Responsivity in HM prisons: from neurotypical to neurodivergent

'There is no normal brain or mind'[1]

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Responsivity. Neurodiversity. Individual needs. **These are all short terms, which hold a vast amount of meaning. We know that in general, people achieve their best when their individual needs are met. This is no different for people in prison. It has been widely reported within rehabilitative literature that principles of what works in reducing re-offending centre on risk, need and responsivity. Whilst this literature has been well established in the field of accredited programmes, it holds relevance far beyond group intervention rooms. To support a holistic approach to reducing re-offending, and the safety needs of people in prison, an increased focus in recent times has been on responsivity to neurodivergence. This has been reflected in the wider literature and in practice outside of prison contexts, so it is not unique to prison practice.**

This article aims to encourage the reader to reflect on their role in being directly or indirectly responsive to neurodivergence in prisons. By this we aim to support colleagues working directly with prisoners, but also those who may be involved in the development of policy, practice guidance and strategic service delivery planning. The primary focus is on improving outcomes for people in prison with neurodivergence, but it is also hoped that some benefit may be gained through promoting curiosity about supporting neurodivergence in colleagues too. The article is underpinned by a strengths-based approach to supporting neurodiversity. To start, we briefly define key terms that link to neurodiversity. Secondly, we present our argument as to why a shift from adapting neurotypical approaches as a responsivity measure, to the benchmark of working from a neurodivergent approach, upwards, is needed. Thirdly, we outline some of the challenges to being neuroresponsive within a prison context. Following this, we aim to address some of these challenges with practical tips that the reader can reflect upon within their own field of work. The focus is not just for colleagues working directly with prisoners. It is also to assist those responsible for commissioning services, policy development and those in prison management roles. We have outlined why we think everyone working in HM prisons has a responsibility to practice what we have coined as neuroresponsive approaches. Finally, we conclude by posing some questions to the reader to assist with continued professional development, and reflective practice.

