

JOURNAL

PRISON SERVICE

September 2025 No 280

Special Edition:
Neurodiversity

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Kirsty is currently on probation and is interviewed by **Tassie Ghilani**, the HMPPS Reducing Reoffending National Lived Experience Lead, about her experience of custody with an Autism Spectrum Disorder diagnosis.

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The Editorial Board wishes to make clear that the views expressed by contributors are their own and do not necessarily reflect the official views or policies of the Prison Service.

Printed at HMP Leyhill on 115 gsm and 200 gsm Galerie Art Satin

Set in 10 on 13 pt Frutiger Light

Circulation approx 6,500

ISSN 0300-3558

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Editorial

Dr Helen Wakeling is a Chartered Research Psychologist, and Founder and Partner of KTA Research and Consulting LLP. **Rachael Mason** is a Senior Lecturer in health and care sciences at the University of Lincoln.

Neurodiversity encompasses the entire spectrum of human brain variation, and these individual differences amongst us all should be celebrated. However, to date, within the Criminal Justice System (CJS), there have been concerns about the experiences and outcomes of people with neurodivergence in prison and on probation. In recent years there has been increased focus and attention on neurodiversity, which has been much welcomed. This focus has been on improving the experiences and outcomes of neurodiverse people within the CJS.

The review of evidence of neurodiversity in the CJS published in 2021 perhaps fuelled the speed of this movement.¹ This review concluded that whilst there was evidence of good local practice in some areas, this was not consistent. Too often, too little was being done to understand and meet the needs of individuals. The recommendations from this report included adopting a coordinated, cross-Government approach, developing a common screening tool, gathering data systematically, improving awareness and training of staff, making adjustments to meet the needs of individuals, and improving joined up, collaborative working to do so.

It's been 4 years since this review, and this special issue of the Prison Service Journal examines the current situation on this topic. There have been developments which are reported on which we hope will begin to improve outcomes for people with neurodivergence. But most importantly, this special issue puts lived experience at its heart. Working with, and using the insights of, those with lived experience will be the best way to ensure we build an inclusive and accessible CJS for all going forward. The edition also has a particular practitioner-focus. It attempts to highlight what we can all be doing to ensure that we are being as responsive as possible. Many of the articles include and discuss key definitions such as *neurodiversity*, *neurodivergence*, and *neuroinclusive/responsive*. We felt it necessary to keep these discussions in each article, helping to contextualise the writing from the authors on their topics.

The edition has seven articles and interviews. We hear from **Usman** and **Kirsty** first in: *The experience of prison by individuals with neurodivergence: A lived*

experience perspective. In these two interviews, Usman and Kirsty, diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) respectively, share their struggles with serving prison sentences. Hearing their stories provides a powerful description of the difficulties which neurodivergence can create for people and helps us understand what changes might be most helpful. Ensuring the lived experience of being neurodivergent is recognised and harnessed features strongly in all articles in this edition, therefore starting our edition with these insights helps to keep this focus.

The importance of good assessment and identification of neurodivergence amongst criminal justice populations is clear. In *Screening for neurodivergent traits: The Do-It profiler*, **Professor Amanda Kirby** discusses why screening and having an embedded system in prisons is so fundamental. She introduces the Do-It-Profiler system and importantly describes the learning that has been gleaned from gathering data using this tool. She shares findings around young people, women, men, as well as the links between neurodivergence and mental illness.

Rachael Mason, Dr Siân Allen, Dr Niko Kargas and Dr Lauren Smith from the University of Lincoln and the NHS report on *Supporting autistic people and people with learning disabilities in prison: Service evaluation and care pathway development*. They identify key issues such as inconsistent screening and support services, and a lack of staff training. Recommendations included the testing and evaluation of a universal care pathway, enhancing staff training, improving information sharing, and increasing resources. The work conducted in both the evaluation and the development of the care pathway emphasises the benefit and importance of peer-led initiatives, consistent assessment approaches, and multi-agency collaboration, aiming to improve care and outcomes across the CJS. The article concludes with recommendations for practice, highlighting the importance of involving people with lived experience in service design and delivery.

It becomes clear from the papers as we progress through this edition that staff training is essential to

1. Criminal Justice Joint Inspection. (2021). *Neurodiversity in the criminal justice system: A review of evidence*. Criminal Justice Joint Inspection.

help equip people with knowledge and skills to support neurodivergent people. We hear this from Dr Luke Vitner in *Learning from lived experiences: Using the voices of autistic people in prisons to inform staff training*. Luke presents a summary of his extensive and fascinating research examining the experiences of autistic people in prisons, and within the context of programmes and rehabilitation. The article highlights that autistic individuals are more likely to be victims rather than perpetrators of crimes and face unique challenges in prison environments. The article also addresses the challenges faced by prison staff, such as compassion fatigue and the need for better training. This work has culminated in the development of training workshops and training materials for prison staff, to enhance awareness and understanding of autism amongst prison staff, a key priority for His Majesty's Prison and Probation Service.

One of the key developments across our prisons in recent years has been the introduction of Neurodiversity Support Managers (NSM) in HMPPS prisons. This was one key part of the Cross-Government Action Plan, produced in response to the aforementioned evidence review.² In *Neurodiversity Support Managers: Improving support for neurodivergent people in prison*, **Lucy Chadwick** and colleagues (**Donna Smith-Emes, Holly Owen, Rosalind Collier, Liz Duffy-Griffiths, Dainya Pinnock, Louise Henson, and Rebecca Stokes**) present seven case studies, each written by an NSM in post, providing examples of the fantastic work they currently do including improving the induction processes, enabling access to purposeful activities, enhancing prison safety, developing supportive environments, delivering targeted workshops, addressing barriers to sentence progression, and preparing people for release. These case studies highlight the varied areas of focus required to support neurodivergent people depending on differing needs of prisons and their populations. It is exciting work and progress to see.

Responsivity has to be the cornerstone of working with neurodivergent people. In *Responsivity in HM Prisons: From neurotypical to neurodivergent*, **Laura**

Ramsay and **Dr Karen Thorne** advocate for a shift to a neurodivergent-centric framework, arguing for the importance of a strengths-based approach which celebrates unique abilities. The paper also presents practical strategies for prison staff, senior leaders, and policy teams to implement neuroresponsive practices in their everyday work. The article concludes by advocating for neurodivergence to be considered mainstream in prison practice, encouraging reflection and continuous professional development to enhance support for neurodivergent people in prison.

The special edition ends with an article by **Dr Tom Smith** and **Dr Nicole Renehan**: *The neurodivergence in criminal justice network: Connecting research, professionals and lived experience to improve criminal justice practice*. In this article the authors describe the development and work of the Neurodivergence in Criminal Justice Network (NICJN), which is a group of researchers, practitioners, and community members who are interested in addressing the challenges faced by neurodivergence in the CJS. With over 300 members, NICJN engages in various activities, including resource collection, newsletters, and advisory group meetings, to raise awareness and drive positive change. The network is open to anyone interested in neurodivergence in criminal justice, and information on how you can get involved is included in the article.

Finally, we do not pretend that this issue covers all the important aspects of neurodiversity; it doesn't. It is mainly based on men living in prison. There is not enough in here about women, or young people, or about experiences and developments in probation, or about the numerous ranges and types of neurodivergence or intersectionality. We also do not cover neurodiversity amongst staff in the CJS. These are all important areas where we know great work is being done and which we need to learn more about. But we hope this special edition provides a starting point from which to enhance our understanding of neurodivergence in the CJS. Through highlighting lived experiences and practical strategies, we hope to inspire ongoing dialogue and action towards a more inclusive and supportive environment for all.

2. Ministry of Justice (2022). *A Response to the Criminal Justice Joint Inspection: Neurodiversity in the Criminal Justice System, A Review of Evidence*. Ministry of Justice.

The experience of prison by individuals with neurodivergence:

A lived experience perspective

This article brings together two separate interviews conducted with two neurodiverse individuals who have had experience of imprisonment. In doing so it brings to the fore the lived experience perspective which is so vital to hear. The interviews are presented together to represent perspectives from individuals with different neurodiverse traits, and to reflect on how a diagnosis whilst in prison may impact peoples' experiences differently (one of the interviewees was diagnosed in childhood, the other following imprisonment).

Interview 1

Usman Anwar is currently a member of the HMPPS workforce employed as a National Lived Experience Lead in the Resettlement and Reducing Reoffending Team. Here he shares his experience of custody and navigating that with neurodivergence. He is interviewed by Dr Helen Wakeling, a Chartered Research Psychologist and founding partner of KTA Research and Consulting.

The interview took place on Tuesday 1st October 2024.

If you're happy to please can you tell me about your neurodivergence? If you've been diagnosed, what is the diagnosis and when was that made?

I have Attention Deficit Hyperactivity Disorder (ADHD). My neurodivergence is ADHD. Less on the hyperactive side of things, and more on the attention and distraction side of things. I get easily distracted. The diagnosis was made in 2021 or 2022. It wasn't a diagnosis by the NHS. It was picked up by one of my managers at the time. She saw signs and then she did a workplace health assessment, which led to an external psychology assessment. I went to a private clinic. I had a fully qualified clinical psychologist who did the assessment and walked me through the tests, and then came up 'yes, this is the diagnosis — we believe you've got ADHD'. Which is the first test I passed full marks by the way!

And how did you feel when you got that diagnosis?

I was a bit shocked at first. It's funny because you think that this just what happens to other people. Like I was aware of neurodiversity, but I always used to think that happens to other people, and I need to help other people, and you don't necessarily relate it to yourself. And then when I was being told 'yes you have ADHD', I was a bit shell shocked.

And then once I started to get to grips with it, I thought, ok what's ADHD? Let me learn a bit more about it. Let me educate myself a bit more. The more I started to learn, the more I felt like I was reading a book

about myself. I started thinking ok, yeah, I do that. Oh, so that is why I do that. Ok so this is why I feel like that. And you start to kind of learn about yourself. But you also come to the realisation that it's not so bad to be diagnosed because it's actually an answer to certain things and the way you've been doing things for years. I only got diagnosed in my adult life, so I started to imagine how this could have helped back when I was younger. Do you know what I mean?

Yes, absolutely. So, you weren't diagnosed when you were living in prison? Can I just take you back to that point. What was your experience of prison life?

So, I've been to prison on two separate sentences. For the first sentence I served around 2 years, and for the second sentence just under 4 years. The first time was when I was 17, and it was a shock to the system, because you are now living in a new reality, a new regime. You can't do what you want, you have to wear prison clothes, and you are forced into this setting which is not the most supportive. And it's not conducive to those with neurodiversity. That was my first sentence. In my second sentence it was a bit easier in one way because I had some familiarity, so I adjusted more easily. I was still undiagnosed, but I was able to better adjust to the processes and systems. But there were still things which frustrated me and irritated me more than they would a normal [neurotypical] person.

And can you remember your first night and first few weeks in prison? What were they like?

I can. You know, ironically, no matter how long passes, you will never forget your first night in prison.

It's vivid in my memory. I was in Rochester prison. You're given these clothes, you're given a big orange blanket, a thick kind of fire blanket. You're taken to a room where you can touch the walls with both hands. And there's a toilet. There's a little TV with no remote. It's not a welcoming environment and it's one you have to get accustomed to really quick. You have to adapt, you have to accept it really quick, otherwise that can get to you for the rest of your sentence. And I was lucky in the sense that I actually knew someone that was already there. Looking back, maybe that wasn't the best of things because I got in trouble, but it did help because there was a sense of familiarity, and especially being neurodiverse, new environments, new people, uncertain environments, can kind of make you want to run.

So how did you adapt over time to prison life?

