

NEURODIVERSITY IN THE CRIMINAL JUSTICE SYSTEM

A review of evidence

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Chief Inspectors' introduction

We were delighted that HM Inspectorate of Prisons and HM Inspectorate of Probation were commissioned by the Lord Chancellor to review the evidence into neurodiversity in the criminal justice system. HM Inspectorate of Constabulary and Fire & Rescue Services joined us in this review. This has been a long-held area of concern for him and is of considerable interest to our three inspectorates.

For many years, professionals who work in the criminal justice system have been concerned about the experiences and outcomes of those with neurodivergence: this has included the patchiness of data, the inconsistency in assessment and the levels of knowledge and understanding of staff. The aim of this review has been to understand what is currently known and being done in this area and to make recommendations for further action from the government. The team has gathered evidence through an analysis of data sources, a series of round table events with experts, a general call for evidence, by consulting with practitioners in police, probation and prisons, and by listening to those with neurodivergent conditions who have experienced the criminal justice system. One of the challenges has been the breadth of the term 'neurodiversity' which covers so many different conditions, including autism, traumatic brain injury, and learning difficulties and disabilities. We are enormously grateful to all those from such a range of experts of who have generously shared their knowledge and experience and spoken so passionately about the need for change.

The review found evidence of good local partnerships and heard about many simple adjustments that could easily be made to support neurodivergent people in the criminal justice system. However, it is clear that such provision is patchy, inconsistent and uncoordinated, and that too little is being done to understand and meet the needs of individuals.

This report concludes that with more effective assessment of need, adaptation of services and better training of staff it is possible to support those with neurodivergent conditions, wherever they are in the criminal justice system. This can help break the cycle affecting too many: of crime, arrest, court, prison, probation and reoffending.

The report makes six short recommendations, including an overarching recommendation about coordination, that will, we hope, set out a course for ministers on what needs to be done. It will take time and commitment to make the changes that we suggest, but we believe that it is possible to transform the experiences and outcomes for those with neurodivergent needs.

There is much learning here for everyone in the criminal justice system, including for our inspectorates. We want to thank all those who have contributed to and worked on this report that we hope and expect will lead to positive change.

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HM Chief Inspector of Prisons

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**HM Chief Inspector of Constabulary and Fire &
Rescue Services**

Recommendations to the Lord Chancellor and Secretary of State for Justice

Main recommendation

In order to improve outcomes for neurodivergent people within the criminal justice system a coordinated and cross-government approach is required. To give the leadership and direction needed, the Ministry of Justice should work with the Home Office, Department for Health and Social Care and the Department for Education and the Welsh Government to develop an overarching national strategy. This strategy should be developed together with people with personal experience of neurodivergence.

Recommendation

A common screening tool for universal use within the criminal justice system should be introduced, supported by an information sharing protocol specifying how information should be appropriately shared within and between agencies, to make sure that necessary adjustments and extra support are provided for individuals as they progress through the criminal justice system.

Recommendation

Screening data should be systematically collected and aggregated to provide a more accurate assessment of the prevalence of neurodivergence to inform needs analysis and service planning at all levels of the criminal justice system.

Recommendation

A programme of awareness-raising and specialist training should be developed and delivered to staff working within criminal justice services. For frontline staff this learning should be broad-based, mandatory, raise awareness of neurodivergent conditions and how they impact on communication and be supported by practical strategies for working with neurodivergent people. More specialised training should be provided for staff whose roles require it. The programme should be developed and delivered in consultation with people who have personal experience of neurodivergence.

Recommendation

Adjustments to meet the needs of those with neurodivergent conditions should be made throughout the criminal justice system. Relevant departments and bodies should work together to anticipate needs and make adjustments in anticipation of needs. Simple and largely low-cost changes to create neurodiversity-friendly environments, communications and staff culture are likely to benefit those coming

into contact with the criminal justice system, regardless of neurodivergent conditions, and should be made as soon as possible.

Recommendation

Criminal justice system agencies should work together and with other statutory and third sector organisations in a coordinated way, to understand and meet the needs of neurodivergent individuals in the community, prevent offending and support rehabilitation.

The Ministry of Justice should provide an action plan to address these recommendations within three months, followed by updates on progress at six and 12 months.

1. Executive summary

- 1.1 Neurodiversity is an undeniably complex area. There is no universally accepted definition, the range of conditions potentially falling under the banner is broad and their effects are wide-ranging. Comorbidity adds further complexity. This means that it is difficult to be sure about the numbers or proportions of neurodivergent people within the criminal justice system (CJS), or to what extent they are over-represented. However, based on the evidence provided to this review, it seems that perhaps half of those entering prison could reasonably be expected to have some form of neurodivergent condition which impacts their ability to engage.
- 1.2 We cannot know this for sure as there is no reliable, consistent or systematic data collection, either within individual services or across the CJS as a whole, which can tell us about the extent of neurodiversity. It is also concerning that relatively little attention appears to have been given to understanding how gender interacts with neurodivergence. This means that neither the scale of the challenge, nor the specific needs of sub-populations, are properly known or understood. This is a serious and fundamental failing with wide-ranging implications for the commissioning of services and support.
- 1.3 Aside from providing data on prevalence, the primary purpose of screening is, of course, to identify individual needs so that they can be met. Currently there are different approaches to screening – some more effective than others – and substantial gaps where opportunities to identify need, or divert an individual from the CJS, have been missed. We found failures to transfer or share relevant information at every stage in the system. There is certainly no guarantee that a neurodivergent person coming into contact with the CJS will have their needs identified – let alone met – at any stage of the process.
- 1.4 Without any systematic screening, it is left to practitioners to identify neurodivergent needs or challenges. The survey of police, prison and probation staff revealed consistently low levels of awareness, understanding and confidence in relation to neurodiversity. While there is no expectation that frontline staff should become ‘experts’ in neurodiversity, they do need (and want) a greater understanding of: the range of conditions and how they may present; the type of challenges experienced by neurodivergent people; the kinds of adjustments that can be made; and referral routes for further support or diagnosis. The input of people with personal experience of neurodivergence into training was highly valued by those who had received it, and this should feature in any future training or awareness-raising programme.
- 1.5 It is notable that some conditions appear to be better understood (or advocated for) than others, for example autistic spectrum conditions and learning disabilities. While it is undoubtedly welcome that progress is being made in raising awareness of autism (this is particularly evident within police forces), it is important that the full range of neurodiversity is addressed in any staff

training, including raising awareness of some of the other conditions, for example ADHD and brain injury. Given the comorbidity of conditions, staff should be encouraged to take a 'whole person' approach to understanding the specific needs of each individual.

- 1.6 Alongside the need for more formal support and training, people involved in the CJS made a powerful plea for criminal justice staff to simply make full use of their 'soft skills' – listening, empathy and compassion. By routinely asking questions, and listening to the answers, many immediate needs could be understood and met (including those of neurotypical individuals).
- 1.7 We were struck by the number of times the word 'difficult' was used in evidence, most commonly in relation to perceptions of the behaviour of neurodivergent people. It would perhaps be more useful to reflect on how 'difficult' the CJS is for people with neurodivergent needs, and what could be done to change this. The review has revealed a wide range of adaptations and adjustments being made in various places for individuals whose needs had been identified including many simple and low-cost solutions which could make a huge difference to many people if they were provided universally.
- 1.8 In terms of more focused rehabilitative support, the offer for neurodivergent offenders is currently extremely limited. There are only a small number of offending behaviour programmes tailored or adapted for neurodivergent offenders; in the community these are only available to address sexual offending. These were not available in every prison or National Probation Service (NPS) area and were subject to lengthy waiting lists. Clearly more work is needed to extend provision by developing or identifying additional appropriate programmes if neurodivergent people are to be effectively rehabilitated.
- 1.9 Similarly, we found relatively few examples of programmes or initiatives to provide more holistic, long-term support to prevent offending or reoffending. Some of the most promising approaches were delivered by criminal justice practitioners working in partnership with other statutory or voluntary agencies. Where partnership working was being developed there appeared to be a greater prospect of understanding the experience of neurodivergent people, adjusting services in accordance with their needs and developing pathways to supportive services. This could involve further diagnosis and access to practical and, in some instances, medical assistance. Many contributors to the review bemoaned the lack of a 'neurodiversity pathway' to which they could refer.
- 1.10 A number of contributors expressed a desire for the CJS to become neurodiversity-informed in the same way that some of its services are aspiring to become trauma-informed. A more inclusive culture where neurodivergence is understood, accepted and destigmatised would benefit everybody in the CJS – including staff who may have neurodivergent needs themselves. Such

considerations should also inform the building of new custodial establishments and the refurbishment of existing sites.

- 1.11 While this brief review looking at neurodiversity in the CJS does not claim to be exhaustive, it has nevertheless revealed some promising initiatives, heard from committed and enthusiastic practitioners and been told about a wide range of possible adjustments to support neurodivergent people. But more importantly, it has identified serious gaps, failings and missed opportunities at every stage of the system. Such patchy and inconsistent provision represents a serious failing in a system which aspires to dispense justice fairly to all its citizens. One of the Ministry of Justice's (MoJ) own equality, diversity and inclusion objectives is 'Fair treatment, fair outcomes and equal access for all our service users'. This is manifestly not being achieved for all neurodivergent people.

2. Background

2.1 In December 2020 the Lord Chancellor and Secretary of State for Justice, The Rt Hon Robert Buckland QC MP, commissioned HM Inspectorate of Prisons (HMI Prisons) and HM Inspectorate of Probation (HMI Probation), with support from HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), to undertake an independent review of neurodiversity in the criminal justice system (CJS).

2.2 This was identified as a priority area for the Lord Chancellor and Secretary of State who has a long-held interest in this area. The commitment to conduct this review was highlighted in the 2020 white paper: A Smarter Approach to Sentencing (Ministry of Justice, 2020):

In order to be effective, rehabilitative programmes need to match individuals to programmes based on their risks, needs and responsivity. Neurodivergent offenders are likely to need additional support to undertake Community Order requirements and effectively engage with rehabilitation programmes normed to the needs of neurotypical offenders. We will be launching a national 'Call for Evidence' to obtain a clearer picture of prevalence and the current national provision to support offenders with neurodivergent conditions in the criminal justice system. Too many orders will simply fail if these conditions are not recognised at the outset.

2.3 We hope the findings from the evidence review will help the Ministry of Justice (MoJ) and the Home Office to develop effective policy to improve awareness of the needs of people with neurodivergent conditions in the CJS. This will give staff the confidence and knowledge to support adults with neurodivergent needs and help them to take part in all elements of the CJS, with the overarching aim of providing better access to rehabilitation and reducing reoffending.

2.4 The review focuses on four main themes:

- screening to identify neurodivergence in CJS service users
- adjustments that have been made to existing provision to support those with neurodivergent needs
- programmes and interventions which have been specifically designed or adapted for neurodivergent needs
- training and support available to staff to help them support people with neurodivergent needs.

2.5 Throughout the review we also considered the impact of the COVID-19 pandemic on these four areas.

What is neurodivergence and how prevalent is it?

- 2.6 For this review we are using the term neurodivergence as an umbrella term to refer to the group of conditions that fall under the broader category of neurodevelopmental disorders (NDDs). These incorporate learning difficulties and disabilities (LDDs) which generally include: learning disability, dyslexia, dyscalculia, and developmental coordination disorder (DCD, also known as dyspraxia); other common conditions, such as attention deficit hyperactivity disorder (ADHD, including ADD), autism spectrum conditions, developmental language disorder (DLD, including speech and language difficulties), tic disorders (including Tourette's syndrome and chronic tic disorder); and cognitive impairments due to acquired brain injury (ABI). The MoJ worked closely with health and justice partners to narrow down this definition, and therefore it is not intended to be exhaustive.
- 2.7 The definition of neurodivergence used in this review is broad and within the range of conditions covered there is huge variation in the impact of any one of them on daily life. For example, people with autism can have increased memory ability and other specialist individual skills, including reading, drawing, music and computation, while people with dyslexia can have strong practical skills, visual-spatial skills and storytelling ability. However, individuals with neurodivergent conditions may experience difficulties with language and speech, motor skills, behaviour, memory, learning and other neurological functions.
- 2.8 These difficulties can mean that neurodivergent individuals experience difficulties maintaining employment or building relationships with others (Doyle, 2020).
- 2.9 Identifying the prevalence of people with neurodivergent conditions in the general population is complicated by the broad, and ever-evolving, nature of the definition, meaning that there is no single prevalence figure for neurodivergence. There are, however, estimates of prevalence for the main diagnosed conditions included within the neurodiversity umbrella. Within the UK adult population, it is estimated that 4% have ADHD, 1–2% autism, 10% dyslexia and 5% dyspraxia (Acas, no date). However even these figures do not provide a true picture: as well as under-diagnosis, in particular among women, there can also be significant overlap between conditions (Doyle, 2020).
- 2.10 The incidence of brain injury, included under the neurodivergence umbrella, is also an area where prevalence is not conclusive. A meta-analysis of 15 studies suggests that 12% of adults in developed countries had a history of traumatic brain injury (TBI) (Frost et al, 2013). This is higher than the 8.5% of the population cited in other estimates (Williams, 2012) and by HMPs (10% of the general population, HM Prison and Probation Service, 2019). People who have suffered a TBI may have decreased awareness of their own or

others' emotional state, poor impulse control and particularly poor social judgments. Behavioural problems are also common, such as conduct disorder, attention problems, increased aggression and impulse control problems (Williams, 2012). It is worth noting that the trauma caused by a TBI can vary and will not always have a lasting impact; therefore, not all people with a history of TBI will be neurodivergent (Headway, no date). There is a working consensus among professionals that between 15–20% of the population have a neurodivergent condition, including TBI (Doyle 2020 and Headway, no date).

Neurodivergence and the CJS

- 2.11 Evidence received as part of the review suggests that neurodivergence is more prevalent in the CJS than in the wider community. Some of the difficulties that neurodivergent people have may result in them being disadvantaged when they come into contact with the CJS.
- **At arrest:** the behaviour of neurodivergent people may not be recognised as a manifestation of their condition, or may be misinterpreted, which could make them more likely to be arrested, and diversion away from custody and the CJS may not be considered. Elements of police custody processes (for example, booking in and searches) and the custody environment could also be unsettling to a neurodivergent person. This could lead them to exhibit behaviours which are interpreted as non-compliant and may mean they do not receive the support they need. Neurodivergent people may also struggle with elements of police custody: they may not fully understand the processes involved and without appropriate support they may not be able to effectively engage with the investigation or have someone to advocate on their behalf.
 - **At court:** neurodivergent people may be more likely to be held on remand before trial. At trial they may plead guilty inappropriately (based on their neurodivergent thinking or compliant behaviour, for example), and their neurodivergence may not be considered in sentencing decisions.
 - **On community supervision:** neurodivergent people may be less likely to understand or comply with the requirements of their community order, and again be less likely to adequately address their offending behaviour and engage in programmes.
 - **In prison:** there are many elements of the prison environment that can cause neurodivergent people distress, including busy and noisy wings, cell sharing and changes to the daily routine. Responses to the environment can lead to neurodivergent people exhibiting challenging behaviour that could result in them being disciplined or sanctioned. A lack of suitable programmes for neurodivergent prisoners can also mean that they fail to adequately address their offending behaviour and receive poor preparation for release.