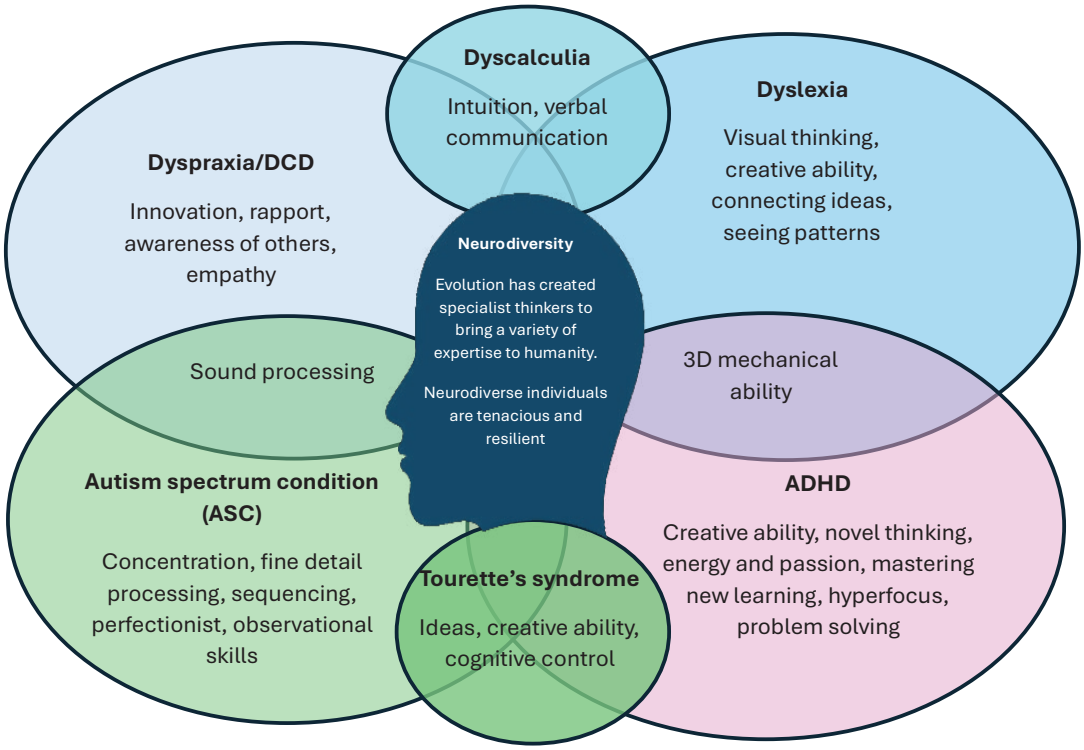
Definitions

'Neurodiversity means that all people's brains process information differently from each other. In other words, people think and learn in a variety of ways.'[2] There are several biological, social and psychological factors that can influence neurodiversity. The difference in how our brains function is normal, and this is a core aspect of human functioning. It includes those who have great intellectual capabilities and those who do not. Think about what you are good at. It could be you excel at constructing flatpack furniture; can make a meal without a recipe; hold specific subject area expertise that means you are an asset to a quiz team; can remember directions without a map or sat nav. Or perhaps you find any one of these tasks very difficult. Our strengths and weaknesses are defined by the way our brain helps us think, learn and behave. Similarly, people with a neurodevelopmental disorder or a neurodivergent condition may have functioning that differs from what would be considered neurotypical. Often people who are neurodivergent can face additional challenges with communication and how they interact and get on with the world around them. With these challenges, also come strengths. Examples include Learning Disability and Challenges (LDC) which link to intelligence and social and adaptive functioning, Learning difficulties such as dyslexia,

1. Armstrong, T. (2015). The Myth of the Normal Brain: Embracing Neurodiversity. *AMA Journal of Ethics, 17*(4), 348-352.
2. Crompton, C. J., Alcorn, A. M., Cebula, K., & Fletcher-Watson, S. (2024). Neurodiversity can explain differences in how people experience everyday life. *Frontiers for Young Minds, 12*, 1434143.

Acquired Brain Injury (ABI), Autism Spectrum Conditions (ASC), Developmental language disorder, and Tic disorders such as Tourettes, to name but a few. Figure 1 below outlines some identified strengths within these neurodevelopmental disorders. In focusing on strengths, we acknowledge that the term 'disorder' is incongruent with a strength-based approach. Therefore, from here on in we will refer to neurodevelopmental disorder as neurodevelopmental specialisms, which we consider aligns more closely with a celebration of diversity.

Figure 1. *Diagram showing strength ranges of neurodiversity*



Neuroresponsive/Neuroresponsivity: We introduce these terms simply to describe working collaboratively with an individual's natural strengths and abilities, where they have been identified as having, or suspected as having a neurodevelopmental specialism.

A Strengths-Based Approach to Neuroresponsivity

There has not always been a strengths-based approach to neuroresponsivity. The traditional medical model approach to neurodevelopmental 'disorders' emphasises the differential from neurotypical to neurodevelopmental disorder as problematic.[3] A disorder was considered a medical problem, which focusses on limitations, deficits and challenges. Thus, the medical model aimed to adopt an approach that identified a pathway for intervention that would treat or acknowledge the challenges faced. An unintended consequence of this was an approach which leaned towards focussing on responding to what people cannot do, rather than celebrating what they can do. The emphasis historically was on finding cures, shifting someone towards 'normal' and on maintaining a clear differential between definitions of normal and abnormal.

There has been a welcomed increase in focus on celebrating strengths that neurodiversity brings to individuals' character traits, abilities and contributions to society. Armstrong (2015) summarised that a more 'judicious approach to treating mental disorders would be to replace disability or illness with a diversity perspective that takes into account both strengths and weaknesses, and the idea that variation can be positive in and of itself'.[4] Armstong outlined some evolutionary advantages to skills associated with neurodevelopmental specialisms. He referenced the ability that people with dyslexia have in visualising in three dimensions, and that this could have been particularly useful when designing tools and plotting out hunting routes in preliterate cultures.

3. Dwyer, D. (2022). The Neurodiversity Approach(es): What Are They and What Do They Mean for Researchers? *Human Development, 66,* 73- 92.
4. See footnote 1: Armstrong (2015).
5. Umucu, E., Lee, B., Genova, H., Chopik, W., Sung, C., Yasuoka, M., & Niemiec, R. (2022). Character strengths across disabilities: An international exploratory study and implications for positive psychiatry and psychology. *Frontiers in Psychiatry, 13,* 863977.

