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# **‘Blocked at Every Level’: Criminal Justice System Professionals’ experiences of including people with intellectual disabilities within a targeted Magistrates’ court**

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## **Abstract**

**Purpose:** Mental health courts (MHCs) may enable better support for people with intellectual disabilities (ID) within the criminal justice system (CJS) but little evaluative empirical evidence is available regarding their operation. This study explores professional perceptions of the challenges of including people with ID in a Targeted Services Court (TSC) designed for people with mental health issues and ID.

**Methodology:** Information was gathered, via interviews and focus groups, from 46 professionals working with people with mental health issues and ID within the TSC. Data were analysed using thematic network analysis.

**Findings:** Findings highlight the neglect and lack of inclusion of people with ID within the TSC processes, with challenges in identifying people with ID, stakeholder awareness, inconsistent adapting of practices for people with ID and information transfer underpinned by the involvement of numerous organisations with differing agendas.

**Implications:** Although valued, development of a TSC including people with ID was a challenging endeavour and may reflect societal and institutional neglect of people with ID, recommendations are provided.

**Originality:** This study adds to the few investigations have considered the process of including people with ID in a TSC from the perspective of those working in the criminal justice system.

## **KEYWORDS:**

Mental Health Court  
Criminal Justice System  
Intellectual Disabilities  
Police  
Probation  
Reasonable Adjustments

## **Introduction**

Inequitable treatment has been reported for people with Intellectual Disabilities (ID) in the Criminal Justice System (CJS) (Bradley, 2009; Lindsay, Hastings & Beech, 2011) and more needs to be done to support these individuals and protect their rights (Huyn, et al., 2014; O’Kelly et al., 2003). Within the CJS there exists a lack of protocols, inefficient exchange of information and a lack of training for professionals in how to work effectively and sensitively with people with ID (Hayes et al., 2007). Thus, despite legislative responsibilities to enable equal treatment, people with ID often experience inequitable treatment due to those working in the CJS being ill-equipped to meet their support requirements. Similar situations have arisen for those with mental health issues (Bradley, 2009). This has resulted in additional supports being proposed for both offenders with mental health issues and those with ID within the CJS, including the development of Mental Health Courts. The current study examines the inclusion of people with ID in a mental health court pathway by focusing on the experiences of stakeholders with the court working with people with ID.

### *Mental Health Courts*

Mental health courts (MHCs) are sparse in the UK, the primary aim is to divert individuals with MH problems away from the CJS and towards appropriate support/treatment programmes, thus reducing the ‘revolving door’ of crime (Bradley, 2009). Despite their advantages, criticisms have been directed at MHCs (see Miller & Perelman, 2009; Ryan & Whelan, 2012) including the separation of MHCs from traditional courts being akin to segregation due to the inherent difference in support needs of the offenders attending different courts (Wolff, 2002). This notion led Winstone and Pakes (2010) to recommend abolishing the title ‘Mental Health Court’. This is important as, until the court reported here, none of the MHCs within the UK included people with ID. This is likely due to the greater numbers of people with mental health problems coming into contact with the CJS, but could also reflect the invisibility and disenfranchisement of those with ID.

### *Prevalence of ID in the CJS*

A significant number of individuals with ID are believed to have had experience of the CJS (Lindsay, 2002) yet establishing the true prevalence rate is problematic due to a lack of agreement of the definition of ID, offending and victimisation and lack of systems in place to aid CJS professionals in identification of people with ID (Lyall et al., 1995). Research in the UK has estimated that 6.7% of people entering the custody suite will have an ID (Young et al., 2013). Furthermore, in a systematic review of 10 studies incorporating 11,969 prisoners, Fazel et al. (2008) found that 0.5-1.5% of prisoners had an ID. Additionally, despite limited research, concerns exist that people with ID are more likely to be the victims of crime and abuse (Hart et al., 2012; Horner-Johnson & Drum, 2006), and will require support in the court environment (Kebbell, et al., 2001; Kebbell & Davies, 2003).