- **On release:** people with neurodivergent conditions may have difficulty understanding or being able to comply with their licence conditions, potentially leading to breach and recall to prison.

3. Methodology

3.1 We obtained evidence for this review in four ways:

- A call for evidence
- A consultation on personal experience of neurodivergence
- Round table events
- Remote fieldwork in police forces, probation services and prisons

Call for evidence

3.2 An online call for evidence was held between 18 December 2020 and 12 February 2021. The call for evidence was hosted on the HMI Prisons website and was promoted on social media by all three inspectorates, as well as the Ministry of Justice (MoJ). Each inspectorate also directly contacted relevant existing stakeholders to inform them of the review. The online submission form requested information about the four main themes of the review (screening and identification, adjustments to existing services and support, programmes and interventions, and training and support for staff) as well as a specific question about the impact of COVID-19 on the four main themes.

3.3 We received a total of 143 submissions covering the main areas of the criminal justice system (CJS) – police, courts, probation (both community rehabilitation companies and National Probation Service) and prison – and from a wide range of professional organisations and individuals. Appendix I provides an overview of contributors. In addition to the completed submission forms we also received a range of other files and documents, including academic and research papers, training resources and other guidance to support neurodivergent people in the CJS, a range of screening and referrals forms that were currently in use, and some individual case studies. A summary of the supplementary documents we received can be found in Appendix I.

3.4 Information from the submissions and supplementary documentation was organised into spreadsheets to facilitate data management, and with the consent of contributors will be shared with the MoJ.

Personal experience consultation

3.5 Two organisations were commissioned to undertake 'service user' engagement as part of this review, focusing on users' experiences of the CJS and the support that they had received.

KeyRing

KeyRing is a national organisation that promotes independent living through peer support and community networks (<https://www.keyring.org/>). KeyRing

conducted recorded interviews with seven members of its 'Working for Justice' group; all had experience of the CJS and a learning disability, autism or both.

User Voice

User Voice is a national charity that facilitates collaboration between people using services and those working in the CJS (<https://www.uservice.org/>). Through its engagement network, User Voice identified any service users with neurodivergent conditions; these individuals were then contacted and invited to participate in a telephone interview with a trained peer researcher. A total of 118 services users took part in the research, representing a range of neurodivergent conditions and experiences in the CJS.

- 3.6 KeyRing and User Voice conducted analysis of their interviews and prepared reports, the key findings of which have been incorporated into this report. The full reports are available on the HMI Prisons website: <https://www.justiceinspectrates.gov.uk/hmiprisons/>.
- 3.7 People with personal experience of neurodivergence and the CJS were also offered the opportunity to share their experiences directly with the review team. In collaboration with KeyRing an easy read submission form was prepared to allow those with neurodivergent conditions to contribute their experiences as well as to provide information on any specific support that they had received. The parents and carers of neurodivergent people also shared information about the experiences of those they cared for, and organisations which support people with neurodivergent conditions submitted information about the experiences of their members. A total of 33 separate submissions were received; two submissions were from organisations who represented those with neurodivergent conditions, and the remaining 32 outlined the experiences of 38 individuals (some submissions contained multiple people's experiences). Detailed reports and documents relating to specific cases or experiences, including copies of complaint letters and court documents, were also submitted by those with personal experience of neurodivergence and the CJS.

Round table events

- 3.8 Round table discussion groups took place with stakeholders and those with professional experience of neurodivergence in the CJS. Six groups were conducted between 9 and 18 February 2021; a total of 52 people attended these round table discussions, with between six and 11 in each group. Each online discussion group was attended and facilitated by one member from each inspectorate and lasted no longer than 90 minutes. Attendees were selected on the following basis: internal stakeholders identified by MoJ, known stakeholders, and those who had submitted information to the initial call for evidence that we wanted to explore further.

- 3.9 Each group was designed to contain a mixture of policy, academic and third sector representatives, and to cover all parts of the CJS. Round table discussions focused on the main themes of the review.
- 3.10 Notes from each event were stored in a spreadsheet to facilitate analysis.

Remote fieldwork in police forces, probation services and prisons

- 3.11 To obtain more in-depth information about service delivery in the CJS each inspectorate undertook further investigation of support and provision for people with neurodivergent conditions within their sector. They selected a small number of police forces, probation areas or individual prisons for fieldwork. Further information about the selection of services can be found in Appendix I.
- 3.12 COVID-19 restrictions in place at the time meant that all service engagement had to be done remotely. Fieldwork included a combination of virtual focus groups and interviews with key staff responsible for or involved in the delivery of services for neurodivergent people. Interviews and focus groups with staff focused on the main themes of the review. In total, across the selected police, probation and prison services, 232 members of staff participated in an interview or focus group.
- 3.13 In addition to the interviews and focus groups, online staff surveys were undertaken in each of the services. The survey was circulated to all staff and contained questions on their awareness and understanding of neurodivergent conditions and confidence working with neurodivergent people, and the training and tools available to assist staff. There were also questions in the police and probation surveys about existing provision for screening and adjustments. In total, across all police, prison and probation services, 1,370 members of staff completed the online staff survey.
- 3.14 HMI Prisons also conducted virtual interviews with neurodivergent prisoners to gather information on their individual needs and the impact of neurodivergence on their day-to-day experience in prison, whether or how their conditions were identified, and any support that they received to meet their needs. A total of 40 prisoners were involved.
- 3.15 Further information about the remote fieldwork methodology can be found in Appendix I.

About this report

- 3.16 This review does not follow the standard or thematic inspection methodology of any of the three inspectorates involved. Our brief was not to 'inspect' neurodiversity in the CJS, but to elicit and review evidence from a wide range of sources. We therefore have not made judgements about the quality of the practices described or submitted to us. For this reason, any examples

presented in this report are for illustrative purposes only, rather than endorsements of good practice.

- 3.17 In addition to publishing this report, the detailed submissions and supplementary documentation we received has been collated and will be passed on to the MoJ in its entirety (where permission has been granted to do so) to inform and support the implementation of our recommendations.
- 3.18 This report is complemented by the publication of reports from KeyRing and User Voice, which were commissioned as part of the review to explore the experience of neurodivergent people with first-hand experience of the CJS (see page 13). While the findings from these reports are referred to, and inform this report, we have not directly quoted from either, as we believe that they should be read and considered in their entirety.

Terminology used in this report

- 3.19 We are aware that the language used in this field is evolving and sometimes contentious. We have adopted 'neurodivergent' as the relatively recently accepted term to describe someone whose thinking is different from the 'neurotypical' majority. We use 'neurodiversity' to refer to the full range of thinking, encompassing both neurotypical and neurodivergent. However, we have respected the language used by other contributors to the review (interviewees, survey respondents), quoting them directly rather than amending their terminology. Where specific conditions are referred to, we have also followed the language used by contributors.
- 3.20 We use the term 'adjustments' in this report to mean changes to the built environment, the provision of auxiliary aids and services, and changes to the way in which things are done, for example, changing a process or practice. This includes reasonable adjustments required by law.

4. Data and prevalence

Estimating prevalence of neurodivergence in the criminal justice system

- 4.1 Some of the challenges and complexities of estimating the prevalence of neurodivergence in the general population were set out in the background to this report. It is widely assumed that the prevalence is higher in the criminal justice system (CJS) than in the general population, but there are additional challenges in providing accurate estimates. In particular, there are many stages in the CJS, but the majority of work attempting to understand the scale of neurodivergence has been focused on prisons, although only a minority of those arrested or charged with a criminal offence will end up in prison.
- 4.2 As with estimating prevalence in the community, challenges are presented by the range of different conditions which fall under the neurodivergence umbrella and how these are being measured in each case, as well as issues of underdiagnosis and comorbidity of conditions. Even where estimates of overall neurodivergence are being made, we cannot be sure that the definitions are equivalent to each other.
- 4.3 A related issue is whether any specific conditions are missing from the broad definition of neurodivergence provided by the Ministry of Justice (MoJ). A number of respondents to the call for evidence asserted that Foetal Alcohol Spectrum Disorders (FASD) can result in many of the same challenges as other neurodivergent conditions and should therefore be explicitly referenced in the definition. While it was not within the scope of this review to make a judgement on the issue, this should be given further consideration by the MoJ.
- 4.4 In the background section of this report we provide the consensus, from professionals, that 15-20% of the general population have some form of neurodivergence. Below we set out some of the figures that were provided to us in the call for evidence for prevalence within the CJS.
- 4.5 Figures quoted in the call for evidence suggest that 5–7% of those referred to liaison and diversion services have an autistic spectrum condition (ASC). Within prisons the prevalence of autistic ‘traits’ or ‘indicators’ could be around three times as high (16% and 19% respectively). Around a quarter of prisoners are thought to meet the ADHD diagnostic criteria (Young et al, 2018).
- 4.6 Headway (a brain injury charity) estimates that around half the prison population have suffered a traumatic brain injury (TBI). Based on studies in a women’s and men’s prison, reported by the Disabilities Trust, the proportion is higher among women, with domestic violence a leading cause. The extent to which such injuries create lasting difficulties is not always known, but one

contributor to the review suggests around a quarter of the prison population is likely to experience significant ongoing problems.

- 4.7 The Coates review into education in prison states that one-third of prisoners self-identified as having a learning difficulty and/or disability in 2014/15 (Coates, 2016) and this appears to be broadly consistent with data held by HM Prison and Probation Service (HMPPS). Based on 2019 data held on NOMIS (the prison National Offender Management Information System) and OASys (the Offender Assessment System for assessing the risks and needs of an offender), 29% of the offender population had a learning disability or challenge and in custody the rates were 36% for men and 39% for women.
- 4.8 Studies on dyslexia cited by contributors to the review suggest that the prevalence in the adult prison population could be over 50%. Speech and language professionals who contributed to the call for evidence cited an estimate that 80% of prisoners had some kind of speech, language or communication need (McNamara, 2012).
- 4.9 A similarly unclear picture was obtained from the prison sites where we conducted remote fieldwork. Prisons which were able to provide information about prevalence within their establishments gave a range of responses; it is not clear whether the same screening tools were being used in each case, or what proportion of the populations had been screened. One prison told us that 21% of those screened needed adjustments or additional learning support. Another reported that 56% of recent assessments indicated learners required support if they were enrolling on a course. At another we were told that 65 individuals in the current population required learning difficulties and disabilities (LDD) support, equating to around 12% of the population. Elsewhere we were informed that 85% of rapid screen completions indicated neurodivergent conditions, but it was acknowledged that not all prisoners completed the screening.
- 4.10 None of the probation areas or police forces included in our remote fieldwork could provide any data on prevalence of neurodivergence, although there was a widespread perception among police interviewed that it was rising; possibly due to increasing awareness of neurodiversity among frontline staff.
- 4.11 This rapid tour of the research data demonstrates the difficulty in making a confident estimate of the prevalence of neurodivergence in the CJS. Different conditions are measured in various settings and using different criteria. The figures quoted for some conditions are likely to include people who experience minor difficulties as well as severe impacts. Comorbidity between neurodivergent conditions is known to exist, but to an unknown extent. However, given the prevalence estimate for dyslexia alone (50%), it would not seem unreasonable to suggest (as a conservative working assumption) that maybe half the adult prison population experiences some kind of neurodivergence challenge – that neurodivergence could therefore be as common as neurotypicality in the prison population. It is even more difficult to

make an estimate of prevalence in other parts of the CJS, as data is so limited.

National data held within CJS

- 4.12 The review did not find any consistent data gathering or monitoring, either at local or national level. Contributors noted that one reason for this was a lack of demand at national level. For example, neurodivergence is not specifically included in the national data set for police. It currently sits under the umbrella of mental health. Health care staff at one prison explained that as NHS England only requires collation of data in relation to learning disability, it was not possible for them to give us information about neurodivergence.
- 4.13 Systems currently in use at national level only provide – at best – very limited opportunities for recording anything relevant to neurodivergence and there is no consistent definition of neurodivergent needs across the CJS. There are also several different recording systems in use. For example, the police national computer has a mental health flag, OASys, used by both the prison and probation service to measure the risks and needs of individuals under supervision, screen for and record learning disabilities and challenges (LDCs). However, national Delius (nDelius), the probation case management system, uses a different definition and there is no equivalent flag for either of these on NOMIS.

Delius Disability Data

- 4.14 The MoJ supplied us with a dataset for review, derived from the Delius system used by the probation service in England and Wales, matched against the prison population as recorded on NOMIS. The dataset in question was a snapshot of the adult (aged over 18) prison population taken on 30 June 2019, including a small number of 18-year-olds held in the children's estate.
- 4.15 All sentenced prisoners should have a Delius record, which is completed by their offender manager and based on self-reported data. If a prisoner had previous involvement with probation, their Delius record should be updated on entry to prison. Some newly sentenced prisoners and those who are unsentenced or unconvicted will not have a Delius record, which means there are some gaps in the data.
- 4.16 Delius includes data on disability, including some fields relevant to this review, namely 'autistic spectrum condition', 'dyslexia', 'learning difficulty' and 'learning disability'. It should be noted that there are no fields on Delius for other conditions included within our working definition of neurodivergence (for example ADHD, dyspraxia, acquired brain injury (ABI)). There is however an 'other disability' category on Delius – one of the most frequently recorded – but we have no way of knowing whether any neurodivergent conditions are recorded under that heading, or how frequently this occurs. There is also a facility to record or confirm that a prisoner has no disability. We were unable to

locate any information or guidance for offender managers about how to categorise or record different disabilities, which could mean inconsistencies within the data.

- 4.17 On 30 June 2019, 94% of the adult prisoner population had a Delius record. However, there was considerable variation between establishments holding adults, ranging between 72% and 100%. Not all Delius records contain information about disability status. Individuals may choose not to disclose, and records may be incomplete for other unknown reasons. This leaves us with information about disability status for 79% of prisoners across the estate, from just 47% in one reception and resettlement prison to a high of 98% in a training establishment.
- 4.18 Looking at the cohort whose disability status is available, 66% of prisoners are recorded as having no disability, suggesting that around a third have at least one type of disability. There is much apparent variation between and within different functional types of prison. In particular the proportion who have 'no disability' recorded in male local prisons ranges from 37% to 71%, suggesting variation in assessment and recording practices rather than actual differences in the incidence of disability between different local prisons (which are likely to have broadly similar population profiles).
- 4.19 A sense check on the numbers in specific categories of disability also casts some doubt on the validity of this data, as the prevalence of different disabilities appears to be low compared to estimates for the general population and from other studies of prison populations. For example, in the category 'autistic spectrum condition' a total of 281 individuals were identified in Delius across the entire adult prisoner estate, representing less than 0.5% of the prison population for whom disability data is available.
- 4.20 According to Delius, prevalence of dyslexia was 4%, learning difficulties 5% and learning disabilities 1%. These disability categories are recorded separately, and individuals may have more than one type of disability recorded; further analysis revealed that the proportion of prisoners who had one or more of these neurodivergent conditions recorded on Delius was 9%, ranging from just 2% in two open prisons to 25% in one local establishment.