More recently, people with disabilities are referred to as having 'character strengths'.[5] This is helpful in relation to focussing on the conditions in which people who are neurodivergent may thrive. Their focus is on 'building positive qualities rather than exclusively focusing on repairing weaknesses, aiming to understand what makes life worth living and enabling human thriving'. They define character strengths as psychological processes which reflect core identity and give examples of things such as creativity, perseverance, kindness and bravery amongst others.

Thus, it is important to consider the strengths that individuals with neurodivergence have, and this is a widely accepted responsive approach to support and engage with neurodivergent individuals. Of course, it is also important to understand limitations of functioning, as it is with anyone regardless of the way they think, feel and act. This can support diagnoses which are sometimes still required to gain access to specialist services, and needs-led approaches which focus on responsivity to presenting needs, without a formal diagnosis. When working in a prison context, this is particularly important when supporting rehabilitation. We argue that there should be a balance in identifying strengths and weaknesses, rather than solely focussing on one or the other in isolation, and needs-led approaches lend themselves well to this. Use of language is relevant here. In the 2021 review of neurodiversity across the Criminal Justice System, the Chief Inspector of Prisons noted the repeated use of the word 'difficult' in relation to the behaviours of neurodivergent people.[6] We go on to discuss this later within this article when looking at the biases we may bring to neuroresponsivity.

Neurodiversity in Prisons

It is difficult to quantify the percentage of people in prison with neurodiversity. This is due to challenges with screening, assessment and identification.

It has been estimated that at least half of people who come into prison can be expected to have neurodivergence which can impact on their ability to engage.[7] Table 1 outlines approximate comparators of prevalence of neurodevelopmental specialisms across the general population and the Criminal Justice System. As evidenced, the prison population has an

Table 1. *Neurodivergent prevalence rates across the general population and criminal justice system*

Neurodivergent condition	General population prevalence rates	Prison prevalence rates
Dyslexia	8-10 per cent[8]	30 per cent of adult Male prisoners[9] 60 per cent Young adults[10]
Speech, language or communication difficulty	1-2 per cent[11]	Up to 80 per cent of Male prisoners [12] 60 per cent Young Adults [13] 60 per cent Women prisoners[14]
Acquired Brain injury	12 per cent[15]	24 per cent-47 per cent of Male prisoners[16 17] 64 per cent Women prisoners[18] 60 per cent Young Adults in prison[19]

6. HMIP Criminal Justice Joint Inspection Review. (2021). *Neurodiversity in the criminal justice system: A review of the evidence.* HMIP.
7. See footnote 6: Umucu et al. (2022).
8. Doyle, N (2020). Neurodiversity at Work: A Biopsychosocial Model and the Impact on Working Adults. *British Medical Bulletin, 135,* 1–18.
9. See footnote 6: Umucu et al (2022).
10. Bryan, K., Freer, J., & Furlong, C. (2007). Language and communication difficulties in juvenile offenders. I*nternational Journal of Language & Communication Disorders, 42,* 505-520.
11. Royal College of Speech and Language Therapists. (2017). Justice evidence base: Speech, language and communication needs in the criminal justice system. Royal College of Speech and Language Therapists.
12. See footnote 1: Armstrong (2015).
13. https://www.rcslt.org/speech-and-language-therapy/where-slts-work/justice/
14. See footnote 1: Armstrong (2015).
15. Frost, R. B., Farrer, T. J., Primosch, M., & Hedges, D. W. (2013). Prevalence of traumatic brain injury in the general adult population: A meta-analysis. *Neuroepidemiology, 40(*3), 154-159.
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18. O'Sullivan, M., Fitzsimons, S., da Silva Ramos, S., Oddy, M., Glorney, E., & Sterr, A. (2019). Utility of the Brain Injury Screening Index in identifying female prisoners with a traumatic brain injury and associated cognitive impairment. J*ournal of Correctional Health Care, 25*(4), 313-327.
19. Williams, W. H., Mewse, A. J., Tonks, J., Mills, S., Burgess, C. N. W., & Cordan, G. (2010). Traumatic brain injury in a prison population: Prevalence and risk for re-offending. *Brain Injury, 24*(10), 1184-1188.