### *Issues for People with ID in the CJS*

Evidence suggests that individuals with ID are not currently well served in the CJS (Young et al., 2013; HMI Probation, 2014). There is confusion over the differentiation of mental health issues and ID amongst police leading to a failure to identify ID (Bradley, 2009; HMI Probation, 2014; Modell & Mak, 2008), which in turn can lead to a higher likelihood of prison sentencing for people with ID (Howard et al., 2015; Talbot & Riley, 2007). Court environments are seldom adapted for use by people with ID (O'Kelly et al., 2003), resulting in instances where questioning is inappropriate (Kebbell et al., 2001). Indeed people with ID in the CJS report vulnerability, a lack of understanding of the processes, mistreatment and helplessness (Hyun, et al., 2014) with support needs being frequently unmet (Howard et al., 2015; Murphy et al., 2017).

### *Experiences of professionals in the CJS working with people with ID*

With it being clear that people with ID are not receiving the support that they should at the different stages of the journey through the CJS (e.g. Bradley, 2009) it is important to consider the experiences of those responsible for providing this support and those who come into contact with people with ID in the CJS. The police report that dealing with people with mental health problems and ID is not their responsibility, largely due to feeling inadequately skilled or educated to fulfil this role (Gendle & Woodhams, 2005). A study of police officers in Australia found that the biggest challenge faced when dealing with people with ID was how to establish effective communication. These officers reported feeling unsupported from external sources, such as health and welfare services (Henshaw & Thomas, 2012). Similar experiences and challenges have been reported by professionals throughout the CJS in the UK in relation to communication needs in the custody suite (Parsons & Sherwood, 2016). A lack of training regarding ID, which specifically focuses on communication, referral, and identification and interagency working, has also been reported by professionals within the CJS including police and magistrates (Henshaw & Thomas, 2012; Kollinsky, et al., 2013). Hence, many professionals within the CJS do not feel confident in dealing with individuals with ID. This in turn will impact upon the experience and support provided for individuals with ID in the CJS (Hyun et al., 2014).

### *The current study*

The current paper focuses on the journey of people with ID in a MHC pathway, henceforth named the 'Targeted Services Court' (TSC). The purpose of the court was to enhance the identification of, and services and support available for, adult offenders identified as having mental health issues and/or intellectual disabilities and providing more equitable treatment than a traditional court. Research into mental health courts in the UK is scarce, limited to evaluations of pilot schemes (Pakes, et al., 2010; Winstone & Pakes, 2010) and to date has neglected to explore how these courts operate for people with ID. To understand the process, challenges and outcomes for people with ID within the TSC it is best to establish views of stakeholders

involved in the courts (McNiel & Binder, 2010). Therefore the current study aimed to answer the following questions:

### *Research Questions*

1. What are the experiences of professionals involved in the running of a targeted services Magistrates' court for both people with mental health issues and people with intellectual disabilities of including those with intellectual disabilities?
2. What factors facilitate/hinder the inclusion of people with ID in the TSC?
3. How can a targeted services Magistrates court work more effectively for people with intellectual disabilities?

## **Method**

### *Participants*

Information-oriented purposive and maximum variation sampling strategies were employed (Flyvbjerg, 2004), recruiting 46 study participants from stakeholder organizations involved in a TSC, located in the North West of England (Table 1). Use of these sampling approaches was designed to enable the authors to increase the range of salient information provided by participants about the TSC, and to provide maximum coverage of people working in professions around the TSC.