Curious information system

- 4.21 The MoJ enabled us to access the Curious information system for review, and to assess its potential as a means for assessing prevalence of neurodivergence across the prison system.
- 4.22 Curious is the means by which adult HMPPS Learning and Skills contracts on the Prison Education Framework (PEF) are managed and monitored. It contains information on individual learners, the delivery of learning and skills training in prisons, including monitoring attendance, and completion of programmes. Of relevance here is the information about individual learning.

This is information derived from two screening tools (initial/rapid and in-depth) which were introduced in September 2020 and are being used by all four PEF providers. Curious records the number of prisoners for whom screening has taken place and any health problems identified through this process. Learners are also asked during screening if they wish to self-declare any existing LDD that they are aware of. There are 19 categories of 'health problems' that can be recorded on Curious, of which the following could be considered to fit (roughly) under the neurodivergence umbrella definition:

- Asperger's syndrome
- Autism spectrum disorder
- Dyscalculia
- Dyslexia
- Other specific learning difficulty (e.g. dyspraxia)
- Moderate learning difficulty
- Severe learning difficulty
- Other learning difficulty
- Social and emotional difficulties
- Profound complex disabilities
- Speech, language and communication needs

- 4.23 Within Curious, only one condition can be recorded as a 'primary' health problem. Any others must be deemed to be 'secondary'. It is possible to produce information on the total number of learners who have a condition listed as their primary health problem, and then explore the range of secondary health problems these learners report. So, for example, it is possible to review the other conditions that learners with dyslexia report.
- 4.24 The primary purpose of Curious is for monitoring and managing the delivery of learning and skills contracts, and as such Curious is not a reliable or effective system for identifying the prevalence of neurodivergent conditions across the prison population in England and Wales. First, there is an issue with coverage. Neither contracted prisons nor prisons in Wales are obliged to use the HMPPS screeners because their educational contracting arrangements do not fall under the PEF; there is therefore no requirement for these prisons to upload learner information to Curious.
- 4.25 We are also aware that some prisons are attempting to screen their whole population, whereas others are just screening new receptions.
- 4.26 Another issue is that information about individual learners and their health problems remains 'on the system' when they leave an establishment so that if a prisoner is transferred to another establishment (or returns to custody in the future) their learning record and any identified needs are available for education staff to access. While making sense from a management point of view, this makes it difficult to aggregate needs or problems across the current prison population, as the system will inevitably include data about learners who are no longer in custody.

5. Screening and identification

- 5.1 Screening – as opposed to diagnosis of a specific condition – is designed to indicate some form of neurodivergent condition, learning difficulty or disability, and typically takes the form of a checklist of indicators, or a series of simple questions about challenges and needs. It is generally a fairly rapid process and should not need to be conducted by a specialist or clinician.
- 5.2 If neurodivergence is identified at an early point of contact with the criminal justice system (CJS) it should mean that ongoing interactions are carried out with sensitivity to the individual's needs. Such initial screening should provide staff with sufficient understanding to make sure individuals are provided with appropriate support or adjustments to enable them to participate meaningfully in (or be diverted from) the next stages of the CJS process.
- 5.3 Where longer-term engagement with the CJS occurs – for example prison or supervision in the community – screening may be used as the basis for a referral for further investigation or diagnosis to inform ongoing support and rehabilitation needs.
- 5.4 In addition to providing information about individuals, if screening was universally applied in a setting or across a service, data could be aggregated to provide an indication of prevalence of the condition(s) screened for, to inform future planning.
- 5.5 The review revealed a very wide range of screening tools (described in one of the round table sessions as 'a rich pool') in use at different stages in the CJS in England and Wales. Some of these were designed simply to alert practitioners to the presence of vulnerability in general (including mental health, for example), while others were designed to screen for particular neurodivergent conditions (for example, ADHD, dyslexia). A few were focused more broadly on neurodivergent challenges, but none were in consistent use, and in many situations no screening at all was taking place.

Initial identification and screening

- 5.6 As first points of contact in the CJS, the police need to be able to identify vulnerabilities (including neurodivergence) at the earliest possible stage in their interaction with an individual to make sure that they are dealt with appropriately and sensitively. This may include diversion away from the criminal justice system altogether. For those who are arrested and taken into police custody, individual needs must be considered and adjustments made if necessary, including, for example, the provision of specific support with legal processes, such as an appropriate adult.

Pre-custody

- 5.7 During our interviews in police forces, we were told that control centres may sometimes directly ask callers about their specific needs or use a vulnerability assessment framework (VAF). Aside from this, they referred to being reliant on information or flags about individuals already held on databases, some of which were reportedly more useful than others, and were dependent on the individual being already known to the police. A number of different systems were mentioned by police.
- 5.8 Some police interviewees felt that the police national computer (PNC) flags were too 'basic' to be useful, consisting simply of a 'yes/no' marker for mental health, and not being updated regularly enough. This means frontline police officers may not have the information they need in relation to neurodivergence concerns. A suggestion from a focus group with police was that there should be a separate marker for neurodivergence with an explanation of how the individual's condition impacts on interactions with the police.
- 5.9 Many forces have mental health triage schemes with health workers based in the control rooms or attending incidents with police officers. These schemes support police officers by providing additional information from health records to identify needs and advice on how to deal with individuals.

Gwent Police had mental health triage staff based in the control room who could access partner agency IT systems to support risk assessments and provide useful information for officers dealing with individuals. This service was valued by frontline staff.

Remote fieldwork

Police custody

- 5.10 In the forces where remote fieldwork took place, custody risk assessments typically involved some form of generic screening for vulnerability; often the custody sergeant would be expected to probe further for neurodivergent needs. The effectiveness of the process appears to be dependent on the persistence, skill and experience of individual custody sergeants to elicit such information, or to listen to information being offered to them. Sometimes families and carers would be contacted for additional information.

'I'd tried to tell the police about my condition but they weren't interested.'

Prisoner interview

- 5.11 It is also reliant on the willingness or ability of the detained person to disclose or articulate their needs.

One individual told us that they did not want to disclose their condition when arrested, as they viewed it as personal and confidential information.

Personal experience submission

- 5.12 Some forces told us that frontline response officers responding to incidents faced challenges in identifying neurodivergent needs. Officers cannot be experts in all areas and could attribute an individual's behaviour to mental ill health or even being 'difficult'.
- 5.13 Liaison and diversion services (known as criminal justice liaison services in Wales), have been slowly rolled out over the last few years. They operate on a regional basis and aim to identify and support vulnerable people when they encounter the CJS. Interviews found that liaison and diversion services were valued by custody officers in helping them to deal with vulnerable detainees. However, we received little information about these services in response to the call for evidence.
- 5.14 Liaison and diversion practitioners were sometimes mentioned as being available in custody suites to provide more detailed screening and onward referral. However, such services are reliant on police officers recognising the possibility of neurodivergence.

A submission to the call for evidence described a locally developed screening tool used by the liaison and diversion service in West Yorkshire that was reportedly being used in the community, police custody and magistrates and crown courts and was linked to a 'pathway' for those who self-identify with a learning disability or autism. The pathway could lead to further referral and diagnosis.

Call for evidence

Courts

- 5.15 Liaison and diversion should also screen individuals attending magistrates' or Crown courts. It is vital that neurodivergence is recognised in advance of court hearings, so that adjustments can be made if required, including the possibility of support through the process to make sure individuals understand and can engage with proceedings. Equally, relevant information needs to be communicated to magistrates and judges so that the needs of individuals are understood, and their behaviour is not misinterpreted. It was noted in the round table sessions, for example, that autistic individuals might admit things they had not done (compliance) or plead based on their neurodivergent ('black and white') thinking, potentially leading to inappropriate outcomes in court.
- 5.16 The Magistrates Association reported that pressure on courts to turn cases around quickly meant that the option to adjourn, pending further assessment, was not always used.
- 5.17 We were told that liaison and diversion processes in court cells did not always effectively identify signs of neurodivergence, and that screening was not universal.

'I don't think there is any screening at pre-sentence stage, other than sight and asking the service user. If this information is missed then it's difficult to make any adjustments.'

Staff survey, probation

- 5.18 However, the liaison and diversion service linked to the Sefton Community Sentence Treatment Requirement (CSTR) pilot appeared to be well-integrated in the magistrates' court processes.

Complexity, including concerns around neurodiversity, is determined at the pre-appearance/pre-sentence stage by mental health professionals in the Liaison and Diversion Team. Prior to the court hearing there is a meeting of all agencies to check the individual's suitability for the Complex Court process. Screening is used to support sentencing (particularly in assessing suitability for Mental Health Treatment Requirements, Alcohol Treatment Requirements or Drug Rehabilitation Requirements as part of a community sentence). Where necessary and appropriate, referrals to other partner agencies will be made.

Remote fieldwork

Supervision within the community

- 5.19 The National Probation Service (NPS) does not routinely screen for general neurodivergence needs. Probation staff spoke of being reliant on screening by liaison and diversion at the pre-court stage, and to inform pre-sentence reports. Community rehabilitation company (CRC) staff spoken to at Sefton CSTR said they did not have any involvement in screening processes. They assumed that this would be done at court, or that individuals under supervision would identify their own neurodivergence issues.
- 5.20 However, a range of different tools to screen for specific conditions (for example, autism spectrum disorder (ASD), ADHD and LDD) were also mentioned by probation staff. These are often used to assess eligibility for adapted offending behaviour programmes.
- 5.21 We heard that improvements were being made to identification systems, but in what appears to be an ad hoc and fragmented way. For example, the NPS was planning to launch a new equality monitoring tool (EMT) in April 2021. This is due to be piloted in the Midlands and operational by June 2021.
- 5.22 Several contributors to the review referred to the Do-it Profiler as a potentially useful generic screener for neurodivergence. The Do-it Profiler is not a diagnostic tool but is designed to identify neurodivergent traits and generates personalised guidance and advice for both staff and the screened individual about appropriate adjustments. The self-assessment, which is available in several languages, is described as taking about 20 minutes and can be completed online. The Do-it Profiler is currently being piloted by the NPS in the community. We were told about pilots in Wales and the East of England.

Offender managers could use the tool to adjust their delivery and signpost individuals to local services, but there was no neurodiversity pathway to refer on to and nor were there any plans to review or aggregate data in these areas. Staff also commented that the profiler often took a lot longer than 20 minutes to complete and reported difficulties completing it online.

Remote fieldwork

Prisons

- 5.23 Ideally information about an individual's needs or any diagnosed condition would arrive with them when they enter prison. This would enable any necessary adjustments to be made from the start, enabling them to settle into the environment, engage with the regime and lay foundations for ongoing rehabilitative work.
- 5.24 In most of the prisons where we conducted remote fieldwork we heard about multiple screening processes carried out by different practitioners, often within the same establishment, which were rarely 'joined up' or effectively shared.
- 5.25 On reception to prison there is usually a brief generic screening process conducted by health care practitioners. This relies on self-disclosure of any neurodivergent needs, or on the assessor's observation of learning difficulties or behaviours which might indicate neurodivergence.
- 5.26 In some prisons this may be supplemented by locally developed screening; we heard about this in establishments with dedicated learning disability nurses or neurodevelopmental workers. These assessments may trigger further screening, adjustments or referrals (including to mental health practitioners or safer custody). There does not seem to be any consistency in the initial screening tools used. Nor does screening or disclosure of conditions always lead to follow-up action or support.

'When Mr K arrived at the prison three months previously, he said health care asked him questions at reception, including if he had any conditions. He declared autism, ADHD and post-traumatic stress disorder (PTSD). Despite this, he said he didn't think any staff were aware of his conditions, and if they were, they didn't mention them or do anything different to accommodate them.'

Prisoner interview

- 5.27 During their induction period, prisoners will be screened again, by learning and skills staff. HMPPS has recently introduced a system of rapid (self-completion) and in-depth follow-up screening tools as part of its contract with education providers (see previous chapter – 'Curious information system'). The purpose of this is to identify learning needs and any associated support required. In-depth screening will be carried out by education tutors if the initial rapid screener indicates numerous or complex needs. This appears to be carried out independently from, and not informed by, any health care screening at reception. The HMPPS screeners are not currently mandatory in privately

contracted or Welsh prisons (although a pilot was due to start in Wales in April 2021). One prison head of learning and skills described the HMPPS screener as ‘rudimentary’ compared to the Do-it Profiler, which is used in Welsh prisons.

- 5.28 In a couple of prisons which had specialist units or wings, we found a more comprehensive approach to screening.

At HMP Wakefield an information sharing document, ‘This is me’ (TIM), is used to identify individuals who may have neurodivergent traits. Anyone can refer a prisoner for a TIM, including a referring prison. New arrivals can be referred by safety/equalities staff at reception. Following screening by the offender manager, a one-page headline document is produced with the prisoner which flags up needs, adjustments, triggers and so on. The TIM system at Wakefield is reportedly embedded throughout the prison and leads to reasonable adjustments for individuals in a range of situations including ACCT, adjudications and planned use of force. The process also identifies any need for further screening or diagnosis. There is also an autism-specific version of the TIM for the (specialist) Mulberry Unit at Wakefield, referred to as the Mulberry One Page Plan (MOPP).

Remote fieldwork

At HMP Parc there are two specialist assisted living units for neurodivergent prisoners (one of which is for prisoners with other additional vulnerabilities). All new arrivals to the prison are screened using the Do-it Profiler to enable appropriate placement on one of these units and to identify neurodivergent needs. This is supplemented by a basic educational skills test and an in-depth assessment by a nurse. A brain injury screening tool is also used.

Remote fieldwork

Diagnostic screening

- 5.29 In situations where an individual has an ongoing engagement with the CJS, such as a community or custodial sentence, basic screening for neurodivergent needs may need supplementing with formal diagnosis of a specific condition or conditions to inform appropriate support for rehabilitation, including identification of offending behaviour programmes. Such diagnostic screening should be conducted by specialists and can be subject to lengthy waiting lists if referred to external agencies.

‘Currently we refer out to the community [for ASD screening] where there are huge waiting lists which generally mean for our men that they are not assessed before being released back into the community which then means they don’t get the additional support and end up coming back into custody’.

Staff survey, prison

- 5.30 However, in some prisons and probation services we found promising multidisciplinary approaches within local projects, partnerships or pathways.