Attention Deficit Hyperactivity Disorder (ADHD)	2-6 per cent[20]	25 per cent Adult prisoners[21] 25 per cent Young Adult prisoners[22] 41 per cent Women prisoners[23]
Autism Spectrum Conditions	1-2 per cent[24]	16-19 per cent of those in prison[25]
Learning Disabilities	1.5 per cent[26]	34 per cent (mild to borderline ranges)[27] 36 per cent Male prisoners [28] 39 per cent Women prisoners[29] 23-35 per cent Young Adults[30]

over representation of all neurodevelopmental specialisms.

Neurodivergent individuals have been shown to have a qualitatively different experience of imprisonment which impacts on their well-being, mental health and rehabilitation. When neurodivergence is not understood by staff, and behaviour associated with neurodivergence is misinterpreted as defiance (e.g. towards prison rules) or a lack of empathy, it can lead to exclusion from prison regimes (e.g. via segregation), adjudications, removal from support and rehabilitative programmes, and overestimation of risk.[31] Experiencing difficulties with others in prison often arise from when neurodivergent individuals misunderstand exchanges with others and are misunderstood by other people.

Neurodivergent prisoners can experience challenges in the prison environment. For example, prisoners with autistic traits may have negative experiences of the social climate in prisons because of difficult social interactions with staff and prisoners, inconsistent or frequent changes to prison regimes, and adverse experiences of the sensory environment.[32] These challenges are associated with higher levels of anxiety and depression in autistic prisoners. Additionally, readiness to engage with rehabilitative interventions is not directly impacted by neurodivergent traits alone but is instead mediated by experiences of prison social climate and anxiety/depression. The varied experiences of the prison environment and rehabilitative interventions can lead to increased anxiety amongst autistic prisoners and risk individuals' disengagement from the broader regime. This emphasises the need to consider the broader impact of the prison experience on rehabilitative efforts with neurodivergent individuals.

Whilst there are challenges, there are also strengths. People with neurodivergence in prisons will also have specialist skills in survival, logic, imagination, creativity, analysis, kindness, empathy, and so on. Of course, that is not to discount the other half of the population who likely share these skills too. However, an increased focus on utilising these aspects of neurodiversity could enhance approaches to rehabilitation and prison safety. Viewing neurodiversity in this way could lead to a shift in perspective and contribute to rehabilitative services which are trauma-informed, gender and neuroresponsive as standard.

20. See footnote 1: Armstrong (2015).
21. Young, S., González, R. A., Mutch, L., Mallet-Lambert, I., O'Rourke, L., Hickey, N., et al. (2016) Diagnostic accuracy of a brief screening tool for attention deficit hyperactivity disorder in UK prison inmates. *Psychological Medicine, 46,* 1449–58.
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24. Doyle, N. (2017). Neurodiversity at Work. *Psychology at work: Improving wellbeing and productivity in the workplace.* British Psychological Society.
25. See footnote 2: Crompton (2024).
26. Public Health England (2016). Learning disabilities observatory people with learning disabilities in England 2015. https://www.gov.uk/government/publications/people-with-learning-disabilities-in-Englnad-2015 accessed 25th October 2020.
27. Prison Reform Trust. (2021). No one knows: *Offenders with learning disabilities and learning difficulties.* Prison Reform Trust.
28. See footnote 2: Crompton (2024).
29. See footnote 2: Crompton (2024).
30. Ofsted. (2022). Education for prisoners with learning difficulties and/or disabilities. Retrieved from Education for prisoners with learning difficulties and/or disabilities – Ofsted: schools and further education & skills (FES)
31. Young. S., & Cocallis, K. M. (2019). Attention Deficit Hyperactivity Disorder (ADHD) in the prison system. *Current Psychiatry Reports, 21,* 1–9.
32. Vinter, L. P., Harper, C. A., Dillon, G., & Winder, B. (2024). Mental wellbeing, but not prison climate, mediates the association between autistic traits and treatment readiness among men with sexual convictions. *Journal of Sexual Aggression,* 1-17.

Neuroresponsivity

There have been some significant developments in neuroresponsivity across the Prison Service in the last 10 years. Efforts have been continuous, and focus has been on ensuring practice is aligned with best evidence to ensure the needs of people with neurodivergence are supported. What follows is by no means a comprehensive overview of all developments but seeks to highlight some pertinent initiatives in the last 10 years.