Like any 17-year-old, I rebelled a lot, so I was pushing back to the system, so to speak. Always questioning, why are you asking me so many questions? I already told this to the probation office, and now I'm telling you — why do I have to keep repeating myself? I didn't take the time to stop and think, what is this person actually wanting from me and trying to help me with? And I was very resistant and disengaged. But then there was also an element of a bit of a bravado and falling in with the crowd because that's what all your peers do as well. I was lucky in the sense that a lot of my peers from my area in London knew other people in the prison. So some people knew of me, and my standing in the community kind of carried on with me in prison. That did kind of help with my adjustment. But it was more the processes and the systems and the regimes which I couldn't get accustomed to.

In what way did you find processes and systems difficult? Could you please expand on that?

In prison there are domestics — you have to wake up and be up at this time, and be ready at your door, even if you've got nothing on. You have to wear uniforms. I didn't like that. I've got my own clothes, why can't I wear them? Also having to repeat everything multiple times. You do your competency examination for English. I did one in Belmarsh prison. I did one in Rochester prison. And I was asked to do

another one in Chelmsford prison. I didn't understand why they had to get me to do this again and again. And because I didn't understand why, I immediately shut down and refused to complete it again. It's processes like that I couldn't get my head around. Instead, I would refuse, stand strong, get in trouble and get sent to the block. Nobody explained it to me. I understand better now why I did that. But now I'm living *with* my neurodiversity, not against it, and I'm making the best of me now.

How well did HMPPS support your needs when you were in prison?

If you're talking standard duty of care, then they did that. I was fed, I was able to get my clothes, there was a minimum standard of care. If you're talking neurodiversity-wise, then there wasn't any support. Not for me when I was in prison. There were no neurodiversity staff, and no one looked for the underlying cause of my behaviour. And I'm just one of many. There are many adults in prison with undiagnosed autism. And it sometimes seems like they did the minimum but didn't support with my additional needs. There was no formal plan to support me, no one spoke to healthcare to get a formal diagnosis. I think that's prevalent across the system and is something we need to improve.

How would things have been easier if you had been diagnosed when you were in prison?

I would have been less in trouble, and down in the segregation unit less. I would have definitely got more out of it and been able to achieve my equivalent GCSEs quicker, which would have given me a better standing in the community. When Rochester prison got converted into an adult prison, and they started taking in adults, there was more opportunities like Open University and further education, which (had I engaged with) would have then helped me on my first release because I would have had more qualifications and groundings. But because I was undiagnosed it looked like I was just being resistant to certain processes and procedures. This wasn't just in the custodial setting, but in the school setting as well as college. I wasn't supported because I was unaware of my neurodiversity. No one took the time to be like, 'look, the reason you can't focus or the reason you're being distracted is because you've got this. Do you mind taking a test?' There was no one that was concerned about me

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enough to put in the effort to check where my issues stemmed from. In the school setting, the court setting, and even the custodial setting no one stepped up to say that I was showing signs of neurodiversity, showing signs of ADHD. I was distracted, talkative, didn't get simple facts that are simple for most people. It takes me a bit longer to do things. It will take me an hour to do something that will take others 10 minutes. I store information differently. I've read Harry Potter twice as I forgot it the first time I read it. It's a good thing in a way because I can watch a movie again like it's the first time I've watched it. But you know in different environments, and particularly those detrimental to my life, it would be good to be aware of what structures I could put in place to keep my life improved and live with my neurodiversity rather than live against it.

And how do you think having the diagnosis would have changed the way you behaved in prison?

I know what difference a diagnosis has made to me now as an adult. I wasn't a bad child or a rude child, I'm not like that. I was diagnosed a few years ago and someone took the effort to walk me through why I sometimes don't get things, suggesting that it's a good idea to take notes, or this is a good way to retain information, because I learn differently from neurotypical people, and now I'm aware of that. When I'm in meetings or in a work environment and doing work tasks and I don't get something, I speak up and say can you repeat that or check that I've understood something correctly. And then I write it down. You carry shame with neurodiversity, and before if I didn't understand something expressed in a meeting or work environment, I'd bite my tongue and not do the work, and then make excuses, which increases anxiety, and makes you want to run away and hide. But now with the awareness that I have, the structures I have put in place, and the education I have around ADHD, I don't do that. If I had that awareness and information back then I might have been able to put myself on a different path so I could walk away from situations. In frustrating situations now, I need to breathe. Whereas in prison I'd react immediately, and get myself fired up, and put in the block, arguing with everyone and causing more issues and tension. My neurodiversity wasn't seen. No one bothered to put in the effort to say 'wait hold on, this is not a bad child, he

is having difficulties, let's have a chat with him'. Instead, it was put down to me being a troublemaker. I was a show off in college. In custody I was a prisoner acting up so was punished. There was no point when someone actually bothered to ask if there was another reason why I was behaving as I was. Could there be an underlying cause for the behaviour? In my case it was my neurodiversity which gave me a fun start to life!

We've talked about what things were like in prison, what about when you were released from prison? What was your experience of release from prison like?

The first time was a bit crazy, but the second time was much better because I had reached a point in my own life when I needed to do things differently, so I started to get myself in the mindset of trying to change, gain employment and stuff. But looking back it was still difficult because I was unaware of my diagnosis and my distraction. So, when I was applying for jobs and getting frustrated about not hearing back, I would go and do something which doesn't support me and my progression. But I did finally get a job and settled into it well. But when I was on probation, I had seven different probation officers, and one thing that's particularly unnerving to someone with ADHD but also showing some traits of autism, is inconsistency. I had seven probation officers, and I had to keep repeating my story and journey to each of them. I couldn't understand why I had to keep repeating myself and why they didn't just pass notes on to each other. And then when Covid hit, most of the conversations then took place over the phone which made it harder in some ways. I didn't really get support with employment either.

And if your probation officers had known about your ADHD diagnosis, how do you think that might have helped?

It would have definitely helped with the relationships I had with them. Sometimes with my ADHD I do speak without thinking, which has caused some issues with probation staff. Had the staff known about my neurodiversity issues they might have been more understanding of this sort of behaviour. I think if probation were aware of my neurodiversity and were educated in how the condition can manifest itself it

would have made my relationship with them better, but also my management and supervision on licence way easier.

What do you think the prison service can do to better support people with neurodivergence?

Firstly, I'd say to support the people in prison you have to be aware of neurodiversity. And it's not just for the prisoners, it's also to support staff with neurodiversity and the recognition of that neurodiversity. When I was in prison there was an SO [senior officer] who rather than jumping to punishment when I did something wrong, which is the usual reaction from staff, he took the time with me to talk the issue through. He was basically practicing neurodiversity awareness without knowing that's what it was. He was communicating clearly, allowing me to take a moment, repeating explanations, and not reacting straight away. I'm a very animated person and talk with my hands. One time I actually got an adjudication for talking with my hands because the staff felt threatened. That's just the way I talk. But this SO, he was practising neurodiversity skills. And it turns out that he had someone in his family who was neurodiverse, which is why he was more practiced at doing this.

So, raising awareness and providing training for staff is important. Staff communicating clearly and knowing the signs of different neurodiverse conditions could help. Understanding that someone is not going to hit you with his hands, that is just how he talks, and it is not someone's fault if they need to be told two or three times the same piece of information. Staff need to be patient and tell people with neurodiversity information two or three times or even write it down for them. Doing this could mitigate a lot of things that would otherwise result in punishment. I once had a meeting with an SO and a Governor, and when I'm nervous sometimes I walk off, or rock backwards and forwards in my chair. This can be interpreted as being rude but I'm not meaning to. I do this to make myself feel comfortable in a setting that is uncomfortable. And if staff had understood this about me it would have been better.

I also think that we need to focus on prison culture. If we can create a culture that's more accommodating to those with neurodiversity and support people to get diagnosed, then we can create a more rehabilitative prison. We also need to support staff with neurodiversity too. If you support your employees and make sure they're well supported and getting the things they need with regards to their

health, then they'll be more equipped and willing to pay forward that support to people in prison.

HMPPS have introduced some changes in prisons which aim to better support people living in prison with neurodivergence. For example, neurodiversity support managers have been introduced to provide support to people in prison, and they have also introduced specialised wings for people with neurodivergence in some prisons. How helpful do you see these sorts of things to be?

I do think they're good initiatives and it is recognition from the Service that neurodiversity is important, as there is a higher intake of people who are showing signs of or are diagnosed with neurodiversity now. But I think it's only part of a good initiative. I think they also need to do better assessment and diagnosis in prison. Take the time to observe behaviours and identify signs people are showing. Take the initiative to get people diagnosed and offer that support they need. There are so many people undiagnosed in prison, and their issues are put down to bad behaviour or trauma. But if you dig down a bit deeper and take time to understand peoples' backgrounds, you'd get a better understanding of individuals, of the underlying causes of their behaviour but also, you'd build more positive relationships. Treat people as individuals with individual needs.

So better assessment and diagnosis 100 per cent but also link that in with post release care as well by doing better at information sharing. Improve continuity of care into the community by sharing information across organisations. If we want the best for individuals and to make the best support plan, we need to be sharing information from prison into probation and other services that someone might access in the community. Like 'this is what we've learned about so and so, he doesn't like this, he tends to show this, he finds things easier when...' and so on. And this should all start in schools and colleges. If someone comes into prison and has a history of PRUs [pupil referral units] and other difficulties from school, then this information should be passed on to the prison. Someone doesn't just arrive at prison without a history. Often it will start with a child, whose parents have left, social services have let them down, local authorities have let them down, police have let them down, youth services have let them down. It's a joint effort. All of these services need to be working together, and where issues of neurodiversity are identified this should be passed on between these services.

Interview 2

Kirsty is currently on probation and has an Autism Spectrum Disorder (ASD) diagnosis. Here she shares her experience of custody. She is interviewed by Tassie Ghilani, the HMPPS Reducing Reoffending National Lived Experience Lead.

The interview took place on Friday 18th October 2024.

If you've been diagnosed what's your diagnosis and when was this made?

Around the time of my diagnosis I was in a mainstream school, and it was obvious to everyone that I needed special education. My mum fought tooth and nail for me to get help and that is when I got diagnosed with my ASD.

With my diagnosis, I struggled with things like understanding and processing information. I have to be told one task at a time. I can't be given loads of information at once. I need people to simplify things for me so I can understand better and easily. I'm quite sensory, so loud noises can be quite triggering, especially when I am around a lot of people, but I feel like I am getting better with that.

What was your experience of prison life in relation to your neurodivergence?

Personally, for me, I thought it was quite difficult because a lot of things go on in prison, so things like the clashing of the gates, the keys, the noises, the banging. It is sensory overload and was a big trigger for me.

Can you remember the first time you went into prison? What was your first night like or your first few weeks?

So back in 2019 I was on E wing, an induction wing, and it was very traumatising because it was my first time. I didn't know what to expect. A lot of things were going on and my mental health declined. In terms of my neurodiversity, it was really, really difficult trying to grasp things and the regime. But I got through it by just having resilience and just trying to get through it myself. As I was doing things the more I felt 'ok, and that maybe I can actually do it'. It is difficult and it is really hard trying to adjust to the routine.

How did probation support you? Or did you have any licence conditions in place that were a bit tricky to think about?

I was able to go to the open prison in York - HMP Askham Grange, and I did what I needed to do there, and 6 months prior to being released they set you up with what you need in the community. Resettlement planning was something that I felt was really important. I met my outside probation officer while I was there which made it easier when I was released.

How well did the Prison and Probation Service, support you in terms of your needs?

I think the prison environment do what they can, but I think there's things that needed to be done, or maybe in place before I was on probation. But I had a really good relationship with my probation officer, and she met my needs in a way that other people haven't so that was really refreshing. I think there needs to be more done in custody, but I can't fault my probation.

So, in terms of how things could be better in prison, what do you think those things would be?

I think maybe just having workshops or rooms in custody about neurodiversity. So, then the knowledge and the education are there for other people as well as the residents and as well as the staff. I think that might be good.

What things made it easier for you in relation to your neurodivergence?

The PIPE [Psychologically Informed Planned Environment] unit was really good and so was speech and language therapy — that was really beneficial for my neurodiversity needs. Working on communication definitely helped me. I guess my personal officer as well did help me with a few things at the time.