HMP Brixton has developed a neurodevelopmental pathway, headed by a specialist clinical psychology and therapies lead supported by a small team. Specialist assessments were undertaken (for example ADHD, autism, brain injury, LD), leading to targeted interventions and support from relevant practitioners, such as speech and language therapists. We were told that around six or seven prisoners a month were accessing this pathway.

Remote fieldwork

Integrated Intensive Risk Management Service (IIRMS) Kent is a probation offender personality disorder (OPD) pathway for people convicted of serious offences and serving long sentences. A 'whole person' approach has been implemented whereby screening for personality disorder traits is conducted by trained forensic psychologists, and neurodivergent conditions are considered as part of the examination of an individual's personal history and cognitive functioning. This leads to a case formulation which is intended to inform how practitioners can best adapt the service to work with the individual (and for any subsequent referrals to other services).

Remote fieldwork

In Northampton, probation staff are co-located with the Northamptonshire NHS Healthcare Foundation Trust (NHFT) (including ADHD and Asperger's specialists) as part of the personality disorder pathway psychologically informed planned environment (PDP PIPE) team. They use a simple screening tool for ASD/ADHD. If this indicates a diagnosis is needed the case is referred to the clinical nurse specialist on the team. The team convenes monthly partnership meetings, attended by probation, a clinical nurse specialist for ADHD, the liaison and diversion team (including a prescribing nurse) and the police. They are currently developing neurodiversity inclusion support panel arrangements that will facilitate pathways for neurodivergent thinkers, including a dedicated CJS diagnosis pathway to reduce currently long waits.

Remote fieldwork

A partnership between Lancashire NPS and the National Autistic Society (NAS) is overseen by the Lancashire Autism Partnership Board (LAPB) Justice Subgroup, which has representatives from the NPS, police, health, local authority and the third sector. The group aligns to the health priorities of the multi-agency Lancashire Reducing Reoffending Board. Various screening tools are available and in use (including OASys IQ screening, AQ10, Calderstones Communication Reflection Tool). Office champions are available to provide advice and support and assist in referrals for further investigation. If autism is indicated a referral will be made to the NAS or NHS for in-depth assessment.

Remote fieldwork

Diversity issues

- 5.31 While the review did not specifically ask about diversity, it is nevertheless interesting that very few diversity issues were raised in the evidence. Some contributors suggested that this is an area which has been neglected. Responses to the call for evidence highlighted that various neurodivergent conditions present differently in women and referred to the lack of screening and diagnostic tools which have been validated for use with women. This was attributed to a lack of research and prevalence data in relation to women, and a paucity of interventions for women who are neurodivergent.
- 5.32 We were also told that black and Muslim men were less likely to engage with liaison and diversion and other support services. Contributors also drew our attention to the Lammy review finding that young people from black and minority ethnic backgrounds were less likely to be identified with learning difficulties on reception to prison.

6. Staff training and awareness

- 6.1 Frontline staff clearly have a key role to play in both making sure that needs are identified and finding ways in which they can be met, whether by making immediate adjustments themselves, or referring individuals on for more tailored support or assessment.
- 6.2 A key theme of the review was to understand the training and support needs – particularly of frontline staff – in working with neurodivergent individuals. As part of our remote fieldwork, each inspectorate conducted a short online survey which was offered to all staff in the areas visited. While respondents to the surveys were self-selecting and unlikely to be representative of the whole staff group, we nevertheless received a substantial number of responses in most settings. The survey results provide a valuable indication of staff knowledge, skills and confidence in working with neurodivergent individuals in the criminal justice system (CJS).
- 6.3 In this section we draw on evidence from interviews, focus groups, round table events and the call for evidence.

Training received

- 6.4 Results from the staff survey were broadly consistent across settings and services and respondents reported they had received little or no training. Overall, just 28% of respondents from police and probation services, and 24% of those from prisons, said that they had received any training about neurodiversity. Interviews and focus groups conducted as part of the remote fieldwork provided further insight into the types of training received by staff in different roles. Overall, the review revealed a very patchy picture.
- 6.5 While a minority of respondents to the staff survey reported that they had some knowledge of neurodivergence, their written comments suggested that this knowledge generally came from personal experience, or from previous employment or training, rather than from any relevant training they had received in the police, probation or prison service. A criminal defence solicitor who responded to the call for evidence suggested a similar situation prevailed among those working in courts:

'I am a parent of one child with autism and another with ADHD/dyslexia/dyspraxia. I had a crash course in these conditions when parenting and came to realise that the majority of people I represented had similar issues, yet there is widespread ignorance in the court system about them amongst legal professionals including lawyers, judges and magistrates.'

Call for evidence

Police

6.6 Interviews and discussions with police forces suggested that custody and other frontline officers were more likely to have received some training in neurodiversity than other staff. There appeared to be a strong emphasis on autism awareness, with less attention given to the broader range of neurodivergent conditions in the training provided.

6.7 Interviews suggested that much of the training was delivered as part of broader vulnerability or mental health training.

In Cheshire, personal safety training (mandated annually) includes some quickfire role play at the end which has included neurodiversity issues, for example a role play around frontline officers trying to engage with an individual on the street who was refusing to participate (because of neurodivergent issues). This training has included raising awareness of the autism alert card and how to give this to people who may need it.

Remote fieldwork

6.8 In Gwent a more wide-ranging and comprehensive roll-out of training was underway.

We were told that training was planned, including basic awareness for all staff during 2021, and that the focus would widen out the understanding of neurodivergence to include conditions other than autism. The two focus groups had a real grasp of the importance of [understanding] neurodiversity and they showed that there was a significant amount of current work to raise awareness of neurodivergent needs and embed adjustments into the organisation's processes, systems and infrastructure. Officers were aware of many of the future changes proposed.

Remote fieldwork

6.9 It was reported that no specific training or guidance on neurodiversity was currently on offer from the College of Policing. While they recognised the value of local innovations, forces would nevertheless appreciate a more proactive approach and direction from the centre. It was felt that training in neurodiversity should have the same status as mental health – that is, it should be mandatory.

'I feel that training about ND conditions need an agreed syllabus across ALL forces... I don't believe sufficient training is provided to officers.'

Staff survey, police

'We are dealing more and more with Neurodiverse individuals on a daily basis, there is nothing whatsoever in place to educate or assist front line officers in dealing with these matters. We are expected to have a knowledge on how best to deal with this despite having no training... It is extremely unfair on both officers and the individuals we deal with.'

Staff survey, police

Probation

- 6.10 Some NPS staff reported receiving training in neurodiversity issues, but this was by no means universal. For example, in Wales we heard that various online e-training was available through HM Prison and Probation Service (HMPPS), covering neurodiversity and other related issues such as brain injury, but that this was not delivered in any strategic or structured way. Our interviews with staff in one community rehabilitation company (CRC) suggested that they were unaware of any relevant training that they could access.

'I have worked for Probation for almost 20 years and do not recall ever having received any training about working with neurodiversity.'

Staff survey, probation

- 6.11 Some probation staff who worked on partnership projects, pathways or delivered programmes reported receiving specific relevant training. For example, facilitators of New Me Strengths programmes needed to pass a course before they could deliver the programmes. Staff working on the OPD pathway received neurodiversity awareness, particularly focusing on autism and learning disabilities, as part of their national NPS training.
- 6.12 In the North West Division, some staff ('champions') received training from the National Autistic Society (NAS), linked to the wider partnership and accreditation programme. The training addressed wider neurodiversity issues and considered links to radicalisation and other vulnerabilities.
- 6.13 Probation staff in Wales and the East of England who had been trained to administer the Do-it Profiler commented that the training was focused on how to deliver the tool, and did not provide sufficient insight into neurodivergent thinking, leading some participants to confuse personality disorder with neurodivergence.

Prison

- 6.14 Frontline prison staff were generally not well-equipped to work effectively with neurodivergent individuals. There is apparently just a brief mention of neurodiversity – if at all – in initial prison officer entry level training (POELT) for prison officers.

'It seems evident that the prison population has a significant proportion of people who are considered to have neurodiversity 'conditions'. Not to mention mental health difficulties. However, training and awareness to help manage people in these categories is practically non-existent.'

Staff survey, prison

'There seems little opportunity for the inexperienced to be given training and consequently their involvement with prisoners can cause more harm than good. I have witnessed inexperienced staff walk off from individuals because they 'refused to engage', when actually they did not understand what was being said or why.'

Staff survey, prison

- 6.15 However, education and health care staff working in prisons were more likely to have learned about neurodiversity as part of their initial professional training, and they were also more likely to be able to access regular continuing professional development (CPD) and/or specialist supervision.
- 6.16 What training we did hear about in prisons tended to be delivered in-house, by health care or education specialists (for example, by learning support tutors, mental health or neurodevelopmental practitioners), either to their peers in health or education, or more widely among the staff group. It was reported that it was often difficult for frontline prison staff to find time to attend non-mandatory training.
- 6.17 Such local training events typically took the form of general awareness raising and appeared to be small scale and ad hoc, rather than part of any wider strategic plan. Frequently such training depended on the initiative of enthusiastic specialists.

At HMP Bristol, learning disability awareness was delivered by neurodevelopmental practitioners to health, probation/CRC staff and discipline staff within the prison, though it proved hard to release discipline staff to attend. Good feedback was reported and planning was underway to cover other neurodivergent conditions. However, these practitioners are no longer in post.

Remote fieldwork

- 6.18 Again, where established partnerships were in place, or where dedicated provision for neurodivergent prisoners existed, such as at HMP Wakefield and HMP Parc, training opportunities tended to be better.

At HMP Wakefield, 12 staff and some prisoners alongside them completed an NVQ level 2 in 'understanding autism' funded through Milton Keynes College and the Prison Officer Association learning team.

Remote fieldwork

Materials and resources to support staff

- 6.19 We heard about various resources to support staff in working with neurodivergent individuals, including toolkits and guidance on local intranets. However, the staff surveys, interviews and focus groups all suggest that awareness (and consequently, use) of these resources is low.
- 6.20 We were told about an online information resource about mental health, autism and learning disabilities for magistrates, district judges and court staff (provided by Rethink and the Prison Reform Trust), and a guide for court staff produced jointly by NPS, NAS and HMPPS, but received no evidence of the extent to which either are used.

The Nottingham Autism Police Partnership and University of Nottingham has produced a toolkit, supported by training to assist officers. A number of forces reported using this toolkit or receiving support from the Nottingham Partnership.

Remote fieldwork

- 6.21 In interviews and focus groups we were told that information and guidance was available on police force intranets. However, this is not always sufficiently publicised, and awareness appears to be low. Some contributors to the review told us that when they were invited to speak to the inspectorates, or to participate in the staff survey, this prompted them to locate local resources of which they had previously been unaware.
- 6.22 The NPS has a range of relevant materials available to staff which includes:
- learning disability and challenge screener in OASys and a standalone tool
 - programmes designed specifically to be responsive to the needs of people with learning disability and/or challenges (LDCs)
 - a communication reflection tool
 - an LD and autism toolkit, and an LDC toolkit
 - an LD and autism resource pages in EQUIP (process management tool for the NPS)
 - prisons transitions guidance
 - videos on My Learning.
- 6.23 We found that staff were not always aware of these resources and nor were they systematically used, not least by CRC staff who do not have access to NPS systems like EQUIP.

'There are quite a lot of resources available via My Learning and EQUIP platforms etc, however these are not routinely accessed and have not been embedded into practice.'

Staff survey, probation

- 6.24 Other than in the prisons with specialist provision, we did not hear of any widely available or well-used resources to support prison staff working with neurodivergent prisoners.

Other support for staff

- 6.25 We found that frontline staff could sometimes access advice or guidance from colleagues with personal experience of neurodivergence, trained ‘champions’ or professional specialists or organisations. Again, the availability of such informal support was patchy and inconsistent and often linked to local partnerships or projects.
- 6.26 Within the police we were told about a network of autism champions, with trained representatives in each force, including officers with personal experience of neurodivergence. Their role is to raise awareness and provide support and advice to staff.

In Durham, we heard about several established partnerships providing support to those with neurodivergent needs and other vulnerable people in the community. One of these – Checkpoint – supported ‘navigators’ trained in the needs of different groups who were able to share their knowledge with wider teams.

Remote fieldwork

- 6.27 Liaison and diversion staff could also provide useful support and advice to police colleagues; similarly, assistance or advice was also (sometimes) reportedly available from health care providers in custody suites. However, neither service was available 24 hours a day, seven days a week.

In Lancashire NPS, where NAS accreditation was achieved, a network of champions has received specific training in understanding autism and other neurodivergent conditions. These champions across the North West Division meet quarterly for reflective practice discussion about individual cases with the NAS criminal justice manager. This training and support was greatly valued, and the benefits extended to the wider staff group through sharing of information and reviewing adjustments.

Remote fieldwork

- 6.28 In prisons, staff were sometimes able to receive support from their regional health and education providers, or from third sector organisations. We heard of specialist link workers in some establishments who helped staff understand and respond to the needs of prisoners with neurodivergent conditions.

‘The Brain injury worker that we had at Drake Hall was invaluable. She was able to explain to us the cause and any issues so that we could understand the behaviours and react appropriately to them. She was a real loss when the research ended.’

Staff survey, prison

- 6.29 At HMP Parc we found a ‘whole prison’ approach in development centred on the prison’s neurodiversity wings, including staff training, ongoing support and supervision. This was underpinned by a strategic approach and commitment to extend this work to the whole establishment.
- 6.30 Staff working on the specialist units at HMP Parc were able to access a wide range of online programmes through the University of South Wales and additional learning materials (for example, publications and books) were also provided by the university. Core training for those working on the units included autism awareness, positive behavioural support (accredited British Institute of Learning Disabilities) training, the needs of the elderly, dementia awareness training and ADHD awareness training. The learning disability nurse practitioner led most of this work and, along with ties to the local university, had established strong links with the Open University and Royal College of Nursing.
- 6.31 Plans were well-developed – but on hold due to COVID-19 at the time of the review – for more formal classroom education and accredited skills programmes for staff on a continuous development basis. The long-term plan was to invest in training in this field across the whole prison to raise awareness of neurodiversity.

Within Parc the role of the coordinators to support and oversee packages of support meant that practitioners were not isolated and had access to supervision.

Remote fieldwork

Unmet training and support needs

- 6.32 Overall, staff who responded to the survey reported moderate levels of awareness and understanding of neurodiversity; lower scores were received in relation to how confident staff felt in working with neurodivergent individuals. There was a consensus – across all contributors to the review – that additional support and training was required for all CJS staff at all levels.

Knowledge, awareness and understanding

- 6.33 First and foremost, the review reveals that a basic level of awareness of neurodiversity is needed across the system. Neurodivergent individuals want staff to be more understanding of how their needs impact on their ability to engage with the CJS.