Assessment

Progress has been made across HMPPS in validating screening tools for men who have learning disability and challenges (LDC) in male prisons. Wakeling and Ramsay (2019) conducted a large-scale study which focussed on validating the Learning Screening Tool (LST) and Adapted Functioning Checklist-Revised (AFC-R).[33] These tools together have been used to aid HMPPS accredited programme selection; specifically, to support responsivity planning through offering a programme which best supports the learning needs of the individual. The tools were validated against the Wechsler Adult Intelligence Scale (WAIS-IV; Wechsler, 2008). The findings supported the use of the LST, and AFC-R in helping to make decisions about programme allocation. It is important to note that screening tools can be useful in indicating whether further assessment is needed, or not. They do not on their own assess the presence or absence of LDC and should not be used in isolation. They can provide a cost-effective way of supporting likely identification of people with LDC, without the need to conduct lengthy and costly WAIS assessments for everyone. Validation of the tools for use with other prison populations remain outstanding. For example, they have not been validated for use with young people in prison or women. More is being learned about the social and adaptive functioning needs of women, with differences highlighted in the literature around those with autism for example.[34] If this were to extend to women with learning disability and challenges, then there may be an argument to develop a gender specific social and adaptive functioning screen for women.

Education screening

The Prison Education Service currently screen individuals for additional learning needs on reception to prison. However, this is soon to be replaced by a new digital screening tool to identify the Additional Learning Needs of people in prison. The implementation of this screening tool, with prison receptions, is intended to improve management information on the neurodivergent needs within the prison population.

> Often people who are neurodivergent can face additional challenges with communication and how they interact and get on with the world around them. With these challenges, also come strengths.

Recognition of the prevalence of acquired brain injury (ABI)

The greater recognition of the prevalence of ABI in criminal justice populations has contributed to the greater inclusion of screening tools for brain injury within prison and probation contexts. The Brain Injury Screening Index (BISI) has been validated in male and female prison populations as a means of identifying individuals at increased risk of having an acquired brain injury.[35] [36]

Interventions

Learning disability was re-conceptualised within accredited programmes to ensure greater inclusivity of people with challenges linked to intelligence and social and adaptive functioning. HMPPS has long provided interventions for people with intellectual disability. Diagnostically this meant that the interventions were for people whose Intelligence Quotient (IQ) fell between 60 and 70. However, the actual design of the programmes meant that it was accessible for people who did not have a diagnosis of intellectual disability. The language was reviewed by HMPPS Intervention Services in 2018, and the term Learning Disability and Challenges (LDC) was

33. Wakeling, H., & Ramsay, L. (2019). Learning Disability and Challenges in Male Prisons: Programme Screening Evaluation. *Journal Of Intellectual Disabilities And Offending Behaviour, 11*, 49-59.
34. Napolitano, A., Schiavi, S., La Rosa, P., Rossi-Espagnet, M. C., Petrillo, S., Bottino, F., Tagliente, E., Longo, D., Lupi, E., Casula, L., Valeri, G., Piemonte, F., Trezza, V., & Vicari, S. (2022). Sex Differences in Autism Spectrum Disorder: Diagnostic, Neurobiological, and Behavioral Features. *Frontiers in Psychiatry, 13,* 889636.
35. See footnote 17: McMillan et al. (2019).
36. See footnote 18: Pitman et al. (2015).

used to more inclusively represent people whose IQ fell in the borderline range. Thus, the scope of the offer of programmes for people with learning challenges more accurately represents both individuals who have a mild learning disability (IQ 60 — 70), and those who have Borderline Intellectual Functioning (BIF; IQ 70 — 85). BIF describes people whose intellectual abilities lie somewhere between those whose intelligence is assessed as average, and those whose intelligence is low. They do not have a diagnosis of intellectual disability, but do share some of the intellectual, social and adaptive challenges of those who do, but to a milder extent. It is therefore possible for their responsivity needs to be missed, as they aren't often as overt as those with intellectual disability, and they do not have a diagnosis. This means there is a risk they will be supported in the same way as people with average intelligence.