Is there anything that made things harder for you?

It was difficult when they would just drop things on you, like I wouldn't even know I had an appointment or meeting or interview. It becomes confusing and difficult to process when they don't tell you in advance. I feel like, with neurodiverse people, they have got to know [in advance]. You need staff to let you know what's happening so you can adjust your feelings and emotions in yourself. So for someone to just tell you there and then, it's a bit of a shock.

Specialised neurodiversity wings have been introduced as well as neurodiversity support managers in prisons. Do you feel things like this will be helpful to people in prison?

I think that would be beneficial. Yeah, definitely. I mean the PIPE unit was similar to this and it was very helpful for me having the specialised staff with understanding of neurodiverse needs.

Screening for neurodivergent traits: The Do-IT Profiler system

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A diverse population of individuals come into contact with the criminal justice system (CJS), many of whom we recognise today have higher levels of often unrecognised learning difficulties, disabilities, or are considered to be neurodivergent. Various reports in the past, like the 'No One Knows' series and the 'Bradley Report',² have discussed how historically the needs of these individuals have been overlooked or inadequately addressed within the prison environment. This has led to poorer outcomes, greater rates of recidivism, and exacerbation of existing challenges such as remaining homeless when leaving prison.

At least one-third of the prison population have been described as having neurodivergent traits.³ This may be an underestimate as we may have assumed in the past that individuals who are neurodivergent will enter the justice system with an existing diagnosis and will be able to voice their needs. However, this is usually not the case. Many people entering the justice system lack any formal diagnoses and, even if they do, they may be concerned about or have difficulties expressing their specific needs. This may be due to higher levels of communication challenges, or concern that this may make them appear more vulnerable to their peers.

Encouragingly, over the past few years we have seen an increasing recognition by the Government and wider society about supporting people with neurodivergent traits, especially in the justice sector where there has been a call for more effective screening and support systems. The introduction of Neurodiversity Support Managers in most prisons in England and Wales is a big step towards raising awareness of this

population and their needs and amplifying this within the prisons.⁴

The Do-IT Profiler is an example of a screening system that can be used in prisons to support the identification of need amongst prison populations. Nearly 20 years ago the first paper was published about the Do-IT Profiler screening system,⁵ and 10 years later there was a published case study on the implementation of the Profiler in one prison and how it had been embedded in their daily processes.⁶ The gathering of data via this system has enabled further learning about neurodiversity amongst this population. Importantly, the findings from this body of research provide evidence of the need to gather comprehensive information across a person's life (past and present) to consider the compounding and accumulative impacts that may put someone at greater risk of poorer outcomes, including suicide and significant mental illness.

Understanding neurodiversity in the criminal justice system

Neurodiversity is the different ways we think, move, communicate, act and process information. Some of us have greater differences in some areas of cognitive functioning, and some describe this as having 'spiky profiles'. The 'spikes' may represent both strengths in some areas and challenges in others. These neurological differences may veer away from the 'typical' ways individuals may undertake day-to-day actions, have an impact on the person and can create challenges in fitting into society, in education and in workplaces. We use the term *neurodivergent* to

1. Prison Reform Trust. (2007). *No one knows: Prisoners with learning difficulties and learning disabilities – England and Wales*. Prison Reform Trust.
2. HM Crown Prosecution Service Inspectorate. (2021). *A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders*. HMCPSP.
3. Criminal Justice Joint Inspection. (2021). *Neurodiversity in the criminal justice system: A review of evidence*. Criminal Justice Joint Inspection.
4. UK Government. (2024, May 16). *Greater support for neurodivergent offenders in bid to cut crime* [Press Release]. <https://www.gov.uk/government/news/greater-support-for-neurodivergent-offenders-in-bid-to-cut-crime#:~:text=Neurodiversity%20support%20managers%20are%20now,adult%20prison%20population%20is%20neurodivergent>
5. Smith, J., & Kirby, A. (2006). Identification and implication of specific learning difficulties in a prison population. *Forensic Update*, 84, 15–19.
6. Kirby, A., & Saunders, L. (2015). A case study of an embedded system in prison to support individuals with learning difficulties and disabilities in the criminal justice system. *Journal of Intellectual Disabilities and Offending Behaviour*, 6(2), 112–124.

describe this move away from the 'average or typical' approaches. These cognitive variations, however, are a form of human diversity.

Autism Spectrum Conditions/Disorders (ASC/ASD), Attention Deficit Hyperactivity Disorder (ADHD), Dyspraxia (also known as Developmental Coordination Disorder (DCD)), Dyscalculia, Developmental Language Disorder (DLD), and Dyslexia are often included under the umbrella term of neurodivergent traits and conditions. They are grouped together as people often have overlapping challenges i.e., they co-occur. Another condition impacting a person's cognition includes traumatic brain injury (TBI) which is also much more common in justice settings than in the general population.⁷

Why screen for neurodivergent traits in the criminal justicesystem?

A growing body of research has identified a disproportionately high prevalence of neurodivergent individuals within the CJS compared with the general population.^{8,9} This overrepresentation is often linked to systemic factors, including poverty, care experience, homelessness, and exclusion from education. This can lead to less opportunity for early diagnosis and intervention in childhood, and the failure of educational systems to recognise needs and provide support for some neurodivergent individuals effectively. In addition to this is the impact of adversity and social disadvantage which results in many people entering the justice system with their needs not being identified.¹⁰ A range of adversity, combined with different combinations of neurodivergent traits, has been shown to have a cumulative and adverse effect.¹¹ Transdiagnostic models of functional ability across domains frequently impacted by neurodivergence are, therefore, more applicable and required in the CJS to recognise and respond to the multiple and varied needs of individuals.

Practically, neurodivergent traits could result in a significant number of people in the prison population who have difficulties understanding oral and written communication. This can result in them being more vulnerable and at risk of negative consequences from not adhering to rules or instructions, alongside a lack of

ability in understanding the legal and justice processes. It is well documented that conditions such as ADHD, ASD, DCD, DLD, Dyslexia and TBI are all associated with reduced academic achievement, unemployment and/or poor employment.¹² This highlights the importance of screening for neurodivergent traits and for them to be recognised and supported, enhancing the opportunities for rehabilitation and successful resettlement back into the community.

What to screen for in prison?

In the past, while there has been interest in considering neurodivergent traits and conditions, we have often focused more on men in prison, and on screening for specific conditions in isolation, e.g., Dyslexia, ADHD or ASD. The challenge with this approach is that many conditions often overlap with each other.¹³ Specifically, in the prison context we have found that while there are higher rates of DLD,¹⁴ ASD and ADHD traits compared with the general population, the greatest impact for the person is the accumulation of different cognitive factors across different conditions, rather than being clearly defined and falling neatly within one single condition. The reality is, unless we consider the varying factors of adversity and neurodivergent traits, we may miss intersecting and compounding factors. This may change the potential of interventions, their design, and their effectiveness, highlighting the need to screen for multiple neurodivergent traits and related conditions. This includes TBI, as without specifically and routinely enquiring about this when screening, TBI may be missed all together or considered to be symptoms associated with ADHD. Importantly, unless there is screening across neurodivergent related conditions, needs will not be efficiently and comprehensively identified to allow the best possible chances of supporting individuals in this setting.

Screening for young people

When we look at young people in the justice system and consider who has greater challenges, we

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7. Kent, H., & Williams, H. (2021). *Traumatic brain injury*. HM Inspectorate of Probation.
 8. Kent, H., Magner-Parsons, B., Leckie, G., Dulgar, T., Lusiandari, A., Hogarth, L., Williams, H., & Kirby, A. (2024). Profiles of vulnerability for suicide and self-harm in UK prisoners: Neurodisability, mood disturbance, substance use, and bullying. *PLoS One*, 19(1), e0296078.
 9. See footnote 3: Criminal Justice Joint Inspection. (2021).
 10. Francés, L., Ruiz, A., Soler, C.V., Francés, J., Caules, J., Hervás, A., Carretero, C., Cardona, B., Quezada, E., Fernández, A., & Quintero, J. (2023). Prevalence, comorbidities, and profiles of neurodevelopmental disorders according to the DSM-5-TR in children aged 6?years old in a European region. *Front Psychiatry*, 10, 1260747.
 11. Dinkler, L., Lundström, S., Gajwani, R., Lichtenstein, P., Gillberg, C., & Minnis, H. (2017). Maltreatment-associated neurodevelopmental disorders: a co-twin control analysis. *J Child Psychol Psychiatry*, 58(6), 691-701.
 12. French, B., Nalbant, G., Wright, H., Sayal, K., Daley, D., Groom, M, J., Cassidy, S., & Hall, C, L. (2024). The impacts associated with having ADHD: An umbrella review. *Front Psychiatry*, 21(15), 1343314.
 13. Cleaton M. A. M., & Kirby, A. (2018). Why do we find it so hard to calculate the burden of neurodevelopmental disorders? *J Child Dev Disord*, 4(3), 10.
 14. Winstanley, M., Webb, R. T., & Conti?Ramsden, G. (2021). Developmental language disorders and risk of recidivism among young offenders. *Journal of Child Psychology and Psychiatry*, 62(4), 396-403.

can see rates of ADHD, for example, as high as 74 per cent among young people who have been sentenced multiple times.¹⁵ Young people have been noted to be particularly at risk of missing out on appropriate diagnosis and support. Several factors can contribute to this including the reality that parental engagement with health and education services may have been limited, making early identification less likely. Additionally, these young people often have had disrupted educational histories, like school exclusion or being moved around the child welfare system. Young people who have been under institutional care also often have a complicated trajectory, making them particularly susceptible to being missed or incorrectly diagnosed. This all contributes to a lack of formal diagnosis and the necessary support being in place, highlighting the importance of screening for young people in the justice system.

Screening for women

Relatively recent research in the general population has shown that women with ADHD and ASD present differently to men with the same conditions.¹⁶ These differences have often led to underdiagnosis or misdiagnosis altogether. Women with ADHD, for example, often show less disruptive symptoms and are more likely to be inattentive, making their condition less obvious to others when in school. Similarly, women with ASD generally have presentation styles that are different from men, masking how they are feeling, and may include higher levels of social motivation and fewer repetitive behaviours. They are more likely to have been identified with mental health conditions rather than ASD or ADHD.¹⁸ This may mean that the presentation and history given by women in prison may not align to any formal diagnoses they have and their experiences, making screening a vital support mechanism.

Having an embedded system in prisons

In a prison context, an embedded system refers to a specialised, integrated solution designed to address specific needs within the environment, particularly in the management, support, and rehabilitation of people in the prison system. These systems are 'embedded' into the everyday operations of the prison, meaning the information can be integrated into existing processes, routines, and infrastructure to function seamlessly within the prison setting. Embedded systems can potentially be integrated into the daily operations and existing systems, including prisoner management software, educational programmes, or healthcare services. They can often automate routine tasks such as, in this context, undertaking the screening of all prisoners for neurodivergent traits and other related factors.

What is the Do-IT Profiler system?

The Do-IT Profiler is an example of a tool that can be part of an embedded system and was first developed in prisons more than 15 years ago.¹⁹ The validity of the tool has been established in a series of papers published from as early as 2006 through to 2024.^{20 21} The first iteration of the embedded system recognised the overlapping nature of neurodivergent conditions and was developed by

comparing different populations, including mainstream, justice and clinical populations and highlighting the differences in prevalence rates. The system was developed especially to aid identification of a range of neurodivergent traits and captures other background information such as educational experience, exclusion and history of brain injury. The outputs provide a personalised picture of strengths and challenges to aid in providing support for people with additional learning needs and neurodivergent traits.

The reality is, unless we consider the varying factors of adversity and neurodivergent traits, we may miss intersecting and compounding factors.