INSERT TABLE 1 AROUND HERE

### *Approach and Procedure*

The research presented here is a secondary analysis of qualitative data collected as part of an evaluative participatory action research investigation which sought to answer the questions 'Is the TSC effective and how can we

make the TSC work more effectively?' (Removed for Review). The secondary analysis arose from the authors' observations that those with ID were underrepresented in the accounts of the professionals of working with people with ID within the TSC thus the authors sought to explore whether the reasons for this could be discerned from the data gathered. A pragmatic constructivist epistemology is employed (Gordon, 2009). This approach looks to gain ideas about phenomena, in this case the TSC, from those embedded within the social contexts surrounding that phenomena and to use these ideas to enact change. Hence, this study aims not only to be descriptive and explanatory, but also prescriptive, providing recommendations and addressing practical concerns held by the different stakeholders regarding the inclusion of people with ID in the TSC and the CJS. Ethical approval was gained from [Removed for review].

Following a semi-structured interview schedule, participants were asked an overarching question about experiences and perceptions of the TSC, followed by questions about the development, process, effectiveness and recommendations regarding the court. Additional probes were used, asking all interviewees their thoughts about and experiences of working with people with ID and their access to the TSC.

### *Data Analysis*

Interviews were inductively analysed using thematic network analysis (Attride-Stirling, 2001). This process incorporates: (i) familiarization and searching and coding of the text to identify initial themes; (ii) developing and refining themes by grouping text segments into related codes; (iii) developing and exploring the networks by arranging thematic codes into basic themes, grouping these into organizing themes and deducing global themes and reviewing and verifying networks (iv) exploring networks to answer research questions. Trustworthiness checks were implemented to enhance credibility, transferability, dependability and confirmability of findings (Shenton, 2004). Strategies included developing familiarity with the culture and work of the

different stakeholder groups, secondary coding of 10% of the data by the second author (coding agreement 94%), contextual grounding of data when reporting findings and researcher reflexivity.

## **Results**

### ***Global Theme: Structural neglect of people with ID throughout the TSC Process***

Analysis resulted in a single global theme detailing the 'neglect of people with ID throughout the TSC process' and within the CJS more generally. There appeared to be some recognition that this group were underserved in the development and current running of the TSC, with a concurrent desire to better include and serve them. Unfortunately, this seldom appeared to manifest in practice due to the primary focus on defendants with mental health issues and the organisational culture, skills and remit of many of the contributing stakeholder organisations. People with ID were seldom identified when in custody and, when they were identified, information was seldom passed on to the courts and subsequent parts of the process. Three organising themes encapsulated the findings from the accounts and key issues inherent in the inclusion and support of defendants with ID, these were 'Defendants with ID are overlooked', 'Challenges in Identification and referral' and 'Adaptations and Adjustments made'. Each of these organising themes and their accompanying basic themes are detailed below and accompanied with illustrative quotations.

#### *Organising Theme 1: Defendants with ID are overlooked*

This organising theme addressed the lack of recognition of ID within the accounts and that people with ID were often overlooked throughout the process of the TSC. People were often diverted away from the traditional processes within the CJS and were viewed as a secondary group to support after people with mental health issues.



Throughout the interviews, defendant with ID were **seldom mentioned and swept aside**. There was a clear sense that defendants with ID were neglected and overlooked both generally and within the context of the TSC.

*“Although a lot of people come before the court with learning disabilities, it never really seems to get touched upon and is swept aside a little bit.”* (Legal advisor)

Lip-service was given to their inclusion within the process, but when questioned about the operationalization of strategies to better support and include people with ID, these were ill-formed or largely absent in the transcripts.

*“(Working with people with ID) it’s not planned, there’s no pathway that says this is what you do the first time you come into contact.”* (Learning Disability Service Professional)

Interviewees who directly worked with individuals with ID suggested offending was often mislabelled challenging behaviour thus, producing informal management, non-reporting, and a **diversion of people with ID away from the TSC and CJS** and back to ID services and the individual’s informal support networks for management. Conflict was present within the narratives of these professionals. They believed that people with ID should be made aware of the moral and legal implications of their actions, and have equality under the law, whilst simultaneously believing the CJS was not well-equipped to include and meet support needs of individuals with ID.