The development of accredited programmes for people with LDC has evolved. This not only represented a commitment to the developing evidence-base in terms of clinical content, but also further important language changes. The 'Adapted' programme for people with sexual convictions was introduced in 1997 and evolved to the Becoming New Me programme which was more strengths-based in focus and shifted away from the term 'adapted'. The programmes further expanded to target further offence-related needs, so the offer was not limited to people with sexual convictions. More recently the offer for people with LDC has expanded to be further inclusive of other neurodivergent specialisms, resulting in a new offer of intervention called Building Choices+, available to both men and women in prison.

Neurodiversity support managers

Since 2021, Neurodiversity Support Managers (NSMs) have been introduced across the prison estate. NSMs have specialist skills and/or experience of working with individuals with neurodivergence and they are responsible for assisting senior leadership teams in prison to implement a whole prison approach to neurodiversity. NSMs support prisons to facilitate the sharing of information on neurodiversity and identified need, provide training and support for prison staff to equip them to better understand and support those with neurodivergent needs within the prison, to promote the development of a prison wide 'neurodiversity supportive environment', advise prison staff on how to provide targeted support to those with neurodivergence and lastly, incorporate consideration for additional requirements of neurodivergent prisoners when preparing for release.

Brain injury link workers

Pilots of brain injury link worker schemes have taken place in several prison sites over the last decade. The success of these pilots has contributed to a further pilot of a brain injury link worker scheme in several prisons in the South-Central area.[37] A funded brain injury link worker scheme has also been implemented in Wales and is a good example of how neuroresponsive services can be delivered across HMPPS.

People with disabilities are referred to as having 'character strengths'. This is helpful in relation to focussing on the conditions in which people who are neurodivergent may thrive.

From Neurotypical to Neurodivergent: Redefining the Mainstream in Prisons

Traditional practice has been to 'adapt' mainstream neurotypical approaches for people with neurodivergence. However, we argue that neurodivergence is 'the mainstream' within prison populations and therefore all practice should start with neuroresponsivity as a core part of planning, design, implementation and where relevant actively inform service evaluation. The aforementioned examples of the changes in the design of HMPPS accredited programmes provides a demonstration of recent efforts to expand responsivity beyond LDC.

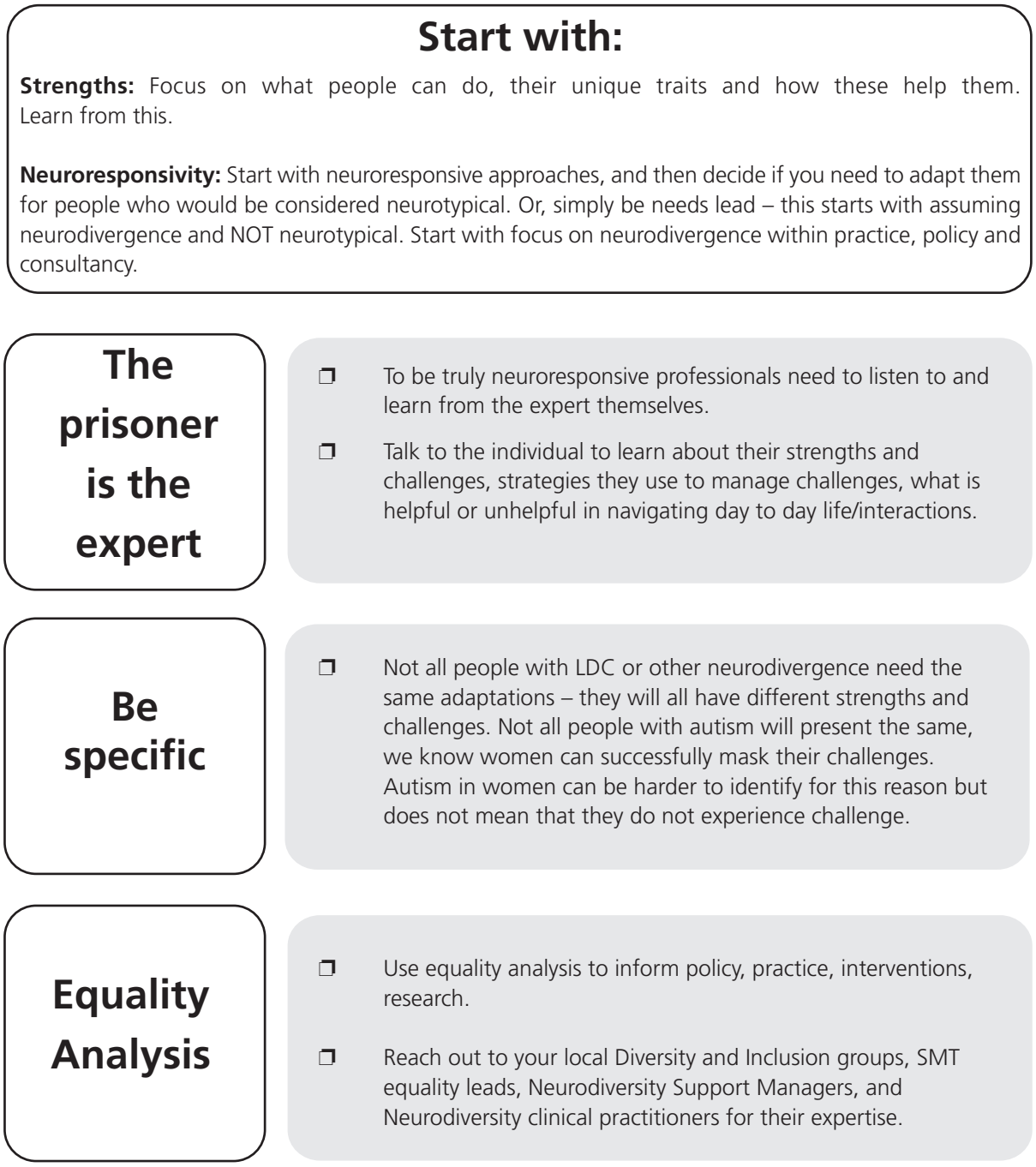
These initiatives light the way in making our practice in prisons and probation more neuroresponsive. However, adapting practice to become more neuroresponsive does not always require significant resource to make a difference. Small changes to how we approach everyday activities in prison and probation environments can make enormous differences to those in our care. These changes can bring benefits to everyone in navigating prison environments, staff, visitors and prisoners alike.