'[What is needed is] training and support for staff in the CJS to understand traits of neurodivergence i.e. lashing out, running away or not answering are not defiance but typical autistic reactions.'

Personal experience submission

'[Staff here don't understand] they just think I'm being difficult. The only exception is [Mrs X] who takes the time to see why I am kicking my door and smashing up. She listens to me which helps. If the staff were trained properly they would understand why I am like I am. I need to be kept active. If I could have a wing job I could be busy all day... Just need to be active both physically and mentally and you can't do that when you are locked up.'

Prisoner interview

- 6.34 Staff also recognised that they needed more to work effectively with people with neurodivergent needs.

'Although I am aware of the different terms, and can briefly differentiate between them, I feel I would benefit from more information into how this impacts their offending behaviours, and working with probation.'

Staff survey, probation

- 6.35 While some respondents to the staff survey expressed a desire to know more about different neurodivergent conditions, there was also a general recognition that it would be neither appropriate nor practical for frontline staff to receive extensive or detailed training of this nature. Indeed, it could be counterproductive, given the wide range of different conditions, comorbidities and varying presentations of each condition. It is unrealistic to expect frontline staff to become experts in every possibility.

- 6.36 Furthermore, contributions from respondents with neurodivergent conditions reveal that they do not want to be 'labelled' with their diagnosis; primarily they want to be treated as individuals.

- 6.37 Responses to the staff survey suggest that CJS staff lack confidence in working with neurodivergent people. While more knowledge and awareness-raising should help with this, a key message from those with first-hand experience of neurodivergence and the CJS was that staff should simply ask them about their needs, listen to the answers and then act on them. Some police officers are clearly aware of this.

'I have found that it can, most of the time, be as simple as politely asking a person what their needs are, how it affects their behaviour, and letting them explain what I can do differently to better support them. Just use polite, direct questions to ask about it.'

Staff survey, police

'We deal with a number of neurodiverse people in custody. I have found the trick is to ask questions. Don't use 'police speak', put them at ease, use simple language and be prepared to explain procedures – in detail if necessary.'

Staff survey, police

- 6.38 Staff who had received some training or awareness-raising particularly valued input from people with experience of neurodivergence themselves; this was most commonly reported by police. This helped them to achieve a deeper level of understanding of the impact of neurodivergent thinking and how to respond appropriately.

Resources and referral routes

- 6.39 The staff survey offered staff a 'menu' of possible resources and support that might help them in their work. Across all settings and services, the most popular option was 'practical hints and tips' for working with neurodivergent people. Staff want to know how they can support neurodivergent individuals and what adjustments are available to them.

'Sometimes healthcare and social care have experts but this gets lost in translation in terms of how we can put it into practice in the day to day management of prisoners and how we can improve neuro-diverse individuals' experience through small changes. I think the expertise [should] stay with the experts but we need operational staff who can translate that into practice.'

Staff survey, prison

'Guidance and support for staff in critical decision-making (e.g. in relation to breach and recall decisions) for service users with neurodiverse needs.'

Staff survey, probation

- 6.40 In the interviews and focus groups staff told us that they were not always aware of local programmes, pathways or services to which they could refer people who had been identified as having a possible neurodivergent condition for additional support or diagnosis. We also heard that there is not always good understanding or communication between the CJS and other services, including health and local authorities. This suggests that joint training/awareness-raising on a local level might help to promote more seamless support for neurodivergent people in the CJS.

7. Provision for neurodivergence in the CJS

- 7.1 Ideally an individual's needs will have been recognised by staff early in their engagement with the criminal justice system (CJS). In this section we present findings from the review about service responses to those needs, in terms of the adjustments provided. Some screening tools actively assist with identifying appropriate responses and adjustments, for example the Do-it Profiler, which provides suggestions for both the practitioner and the screened individual.
- 7.2 People with personal experience of the CJS spoke about the challenges they faced because of their neurodivergence, including literacy, understanding processes and memory problems. If personalised adjustments were not provided to support them, they described frustration, lowered self-esteem and being let down by a system that should have treated them fairly.

'During my time incarcerated... one of the things that would cause me great distress was whenever there would be a change in regime. In many respects I got on quite well with having a regime. Autistic people, like myself, tend to like having a schedule and sticking to it. Problems would come if ever things did not go to plan. The best example of this was when the pandemic struck and thus any kind of regime flew out of the window. This led to great distress.

'Often it was simple things like not being able to go to the servery to get my own food – instead food was brought to my door. I cannot eat food if it is smothered in liquids, such as gravy, or most significantly baked beans. No matter how hard I tried to tell officers that I could not eat food smothered in baked beans, it always seemed to happen. Often, I would go hungry.

'Probably one of the things that caused me the most distress was being moved from prison to prison to prison to prison to prison. Moving me so many times when I was often settled, was clearly not ideal for someone who is autistic, and responds well to routine, and is likely to be anxious about such moves. Not to mention those awful transport vehicles which made me feel scared, and claustrophobic. I have no idea why I was moved around so much within two years. I think that maybe because I was often not confident to approach officers, I put in a lot of written complaints. Maybe this annoyed them and made them want to move me. My move from [Prison A], to [Prison B], only to be moved back to [Prison A], 8 weeks later was particularly unsettling, and I can't see the logic in it at all.'

Personal experience submission

Support through the system

- 7.3 Before moving on to adjustments made in individual environments, the following section focuses on support available for neurodivergent people as they progress through the CJS. Being detained by police, required to appear in

court and perhaps progressing to prison are highly stressful experiences in themselves. It is clear that neurodivergent people, who may be anxious in unfamiliar environments, struggle to understand complex language or be confused by formal processes, require additional support or adjustments in such situations.

Adapted delivery of the processes involved in the CJS

- 7.4 The review did not receive much evidence about adjustments made to the processes involved in progressing through the CJS. We were told what good practice should look like – for example considering voluntary attendance at police stations instead of custody, courts allowing more time for assessment, ‘ground rules’ hearings, special measures in relation to evidence giving, letting people only be present for relevant parts of proceedings – but little information about how frequently or consistently they actually occurred in practice.
- 7.5 However, some respondents told us that they had experienced and appreciated flexibility in court proceedings when this had been provided, for example, being given more time and being allowed breaks.

Support for people

- 7.6 People with experience of the CJS particularly appreciated support given by peers, intermediaries, advocates or others to help them navigate the system.
- 7.7 Under the Police and Criminal Evidence Act (PACE), vulnerable adults in police detention who may have difficulty understanding or responding to proceedings are entitled to the support of an appropriate adult (AA). Vulnerable adults would include many people with neurodivergent conditions. No formal diagnosis is necessary, but it is up to the custody sergeant to make the judgement.
- 7.8 Some individuals reported that they had not always been provided with an AA, or that they were not actually very helpful, for example simply repeating, rather than explaining, questions. This was also noted in our remote fieldwork. In one force (Greater Manchester Police) an interviewee told us of the importance of securing the ‘right’ appropriate adult for a neurodivergent suspect, and that they would prefer to wait for a specialist AA to attend.
- 7.9 In situations when early diversion from the CJS had not occurred, liaison and diversion services should still be available in court to provide screening, advice and support, although individuals can only benefit from this if their neurodivergence/vulnerability had already been picked up and a referral made. In some areas we were told about ‘navigator’ services to support neurodivergent individuals through the system.

- 7.10 Intermediaries, or other supporters, can also be provided in court for those whose vulnerabilities have been identified, including trained specialists such as speech and language therapists, although this does not always happen.

‘[An] advocate [for autism] should have been with [individual] when he entered the police station as well as in court to assist the judges in understanding autism and how naivety can occur in a vulnerable adult despite having high functioning autism, and thus they are vulnerable to grooming and manipulation.’

Personal experience submission

- 7.11 Adult social care has been available to prisoners in England since 2015 and Wales since 2016, and should be provided by the local authority in which the prison is located (which may of course not be the prisoner’s home authority, or the area to which they will be released). Following referral from a prison, an assessment should be carried out and a care plan put in place. We heard that the need for formal assessment could cause lengthy delays in provision of support, and that sufficient support was not always provided. However, we also found examples of the system working more effectively.

Prior to prison, Mr S received support from carers in the community who would help him with money, benefits, etc. Contact with criminal justice services arose due to others being invited into, and then misusing, his accommodation. Mr S’s needs were assessed on arrival in prison and he was provided with extra support on a long-term basis. He was currently living on the well-being wing as he was considered too vulnerable to be supported safely in the main prison. He had a care plan which described the level of support he needed, and was receiving assistance with managing his canteen, other general ordering and support for daily living skills. Both prison staff and the paid carer helped to make sure he was managing. Mr S had been reassured by the prison that the local authority and probation would ensure suitable accommodation and ongoing support was provided when he was released from prison, to help him avoid getting into trouble again.

Prisoner interview

- 7.12 In the prisons where we conducted interviews, we heard that various forms of peer support were available to people identified with neurodivergence, including peer mentors and buddies who provided well-being checks, and general support, including help with daily tasks. At HMP Wakefield all peer mentors had received training from an external speaker with personal experience of neurodivergence.

Adjustments

- 7.13 In the same way that neurodivergent individuals may need adjustments to support them in their daily life, so they may benefit from similar provision to enable them fully to engage with the requirements of the justice system, whether this be in police detention, court, prison or with community sentences.

This section describes some of the many ‘everyday’ adjustments being made to assist neurodivergent people in criminal justice settings. However, as with much else in this review, such adjustments – many of which are very simple – were not consistently available or offered.

Environmental adjustments

- 7.14 Many of the environments in which criminal justice is processed or administered (police stations, courts, prisons) are far from conducive to those with neurodivergent conditions, particularly for individuals who suffer from sensory overload. They are often noisy, brightly lit and busy. Many buildings are old and difficult to adapt.
- 7.15 Nevertheless, we were told about a range of simple interventions that could be made to provide a more suitable environment for neurodivergent individuals: for example, locating quieter places within police custody suites to book in or interview detainees, using routes that avoided the busy custody desk and using quieter cells. Painting walls in calming colours and using dimmable light bulbs were other adjustments mentioned. All of these would almost certainly be welcomed by the majority of detainees, not just those with neurodivergent conditions.

In Cheshire, we were told about an adult male being booked into custody who was identified as autistic. The sergeant cleared the custody desk area to make it quieter, spent more time explaining everything carefully and lowered the lights.

Remote fieldwork

- 7.16 In some prisons neurodivergent prisoners could be located on dedicated wings where the environment was more suitable. We also heard about prisoners being moved to their daily activities at quieter times, rather than during busy ‘freeflow’.
- 7.17 We were told about the following examples of environmental modifications (to lower stimulus):
- dimming lights
 - using quieter, less busy spaces
 - decluttering of walls and corridors
 - considering the colour of rooms
 - setting up a sensory room (a calm, safe space)
 - consistent layout of spaces in custody.
- 7.18 Particularly in relation to police custody, we were heartened to hear about plans for refurbishment and/or new-build custody suites which took neurodiversity into account, including provision of a discrete charging area and a route to cells which avoided the busy custody desk. In Durham an officer with experience of neurodivergence advised on adjustments.

Sensory adjustments

7.19 Neurodivergent individuals may also require additional sensory adjustments to lower stimulus and reduce anxiety. Again, we heard of a range of options provided in different police custody suites and prisons, although not consistently. These included eye masks and tinted glasses to reduce brightness, and earplugs and ear defenders to reduce noise. Some police cells offered weighted (or double) blankets which some find calming, plus alternative clothing options for those with specific sensitivities. Provision of such items was subject to individual risk assessment.

7.20 Examples of individual sensory adjustments are:

- eye masks
- tinted glasses
- earplugs, headphones and ear defenders
- clothing without seams or labels
- weighted blankets
- sensory brushes
- chew toys
- alternative food options (e.g. dry items).

Recreation and distraction items

7.21 To reduce anxiety, particularly during long periods of waiting or inactivity (such as in police or prison custody), some police forces and prisons have provided a range of distraction and recreational items that can be safely used within cells. Some of these items were routinely provided to all detainees (for example, distraction packs, wordsearch puzzles), whereas others were provided specifically with neurodivergence in mind (such as fidget items and easy read books). However, any or all of them could provide useful distraction to a detained person, regardless of neurodivergence.

7.22 Examples of distraction items are:

- fidget items (cubes, spinners and tangles)
- foam footballs and stress balls
- distraction packs, colouring books, puzzles, cards, crosswords and wordsearches
- edible chalk to use on walls
- easy read or picture books

Communications and information

7.23 Any individual progressing through the CJS will inevitably be subject to a great deal of information, some of which is complex and employs arcane language. Being able to access, understand and respond appropriately to such

communications, including statements of rights and licences, is essential for procedural justice.

Ms P has dyslexia and cannot read the important legal letters she gets about her court case. She does not like to ask other prisoners for help reading them because they are private. She would like some day-to-day help from staff to help her read her correspondence. She told us that this simple adjustment would really help her.

Prisoner interview

- 7.24 Many contributors to the review noted that the criminal justice system is reliant on the written word, and that many of the key documents are not accessible. Generally the language used, whether written or verbal, can be difficult to comprehend. People progressing through the CJS referred to the complexity of information relayed during court hearings and their reluctance to admit that they did not understand, or could not remember, what had been said. They said that they needed extra time to process information, and that being bombarded with questions was not helpful.
- 7.25 Specific difficulties with language, literacy or cognitive function experienced by many neurodivergent people mean that they are disadvantaged if relevant adjustments are not provided. But one size does not fit all. The importance of responding to a neurodivergent person as an individual, and meeting their individual needs, has been emphasised to us throughout this review. Communication needs can vary greatly. A person with a learning disability may need information communicating verbally or pictorially, while someone with dyslexia may require aids to access written information. People with poor concentration or attention span may need information breaking into small chunks while those with poor memory may require written reminders of verbal instructions.
- 7.26 We have been told of many ways in which communications have been adapted to benefit neurodivergent individuals, although provision varies from setting to setting.
- 7.27 Examples of communication adjustments are:
- offering verbal explanations as alternative to written text (or vice versa)
 - using concrete rather than abstract language
 - explaining slowly and checking for comprehension
 - ‘walking through’ scenarios with people
 - providing easy read versions of documents such as welcome leaflets, rights and entitlements and accessible versions of licences
 - picture cards, pictorial guides, photo books and posters explaining CJS processes
 - dyslexia-friendly materials or aids (different fonts, coloured paper and overlays)
 - magnifiers and reading rulers

- screen-reading technology
- use of laptops to show statements in different colours/styles
- accessible signage in prisons (colour coding and visual representations)
- digital clocks.

7.28 We also heard that some aids used by neurodivergent people to support communication, such as talking facility applications on their phones, cannot be used in custodial environments.

A young woman with verbal communication difficulties regularly contacts the control room by text. They interact with her through text messaging to assess her concerns and sometimes officers are sent out (due to self-harm or suicide risks). The individual will only contact the police and not mental health services or the ambulance service, probably because the control centre is open to text communication. The police act as first point of contact in this case.