*“We felt it was very important (for offenders with ID) to be treated equally under the law ... they either get the chat in the back of the police car. This is literally a little chat saying, this is very bad, you were very naughty and don’t do it again, they resisted taking people to the police station. They get a caution. Or it gets diverted.”* (Learning Disability Service Professional)

Perceived lack of culpability was implicated as a reason for not being taken through CJS processes. However, the nature of the crime committed was reported as influential in the diversion of defendants/offenders with ID from the TSC.

*“I was like nobody’s doing any crimes and everybody was like, no, that’s not the case, people are being charged, they’re going to crown (court) ... whereas if it’s petty theft which would go to magistrates of course a lot of people are like, well you know he didn’t mean to do it or he didn’t understand.”* (Learning Disability Service Professional)

Seemingly underpinning the neglect of people with ID in the CJS and their arguable invisibility in the TSC was **prioritisation of offenders with mental health issues over those with an ID**. Stakeholders within different CJS organisations spoke extensively and unprompted on the necessity of including and supporting those with mental health issues; the same was not true for ID.

*“80-odd% maybe 90% of the people that we deal with...have either got a mental health issue... drink or drugs or any combination of all three.”* (Police Inspector)

*“I wouldn’t want, I don’t mean to discriminate against people with learning disabilities ... I just think that people with mental health issues just outweigh the number (of those with ID).”* (Mental health Professional / Magistrate)

### *Organising Theme 2: Challenges in identification & referral of people with ID*

The second organising theme related to identifying defendants with ID and their subsequent referral on this basis to the TSC. This task largely fell to the gatekeepers of the CJS, the police, who were viewed as being overwhelmed by the number of defendants coming through the system, undertrained and lacking in knowledge with regards to ID. Furthermore, as people with ID may also be involved in crimes of a more serious nature they automatically

bypassed the TSC. As noted above some of those who were specifically employed to identify and divert people from the TSC reported that working with people with ID was outside of their remit.

***Identification by professionals working in the CJS*** was challenging. Police officers felt increasing expectation to flag mental health issues presenting in defendants, yet ID were seen by some as being more problematic to identify, thus easily overlooked. It was suggested that identification processes available to the police in the custody suite were inadequate to identify and capture those with an ID.

*“What effects how the court runs? (Interviewer)*

*Appropriate identification of cases those with MH issues are a lot easier for the police to identify and flag up than those with learning disability.” (Legal Advisor)*

While some highlighted that ID should be quickly identified during risk assessment due to differences that were difficult to conceal for more borderline ID, self-identification was relied upon to an extent, where information about their ID had to be volunteered by the individual. However, professionals postulated societal stigma involving ID may deter individuals from disclosing their mild/borderline cognitive impairments or they may not believe this to be relevant. They also may be reluctant to access mental health and learning disability services for support or the TSC.

*“I think a lot of clients ... don't wish to be labelled...People are going to perhaps feel uncomfortable being at the mental health court... It's being labelled, it's a stigma, it's other people knowing that you're going into that particular court.” (Defence lawyer)*

It was apparent these identification issues, in conjunction with challenges around information transfer, permeated the span of the CJS from custody through to prison and probation. While these identification difficulties may have arisen as a result of mental health dominating the focus of the TSC it

was also clear that there was a **lack of adequate training** with regards to identifying and referring individuals with ID to the TSC. Again priority was given to mental health over ID.

*“So, what did you think of the training? Did it have specific parts about intellectual disability and mental health? (Interviewer)*

*It looked at mental health and how to deal with people with mental health.” (Magistrate)*

*“Is there any general training that [the police force] receive around ID? (Interviewer)*

*I wouldn't have thought so ... there's nothing I'm aware of.” (Police Inspector)*

Formal training was seldom conducted, due to time and resource constraints, information transfer was the default route by which information was provided. Those working in learning disability services highlighted the difficulty of getting training initiatives off the ground and how changes in personnel would undermine planned initiatives. Other professionals within the CJS reported they had received training on ID and that this made them more confident in dealing with people with ID but concerns were raised if people with ID were not identified then the lessons learned during this training would be forgotten.