37. Ramos, S. D., Oddy, M., Liddement, J., & Fortescue, D. (2018). Brain injury and offending: the development and field testing of a linkworker intervention. *International journal of offender therapy and comparative criminology, 62*(7), 1854-1868.

Principles for being Neuroresponsive

It is important to have a strategy to be neuroresponsive, both in terms of a broad prison approach, but also a strategy to meet individual prisoner needs. To achieve this, it can be helpful to understand, as best as you possible can, the needs of the prison population. Planning approaches to neuroresponsivity should also involve strategy around learning opportunities to measure the impact of the approaches taken. This would support a flexible approach to neuroresponsivity and allow an openness to consider whether responsivity is effective, or not.

Figure 2. *Principles for being neuroresponsive*



Challenges in being Neuroresponsive

There are several challenges to being neuroresponsive in prisons. Prison staff's own biases around neurodivergent conditions may influence the extent to which need is identified and how it is responded to. A lack of understanding may influence this, where behaviours that are typical of neurodivergence may be viewed as 'difficult'. There has also, to date, been a lack of systematic screening and assessment. Alongside this, different screening and needs lead tools have been used, meaning there has sometimes been a lack of consistency in approaches to identifying need.

There have also been challenges with information sharing between health and prison providers. Learning opportunities have arisen through this which, as highlighted earlier in this paper, has led to opportunity for external service providers to offer a needs-led approach to signposting possible neurodivergence in prison forensic populations.

Another challenge is how to identify neurodivergence that is hidden. For example, women who have autism can be quite skilled in masking this through their experiences of social conditioning because of societal expectation around women being social and adaptive. This means there could be many women in prison who have autism, who are much harder to identify.

One significant challenge in being responsive to neurodiversity is the very complex needs of the prison population. Co-occurring and comorbid conditions are common, as are experiences of Adverse Childhood Experiences/ trauma, mental health, personality and substance abuse disorders. This makes room for erroneously attributing presentations to one factor or another. Adopting a needs-led approach which focusses on responding to the presenting need, is one way in which we can work with this challenge within prison populations.