15. Young, S., Moss, D., Sedgwick, O., Fridman, M., & Hodgkins P. (2015). A meta-analysis of the prevalence of attention deficit hyperactivity disorder in incarcerated populations. *Psychol Med*, 45(2), 247-58.
16. Mayes, S. D., Castagna, P. J., & Waschbusch, D. A. (2020). Sex Differences in externalizing and internalizing symptoms in ADHD, autism, and general population samples. *J Psychopathol Behav Assess*, 42, 519-526.
17. Kirby, A., Williams, W. H., Clasby, B., Hughes, N., & Cleaton, M. A. M. (2021). Understanding the complexity of neurodevelopmental profiles of females in prison. *International Journal of Prisoner Health*, 17(4), 425-438.
18. Attoe, D. E., & Climie, E. A. (2023). Miss. Diagnosis: A systematic review of ADHD in adult women. *J Atten Disord*, 27(7), 645-657.
19. See footnote 6: Kirby, A., & Saunders, L. (2015).
20. Smith, J., & Kirby, A. (2006). Identification and implication of specific learning difficulties in a prison population. *Forensic Update*, 84, 15-19.
21. See footnote 8: Kent et al. (2024).

From its first steps conceptually to today, it has been developed and tested with the continuing support from forensic psychologists, educational psychologists, teachers, end users (people detained in prisons), health professionals working in the field of neurodivergent conditions, and medical professionals.

The modular screening system sits on a management platform, accessible to people in prison where they can complete the screening tool themselves as part of a group session facilitated by staff. There is an accompanying training video to explain what is being asked and why. The system then collects and processes data in real-time allowing prison staff to understand people's communication needs and deliver timely interventions and targeted support where necessary. The Do-IT tools screen for neurocognitive abilities and functional skills to quickly understand a person's learning and communication needs, and can highlight if further assessments may be needed. The system also captures background factors including mental health and wellbeing in recent times and the past, and about specific physical (including brain injury) and sensory needs. Importantly, the Profiler system is accessible in design and delivery allowing, for example, those with low literacy levels or who may have English as an additional language, to effectively access the screening tools.

In a roll out of the system in a prison (unpublished), the average completion time for 'basic' initial neurodiversity screening based on 4000 prisoner completions was between 21-25 minutes. Once completed, the screening tool immediately and automatically generates an in-person report with practical and easy to use guidance for both staff and the person in prison. The reports flag those where further assessment may be required and indicates those with potentially higher level of learning needs, indicating where there are specific challenges. The individual person's report collates the information into strengths and challenges, providing guidance which has been developed for the prison context. The guidance and outputs have also been designed to be

accessed by adults who have an average reading age of 8-9 years, recognising that many prisoners may have high support needs relating to literacy, dyslexia, or communication challenges.²²

The flagged information can be used by suitably qualified professionals, including those in psychology services, learning disability services, nursing, or specialist education, to guide their decisions on a need for further assessment for diagnosis of particular conditions. By offering clear, targeted recommendations, the tool supports both educational and rehabilitative outcomes, enabling the individual to receive the right support at the right time. The data from the system can also support the identification of wider potential support services across the prison regime.

The outputs provide a personalised picture of strengths and challenges to aid in providing support for people with additional learning needs and neurodivergent traits.

What learning have we gained from Data from the Do-IT profiler so far?

One of the advantages of applying systems like the Do-IT Profiler is that it enables the gathering of large datasets to help further explore prison populations and therefore to better examine the variety and complexity of neurodivergent traits within these.

Young people

The data gathered suggests that more than half of the young people in the CJS screened using

Profiler tools have one or more neurodivergent traits.²³ Seven percent had traits relating to three conditions and 8 per cent had traits associated with four co-occurring conditions. Less than a third of the young people presenting with ADHD traits had a prior diagnosis of ADHD, and there was a similar picture for Dyslexia. The pattern of adversity reported demonstrates how incorrect assumptions may be made if there is an incomplete history. For example, of the young men with severe functional difficulties, nearly a quarter reported having experienced at least one head injury, and a sixth reported having experienced at least one head injury with loss of consciousness.²⁴ It is possible, therefore, that for some, their difficulties are acquired rather than developmental. There is the

22. NOVUS. (2023). *Breaking prisoner recidivism cycle with functional skills*. Available from <https://www.novus.ac.uk/news/functional-skills-in-prison-education/>.

23. Kirby, A., Williams, W., Clasby, B., & Cleaton, M. (2020). Young men in prison with Neurodevelopmental Disorders: missed, misdiagnosed and misinterpreted. *Prison Service Journal*, 257, 46-58.

24. Sinopoli, K. J., Schachar, R., & Dennis, M. (2011). Traumatic brain injury and secondary attention-deficit/hyperactivity disorder in children and adolescents: the effect of reward on inhibitory control. *J Clin Exp Neuropsychol*, 33(7), 805-19.

potential if we do not consider TBI that it may be misdiagnosed or missed, and symptoms will be associated with ADHD instead.²⁵ The findings also highlight that the Profiler can not only support individuals who have traits that fall into a specific condition, but also those who have a mixed pattern of neurodisability or co-occurrence who may otherwise have been missed, misdiagnosed or misunderstood. The Profiler can lead to more specific and tailored intervention, or signposting them for further assessment for formal diagnosis.

Adult women

A study published in 2021 was one of the first to explore the relationships between functional difficulties (including communication, coordination, organisation, literacy, and numeracy), neurodivergent traits, mental health, and head injuries among incarcerated women.²⁶ It examined the potential associations with neurodivergent conditions, mental health conditions, head injuries, self-harm, and suicide attempts.

Of the 87 women screened, half reported difficulties in one or more functional cognitive domains. Important to note was that all possible combinations of difficulties were present. Despite the level of challenges, only eight women reported a previous neurodivergent diagnosis, suggesting significant under-diagnosis or lack of recognition. The study found a strong association between neurodivergent traits and a history of self-harm, suicide attempts, and mental health diagnoses. Head injuries were reported by 32 per cent of participants but were not significantly linked to functional difficulties.

The research highlighted, at the time, the inadequacies of current systems in identifying women with functional impairments and adversity in the justice system and the widely varying presentations. If the women had been screened for one neurodivergent condition, their cumulative functional challenges would have been missed.

The findings suggested the need for comprehensive profiling of women in prison and emphasised the need for interdisciplinary collaboration and shared training across professionals in the prison systems.

Adult men

Several papers have been published reviewing large samples of data from the male prison population with some important findings, particularly around the impact of early life experiences. One study examined whether factors such as neurodivergent traits or conditions, substance use, school exclusion, homelessness, and unemployment persist in Looked After Children (LAC) who were subsequently imprisoned.²⁷ Data from 2,832 sentenced men were analysed, comparing those who were LAC (n = 631) to those who were not (n = 2,201). The findings indicated that those who were LAC had higher rates of traits associated with dyslexia, ADHD, ASC and DCD.

Additionally, LAC were more likely to have experienced exclusion from mainstream education, with 24 per cent having attended a Pupil Referral Unit (PRU; a facility for children excluded from mainstream education). LAC were also more likely to struggle with substance use problems, homelessness, unemployment and inability to work due to disability. These findings suggest that people who have been 'multi-system children' have faced multiple layers of disadvantage that may persist into adulthood, and which may contribute to their over-representation in the CJS. The study underscores the importance of targeting people who have a history of being LAC, and their recognised increased vulnerability. It also highlights the intersection with several adverse events that may have a cumulative impact in the person.

A second study reiterated these findings and examined the relationship between school exclusion, neurodivergent traits, and age at first conviction among 3035 convicted adult men in one prison, once again using data from the screening tool.²⁸ The findings

There is the potential if we do not consider TBI that it may be misdiagnosed or missed, and symptoms will be associated with ADHD instead.

25. van der Kolk, B. (2018). The John Bowlby Memorial Lecture 2006. Developmental trauma disorder: a new, rational diagnosis for children with complex trauma histories. In S. Benamer, & K. White (Eds.), *Trauma and attachment* (pp. 45-60). Routledge.

26. Kirby, A., Williams, W. H., Clasby, B., Hughes, N., & Cleaton, M. A. M. (2021). Understanding the complexity of neurodevelopmental profiles of females in prison. *International Journal of Prisoner Health*, 17(4), 425-438.

27. Kent, H., Kirby, A., Leckie, G., Cornish, R., Hogarth, L., & Williams, W.H. (2023). Looked after children in prison as adults: life adversity and neurodisability. *Int J Prison Health*, 19(4), 512-523.

28. Kent, H., Kirby, A., Hogarth, L., Leckie, G. B., Cornish, R. P., & Williams, H. (2023). School to prison pipelines: Associations between school exclusion, neurodisability and age of first conviction in male prisoners. *Forensic Science International: Mind and Law*, 4, 100123.

indicated a strong association between school exclusion and earlier first convictions, with multiple exclusions correlating with progressively younger ages of first contact with the CJS. Specifically, and importantly, those excluded once, 2—3 times, and four or more times were convicted 3, 5, and 6 years earlier (respectively) on average than those never excluded. Additionally, 45 per cent of the excluded cohort had been sent to a PRU. These individuals were first convicted 2 years earlier than those excluded but not referred to a PRU, and 6 years earlier than those never excluded, suggesting that PRU referral is associated with an increased risk of earlier conviction compared with exclusion alone. Impact related to neurodivergent traits, indexed by lower scores on the neurodivergent screener within the Do-IT system, were also linked to younger ages of first conviction. Each standard deviation decrease in functional skills was associated with a 0.5 year earlier conviction age. Moreover, a correlation between school exclusion and functional skills scores suggested that exclusion may be a pathway to criminalisation for children with neurodivergent traits.

This study and the previous one highlight the critical link between school exclusion, neurodivergent traits, and earlier CJS involvement, emphasising the need for more targeted interventions to prevent children with neurodivergent traits from becoming entrenched in the system. Adults with this history, if they are already in the CJS, also need to be recognised as requiring greater support in areas like employment, housing, and substance use, to aid their reintegration into the community post-release.

Mental illness and neurodivergent traits

One of the latest research studies to be published, in 2024, highlighted the importance of screening for vulnerability factors, alongside screening for neurodivergent traits.²⁹ This includes asking about suicidality and self-harm among people upon entry to prison to aid the effective allocation of limited mental health resources. Using data from 665 adult men in a category B prison, 12 per cent reported a history of attempted suicide, 11 per cent reported self-harm, and 8 per cent reported both. The results from this study found that a history of TBI and substance use increased the odds of a suicide attempt by 3.3 and 1.9 times,

respectively. However, these factors were not significantly associated with a history of self-harm. Notably, individuals who experienced bullying at school had 2.7 times higher odds of reporting a history of self-harm. The most significant factors linked to both historic suicidality and self-harm were higher levels of neurodivergent traits alongside mood disturbance.

Lessons learned from using the Do-IT profiler over more than 15 Years

Initially, some staff in some prisons were resistant to the additional workload they thought would be posed by using the Profiler tools. Continuous engagement and demonstrating the effectiveness of the tools were essential to overcome this challenge. They could see that in less than 30 minutes the screenings could be completed by people detained in prison in a group setting, with staff support. By seeing the value of the instantly available personalised guidance, it helped better conversations to happen early on. The guidance produced by the Profiler has also proven useful for planning in education and resettlement settings.

Staff training is essential, but not onerous, when using the tools. The training has been shown to develop a deeper understanding of the patterns of neurodivergent traits across conditions and the intersection with adversity. Step by step videos aiding the training are also embedded into the system for staff to access. Ongoing training ensures staff can effectively interpret the profiling results and provide the necessary support. A collaborative, holistic approach is key to ensuring maximum benefit for people and ensuring that data from the system is utilised across the prison estate.

Conclusions

Large scale screening of neurodivergent traits is no easy feat to undertake in criminal justice settings, especially given the backdrop of other factors that can mimic or complicate neurodivergent traits. Accurately diagnosing neurodivergent conditions involves a set of internationally recognised criteria, like DSM-5 and ICD-11. Yet diagnosis is not always straightforward. Adverse childhood experiences and TBI can lead to symptoms that may mimic neurodivergent traits. So, the presence

Many do not fit neatly into one diagnostic category, requiring a more nuanced approach to identification and support.