*“I felt a lot more confident (after training) dealing with those types of cases plus it meant that you were able to advise the magistrates much more easily than we were before as well.” (Legal advisor)*

*“If people aren't coming through, people aren't getting a chance to use their training, that sort of training will eventually evaporate.” (Mental health Professional / Magistrate)*

A **lack of knowledge and understanding** as to what ID constituted was also identified, linked to inadequate training. This lack of knowledge reported had negative consequences, with defendants not being directed to the TSC or

provided with the information they need in an appropriate format to help them negotiate the CJS.

*“So I think people with learning disabilities don’t have access to information that is going to make it easier for them to negotiate the systems and the police who are the criminal justice system have little understanding of learning disabilities ... so there’s problems for both sides I think.”* (Learning Disability Service Professional)

Lack of knowledge also led to an apparent level of fear with regards to how to work with people with ID. Offenders were dismissed without charge or interview because their capacity for understanding was unclear; there was also a reluctance to label people as having ID for fear of causing insult.

*“...somebody committed an offence (and) hasn’t been charged and interviewed. Because the Police are hung up on the fact that she might not have the capacity without knowing what kind of capacity they’re worried about...They took the witness statement, so there’s a crime number for the victim and then they just sent him back home.”*

(Learning Disability Service Professional)

Determination of the degree of ID was a challenge for some, the difficulty was in those with less pronounced ID rather than those described as having ‘clear cut’ disabilities. Conversely, mental health issues were viewed as having different criteria and being easier to identify.

*“but I wouldn’t have said really bad(sic) learning difficulties, I’ve never seen anyone like that.”* (Police)

### *Organising Theme 3: Adaptations and Adjustments*

The final global theme pertained to the adaptations and adjustments discussed in relation to defendants with ID. It was not always clear what adaptations were meant to be implemented as part of the TSC, and it

appeared that this part of the process was not well formed in terms of practice. There was variability and inconsistency in adaptation practices and beliefs about adaptations evident in the accounts with information transfer and relationships between stakeholder organisations both hindering and facilitating responsive supports for people with ID accessing the TSC and CJS.

***Variability in adaptations and adjustments*** made as part of the TSC was evident in accounts. Adaptations needed for individuals with mental health issues and ID were seen as similar by some, with many of these adaptations to the court process being mentioned in the interviews. These included: utilising rehabilitative sentences and alternative disposal options; increased process flexibility; and consistency of Magistrates attending court reviews.

*“...you may have to speak a little slow with certain people because it will take them longer to digest the information or maybe you have to make sentences shorter.”* (Magistrate)

*“I suppose in the fact that the magistrates would hopefully have a clearer understanding of how to deal with people and how to relate and speak to people that have mental health issues or learning disabilities in the tone and the manner that’s appropriate to them.”* (Mental Health Professional)

It was highlighted that individuals with ID coming into contact with the CJS and the TSC were unlikely to have access to information in a format they would understand. Simplification of communication, reduction of formality in the court and increased understanding were seen as desirable adaptations that had been implemented in some instances, although the frequency and consistency of these adaptations were sporadic and varying within the TSC.

*“...normally a defendant will be placed into a dock on their own so obviously if there are issues that are brought to our attention we might place them in the witness stand.”* (Legal Advisor)

*“I’m much more careful in terms of how I explain things, that I spend more time with the individual and hopefully that is the case (elsewhere) but I suspect it isn’t always quite frankly.”* (Defence Lawyer)

Participants working within the TSC suggested **adaptations in practice were necessary** to better serve people with ID as they traversed CJS processes. In the accounts was a clear commitment towards inclusion, support and incorporation of adaptations for people with ID into the processes within the CJS.