Remote fieldwork

Nottingham police – as part of their ongoing partnership with Nottingham University – produced an adapted version of the COVID-19 lockdown rules.

Remote fieldwork

HMP Wakefield conducted a ‘bus to bed’ study: an autistic prisoner was taken through the reception and induction process by an officer and asked to highlight things that worried or caused him anxiety. This informed a range of changes in reception to make it easier for neurodivergent prisoners. There are photo books that visually show every step of the reception and induction journey so neurodivergent prisoners know what to expect immediately on arrival, which can help to put them at ease. There is now neurodivergent-friendly signage across the prison – all signs include a visual representation of the different departments to assist understanding. This also applies to prisoner correspondence. Noticeboards are all located in the same place on each wing and have a consistent layout. Corridors have been decluttered. There are picture books for canteen choices and menu choices. The prison also aims to provide easy read versions of all notices to prisoners.

Remote fieldwork

Flexible responses by staff

7.29 In addition to the provision of specific personalised adjustments, there are more general ways in which frontline practitioners in the CJS can behave which benefit neurodivergent individuals. Many of these are examples of what would be good practice in dealing with any member of the public in a stressful situation: for example making sure that people’s personal space is respected; explaining things slowly and clearly and checking that they are understood; avoiding lengthy waits or changes of plan (and keeping people informed if these are unavoidable); having a consistent person as point of contact wherever possible. Perhaps most important is a willingness to be flexible to accommodate individual needs and preferences.

Mr D told us that he finds it hard to adjust to changes. His temper gets the better of him when he feels he isn't being listened to. He isn't good with relationships. At first, he was placed on a general wing location, but kept clashing with other prisoners and staff. He was obliged to share a cell when this was often an irritation and upset his routine. He was subsequently seen by the mental health team and is now relocated on a wing where he says staff are pretty decent and have a bit more give. For example, timekeeping and following his routine are important. Staff take this into account, and he is given a slightly longer time to complete his shower. He has his own cell which is better, particularly as so much time has to be spent there. There are officers on the wing he can go to who will sit and down and explain things rather than just dictate what is going to happen. He feels he gets listened to more on this wing and doesn't have to keep things bottled up.

Prisoner interview

Mr W told staff when he arrived that he had Tourette's syndrome and that sharing with a stranger or someone who didn't 'get' his condition would make him feel very uncomfortable and could exacerbate his tics. He was immediately put on a medical single, meaning that he had his own cell. He really valued the fact that staff recognised his condition and helped him. Recently, a friend of his arrived at [the prison] and staff asked if he would feel comfortable sharing now (knowing it was his friend). He was grateful that staff recognised this and is pleased to be sharing with his friend. He spoke very positively of his relationships with staff and said they were more than considerate and understanding of his condition. He said this really helped him manage the condition himself and since being in this prison he has learned to keep his tics under better control.

Prisoner interview

In HMP Bristol we were told how an autistic prisoner was managed through the Challenge, Support and Intervention Plan (CSIP). This involved a reasonable adjustment plan that covered such aspects as the wing daily task sheet, developing staff scripts that were used on a regular basis to avoid open questions (as this led to anxiety), awareness of personal space briefings, issuing of ear defenders and relocation to a low stimulus environment. These adjustments reduced the prisoner's risk of violence and for the four months that the prisoner was located at Bristol no acts of violence were witnessed, in contrast to a serious assault on an officer at his previous prison.

Remote fieldwork

7.30 Examples of how staff flexibility can support neurodivergent people are:

- prioritising vulnerable/neurodivergent people – avoiding lengthy waits
- respecting their personal space
- allowing more time to explain things and for information to be digested
- making longer appointments
- moving prisoners to activities/meals at less busy times
- using consistent staff where possible

- keeping to regular routines
- providing advance warning about any changes to routine/plans
- providing staff 'scripts' to support communication with individuals who find this helpful.

Holistic approach

- 7.31 HMP Parc, an establishment in Wales holding adult men and children, run by G4S, has an entire wing adapted to the needs of neurodivergent men with specially trained staff providing holistic support in an enabling environment. HMP Parc has received accreditation from NAS.

The Cynnwys ('inclusion') unit is a 74-bed wing specifically designed to provide residential support to people with autism, learning disabilities, brain injuries and other overtly vulnerable individuals with a low IQ. There is an enhanced level of overall staffing compared with other wings; specially selected staff overseen by four coordinators. The unit has additional complex needs support workers to deliver individualised care packages. There is a learning disability nurse based on the wing supported by two learning difficulty practitioners who oversee and supervise much of the care delivered. The team delivers an outreach service which supports prisoners within the main prison environment and facilitates transitional arrangements to enable prisoners to progress. Support is also provided by the NAS.

The physical environment provides opportunities for active engagement, games and quiet time. There are fish tanks and massage chairs on the unit. There is an emphasis on constructive activity, including wing-based classroom activity. Mood charts are completed before and after activities to enable self-assessment. Prisoners we spoke to universally applauded the staff and service being provided, even during COVID-affected times. All felt Parc was very different to any other establishment in which they had been held and many described having their condition acknowledged for the very first time. Prisoners valued the environment and activities provided, but more fundamentally spoke about kindness, responsiveness and a level of proactiveness on the part of the staff. The prisoners said staff listened to them and went out of their way to engage with them.

Remote fieldwork

Prevention, partnerships and programmes

- 7.32 For effective longer-term work with neurodivergent offenders, including preventive interventions, it is necessary to access or develop adapted ways of addressing offending behaviour and supporting rehabilitation and desistance which provide for neurodivergent needs.
- 7.33 We were told about a number of promising partnership projects working to support people with a range of vulnerabilities (including neurodivergence), both in the community and within prisons. These tended to be unique local

initiatives. This example was one among several we were told about in Durham.

Community peer mentors are available to support offenders, victims and vulnerable people and to help resolve issues that might cause criminality. There are currently 92 volunteers with personal experience of neurodivergence supported by paid members of staff. The scheme is funded by the Police and Crime Commissioner and is independent of the police and other partner agencies. It has been running for six years.

Neighbourhood teams can refer into the scheme but anyone can refer for any vulnerability and no diagnosis is needed. Some participants have neurodivergent needs which sometimes have never been recognised. The mentors take the individuals to appointments, sort out accommodation issues and finances or help with behaviour issues. Mentors know the critical support pathways and can refer into them. The scheme links to other local schemes to provide ongoing support to individuals who may need it. It has been independently evaluated and shows success stories. A third of participants said they no longer felt the need to call the police. The scheme won an academic award for problem solving.

Remote fieldwork

7.34 A common theme in relation to partnership working was the complexity of funding and resourcing arrangements, and recruitment challenges. Some initiatives in prisons were unable to proceed as planned due to difficulties filling specialist posts. For example, at the time of our interviews, one prison had three long-standing vacancies within its specialist neurodivergence service (ADHD and ASD diagnosticians and a neurodevelopmental worker) and another reported difficulties recruiting to its dedicated neurodiversity education team (vacancies for special educational needs (SEN) tutors and a learning disability nurse).

7.35 Smaller-scale partnerships between criminal justice agencies and other statutory and third sector partners are also in place. For example, KeyRing (a health and social care charity) works with some NPS offices to provide assistance to those who need support to live independently.

Integrated Intensive Risk Management Service (IIRMS)

This is part of the Offender Personality Disorder pathway and is a psychologically informed approach to managing resettlement of individuals with personality disorder traits. It is a partnership approach, with the NPS employing two full-time forensic psychologists, an occupational therapist, three probation service officers, two project support officers and an administrator. The scheme works closely with the Enso volunteer service (Circles of Support) which provides training, mentoring and ongoing supervision.

Remote fieldwork

- 7.36 However, we found that practitioners were not always aware of local programmes, pathways or services that they could refer individuals to.

Offending behaviour programmes

- 7.37 There are a limited number of accredited programmes available for use within HMPPS for the general offender population, and only a very few of these have been adapted or targeted specifically at neurodivergent individuals. Some (such as thinking skills courses) focused only on low IQ offenders. As well as a limited choice of programmes, there are often lengthy waiting lists to access them, and availability of provision is variable.
- 7.38 Some contributors to the round table events commented on the limited number of programmes available which were designed specifically to be responsive to the needs of people with LDCs, and wondered whether this was due to a lack of understanding or research into the particular needs of neurodivergent offenders. It was also suggested that HMPPS had too narrow a focus on accreditation, ignoring other options, and leaving practitioners with few resources to support their rehabilitation work with neurodivergent offenders.
- 7.39 We were also told that magistrates and judges are not universally aware of adapted rehabilitation programmes, so appropriate orders are not always made.
- 7.40 The Learning Disability and Challenges suite of accredited programmes appear to be the most widely used programmes with neurodivergent offenders, both in prison and the community, although only New Me Strengths is currently being delivered in the community. The Learning Disability and Challenges suite of accredited programmes are targeted at men who commit a range of offences and present with learning needs requiring additional support. There are a number of versions of this programme, developed for offenders with different risks and abilities, including a 'booster' programme to reinforce learning.

Adapted delivery of programmes, supervision and courses

- 7.41 People involved in the CJS spoke positively about some of the rehabilitative work they had been involved in, such as prison education courses and programmes which had been designed sensitively to be responsive to the needs of people with LDCs, including one-to-one support and being allowed additional time to complete tasks.
- 7.42 We heard of a wide range of ways in which the delivery of courses (including learning and skills work in prisons), offending behaviour programmes and supervision in the community could all be adapted to make them more accessible to neurodivergent individuals. Again, many of these are simple adjustments (some of which may be legal requirements under the Equality

Act) which would potentially benefit most participants, or things that a good practitioner would consider routinely.

7.43 Examples of ways in which delivery can be adjusted are:

- advance preparation so participants know what to expect and can acclimatise to the setting
- smaller groups or one-to-one sessions
- individual support/peer support in classroom situations
- breaking material into shorter sections
- considering the time of day for programmes and appointments
- issuing reminders (for example, about appointments)
- using a diary/structured planner
- avoiding making people wait around
- setting goals
- introducing rewards, positive feedback and celebrations of progress
- using thoughts and feelings triangles and mood charts
- adjusting the room layout/environment; not working across a table
- making sure arrangements are consistent across sessions
- employing a 'time out' option
- making adjustments for exams
- using voice notes as an alternative to written text
- making use of visual/tactile learning activities
- using visual aids, drawings
- working with plastic skeletons to demonstrate body parts for sex offender programmes
- using laminated hands (to indicate agreement/disagreement).

At HMP & YOI Bronzefield, neurodivergent prisoners struggling to cope in class were given cool down cards. If they held the card up they would be allowed to leave the classroom and go to the 'cool down corner' in the SEN room where a peer worker helped them calm down and hopefully return to the class.

Remote fieldwork

8. Transfer of information

- 8.1 As a neurodivergent individual passes through the CJS there are numerous opportunities for information to be shared – between criminal justice agencies and with other partners. Unfortunately, far too often such opportunities are missed, meaning that people are obliged to discuss their needs and challenges repeatedly (if they are asked at all) and adjustments (if any have been made) may disappear at the point of transfer. Repeated screening and assessment is not only a waste of time and resources, but can be traumatic for neurodivergent individuals and frustrating if it repeatedly fails to produce support.

Information transfer within agencies, services and settings

- 8.2 We heard about some local systems in operation within prisons to enable information about an individual's neurodivergent needs to be readily accessible. For example, in HMP Brixton, which has a neurodiversity pathway, neurodivergent individuals have a communications 'passport' which is produced collaboratively, and the contents shared with key staff. The passport is a physical document held by the prisoner which can be consulted in various situations where adjustments and a tailored response may be required, for example in relation to the incentives scheme or assessment, care in custody and teamwork (ACCT) processes.
- 8.3 In another prison women with additional learning needs carry a folder containing information about their specific needs.

At HMP & YOI Bronzefield the prisoner keeps their personal learning portfolio and takes it with them wherever they go, so that any staff can know their LDD needs and what helps them to cope. It means they do not have to keep explaining themselves.

Remote fieldwork

- 8.4 Do-it Profiler assessments at HMP Parc are saved and shared electronically.

Everyone who arrives at the prison receives a Do-it Profiler assessment which is scanned and saved to the individual's medical notes. Information is shared on a 'need to know' basis. The screening generates a 'score' that indicates where further support and/or assessment for specific conditions may be required, and in such instances the profile is automatically forwarded to education or health care staff as appropriate for action. The initial screening report is not formally shared with the prisoner but any care plan or interventions are discussed with them.

Remote fieldwork

- 8.5 The TIM system at HMP Wakefield is used throughout the prison and leads to adjustments for individuals in a range of situations, including ACCT, adjudications and planned use of force.

TIM information is held on a database and shared throughout prison, and the prisoner also carries a card. TIM information is also attached to the cell sharing risk assessment (CSRA) so it can be referred to if a prisoner is out on escort. Key workers are responsible for updating the TIM if necessary.

Remote fieldwork

- 8.6 However, it is essential that – if shared – such information is accurate and up to date.

‘At present there are a lot of complaints and DIRFs [Discrimination Incident Reporting Forms] from people with ND stating they require reasonable adjustments with certain things. When officers/prison staff try and check this they often get mixed messages from healthcare and psychology over what is officially diagnosed, what issues they do or do not have which in turn affects responses and whether adjustments are made... This causes issues if this information is wrong or out of date. It also causes further upset, frustration and complaints from prisoners when they do not receive the answers they want or should get.’

Staff survey, prison

Information sharing through the system

- 8.7 Individuals who contributed to the review suggested that when their neurodivergence had been known or recognised by police, their later experiences of probation or prison were often more positive. Liaison and diversion services have an important role to play here, making sure there is smooth transfer between different parts of the CJS and, for example, in Hertfordshire, arranging for detainees to receive support from crisis workers on their release from police custody. However, we were also told that such support was not universally available. Furthermore, data systems do not necessarily hold sufficient useful detail about individual needs.

The custody record is mainly PACE-based and does not capture welfare and care offered well enough, for example whether a detainee had a fidget spinner or what the detainee-specific needs for welfare were or the type of support needed. This does not, therefore, get shared with other agencies as the detainee progresses through the CJS, for example, their sensory needs addressed through different clothing.

Remote fieldwork

- 8.8 We also heard that where detail did exist, it was not necessarily transferred, either in full or at all, to those in a position to make use of it. Third sector organisations reported that screening information about individuals was not

always fully shared; the information they received could be as perfunctory as 'X is autistic'.

'There is also information made available to courts which is difficult to access by Offender Managers and which is then potentially lost as a valuable source of information on the service user - for example, psychological reports sent to legals but not available to probation.'