Historically, approaches have been to 'adapt' services designed for people who are considered neurotypical, for those who are neurodivergent. For example, practice has been to use neurotypical approaches and where neurodivergent traits have been identified or 'show up'. This is of course responsive and a much better option than not being flexible to meet needs. However, we argue that greater focus on identifying neurodivergence at the earliest opportunity, however that is done, is still needed in practice. This will help support proportionality and specificity of the adaptations, which should ideally be done in collaboration with the expert; the prisoner themselves.

Practical Guidance for Frontline Prison Staff

Bringing about fundamental change in how we respond to neurodivergence sounds challenging but can be brought about by the collective effort of individuals adopting a neurodiverse responsive approach from the start of their engagement with prisoners/people on probation, or colleagues. Below are some suggestions for how individuals can make changes to take neurodivergence into account:

- ❒ Take a moment to learn more about how an individual processes and remembers information, their sensory experience, learning and communication styles. Ask if they wish to share with you any information about these areas and what works best for them. For prisoners, check core/education and other records regarding neurodivergent diagnosis. Speak with your NSM for advice/guidance.
- ❒ Be mindful of your own misconceptions about neurodivergent conditions and seek out further information and training regarding these conditions to support a more informed understanding of how they are experienced. Misconceptions can contribute to the misinterpretation of neurodivergent challenges. For example; failing to attend appointments because of a poor memory, as indicative of non-compliance, laziness or lack of interest.
- ❒ Remain mindful of frequently co-occurring conditions such as anxiety and low mood, which may affect motivation and engagement.
- ❒ Take a range of actions that are neuro friendly — one size does not fit all and the broader the range of responsive approaches you can adopt the more likely it will benefit others.
- ❒ Avoid over relying on written text to communicate messages. Use dyslexia/neurodiverse friendly formats for communicating with individuals. Include icons and pictures to communicate messages.
- ❒ Assist individuals to navigate their way around prisons using clear and consistent signposting, colour schemes, way finders, symbols.
- ❒ Reduce the sensory impact of the environment (e.g. using low arousal colours on walls, reduce the use of fluorescent lighting, find quieter spaces in which to hold meetings with the individual, minimise strong smells etc.).

- ❒ Use clear, concrete language and avoid abstract or figurative language when communicating.
- ❒ Provide time and space for the individual to process new information and repeat information as often as necessary, presenting the information in a variety of formats (e.g. handouts, stories, visuals, model behaviours you wish individuals to practice, social stories etc.).

Practical Guidance and Considerations for Senior Leaders and Policy Teams.

Strategy: Ensure that you develop a vision and strategy to help respond to neurodivergence within the prison population. A clear strategic approach to the commissioning of projects and initiatives being implemented across prisons, and incorporating the above suggestions, can support a comprehensive response to neurodiversity within the prison population.

Cross- fertilisation: Consider sharing a draft of your strategy, plan or policy with a colleague outside of your team and area of expertise. Ask them for a critique on how well evidenced neuroresponsivity is.

Ensuring that an equality analysis is undertaken prior to developing any policy would help guide the development with neuroresponsivity in mind. Focussing on how the policy will impact on neurodivergent staff, prisoners, and people on probation will support senior leaders to identify adverse impact or any gaps in their consideration of neurodivergence.

Access training on neurodivergence: Neurodivergence awareness may not immediately come to mind as part of your continued professional development but training in this area will enhance thinking around practice and staff care and management.

Reflective Practice Questions

The aim of this paper has been to promote curiosity and question our practice in supporting neurodiversity within prisons. We encourage readers to reflect on these questions as part of continued professional development, perhaps in meetings with supervisors, line managers, and with peers.

- ❒ Think about when you might have described someone's behaviour as difficult? Did you consider what the behaviour was about, and how it might link to neurodiversity? How might you do this now?
- ❒ How do you represent consideration of neurodiversity in your work?
- ❒ Are you strengths-led or problems-led? How might you achieve more balance in your approach?
- ❒ What commitment can you make in the next 12 months to work on neuroresponsivity becoming more present in your practice? How will you monitor this?

Conclusion

We hope that this article has prompted the reader, regardless of profession or experience in working with neurodivergence, to think about how to enhance and develop their practice in this area. We have argued that a shift in focus should move towards neurodivergence as the mainstream in prisons, which would prompt thinking from the start of engagement with prisoners, development of assessment, policy and practice.