*“...we’re not suggesting that people who have got a learning disability get preferential treatment but we’re acknowledging the fact that their condition...may (be) one of the leading factors for why they’ve offended, repeat offending or why they cannot get out of that cycle.”*  
(Justice’s Clerk)

Nevertheless, the **inadequacy of adaptations** was evident in the running of the TSC. Except for adaptations noted previously, few other changes in working practice were described.

*“...the systems are not set up to be accessible for people (with ID), people are blocked at every level, right from the point where the police get involved through diversion, the court process, they’re so complex and operated by people who don’t have many dealings with people with ID.”* (Learning Disability Service Professional)

Hindering the implementation of adaptations and adjustments was **poor communication and information transfer**, where information of an individual’s ID identification was not passed on, and if it was it would very likely be close to the court date, again hindering potential adaptations. All of the professional groups spoke about this hindrance on their ability to perform their jobs effectively, resulting in more reactive, less well-informed decision-making.

*“The difficulty is that someone has to have (that) flagged up, so if nobody tells you then you wouldn’t treat them differently.” (Magistrate)*  
*“So usually they go all the way through the system until they get to court and then they say oh there’s ... concerns.” (Mental Health Professional)*

Most interviewees mentioned the challenge of information communication impacting the operation of the TSC at all stages, primarily due to the multi-agency nature of the initiative.

*“I think liaison with everybody, to be honest, because everybody has their own time when they need to liaise or need a bit of advice and it works both ways.” (Specialist Mental Health Professional)*

However organisational changes and inadequate handover of training and knowledge led to further break-down of information transfer.

*“The police, defence advocates as well and we get into the court scenario and probation, they were all trained before we started, they’ve all moved on, the messages are supposed to get passed on as people come into the new role, but I guess it just gets forgotten.” (Legal advisor)*

## **Discussion**

The disadvantages people with ID have experienced within the CJS have been noted in prior studies (e.g. Kebbel et al., 2001; Kebbell & Davies, 2003) with recommendations and strategies described which endeavour to reduce them. This study corroborates the disadvantage faced by people with ID within the CJS (Bradley, 2009; Lindsay, Hastings & Beech, 2011).



Professionals in the CJS were keen to include people with ID in the TSC, but this was secondary to the focus on defendants with MH issues, comorbidity was seldom mentioned or considered. These two groups were sometimes conflated due to inadequate knowledge (Bradley, 2009; HMI Probation, 2014). All professional groups interviewed, except those working with people with ID, talked of their lack of awareness, their nervousness, fear and lack of confidence and expertise in working with this group (Gendle & Woodhams, 2005). Others spoke solely of defendants with MH issues. Several respondents indicated that more needed to be done to include people with ID during TSC implementation. Lack of expertise within the CJS and MH workers and fewer people with ID offending compared to those with MH issues are possible explanations for this oversight. Another potential explanation was fewer people with ID pass through the court as they are more likely to be diverted from custody or court and are less likely to be formally charged (Lyll et al., 1995; Young et al., 2018).

Stakeholder organisations' relationships, drivers, priorities and culture were highlighted as underpinning factors that could facilitate and hinder: inclusion of individuals with ID; their identification within custody; information transfer about defendants' eligibility for the TSC; and support needs and process adaptation within the TSC and CJS (Hayes et al., 2007).

Despite a desire for inclusion and support for people with ID, substantial discussion of identification issues was present (Lyll et al., 1995), with very few people with ID referred to the TSC since its inception. Identification of ID occurred at all stages as individuals traversed the CJS, sometimes identification was delayed until prison or probation, leading to less than ideal sentences. Inadequate screening systems and lack of awareness and training were factors raised as underpinning poor identification and referral of individuals with ID (Gendle & Woodhams, 2005; Hayes et al., 2007).