Staff survey, probation

- 8.9 HMPs Parc and Wakefield received referrals to their specialist units from other prisons, including information about diagnosis or identified need. However, we did not receive evidence to suggest that relevant information about prisoners arriving at other prisons either directly from court, or transferred from other adult prisons, necessarily arrived with them.
- 8.10 On leaving prison it appears that information transfer and support arrangements are equally variable. We were told about situations where practitioners understood and factored individual needs into their planning, but also where it seemed that no consideration was given at all.

Mr M had a suspected acquired brain injury and a learning difficulty. He was to be released to probation approved premises (AP) but his offender manager (OM) was concerned that he would not be able to travel there without support. She arranged a video appointment with the prison for Mr M so that he could get to know her and the police officer, both of whom would be collecting him from custody. Mr M was clear that he had to have a bottle of fizzy drink on his release. The OM used this as part of her strategy to reduce Mr M's fear of the police by arranging for the officer to be the one to hand the drink to Mr M. This appeared to allay Mr M's fears and reduced his concern about ongoing contact with the officer. They also made sure that they provided guidance to Mr M in the form of pictures. For instance, they helped him to understand the pandemic lockdown rules with a picture of a person exercising and a clock depicting one hour. They adapted the wording in letters to meet his needs, framing their messages in positive terms as they found a motivational approach had the most impact when working with Mr M.

Remote fieldwork

'There was no consideration [of my neurodivergent condition] when I was released. It was almost inevitable that I'd end up back in [prison] as I had absolutely no support. Nothing was put in place when I left [the open prison]... then lockdown happened and it all went wrong from there. There was no consideration of how this would affect me in a hostel.'

Prisoner interview

‘Our LD prisoners are extremely well supported whilst in the prison setting as we have several experienced LD nurses who demonstrate exceptional integrated working with operational colleagues. Often they are supported so well in prison that the reduction in support on release can have a negative impact and lead to reoffending and the same prisoners ending up back to square one and re-entering the system.’

Staff survey, prison

- 8.11 While children in the CJS were out of scope for this review, several contributors mentioned that CJS services for children were generally far more attuned to neurodivergence issues than adult services, but that little transfer of learning or information took place. In particular it was suggested that relevant information about young people transferring from youth custody to the adult prison estate was not being routinely picked up.

Since 2014 all entrants to young offender institutions (YOIs), secure training centres (STCs) and secure children’s homes (SCHs) should be screened using the Comprehensive Health Assessment Toolkit (CHAT). This tool is validated for use with children and adolescents and includes information about neurodiversity. A CHAT discharge plan should be completed prior to the young person leaving the youth custody estate, summarising CHAT findings, CYP Health Summary and any further assessments or interventions undertaken during the period of detention. We were told that this discharge summary is not consistently transferred when young people move to the adult prison estate. The information should also be accessible to health practitioners in the adult estate, as it is held on SystemOne (a national clinical IT system for prisons) – but only if practitioners know to look for it.

Call for evidence

Local and national systems (beyond the CJS)

- 8.12 As mentioned in Section 4, some individuals who have received a diagnosis may carry a card describing their condition, how they might react in certain situations (for example, if they are touched or restrained) and what adjustments they might require. Some of these systems are local, whereas others are national, and related to specific conditions. However, to be effective such systems need to be recognised and ‘bought into’ by CJS staff.

The autism card system in South Yorkshire reportedly had more than 100 users and was said to be recognised by emergency services and public transport. The card’s unique ID number could be linked to information on the police call handling system.

Remote fieldwork

- 8.13 As physical entities, card-based systems are not dependent on IT for information transfer between settings. However, interviews with officers in some forces raised issues, including the potentially fraudulent use of cards

which could be downloaded from the internet, concerns that a person reaching for their card could be mistaken for reaching for a weapon, and officers failing to recognise or take account of the information on the cards.

IT barriers

- 8.14 Aside from problems associated with the content of information held within data systems, we found there were more fundamental issues of access and integration of systems.
- 8.15 For example, in one prison we found that screening for learning disability carried out by health care practitioners could not be integrated into the SystemOne database. We were also told that – more generally – patient confidentiality issues were a barrier to sharing information held by health services with other agencies; although this did not appear to be a consistent problem, as we were also told that triage services were able to access (and share) health information with police.
- 8.16 Generally, however, it is clear that the use of sector-specific IT and information management systems and data collection processes reduces the capacity for information to flow effectively between agencies. Prisons, and education providers working in prisons, may undertake assessments that cannot migrate to probation systems for resettlement purposes.
- 8.17 We have been told by HMPPS that data security compliance issues mean that the Do-it Profiler – which has been well-received by practitioners and is currently being piloted in community by NPS, and also being used in Welsh prisons – cannot be rolled out across the entire prison estate.

9. Impact of COVID-19

- 9.1 The main work on this review took place between January and March 2021, when the UK had been subject to COVID-19 restrictions for nearly a year. This backdrop to our evidence gathering inevitably affected the responses we received, as contributors distinguished between what ‘normally’ happens, and how this has been impacted by COVID-19 restrictions.

Screening

- 9.2 COVID-19 had a serious impact on the quantity and quality of screening being carried out by probation and in prisons. The main barrier we were told about was the reduction in opportunities for face-to-face contact, although this did not apply to police custody. For example, those being supervised by the NPS often lacked appropriate technology or found it difficult to complete the Do-it Profiler assessment on their phones. Furthermore many, because of their neurodivergent condition, needed additional support to complete the tool, support which could not be provided under the COVID-19 restrictions.
- 9.3 During the restrictions, prisoners were often locked up for 23 hours a day, which meant that education assessments had to be completed by prisoners in their cells, or – where the technology was available – via in-cell phones. It was reported that neurodivergent conditions were not being identified as individuals were not necessarily aware of their own needs and there was no opportunity for tutors to pick this up through observation. In both prisons and the NPS, we were told that in these circumstances staff were largely dependent on their own skills and experience to make a ‘best guess’ of individual needs. One notable exception was at HMP Parc, where we were told that all screening had continued as usual.
- 9.4 More generally we heard of delays to referrals, assessments and diagnosis, as staff from other agencies were working off-site, recalled to their ‘host’ services, or generally not able to work as usual.

Staff training

- 9.5 Much training – particularly face-to-face training – had been stopped or put on hold because of COVID-19. This had knock-on effects, for example, on the effective running of a specialist unit in one prison.

Training had been suspended due to COVID-19 with the result that new staff working on the autism-informed unit had not received the specialist training that they required, and that had been delivered to all unit staff when the unit was first established. Prisoners on the unit reported that they felt some staff were not currently equipped to properly understand their needs.

Remote fieldwork

- 9.6 However, not all impacts of COVID-19 restrictions were negative, and some alternative and successful ways of delivering training were reported to us.

In South Yorkshire some video recorded training events were taking place, for example 'street skills', which includes an element of neurodiversity. A specialist voluntary group had informed this training.

Remote fieldwork

- 9.7 It was noted that training for courts and magistrates which had been made available online was more accessible, being delivered in shorter sessions which could easily be fitted around work.
- 9.8 A speech and language therapist reported positively on the benefits of being able to deliver virtual training to officers in eight prisons simultaneously – something that would have been challenging, if not impossible, to arrange on a face-to-face basis. The virtual format enabled discussion and sharing of solutions between participants.

Provision for neurodivergent individuals

- 9.9 COVID-19 restrictions necessitated some changes to the ways in which legal processes were conducted, some of which potentially impacted more severely on neurodivergent individuals than others. For example, it was pointed out to us that legal representation by phone could be problematic and confusing for those with learning or communication difficulties, who may struggle to understand who they are speaking to or what is being said – barriers that might go unnoticed with the absence of visual cues.
- 9.10 Court hearing cancellations and delays can also be a cause of anxiety and confusion, particularly for those with neurodivergent conditions.

A young service user attended court for a 10am appointment and was asked to return in the afternoon. Then the case was cancelled completely. His case kept being deferred because of COVID-19 and this caused him a lot of stress. When his case finally got to court it was dismissed because of COVID-19. No one considered the need to provide him with information about what was happening and why, which led him to lose his control and composure and have a meltdown in court.

Round table event

- 9.11 In prisons, COVID-19 restrictions meant that staff from external partner organisations were largely unavailable to provide support, and restricted regimes meant fewer opportunities for peer support to be delivered. While the more peaceful prison environment was preferred by some neurodivergent prisoners, others – who needed to be active – found the restrictions anxiety-provoking.

- 9.12 The pandemic impacted hugely on the delivery of programmes designed specifically to be responsive to the needs of people with LDCs, both in prison and in the community. For example, we were told that in a typical year at HMP Wakefield, eight prisoners are offered a place on the Becoming New Me Plus programme, eight are offered a place on the New Me Strengths programme, and the Living as New Me booster programme would have been made available to all those who were assessed as having a further need for consolidation and maintenance work. However, in 2020 only one prisoner completed a programme. A practitioner from NPS Wales described the challenge of delivering programmes from home on a one-to-one basis via technology. Supervised individuals had to attend the office individually to access the programme, where they were supported by other staff to use the computer. However, some neurodivergent individuals were reportedly more comfortable with online engagement or one-to-one delivery of programmes as this reduced the anxiety associated with travel or contact with others in group settings.
- 9.13 Probation staff reported additional challenges supervising neurodivergent individuals during the COVID-19 restrictions. Remote supervision created barriers in terms of rapport-building and the development of trusting relationships; furthermore, body language cues could not be picked up.
- 9.14 When the delivery of classroom education in prisons was paused during the restrictions, prisoners were sometimes provided with in-cell learning packs. While such provision is not ideal for any learner, we were nevertheless pleased to hear that adapted and individualised support was sometimes provided for neurodivergent prisoners. This was largely dependent on the flexibility and thoughtfulness of individual practitioners. For example, we heard that mindfulness activities and therapeutic art packs were provided for prisoners with LDD. Some practitioners ensured that in-cell packs were divided into smaller portions to help neurodivergent learners. We were told (by staff) that Wayout TV – available in some, but not all, prisons – was helpful in that it talked prisoners through completing the in-cell packs, benefiting lower level learners and helping them to engage.

Information transfer

- 9.15 During the restrictions it was often easier for multi-agency teams to come together virtually, and some information sharing between agencies improved, especially where this involved contact with prisons.

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Appendices

Appendix I: Methodology details

Call for evidence

Summary of responses

Number of responses received	143
Representing (types of organisation)	<ul style="list-style-type: none"> • Non-profit organisation – charities, charitable foundations, social enterprise • Courts • HMPPS – probation (NPS), prisons, youth custody service, women’s estate psychology service group • Police force/constabulary, police and crime commissioner • Liaison and diversion services • NHS trusts • Individuals (not representing organisations) • Independent specialist communication organisation • Local council • Advocate, consulting and training organisations or services • Community rehabilitation company • Academics (professor, doctor, lecturer, research associate) and academic departments • Royal colleges – Royal College of Speech and Language Therapists, Royal College of Psychiatrists • Assessment clinics • Solicitors/legal aid • Subcontracted providers in prison • Independent Monitoring Board (IMB) and advisory panels (i.e. Independent Advisory Panel on Deaths in Custody) • Ministerial council on deaths in custody • Pharmaceutical company • ND alliance/consortium/network group or society
CJS coverage (in numbers)	<p>Police: 49 Courts: 30 Prison: 52 Probation: 37 All: 10 Other: 19 Don’t know/not stated: 28 <i>Does not total 143 as some submissions covered multiple settings.</i></p>

<p>ND conditions coverage</p>	<ul style="list-style-type: none"> • ND (general) • Neurodevelopment Delay • ADHD and Adult ADHD • ASD • FASD (Foetal Alcohol Spectrum Disorder) • Learning Disability/Difficulty (LD) • Learning Disability and/or Challenges (LDC) • Intellectual Disability (ID) • Intellectual Impairment • Specific Learning Difficulty (SpLD) • Communication Difficulties • Impaired Vision and Hearing Difficulties • Dyslexia • Dyspraxia or Developmental Co-ordination disorder • Brain Injury • Acquired Brain Injury (ABI) • Traumatic Brain Injury (TBI) • Autism • Autism Spectrum Conditions (ASC) • Autism Attention Deficit • Autism Spectrum Disorder (ASD) • Asperger’s Syndrome • Developmental Language Disorder (DLD) • Dyscalculia disorder • Speech, language and communication needs (SLCN) • Dysexecutive Syndrome
<p>Additional attachments received</p>	<p>Total number: 160</p> <p>List broad types of attachment:</p> <ul style="list-style-type: none"> • Guidance resource i.e. practitioner guidance, flow chart, guidance on specific practices i.e. how to conduct readability check, check lists, assessment guides, treatment pathways, protocol guidance • Informative resources, i.e. posters, interview guides, leaflets, booklets, newsletters, FAQ sheets • Service list, service descriptions/outlines • Academic/research paper, theses, conference talks, pilot papers, research findings, graphs/charts • Empty forms/applications i.e. screening form, self-assessment form, referral form, templates, applications to schemes/programmes, consent forms, example log sheet, toolkits, screening questions • Training resources, staff induction materials, presentations, workbooks, course material • Government or organisational reports

	<ul style="list-style-type: none"> • Case studies/case notes/letters pertaining to specific cases, prisoner letters • Policy briefs • Cover letter
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Remote fieldwork in police forces, probation services and prisons

Table 1. Overview of staff involved

	Police	Probation	Prison	All
Staff (int/ group)	112	88	32	232
Staff survey	649	137	584	1,370

Police

HMICFRS undertook fieldwork in seven police forces across England and Wales. Forces were selected based on evidence submitted to the call for evidence as well as consultation with the HMICFRS Portfolio Director and HMICFRS senior leadership team.

The following areas were included in the HMICFRS remote fieldwork:

1. Cheshire Constabulary
2. South Yorkshire Police
3. Durham Police
4. Greater Manchester Police
5. Nottinghamshire Police
6. Hertfordshire Constabulary
7. Gwent Police

In each force at least one interview was conducted with the force lead on neurodiversity, and an additional interview took place in Gwent Police.

Two focus groups were conducted in each of the police forces. Police force personnel were selected by individual forces, with no involvement of HMICFRS. Staff included response police officers, custody teams and community neighbourhood officers. Some forces also selected Autism Champions, Diversity and Inclusion staff or those with personal experience of neurodivergence to participate in the focus groups. All focus groups and interviews were conducted virtually, using Microsoft Teams or Skype.

Table 2 contains detailed information on the numbers of police personnel who were consulted as part of this review.

