are un-adjudicated. It supports efforts to extend the current provision and work to further develop community forensic learning disability services.

Useful Numbers
PPANI STRATEGY & ADMINISTRATION UNIT 02890259612
NSPCC HELPLINE - If you have concerns about the welfare of a child, please call on Freephone 0808 800 5000
POLICE SERVICE OF NORTHERN IRELAND 02890 650222
STOP IT NOW! (NI) – Working to prevent sexual abuse. If you have concerns about your own thoughts and behaviours towards children or are concerned about others contact the Stop it Now Helpline on: Freephone Helpline 0808 1000 900

USEFUL REFERENCES
ARMIDIL O www.armidilo.net


For further information about NOTA please visit:
Information Note 5 (updated Nov 2012) www.nota.co.uk