29. See footnote 8: Kent et al. (2024).

of these factors can blur the lines, making an accurate diagnosis difficult. Co-occurrence of neurodivergent conditions is also very common. Misdiagnosis often happens when we do not take note of these different factors. Cumulative adversity and neurodiversity can have an amplifying effect and a compounded negative impact on an individual's life.

People with neurodivergent conditions, like ADHD and ASD, are more likely to experience other mental health issues and have a higher risk of suicide. Studies have indicated that suicidal ideation, attempts, and completions are more frequent among those with ADHD, ASD, dyslexia, and intellectual disabilities.^{30 31 32} Other mental health conditions may also include anxiety disorders and depression, as well as eating disorders and schizophrenia. Studies from prisons using the Do-IT Profiler and other research underscore time and time again how easily individuals can fall through the diagnostic cracks. Many do not fit neatly into one diagnostic category, requiring a more nuanced approach to identification and support. This is especially seen in women. The findings suggest that prisons should screen for broader profiles, including a range of neurodivergent traits and mood disorders, to better

identify and support people at risk of suicide and self-harm. The findings from a range of studies have also emphasised the need to be aware of the negative impact of being a 'multi-system child', e.g., having experience of care, being excluded from school or at risk of homelessness, and the alternative picture where there is the positive impact of having predictable systems.³³ This is important for our upstream preventative work and the need to raise awareness in educational and community settings too.³⁴

The Do-IT Profiler system has enabled insight into neurodivergence and screening practices in prisons. It has highlighted the need for full, holistic prison awareness and engagement when developing programmes of education and resettlement to ensure they are inclusive and accessible for all. The need for multidisciplinary care pathways is crucial, especially for prisoners with complex multi-morbidities, such as those with brain injuries and a mix of neurodivergent traits, who may require adapted mental health interventions. Understanding these vulnerability factors can also foster more compassionate responses from prison staff, ultimately enhancing the care provided to people with higher level needs.

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30. Dodd, P., Doherty A., Guerin, S. (2016). A systematic review of suicidality in people with intellectual disabilities. *Harv. Rev. Psychiatry*, 24, 202–213
 31. Gagliano, A., Costanza, C., Di Modica, I., Carucci, S., Donno, F., Germanò, E., Abbate, C. S., Roccella, M., & Vetri, L. (2024). Neurodevelopmental disorders and suicide: A narrative review. *J Clin Med*, 13(6), 1627
 32. Rybczynski, S., Ryan, T. C., Wilcox, H. C., Van Eck, K., Cwik, M., Vasa, R. A., Findling, R. L., Slifer, K., Kleiner, D., & Lipkin, P. H. (2022). Suicide risk screening in pediatric outpatient neurodevelopmental disabilities clinics. *J. Dev. Behav. Pediatr*, 43, 181–187.
 33. Davis, E. P., & Glynn, L. M. (2024). Annual Research Review: The power of predictability - patterns of signals in early life shape neurodevelopment and mental health trajectories. *J Child Psychol Psychiatry*, 65(4), 508-534.
 34. Kirby, A. (2024). *Ethnically diverse children and neurodiversity: Pinball systems, snakes and ladders, or person-centred provision*. Available from: <https://allianceofsport.org/news/new-report-pinball-systems-snakes-and-ladders-or-person-centred-provision/>

Supporting autistic people and people with learning disabilities in prison: Service evaluation and care pathway development

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Health services play a vital role in supporting people in prison who may be autistic or have learning disabilities, and reviewing how these services have been delivered and received has been an area of focus for the National Health Service (NHS).

The first part of this article summarises the findings from a service evaluation conducted by the University of Lincoln in prisons across the Midlands for NHS England. We provide an overview of the four main recommendations which came from this work, illustrated with quotes from some of the people we spoke to in this research. One of our recommendations was the development of a universal care pathway across the CJS which was commissioned by NHS England and conducted by REACH Out. The second part of this article explores the research undertaken to develop a set of universal pathways of care for autistic people and people with learning disabilities across the CJS. A summary of the findings is presented, and elements of the pathways are discussed. The article concludes with recommendations for practice and the implementation of the pathways in the future.

Service Evaluation

NHS England commissioned the University of Lincoln in 2022 to undertake an independent service evaluation across the prisons in the Midlands, specifically to understand if and how the guidelines published in 2021 were being implemented.¹ Fifteen

questions were asked during the review which investigated the prevalence of autism and learning disabilities, the screening and assessment practices, staff training and confidence levels in supporting people, access to support, specialist services and resources, use of medication, and information sharing.

Methodology

Literature review

As part of the evaluation, a review of existing literature was undertaken to understand what was known about support for autistic people and people with learning disabilities and to highlight areas of good practice.² The review included academic articles, His Majesty's Inspectorate of Prisons (HMIP) reports, Independent Monitoring Board (IMB) reports, and documents from relevant organisations including User Voice, Prison Reform Trust and the National Autistic Society. We found that prevalence rates were hard to determine due to varying definitions, recording processes, and issues with diagnoses being in place. Screening and assessments were not completed in a standardised way across the system and there needed to be more staff training to help increase staff confidence in working with autistic people or people with learning disabilities, which was found to be low in most of the literature. Good practice was seen in accreditation from the National Autistic Society but at the time, only three prisons had this. Support and access to specialist services varied but many of the reviewed pieces reported issues in this area and a

1. NHS England. (2021). *Meeting the healthcare needs of adults with a learning disability and autistic adults in prison*. Retrieved from <https://www.england.nhs.uk/wp-content/uploads/2021/09/B0707-meeting-the-healthcare-needs-of-adults-with-a-learning-disability-and-autistic-adults-in-prison.pdf>
2. Rogers, J., Kargas, N., Smith, L., Mason, R., Kusyk, I., & Hogue, T. (2023). *Services for Autistic Adults and Adults with a Learning Disability in Prisons: A Rapid Evidence Review* (Version 2). University of Lincoln.

specialist care pathway for learning disabilities was detailed but this was not the same for autism. Good practice was seen with the introduction of specialist units, but there were few mentions of specialist staff or champions. There was little information published on the use of medication or equitable access to healthcare services, no published information on joint care planning although it was acknowledged this is good practice, and little evidence on information sharing other than recommending this for screening and assessment. The literature emphasised the importance of lived experience when exploring barriers and facilitators to successful support. We acknowledge that the literature surrounding support for autistic people and people with learning disabilities has recently increased following various service evaluations across England and Wales and due to an increased focus on neurodiversity in the CJS. Therefore, the findings from this review may be different if conducted again, with wider search parameters.

Service evaluation

At the time of the evaluation, there were 26 prisons across the Midlands region of England, and of these, 24 engaged in a range of data collection activities including providing prevalence data, completion of a staff questionnaire, and engaging people in prison in focus groups or interviews based on participant preference. In addition, recognising that pathways into and out of prison affect the service people may receive, we circulated questionnaires for pre- and post-prison services including Criminal Justice Liaison and Diversion teams, police custody healthcare providers, the youth justice estate, and probation services.

We gained prevalence data covering the past 4 years from 22 out of the 26 prisons. We received 175 responses to the prison staff questionnaire covering 23 establishments, and 16 responses from the pre- and post-prison services. Sixty-six people in one of the 15 prisons visited joined one of 14 focus groups, and 29 people took part in one-to-one interviews. The people in prison who took part represented a range of gender

identities, ages, ethnicities, and time spent in prison, and reported autism, learning disabilities, or a combination of both alongside other mental health and neurodivergent traits. Full details of the review can be accessed in the published report or in the summary videos for easy access.^{3,4}

Findings and recommendations

A large amount of data were collected throughout this review, with the lived experience of both people detained in prison and staff working in them central to informing our findings and recommendations. We developed four core recommendations from our findings.

Recommendation 1: Develop a universal care pathway

Many people in prison felt the current support for autism and learning disabilities was lacking, and when comparing it to the community or other settings, they noticed the difference:

'If you struggle outside of prison, additional support is given. In prison, you're seen as being disruptive, you get punished or kicked off the course or IEP'd.⁵ It makes

you frustrated. You get punished for having additional needs, for 'being born a certain way' (Man in prison).

A lack of knowledge or joined up systems of working was perceived as a barrier for providing people with support they may need:

'People with LD and autism do not appear to have many reasonable adjustments made at court' (Pre or Post prison staff).

The data gathered suggested that a universal care pathway that sat across the whole of the CJS was needed. This care pathway would help to embed good practice and support with recording prevalence,

...a specialist care pathway for learning disabilities was detailed but this was not the same for autism.

3. Kargas, N., Mason, R., Smith, L., Rogers, J., & Hogue, T. (2023). *Independent review of services for adults with a learning disability and autistic adults in Midlands prisons: Report of findings for NHS England* (Version 2). University of Lincoln.
4. University of Lincoln. (2023). Meeting the healthcare need of adults with a learning disability and autistic adults in prison [Video]. YouTube. <https://www.youtube.com/watch?v=VhllrqjwSdU>
5. IEP'd refers to a previous Incentives and Earned Privileges scheme used in prisons in England and Wales, now replaced with an incentive scheme that has various levels depending on behaviour. This includes abiding by rules, taking part in work or other activities, working towards rehabilitation, and helping others. Examples of incentives include additional visits, more time out of their cell, and being able to spend more of their money. People in prison move up or down 'levels', depending on their behaviour.

facilitate the completion and sharing of screening and assessment outcomes, development of care plans which follow the person through the system, and allow the application of reasonable adjustments. This pathway would facilitate not only the sharing of information but improve organisation of and efficiency in the continuation of care, planned across multiple areas of the CJS and involving a range of appropriate agencies across these stages to facilitate multi-professional working and reduce duplication of work:

'I think it needs to be a more holistic approach. Relevant staff in these departments should be trained in valid tools and generally staff should have a better understanding of who to contact if they think someone should be screened. Awareness training should be provided for all staff so that they are better able to identify traits of autism. Screening/ assessments should also be shared more widely, for example on Nomis⁶. Information of this nature should be accessible to all' (Prison staff).

Recommendation 2: Enhance staff training

Staff working in the prisons, across various roles and organisations, told us they wanted additional training to help them best support neurodivergent people and raise their confidence in doing so. This included training in communication skills, recognising signs and behaviours associated with neurodivergence, how to work positively with behaviours, gaining consent particularly for information sharing reasons, how to make reasonable adjustments, how to carry out screening, and to understand what support is available from other departments or services. Co-produced training with people who are autistic or have learning disabilities was suggested to ensure the lived experience and real-world implications are at the forefront of discussions. Some of the people detained in prison believed that staff needed to want to care about the people they supported, so suggested training needed to also include empathy and compassion:

'As far as I am aware, there is no training for us specifically in this area or around what to do if the screening flags a potential concern' (Pre or Post prison staff).

'How to manage emotions, manage/set expectations, education around diagnosis, being consistent, keeping things simple, repetition' (Prison staff).

'Staff can learn through courses, through what reps say, through care plans and through their own research but it takes time and they need to care in the first place' (Man in prison).

Recommendation 3: Improve information sharing

Information sharing was found to be a significant barrier to providing joined up care and support for people. This included information from community support services into the prison and vice versa, but also the sharing of information between staff within a prison, with issues arising mainly due to working for separate organisations (such as healthcare, education, and His Majesty's Prison and Probation Service (HMPPS)). Recommendations for improvement included helping people in prison understand what they could or could not consent to in relation to information sharing.

'Not enough training given to enable information sharing of what we can/can't share or appropriate to share' (Prison staff).

'But obviously, they get in touch with your GP, well that's if they want to share your information. But it's not down to you but it should be down to you if you want to share it. So they should send a consent form to say, are we allowed to share your needs and everything with the prison you're in' (Man in prison YOI).

This recommendation would be integral to the operationalisation of the universal care pathway and sharing of screening or assessment outcomes and care plans. Understanding that this may be a significant issue to overcome, we suggest that a standardised process for regular multi-agency meetings to review people on the universal pathway may be a suitable compromise and was seen as good practice in some areas.