There was debate about what and whether adaptations should be made within the TSC for defendants with ID. Adaptations were neither commonly or consistently applied and the 'Special Measures' outlined in the Youth and

Criminal Justice Act (1999) advocated for vulnerable defendants were seldom mentioned. It appeared legal social institutions desired change but were reluctant, according with previous research highlighting that, despite needs remaining unmet, change to long-standing social institutions is difficult without powerful social and political drivers (Cant & Standon, 2007). Intricate circumstances, issues and drivers underpin decision-making and processes, which affected the TSC administration. These included public protection beliefs, lawful equitable treatment, mens rea and offender culpability. Positive initiatives and strategies may be hindered by organizational changes due to political drivers, e.g. austerity measures.

Structural violence, a form of institutionalised disablism, whereby social institutions and structures and their practices harm or demonstrate disdain for people with disabilities, is evident from these accounts (Rice & Sigurjónsdóttir, 2018), despite stakeholders working within TSCs having good intentions. This disablism appears to be passive neglect where there was inequity of specialist provision, rather than being an active process. This study demonstrates disadvantages exist not only within generic processes of the CJS but can also exist within specialist devised provision, designed with disadvantaged groups in mind and specifically targeted people with an ID as a group to be served. Whether the court served those with MH issues adequately is debatable, nevertheless those working within the TSC acknowledge that the provision within this specialist court was not, at the time of this study, adequate for people with ID.

### *Limitations*

Data presented here was gathered during the first year of operation of the TSC. Accounts from more developed and established courts likely will produce different findings and need further study. Few people with ID were identified as progressing through the court and so defendants with ID who had experienced the court were not available for interview. Thus, first-hand accounts of those with ID are absent from this work, which made exploration of differences in experiences of the TSC between those with MH issues only

and those with dual diagnosis impossible. Experiences of people with ID accessing specialist provision within the CJS needs further study.

### *Recommendations*

Key Recommendations arising from this work for the TSC, future specialist court initiatives and for future work to better support people with ID within the CJS include: (i) Commitment to inclusion of and enhanced supports for people with ID in the TSC, and more widely in the CJS, needs to be more than just lip-service; (ii) ID professionals should be involved more to help to prevent people with ID becoming an afterthought to MH issues and to support better operationalization of process adaptations and adjustments; (iii) There is a clear training need for CJS professionals to increase their knowledge and understanding around ID so they can better identify people with ID earlier in the CJS process to enable more equitable treatment and appropriate support within the TSC and CJS, and to enable suitable disposals to rehabilitative and support agencies; (iv) During development, discussion and agreement is needed about what adaptations should occur as part of TSC court processes and what adaptations should be made within the court setting and the viability of introducing special measures; (v) Increased clarity and information sharing via development and maintenance of lines of communication and cross professional relationships is needed, alongside explicit consideration of differential organisational drivers and how these might affect how best to provide a TSC that meets the needs of people with ID.

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**Table 1:** Participant Information

<b>Stakeholder Group</b>	<b>Number of Participants</b>	<b>Stakeholder Organisation</b>
Probation (Court & Community)	12	Manchester Probation Trust
Police	6	Greater Manchester Police
Learning Disability Service Professionals	6	Manchester Mental Health & Social Care NHS Trust;
Specialist Mental Health Providers working in courts and custody	5	Medacs Healthcare Group; Greater Manchester West Mental Health Foundation trust
Magistrates	5	HM Court & Tribunal Services
Legal Advisors / Justices clerk	4	HM Court & Tribunal Services
Defence Lawyers	3	HM Court & Tribunal Services
Mental Health Service Professionals	3	Manchester Mental Health & Social Care NHS Trust
Diversion Panel Member	2	Various
Prosecution Lawyer	1	HM Court & Tribunal Services
Prison Worker	1	HM Prison Service
Other CJS	1	Transforming Justice Project
<b>Total</b>	<b>46</b>	

Note: The total is greater than the overall N because three participants had dual roles. Learning disability and intellectual disability are used interchangeably in many UK service contexts.