Table 2. Police forces

	Staff consultation		
	Focus groups conducted	Interviews conducted	Online staff survey – number of responses
South Yorkshire Police	<i>Number of groups: 2 Total number involved: 14</i>	1	100
Cheshire Constabulary	<i>Number of groups: 2 Total number involved: 16</i>	1	90
Gwent Police	<i>Number of groups: 2 Total number involved: 16</i>	2	174
Durham Police	<i>Number of groups: 2 Total number involved: 12</i>	1	53
Hertfordshire Constabulary	<i>Number of groups: 2 Total number involved: 16</i>	1	75
Greater Manchester Police	<i>Number of groups: 2 Total number involved: 7</i>	1	76
Nottinghamshire Police	<i>Number of groups: 2 Total number involved: 23</i>	1	81
TOTAL	<i>Number of groups: 14 Total number involved: 104</i>	8	649

Probation

HMI Probation selected six National Probation Service (NPS) areas for their fieldwork; for two of the areas they reviewed multiple services or projects and the community rehabilitation company (CRC). Areas delivering programmes and delivering in partnership with the NHS were identified following initial contact with the NPS lead regional director, nominated equalities managers and key staff from HMPPS responsible for the management of accredited programmes.

The following areas were included in the HMI Probation remote fieldwork:

1. Lancashire NPS: County Council Autism Partnership and Lancashire Community Rehabilitation Company
2. Sefton NPS: Community Sentence Treatment Requirement (CSTR) Project
3. Kent NPS: Integrated Intensive Risk Management Service
4. North West NPS: Accredited Programmes Team
5. Wales NPS: Accredited Programmes Team and Do-it Profiler pilot
6. Bedfordshire, Northamptonshire, Cambridgeshire, Hertfordshire (BeNCH) NPS: Do-it Profiler project and BeNCH Community Rehabilitation Company

In addition, HMI Probation also conducted a focus group with six NPS regional equality leads.

Individuals to interview and participate in the group discussions were selected on the basis of their role in the organisation delivering services to people with neurodivergent conditions as part of a partnership approach, as facilitators of targeted programme work or as participants in pilot work.

Table 3 contains detailed information on the number of probation staff who were consulted as part of this review.

Table 3. Probation service areas

	Staff consultation		
	Focus groups conducted	Interviews conducted	Online staff survey – number of responses
National Probation Service – Lancashire County Council Autism Partnership	<i>Number of groups: 3 Total number involved: 22</i>	Lead NPS Manager – 1 National Autistic Society Lead – 1	29
Community Rehabilitation Company - Lancashire	<i>Number of groups: 1 Total number involved: 3</i>	Senior manager – 1 Unpaid work manager – 1	39
National Probation Service – Sefton – Community Sentence Treatment Requirement (CSTR) Project	<i>Number of groups: 1 Total number involved: 4</i>	National CSTR project manager – 1 Local NPS Manager – 1	n/a
National Probation Service – Kent – Integrated Intensive Risk Management Service	<i>Number of groups: 1 Total number involved: 3</i>	Lead forensic psychologist – 1	31

National Probation Service – North West – Accredited Programmes Team	<i>Number of groups: 3 Total number involved: 24</i>	Lead managers for sex offender treatment, NW and Wales – 2	n/a
National Probation Service – Wales – Accredited Programmes Team	<i>Number of groups: 1 Total number involved: 2</i>		n/a
National Probation Service – Wales – Do-it Profiler pilot	<i>Number of groups: 1 Total number involved: 3</i>	Lead manager – 1	15
National Probation Service – Bedfordshire, Northamptonshire, Cambridgeshire, Hertfordshire (BeNCH) – Do-it Profiler project	<i>Number of groups: 2 Total number involved: 9</i>	Senior manager and area manager – 2	5
Community Rehabilitation Company – BeNCH	<i>n/a</i>	n/a	18
National Probation Service – Regional Equality leads	<i>Number of groups: 1 Total number involved: 6</i>		n/a
TOTAL	<i>Number of groups: 14 Total number involved: 76</i>	12	137

Prisons

HMI Prisons conducted remote fieldwork in eight prisons in England and Wales; six held men and two held women. The sites were selected to provide a range of different functional types and geographic locations and included one prison in Wales and two privately contracted establishments. Existing HMI Prisons knowledge and information received through the call for evidence was also used to inform the selection.

The following prisons were included in the HMI Prisons remote fieldwork:

1. HMP Bristol
2. HMP Brixton
3. HMP & YOI Bronzefield
4. HMP/YOI Drake Hall
5. HMP/YOI Hindley

6. HMP Nottingham
7. HMP Parc
8. HMP Wakefield

Interviews were conducted with staff who were involved in the delivery or coordination of services for prisoners with neurodivergent needs; they were identified in consultation with a designated liaison officer who coordinated the elements of consultation within the prison. This included functional heads such as safety, residential services, health care, offender management, and programmes and interventions. Members of staff responsible for the delivery of specific support or services for neurodivergent prisoners, for example lead psychologists, learning disability nurses and practitioners, mental health leads, neurodiversity practitioners, additional learning support staff and managers of specialist support units, were also included.

The majority of interviews were conducted remotely via telephone, Microsoft Teams or video call facilities. Where it was not possible due to time constraints to conduct interviews, staff provided information using a submission form, similar to the submission form used for the call for evidence.

To facilitate the interviews with prisoners, establishments provided the names of 10 prisoners with neurodivergent conditions and inspectors selected individual prisoners for interview. Prisoners were provided with an easy read copy of an information sheet outlining the purpose of the review and what they would be asked about. At the beginning of each interview the inspector made sure that they obtained informed consent from the prisoner before proceeding with the interview.

Interviews took place remotely using telephone or video call and in establishments where prisoner interviews could not be facilitated an easy read self-completion form was produced, which was completed by the individual prisoners and scanned and emailed by staff to HMI Prisons for analysis. The form covered the same areas as the interviews.

Table 4 contains detailed information on the numbers of prison staff and prisoners who were consulted as part of this review.

Table 4. Prisons

	Staff consultation		Prisoner consultation
	Interviews conducted	Online staff survey – number of responses	Interviews conducted
HMP Bristol	4	26	4
HMP Brixton	6	117	6
HMP & YOI Bronzefield	4	35	5

HMP/YOI Drake Hall	3	36	5
HMP/YOI Hindley	3	15	5
HMP Nottingham	3	62	4
HMP Parc	7	238	6
HMP Wakefield	5	55	5
TOTAL	35	584	40

Appendix II: Acknowledgements

We would like to thank the many people who contributed to this review: the individuals and organisations who submitted information in response to the call for evidence; attendees at the round table events who shared their expertise; the staff in prisons, police forces and probation services who participated in interviews, focus groups or completed our online survey; and the prisoners who spoke to us about their experiences of neurodivergence in the criminal justice system.

The following staff contributed to this report:

HMI Prisons

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Appendix III: Glossary

Acquired brain injury (ABI)

An injury caused to the brain since birth. See: <https://www.headway.org.uk/about-brain-injury/individuals/types-of-brain-injury/>

Assessment, care in custody and teamwork (ACCT)

The care planning process for prisoners identified as being at risk of suicide or self-harm.

Attention deficit hyperactivity disorder (ADHD)

A condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse. See: <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>

Adjustments

Changes to the built environment, the provision of auxiliary aids and services, and changes to the way in which things are done, for example, changing a process or practice. This includes reasonable adjustments required by law.

Appropriate adult (AA)

The role of the appropriate adult is to safeguard the interests, rights, entitlements and welfare of children and vulnerable people who are suspected of a criminal offence, by ensuring that they are treated in a fair and just manner and are able to participate effectively. See: <https://appropriateadult.org.uk/information/what-is-an-appropriate-adult>

Autism

A lifelong developmental disability which affects how people communicate and interact with the world. Autism spectrum disorder (ASD) is the medical name for autism; autism spectrum condition (ASC) is used instead of ASD by some people. See: <https://www.autism.org.uk/advice-and-guidance/what-is-autism> and <https://www.nhs.uk/conditions/autism/what-is-autism/>

Approved Premises (APs)

Premises approved under Section 13 of the Offender Management Act 2007. They provide intensive supervision for those who present a high or very high risk of serious harm. See:

<http://www.prisonreformtrust.org.uk/ForPrisonersFamilies/PrisonerInformationPages/ApprovedPremisesAP>

Challenge, Support and Intervention Plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Checkpoint

Checkpoint is a voluntary adult offender diversion scheme which is aimed at low and moderate level offenders and helps them to identify and address the underlying causes of their offending. See: <https://justiceinnovation.org/project/checkpoint>

Criminal Justice System (CJS)

Used in this report to refer to the main areas of police, courts, probation (both community rehabilitation companies and National Probation Service) and prison.

Community rehabilitation company (CRC)

From May 2015, rehabilitation services, both in custody and after release, were organised through CRCs, responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) maintained responsibility for high- and very high-risk offenders. Following a change in policy, all offender management was brought under the NPS on 28 June 2021.

Comprehensive Health Assessment Toolkit (CHAT)

A screening tool that is carried out with all young people coming into custody to identify their health needs.

Continuing professional development (CPD)

The term used to describe the learning activities professionals engage in to develop and enhance their abilities. See: <https://cpduk.co.uk/explained>

Curious information system

Curious is the means by which adult HMPPS Learning and Skills contracts on the Prison Education Framework (PEF) are managed and monitored. It contains information on individual learners, the delivery of learning and skills training in prisons, including monitoring attendance and completion of programmes.

Discrimination Incident Reporting Form (DIRF)

A form for anyone in prisons – prison officers, prisoners, visitors to prisons or others – to report discrimination. Designated equality officers investigate the evidence and decide on claims.

Do-it Profiler

A self-assessment tool which is designed to identify neurodivergent traits and generates personalised guidance and advice for both staff and the screened individual about appropriate adjustments.

EQuIP

Process management tool for the National Probation Service.

Integrated Intensive Risk Management Service (IIRMS)

A psychologically informed approach to managing resettlement of individuals with personality disorder traits. Part of the Offender Personality Disorder pathway.

Intermediary

Communication specialists trained to work in the CJS to ensure individuals can give their best evidence to the police and in court, and that defendants understand what is being communicated to them and can participate in proceedings.

KeyRing

A national organisation that promotes independent living through peer support and community networks. See: <https://www.keyring.org/>

Learning difficulties and challenges (LDC)

A person with a learning difficulty may be described as having specific problems processing certain forms of information. An individual may often have more than one specific learning difficulty, for example, dyslexia and dyspraxia are often encountered together. See: <https://www.learningdisabilities.org.uk/learning-disabilities/a-to-z/learning-difficulties>

Learning difficulties and disabilities (LDD)

A learning disability is defined by the Department of Health as a 'significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood'. In general, a learning disability constitutes a condition which affects learning and intelligence across all areas of life, whereas a learning difficulty constitutes a condition which creates an obstacle to a specific form of learning, but does not affect the overall IQ of an individual. See: <https://www.mentalhealth.org.uk/cy/node/1955>

Learning Disability and Challenges suite of accredited programmes

Adapted, accredited programmes targeted at men who commit a range of offences and present with learning needs requiring additional support. There are a number of versions of this programme, developed for offenders with different risks and abilities, including a 'booster' programme to reinforce learning.

Liaison and diversion services (known as criminal justice liaison services in Wales)

Operate on a regional basis and aim to identify and support vulnerable people when they encounter the CJS.

myLearning

An online training platform run by the National Probation Service.

National Autistic Society (NAS)

A UK charity for people on the autism spectrum and their families, providing support, guidance and advice, as well as campaigning for improved rights, services and opportunities for autistic people. See: <https://www.autism.org.uk/>

National Delius (nDelius)

The Case Management System for the National Probation Service and private providers of probation services.

National Probation Service (NPS)

The National Probation Service is a statutory criminal justice service that supervises offenders released into the community. See also the definition for community rehabilitation companies and: <https://www.gov.uk/government/organisations/national-probation-service/about>

Neurodevelopmental disorders (NDDs)

Neurodevelopmental disorders are conditions that affect how the brain functions. They range from mild impairments to severe disorders that require lifelong care.

Neurodivergence/neurodivergent

The term used to describe someone whose thinking is different from the 'neurotypical' majority.

Neurodiversity

The full range of thinking, encompassing both neurotypical and neurodivergent.

NOMIS

Prison National Offender Management Information System.

OASys

The Offender Assessment System for assessing the risks and needs of an offender.

Offender personality disorder (OPD) pathway programme

A jointly commissioned initiative that aims to provide a pathway of psychologically informed services for a highly complex and challenging offender group who are likely to have a severe personality disorder and who pose a high risk of harm to others, or a high risk of reoffending in a harmful way. See: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/opd-strategy-nov-15.pdf>

Offender manager (OM)

Someone who works for NPS or CRC who is responsible for assessing a convicted person's risks and needs, planning how their sentence should run, deciding on necessary interventions and monitoring progression.

Police and Criminal Evidence Act 1984 (PACE)

The codes of practice regulate police powers and protect public rights.

Police national computer (PNC)

A system that stores and shares criminal records information across the UK.

Prison officer entry level training (POELT)

A 12-week programme that equips new officers with the skills and knowledge needed to begin their careers working in the prison service and rehabilitate offenders.

Prison Reform Trust

An independent UK charity working to create a just, humane and effective penal system. See: <http://www.prisonreformtrust.org.uk/WhoWeAre>

Psychologically informed planned environment (PIPE)

An important element of the pathway for prisoners with personality disorder. PIPEs do not provide treatment but are specifically designed units which support prisoners to maintain behavioural change and make further progress in addressing offending behaviours through planned and structured activities.

Rethink

Aims to improve the lives of people severely affected by mental illness through a network of local groups and services, information and campaigning. See: <https://www.rethink.org/>

Secure children's homes (SCHs)

Run by local councils, SCHs provide full residential care, health care provision and 30 hours of education and training a week, following a school day timetable, for vulnerable children aged between 10 and 17.

Secure training centres (STCs)

Run by private companies, STCs are a place of detention for children aged 12 to 17. They provide 30 hours of education and training a week, following a school day timetable.

SystemOne

A national clinical IT system for prisons.

Traumatic brain injury (TBI)

An injury to the brain caused by a trauma to the head (head injury). There are many possible causes, including road traffic accidents, assaults, falls and accidents at home or at work. See: <https://www.headway.org.uk/about-brain-injury/individuals/types-of-brain-injury/traumatic-brain-injury/>

This is me (TIM)

A locally developed information sharing document used to identify individual needs associated with LDC, autism or ADHD. It has been implemented in the wider long-term high security estate and HMPPS, alongside the associated training packages and resources.

User Voice

An organisation created by and run by people who have been in prison and on probation. It aims to give a voice to marginalised people in the criminal justice system, reduce offending and deliver change. See: <https://www.uservice.org/>

Vulnerability assessment framework (VAF)

A tool to assist police and staff in identifying vulnerability in members of the public they encounter.

Wayout TV

Available in some but not all prisons, Wayout TV is an educational television channel developed as a means of communication, education and the promotion of offender services. The primary objective of the service is to educate, inform and communicate to residents in their cell in an engaging and prisoner-centric manner.

Young offender institutions (YOIs)

Run by the Prison Service and private companies for people aged 15 to 21 (people under 18 are held in different buildings).