'Communication between [Criminal Justice Liaison and Diversion], Probation, Courts and police — ensure all the information is available to one another appropriately. Multiagency meetings' (Pre or Post prison staff).

Recommendation 4: Resources

Many of the good practice examples we heard about in our review demonstrated the positive impact adequate resources could have. Conversely, where

resources were not available, this had a negative impact on the person needing support:

'There [are] limited resources [for] adapted programmes which can address risk. This means men are stuck in prisons and not able to progress' (Pre or Post prison staff).

'We get into disputes with them over things like asking for headphones to make us feel calmer and we're told we can't have them. It's impossible to get anything authorised' (Woman in prison).

Resources included specialist support services as well as staff, including champions, peer-led initiatives (PLI), and neurodiversity leads in HMPPS staff groups, healthcare, and education. This was due to the perceived positive impact the new Neurodiversity Support Manager roles⁷ were having in some establishments at the time of the evaluation. We suggested that a resource for supporting PLIs, such as providing a framework or standard operating procedure, would also help due to having seen a proactive PLI in action who helped facilitate a large focus group, ensuring everyone's voice was included. In addition to services and staff, having resources for staff training, tools for screening, and resources for making reasonable adjustments (for helping with sensory sensitivities, educational needs, specialist interests, or adapted programmes) would be welcomed.

'Consistency, structure, smaller wings to reduce noise and becoming overstimulated, input from trained staff, accessible interventions, care plans where appropriate, dedicate groups to spend time with peers' (Prison staff).

Development of a Universal Care Pathway

We were invited by NHS England to present these findings at a Midlands Learning Disability and Autism

event. The event hosted 125 practitioners from a range of professions and roles who were actively invested in supporting neurodivergent people in the CJS. Presentations included the findings from our review and that of a similar one conducted in the young person's estate by the Council for Disabled Children. NHS England summarised the findings from both reports into 10 recommendations and two providers were commissioned to action three of these; to create a universal neurodiversity care pathway across the CJS, to develop a neurodiversity training package, and to provide a solution to sharing neurodiversity information across the CJS. The event demonstrated the interest people have for supporting neurodivergent people in the CJS across a range of professionals and roles, and introduced the work from REACH Out (discussed in the next section).

REACH Out were commissioned by the NHS-England (Midlands) Health and Justice Team to develop consistent, best practice pathways for autistic people and people with learning disabilities across the whole CJS. The pathways, developed between September 2023 and April 2024, were required to meet the needs

of children and adults across the East and West Midlands and aimed to structure service delivery across the CJS to provide standardised and high-quality care for autistic people and people with learning disabilities in contact with the CJS.⁸

The design project had five stages:

1. Review of the literature
2. Engagement of people with lived experience in co-production of the pathway
3. Engagement of key organisations
4. Focus groups to finalise universal pathways
5. Accessible pathway development with a visual designer.

Method

Relevant organisations were identified by creating a map of organisations involved in meeting the needs of autistic people and people with learning disabilities in the CJS in the Midlands, such as police, prison

6. NOMIS (National Offender Management Information System) is a centralised IT system used by prisons and probation to record information about people in prison / on probation.

7. Neurodiversity Support Manager roles were rolled out in prisons across England and Wales between 2021 and 2024 to help improve the experiences of neurodivergent people in prison through creating a whole-prison approach to neurodiversity.

8. Please contact author Dr. Sian Allen for details on the project and care pathways as these were not publicly available at the time of publication: Sian.Allen@covwarkpt.nhs.uk

custody, probation, and health services. A total of 148 staff with relevant experience and expertise attended workshops to discuss existing pathways and how to adapt and improve these for autistic people and people with learning disabilities in the CJS.

People accessing the services for whom the pathways would be for were contacted through existing networks of autistic people and people with learning disabilities, and those who were interested in participating in the project provided informed consent and were paid for their time. Eight people, four men, two women and two young people (both male) completed the service user journey mapping, where interviews about their experience of the CJS were conducted. Journey mapping allowed people with lived experience to describe their experience of the CJS, including relevant 'touch points' of contact with the CJS where interactions/interventions took place (whether positive, negative or neutral). It aimed to capture their lived experience in a visual map (produced with them during the sessions) to show their journeys through the system. Once journey maps were produced collaboratively, common themes were then identified by the project team.

Data from the literature review, the co-production stage, and from staff engagement was synthesised to produce new draft pathways, which included what works in existing pathways and new additions. Some of the new additions were based on existing pockets of innovative practice that was not currently generalised across the system. The final pathways were split into four sections, which could then be combined to form an interconnected complete pathway:

1. Police and the Courts
2. Prison custody
3. Secure hospital
4. Community release.

There was not necessarily a linear pathway for all individuals within the CJS, because people move from child to adult pathways and may 'loop' around parts of the pathway on multiple occasions. Separate pathways were developed to cover the journey through the CJS for children. The data indicated that many of the touchpoints and necessary actions were similar for male and female service users and therefore, instead of

developing gender-specific pathways, specific needs of women and girls were noted in change points and on the final pathways.

These newly designed pathways were then reviewed by people with lived experience and staff with relevant experience and expertise to produce the final pathways. In addition to the developed pathways, visually accessible versions were also created with a visual practitioner, and further developed with people with lived experience. The visually accessible pathways are available as stand-alone documents.⁹

Findings

There was not necessarily a linear pathway for all individuals within the CJS, because people move from child to adult pathways and may 'loop' around parts of the pathway on multiple occasions.

The final pathways have been developed, and the NHS-England (Midlands) Health and Justice Team are currently reviewing how these could be operationalised moving forwards.

The project identified that peer-led initiatives are necessary to improve peoples' journeys, and that autistic people and people with learning disabilities with lived experience of the CJS should be involved at all stages of pathway development and implementation. The importance of a consistent assessment approach was highlighted, and a screening and assessment flowchart was designed to guide this process. There are multiple opportunities in each pathway to intervene effectively, offering

appropriate screening and assessment, making reasonable adjustments and improving multiagency working.

Below, quotes from autistic people and people with learning disabilities who co-produced the pathways by sharing their lived experience of current pathways are included. Five key themes were identified from the data and these themes were built into the final pathways.

1: Communication with people involved with the criminal justice system: Information should be presented in a way that the person understands based on their individual communication needs.

'I had some support with understanding what would happen in court... given easy read documents, they told me what would happen... I knew what to expect'(Adult man).

9. Please contact Dr Sian Allen for access: Sian.Allen@cowwarkpt.nhs.uk

Information should be presented at multiple points in the pathway, as needed, and should be given at the right time. One person reported that in a police interview, them knowing about his neurodivergence really helped:

'The staff didn't rush, said they could give me more time to get things straight [and that others] drew out the caution with words and pictures, helped me a lot, was simple for me to read' (Young man).

2: Having the right support: Every person should receive the right support for them, depending on their needs and should feel safe and cared for.

'I had an officer who looked after me, she stood up for me and cared for me...Felt they cared for me and looked after me and calmed me down after I had a meltdown in court' (Adult, female).

This may include multiagency planning and support, requiring partnership working, peer support and well-planned transitions, with the person at the centre. Appropriate reasonable adjustments should be made, and any adjustments should be reviewed as the person moves through their journey.

'It's pretty cool at the AP [approved premises], [they] took me food shopping, showed me around the AP. Staff understand I have something about me that means I find it hard being with people' (Adult man).

3: Processes: Clear guidelines for screening and assessment are needed given the wide variety of screening tools that are currently used within the CJS, with guidance about how to use validated tools to conduct screening and assessment and when (such as including multiple opportunities for screens). It was not uncommon for screening for autism to have not taken place.

Assessments should be based on NICE (National Institute for Health and Care Excellence) guidelines. Staff should work with the person to develop a psychologically underpinned formulation of their needs

and behaviour to inform recommendations for reasonable adjustments and care planning.

'No one ever asked me if I had autism or asked why I was struggling. No one thought about autism as a possibility' (Adult woman).

Peoples' physical health needs should be met and seen as linked to their sensory needs as well as mental and physical wellbeing. Services should develop appropriate information sharing guidelines and systems to enable the safe and secure transfer of necessary information to avoid unnecessary repetition of assessments and ensure that accurate and up to date information is handed over. All services should comply with guidelines and relevant policies and ensure that quality assurance is truly embedded.

4: Resources: Staff should be well trained in how to work with autistic people and people with learning disabilities within the CJS, and should have access to ongoing mentoring and support.

'No help to understand or develop skills in managing overwhelm and escalations... was seen as a 'fighter' rather than anyone trying to understand' (Adult woman).

Employing specialist staff, such as learning disability nurses, Speech and Language Therapists, Occupational Therapists and psychologists, and developing a specialist team would allow knowledge and expertise to be generalised within systems and to improve outcomes. Whilst some of the care principles can be undertaken within existing services, it is noteworthy that the project found, in line with the above service evaluation, that resources are necessary to provide many of the care principles and that systemic and multi-systems changes would be required to develop the pathways outlined.

5: Environment: Often CJS environments are chaotic and stressful. Reducing sensory stimulus, making environmental changes such as providing quiet spaces and low stimulus areas, and reducing unnecessary transitions (such as between wings in prison) may support people to feel safe and to manage their sensory needs.

Staff should work with the person to develop a psychologically underpinned formulation of their needs and behaviour to inform recommendations for reasonable adjustments and care planning.

'Overloading noise, when lots of people talking at once it's like my heads like a balloon going to burst, I have to move away from there' (Adult man).

'Sometimes [prison custody] was very noisy. It was overwhelming, made my thoughts confused, I couldn't tell (what) was real and what wasn't' (Adult man).

In addition to the pathways produced, the themes and subthemes that emerged from the data and relevant change points have also been described and included in the main report.

Next Steps for Supporting Autistic People and People with Learning Disabilities in Prison

Based on the evidence from both pieces of work presented above, the care pathways have been developed but now need to be tested in practice. There are clear opportunities to implement and develop this multi-agency pathway across systems to achieve increased consistency and better outcomes for people, greater collaboration between agencies, and to develop skills and knowledge in staff. The pathways need to then be reviewed and refined to support ongoing development.

Whilst both pieces of work were commissioned by health services, for the recommendations of the projects to be achieved, a whole-systems approach will be required involving collaboration between health, HMPPS, His Majesty's Court and Tribunal Service, police, and social care. Given there is a cross-government working group focusing on this topic, established by the Ministry of Justice,¹⁰ it would be of benefit for this to be linked with their work moving forwards.

An overarching point is that autistic people and people with learning disabilities with lived experience of the CJS should be involved in developing and evaluating services. They should be included in developing peer support networks and should be employed within services to capture the reality of their lived experience. Partnering with pre-existing services that champion and amplify the voices of neurodivergent individuals in the CJS may be a way of

ensuring that people are included in all aspects of service design and delivery.

There were key recommendations highlighted across the reports to help implement and embed a universal care pathway and develop the support for autistic people and people with learning disabilities in the CJS. These included:

1. A diagnosis of autism and/ or learning disability should not be necessary to be on a learning disability and autism pathway. Access to autism and learning disability pathways should be needs-led and underpinned by a high quality, evidence- based psychological formulation of need rather than relying solely on diagnosis, especially as many people in the CJS are undiagnosed.

All relevant parts of the CJS should review the themes and change points on the pathways and produce individual guidance on how to implement these change points within services. To facilitate this, a self-audit tool for services could be developed. The development of a co-produced operational toolkit for practitioners could also support services to operationalise the evidence-based pathways.

2. To work with commissioners to develop a specialist forensic learning disability and autism team of clinicians to provide support to CJS services across the pathway in:

- (a) Developing psychologically underpinned formulations
- (b) Providing diagnostic support in complex cases
- (c) Conducting case consultation
- (d) Providing advice on reasonable adjustments
- (e) Providing advice on managing risk taking to account for neurodivergence.

Ideally, such a team would be jointly commissioned to work across the CJS pathway, including collaboration with health and justice teams, youth justice teams, police, courts, prisons, education, and social care.

3. For services to agree on which screening and assessment tools are most appropriate to use within the CJS for autism and learning disability. Specific consideration needs to be

There are many pockets of good practice currently and some of the necessary accessible documentation has already been created by services.

10. Autism All-Party Parliamentary Group details can be found here: <https://www.parallelparliament.co.uk/APPG/autism>

given to the appropriateness of tools considering age, sex, race, culture, language spoken and level of language comprehension, and cost of measures. Guidance on available measures, based on current knowledge, for use with children and adults are available within the final project and in an additional review of the available tools.¹¹ In addition, health professionals should conduct the assessments for autism and learning disability and should receive training in using the appropriate tools as recommended by the NICE guidelines.

4. Develop a professional network for staff support and staff development for those working with neurodivergent individuals within the CJS. Ideally this network would have a clear facilitator, lead agency and lead professional/facilitator, and named, accountable professionals represented from each agency.
5. Develop a shared resource of easy read and accessible information (including videos, lived experience stories, easy read documents and links to relevant websites/ information) for autistic people and people with learning disabilities for use across the CJS pathway. There are many pockets of good practice currently and some of the necessary accessible documentation has already been created by services.
6. Develop a directory of services, across geographical areas and the different areas of the CJS and stages of the pathway. This directory would require quality assurance

measures to be in place and would include inclusion and exclusion criteria of each service; location of service; contact details; opening hours; clear referral process and links to any referral forms, including where these should be sent. An accessible version of this, with information relevant to autistic people and people with learning disabilities should also be compiled and made available.

Conclusion

Both pieces of work heard the experiences of autistic people and people with learning disabilities who had been involved in the CJS and noted the need for improvements in the support and care they receive. Staff who are supporting them are instrumental in this and investing in training would help to facilitate positive interactions that help build effective supportive relationships between people working and involved in the CJS. The provision of resources including physical items to manage sensory sensitivities, environmental changes such as residential wings for neurodivergent people, system wide screening tools, and staff training packages where staff are supported with adequate time to engage, would help encourage the good practice that has been seen across areas become more widespread. Having platforms to speak about and share the positive initiatives that areas have would help the move to a more system-wide approach to supporting neurodivergence. Co-production must be at the centre of all this work to ensure the experiences we heard are informing how to move forward.

11. Ramachandran, R., Kargas, N., Smith, L., Mason, R., Rogers, J., & Hogue, T. (2023). *Assessments and Screening Tools for Autism and Learning Disability in the Criminal Justice System: A Rapid Evidence Review* (Version 1). University of Lincoln.

Learning from lived experiences: using the voices of autistic people in prisons to inform staff training

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In recent scholarly work, policy and practice, there has been an increasing drive to recognise and understand the lived experiences and unique needs of autistic people in the criminal justice system (CJS). Current available evidence does not suggest that autistic people are any more inclined to perpetrate crimes than neurotypical peers,¹ and instead indicates that they are much more likely to become victims.² However, in cases of the minority of autistic people that do engage in offending, it has been suggested understanding an individual's autism can be a relevant and useful precursor to understanding how and why they offended.³

Although it is difficult to reliably establish precise prevalence estimates for autistic people in the CJS, there has been an emerging theme that autistic people are overrepresented in criminal justice contexts.⁴ This extends to prison contexts specifically, where published prevalence estimates vary considerably. These difficulties establishing the prevalence of autistic people in prisons have been attributed to factors such as:

- ❑ A lack of consistently utilised, validated autism screening tools and processes.
- ❑ Methodological limitations and inconsistencies across published prevalence studies.
- ❑ The likelihood that there will be differing proportions of autistic people across different prison sites according to prison and population type.
- ❑ Difficulties acquiring prisoners' early developmental histories as part of the diagnosis process.

- ❑ Autistic people consciously masking autistic traits or concealing diagnoses as a form of adaptation and survival in prison settings.
- ❑ The highly structured prison environment and regime serving to mask some autistic traits.
- ❑ Limitations and/or inconsistencies in autism awareness and understanding amongst individuals working in the CJS, which can contribute to mis- (or missed) identification of autistic individuals.

This latter point is of particular relevance and concern to practitioners and policymakers in the field, indicating a need for improvements to autism awareness and understanding in the CJS. This is particularly pertinent as existing research consistently highlights the implications this can have for how and whether autistic people's support needs are being met in many prison sites. As such, this article will seek to provide insights and recommendations relevant to addressing these issues and informing policy and practice changes.

Aims and scope

This article will begin by discussing key themes that emerge from the lived experiences of autistic people in prisons. This will be followed by a discussion of how these themes can be used positively, to inform and shape changes in practice, in the form of staff autism training and education. For the purpose of this article, as the primary source of information on the lived experiences of autistic people, the author has synthesised their prison-based research work and consultancy experiences to date. This work has included

1. King, C., & Murphy, G. H. (2014). A systematic review of people with autism spectrum disorder and the criminal justice system. *Journal of Autism and Developmental Disorders*, 44(11), 2717–2733.
2. Griffiths, S. et al., (2019). The Vulnerability Experiences Quotient (VEQ): A study of vulnerability, mental health and life satisfaction in autistic adults. *Autism Research*, 12(10), 1516–1528.
3. Allely, C. S. (2022). *Autism spectrum disorder in the criminal justice system: A guide to understanding suspects, defendants and offenders with autism*. Routledge.
4. Chester, V., Bunning, K., Tromans, S., Alexander, R., & Langdon, P. (2022). The Prevalence of Autism in the Criminal Justice System: A Systematic Review. *BJPsych Open*, 8(S1), S45–S46.

empirical research exploring the experiences of autistic people in prisons generally,⁵ and within the context of offending behaviour programmes and rehabilitation specifically,^{6,7,8} as well as exploring the experiences of prison staff working with autistic people in these contexts.⁷ This body of work has been applied in practice to inform the design and delivery of training workshops for a variety of prison staff across several prison sites, training workshops for others in the criminal justice sector (e.g., third sector organisations), and online training materials for His Majesty's Prison and Probation Service (HMPPS) and Correctional Service Canada. Combined, insights from this work have been used to inform the latter section of this article, which focusses on enhancing autism awareness and understanding in prison staff.

Themes in the Lived Experiences of Autistic People in Prisons

Navigating social interactions

Prisons often have complex social environments, which many autistic individuals can find difficult to navigate. Features of this social environment, such as implicit unwritten social rules, unpredictability, deception and manipulation, and some types of humour (e.g., sarcasm), can pose challenges for autistic prisoners in their interactions with staff and peers in prison. Autistic prisoners often report encountering misunderstandings and confrontations with others in prisons (both staff and other prisoners), albeit often inadvertently. Whilst it can be tempting for others to assign the onus for these issues onto autistic prisoners, it is more often the case that these misunderstandings are a consequence of an interaction between (i) autistic individuals finding it challenging to read other peoples' intentions or feelings and/or intuiting how to respond 'appropriately', and (ii) non-autistic others in the prison experiencing similar difficulties reading and responding appropriately to autistic individuals, sometimes due to a lack of awareness, understanding, and/or willingness to

...implicit unwritten social rules, unpredictability, deception and manipulation, and some types of humour (e.g., sarcasm), can pose challenges for autistic prisoners.

accommodate. This resonates with the double-empathy problem,⁹ which theorises that the social communication and interaction difficulties often attributed to autistic people actually emerge as a consequence of a communication mismatch between autistic and non-autistic people, where both sides experience difficulties appreciating or understanding the other's perspective. This can contribute towards challenges in prison life generally (e.g., altercations with others on a wing) and when engaging in specific activities (e.g., conflict in workshops, difficulties understanding and being understood in offending behaviour programmes). Beyond smaller scale social interactions, autistic individuals frequently report feeling overwhelmed, stressed and anxious in busy prison social environments (e.g., corridors during movement periods, waiting areas for activities). These more crowded environments can be experienced as even more unpredictable, with too much social information to process, and more potential to 'get it wrong', thereby elevating feelings of anxiety and apprehension.

Many autistic prisoners report that they feel fundamentally 'different' to others in the prison, and unfortunately synonymise this feeling of being 'different' as being a 'problem'. As such, many autistic prisoners can find it difficult to establish social connections with others in the prison. Autistic people often report feeling alienated, bullied or manipulated by others, less socially confident, sometimes socially isolating themselves or avoid interacting with others, and sometimes expending considerable energy actively attempting to hide or mask that they are autistic. This can extend to specific environments and activities within the prison (e.g., offending behaviour programmes, education, and workshops), where they can struggle to integrate with a group of peers and engage in group-based activities. Therefore, beyond the internal difficulties associated with this social

5. Vinter, L. P., Dillon, G., & Winder, B. (2020). People don't like you when you're different': Exploring the prison experiences of autistic individuals. *Psychology, Crime & Law*, 29(3), 243–262.
6. Vinter, L. P. (2020). *Working with autistic individuals in prison-based interventions to address sexual offending*. [Doctoral Thesis Dissertation]. Nottingham Trent University.
7. Vinter, L. P., Dillon, G., Winder, B., & Harper, C. A. (2023). A multi-perspective qualitative study about working with autistic individuals in prison-based interventions to address sexual offending. *Sexual Abuse*, 37(1), 30–57.
8. 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.
9. Milton, D. E. (2012). On the ontological status of autism: The 'double empathy problem'. *Disability & Society*, 27(6), 883–887.

disconnectedness, these issues can also have implications for how and whether autistic individuals feel able to engage with purposeful and meaningful activities, such as offending behaviour programmes.

However, it is important to note that these challenges are not universally experienced. In fact, a smaller number of autistic people report more positive experiences of the prison social environment, sometimes feeling more socially confident in prison compared to their lives in the community. Typically, these individuals can be distinguished by an expressed sense of feeling accepted and understood by others in the prison, with fixed points of contact who have a good understanding of autism and/or their specific individual needs and preferences, and/or becoming more sociable as a necessary adaptation to survive. Nonetheless, the most common experience of the social world reported by autistic prisoners is that of feeling chronically misunderstood by others in the prison. Therefore, this emphasises the importance of enhancing autism awareness and understanding in prisons.

Rules, routines and structure

Consistency, routine and structure can be extremely important and supportive for many autistic individuals in their daily lives generally, in and beyond prisons. The presence of clearly communicated and consistently applied rules, boundaries and routines can add a sense of predictability to what may otherwise be experienced as an unpredictable social world for many autistic people. Therefore, it may be expected that the highly structured and regimented features of prison life would be ideal for autistic people to thrive in. However, whilst these features can be supportive for some autistic prisoners, these same regimes can be a tremendous source of stress, anxiety and frustration. For instance, when considering the broader prison experience, the transition from life in the community to life in (and between) prisons can represent a multitude of fast-paced (and sometimes unexpected) changes. Whilst this can be challenging for any individual, this can be particularly difficult as an autistic person.

Moreover, within prison, there can be a variety of unexpected changes. For example, cell or wing changes, and daily routines seemingly advertised as

strictly imposed and fixed (e.g., unlock times) can often be particularly prone to delays, disruptions and alterations with little warning (e.g., appointment cancellations). This issue is often associated with the importance of knowing what to expect, and what is expected of them, and extends to other structural aspects of prison. Some specific examples include limited detailed information provided about what to expect during the reception process or for specific activities, inconsistent room layout arrangements in offending behaviour programme rooms, mixed experiences of request processes being followed through as advertised (e.g., the 'app'¹⁰ system in UK prisons), and the communication and application of prison rules. In relation to prison rules specifically,

autistic prisoners have reported that the communication and application of some rules and instructions can sometimes be experienced as ambiguous, unclear or interpreted and applied inconsistently; or that they themselves can have difficulty interpreting rules or instructions (e.g., if they interpret these too literally). Because of these various issues, many autistic people report a mixture of acute and longer-term feelings of distress, anxiety, frustration and instability. Moreover, some autistic people find that they face negative responses or reprimands from prison staff if, for instance,

they exhibit what is perceived as an adverse reaction to sudden changes (e.g., an outburst at a sudden unannounced change to their schedule or resistance to changing cells), or if they have struggled to interpret and adhere to a particular rule as it was intended.

To mitigate some of the challenges described above, some autistic prisoners have shared examples of good practice that can embed more predictability and structure into their prison experience. These include (but are not limited to): the provision of clear, concrete, specific and accessible information about what to expect and what is expected of them; maintaining consistency and predictability in activities (e.g., seating arrangements); advance warnings of routine changes, and being supported to develop contingency plans for when routines are disrupted on short notice and/or to manage difficult feelings associated with changes (e.g., engaging in a comforting activity that aligns with an individual's special interest area).

Many autistic
prisoners report that
they feel
fundamentally
'different' to others
in the prison.

10. Shorthand for 'application' system.

Overstimulating sensory environments

Overstimulating sensory environments in prisons are frequently identified as a challenging feature of prison life for autistic people. Sensory issues more generally can be diverse between and within autistic individuals, typically taking the form of either hypersensitivity (i.e., heightened reactivity) and/or hyposensitivity (i.e., lower reactivity) to specific sensory inputs. In prisons, overstimulation from the auditory environment is most often flagged as problematic, with many autistic individuals reporting difficult experiences associated with heightened reactions to the aversive noises that are prevalent and difficult to avoid in prisons. The types of noises cited by autistic prisoners vary but typically fall into two categories: (i) general background noises (e.g., frequent creaking and banging of heavy metal gates, keys jangling, overlapping voices in busier areas), and (ii) more particular or specific noises (e.g., alarms, whistling, ticking clocks, pens squeaking on a whiteboard). The overstimulation that autistic prisoners describe as a reaction to these noises can vary from irritation, frustration and anxiousness, to more intense feelings of anger, distress, disorientation, nausea and/or pain.

Whilst sound is most commonly referenced as problematic, other overstimulating features of prison sensory environments have also been identified by autistic people in prison, including: light and other visual stimuli (e.g., fluorescent lighting, busy walls and noticeboards), smells (e.g., perfumes and body sprays, air-fresheners, cleaning products, particular foods), and touch (e.g., harsh or irritant clothing and bedding textures). Like the auditory environment, these sensory inputs can contribute to similar difficult feelings of overstimulation, with limited opportunity to avoid or escape them. These feelings of overstimulation can then have implications for how and whether an individual participates and engages with (or attempts to avoid) purposeful activities in the prison (e.g., offending behaviour programmes, education, workshops and work environments). Within the context of some activities, challenging sensory environments and the difficult feelings associated with them can further contribute towards distraction, switching-off and disengaging, and, on some occasions, verbal and physical outbursts (e.g., becoming verbally confrontational or defiant, shouting at others, storming out). Furthermore, these inner

...these inner experiences of feeling overwhelmed are not always immediately obvious to others

experiences of feeling overwhelmed are not always immediately obvious to others on the surface, which can further contribute to instances of misinterpretation and misunderstanding as described earlier.

Challenges experienced by prison staff

Finally, it is important that challenges experienced by staff working with autistic prisoners are not overlooked, as their perspectives can be integral to holistically understanding some of the challenges discussed above, and how autistic people can be more effectively accommodated in prisons. Often, staff report personal challenges and feelings of frustration or exasperation when working with autistic prisoners. Despite having their best interests in mind, wanting to convey understanding, and effectively adapt to the needs of the autistic individuals they work with, many staff find that they experience compassion fatigue. This often comes from repeated trial and error attempts to understand and effectively support autistic individuals, sometimes with few successes. In some cases, these feelings of exasperation can contribute towards reluctance to interact with some autistic prisoners, followed by feelings of guilt, rumination, and sometimes internalising challenges as representing incompetency, damaging their sense of self-efficacy and competence at work.

In making sense of these challenges, staff often refer to the limitations or gaps in the information and training available that could be helpful to guide how to work more effectively with autistic prisoners. For example, some staff lament at inconsistencies and difficulties related to identifying whether an individual is autistic, and what that means for working with them in the context of their role. Also, whilst many staff report challenges when working with autistic prisoners, those who find success in accommodating autistic prisoners they have worked with typically describe a rewarding sense of fulfilment in knowing that they have helped those individuals. Therefore, staff frequently express a wish for more training on how to work with autistic people in prison, as well as more detailed information to understand and support specific individuals that they work with. There can also be benefits for staff in having the opportunities to have non-judgemental reflective discussions with colleagues, where they have the opportunity to openly vent feelings of frustration or exasperation, followed by collaborative identification of potential action plans and solutions.

Raising Autism Awareness and Understanding in Prisons

In response to the themes discussed thus far, and the growing recognition of neurodivergent people in the CJS more generally, a call for more autism awareness training for staff across the criminal justice sector has become a recurring theme in the existing literature.¹¹ As such, a number of individuals, teams and organisations have sought to develop such training for prisons. However, whilst there have been pockets of good practice and innovations in this regard, this has not been consistent across all prison sites or regions and may be implemented in a more siloed fashion or in the form of one-off isolated events. Therefore, this section of the article will outline and discuss research-informed suggestions for prison-based autism awareness training. It is hoped that this will serve as an impetus for a more collaborative and unified approach to autism training across the prison estate.

To begin, with regards to the design of autism training, it is important that training is contextually relevant, practically useful, and interactive; moving away from more general, passive autism awareness talks. Whilst the latter can provide a broad understanding of autism and how autistic people experience the world generally, it is vital that this is embedded into the prison context to convey the utility and relevance of such content for prison staff. For example, when describing autistic traits and needs, it is important that content is clearly related to the prison context (e.g., how an autistic person may respond to sudden disruptions in the prison routine), rather than providing less prison-relevant examples (e.g., how an autistic person may respond to a bus schedule change or cancellation). As an extension of this, when integrating suggestions and strategies for how to respond to said issues, it is crucial that guidance is adapted to be practically feasible in the prison context, and is sensitive to competing considerations such as security, safety and resource availability. For example, an individual may have a highly focussed interest in model vehicles, which serves as a helpful means for them to achieve calmness when anxious or distressed. However, due to security restrictions

associated with items like glue in a prison environment, this may need to be adapted to providing other similar materials (e.g., books relating to model vehicles). As another example, it may not be practically or financially realistic to soften the auditory environment of a whole prison wing or cell (e.g., through changes to flooring and doors), but protective earbuds may offer a useful defence for those hypersensitive to sound.

Staff also often emphasise the value of training with interactive, practically relevant exercises. This can include a move away from more traditional PowerPoint slide-based, front-led, didactic talks to more interactive learning approaches, such as applying knowledge in group scenario-based case study and skills practice exercises (with opportunities for constructive feedback),

and opportunities to experience simulations of what it can be like to be autistic in prison (e.g., simulating sensory overstimulation), to encourage greater compassion. By combining and balancing broader front-led content and principles with interactive exercises, autism training for prison staff can enrich participant's broader knowledge and understanding about autism in prison settings, as well as co-explore unique nuances, challenges and solutions associated with the particulars of

...it is important
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their prison site with colleagues. This can be especially useful where training participant groups that are comprised of multi-disciplinary staff from across a prison site, where peers can effectively support others to find creative solutions to challenges that they experience in their role, whilst also challenging misconceptions that may arise.

With respect to the design of training, it is imperative that the voices and lived experiences of autistic people in prison are used to inform the design of training materials. In its most basic form, this can simply involve capturing the lived experiences of autistic prisoners, to provide illustrations of key themes and points to be covered in the training. Integrating the voice of lived experience in this way can be a powerful tool to bring themes and learning points to life, and to encourage compassionate engagement, empathy and receptiveness from training participants. However, moving beyond this more basic approach, it is likely to

11. Woodhouse, E., Hollingdale, J., Davies, L., Al-Attar, Z., Young, S., Vinter, L. P., Agyemang, K., Bartlett, C., Berryessa, C., Chaplin, E., Deeley, Q., Freckleton, I., Gerry, F., Gudjonsson, G., Maras, K., Mattison, M., McCarthy, J., Mills, R., Misch, P., ... Allely, C. (2024). Identification and support of autistic individuals within the UK Criminal Justice System: a practical approach based upon professional consensus with input from lived experience. *BMC Medicine*, 22(1), 157–30.

be more meaningful, authentic and effective where autistic people in prison are invited to co-design, co-produce and review training; to ensure that training resonates more closely with the needs and priorities of the population it aims to benefit.

With regards to specific content that could be embedded into training, based on existing research into the lived experiences of autistic prisoners, the following types of content may offer useful starting points:

- ❑ Introducing autism as an example of neurodivergence (i.e., difference, not problem), addressing common misconceptions, and emphasising diversity in what it can mean to be autistic.
- ❑ Neuroinclusive communication principles and strategies, with emphases on clarity, consistency and accessibility.
- ❑ Open-mindedness in the interpretation of behaviours and moving beyond assumptions, with balanced recognition of challenges and strengths.
- ❑ Integrating structure and predictability into how autistic prisoners are worked with and supported.
- ❑ Practical adjustments and accommodations in the physical or sensory environment.
- ❑ More specified accommodations that may be useful in specific prison roles or activities (e.g., specific responsivity approaches to adapt offending behaviour programme delivery and materials).
- ❑ Encouraging training participants to work collaboratively with autistic people as individuals to identify their needs and preferences, and to avoid one-size-fits-all approaches.

Ultimately, it is important to note that there are a wide variety of excellent resources, ideas, tools and training packages that exist beyond the criminal justice sector, which can be usefully repurposed and adapted to be useful in prisons and integrated into prison staff training too. For example, the Autistic SPACE framework, which was recently created to capture the

needs of autistic people in healthcare settings.¹² This adaptable framework is simple, memorable, and practical, and the main SPACE needs and subprinciples (i.e., Sensory, Predictability, Acceptance, Communication, Empathy, Physical Space, Processing Space, and Emotional Space) could be helpful for prison staff to consider when working with autistic people in prison. Therefore, the development of autism training for prison staff does not necessarily require the creation of completely new or unprecedented strategies and materials, and it can perhaps draw inspiration from existing good practices in other sectors.

Recent example of autism awareness training for prison staff

To illustrate some of these principles in practice, in 2022, myself and colleagues Dr Nell Munro and Dr Chloe Holloway worked in collaboration with staff and prisoners at the Design and Print Workshop in HMP Hull to co-create online autism training videos for prison staff working within HMPPS. These have since been added to HMPPS' virtual learning environment platform (MyLearning).¹³ Videos were designed to be brief and easily digestible to a range of prison staff audiences, typically lasting

around 5 minutes each and following a consistent structure. It was anticipated that this design would lend itself to staff engagement and would not be too onerous on staff time (e.g., each video could be viewed during a work break). Each short video centred on a key theme relating to autistic individuals' experiences of prison, and adhered to the following structure: (i) an introductory overview of a specific issue (e.g., the reception process for autistic prisoners), followed by (ii) audio-recorded accounts of autistic prisoners' lived experiences of said issue, and concluding with (iii) a brief overview of the types of adapted practices, principles and accommodations that may be helpful to support autistic prisoners in relation to those issues. The themes used to frame each video were informed by the lived experiences of autistic prisoners, which had been captured through existing interview-based research and consultations with autistic prisoners at HMP Hull.

It is imperative that the voices and lived experiences of autistic people in prison are used to inform the design of training materials.

12. Doherty, M., McCowan, S., & Shaw, S. C. (2023). Autistic SPACE: A novel framework for meeting the needs of autistic people in healthcare settings. *British Journal of Hospital Medicine*, 84(4), 1–9.

13. Vinter, L.P., Munro, N., Holloway, C., & HMPPS. (2022). *Understanding Autism in Prisons* [Online Training Videos]. Ministry of Justice (MoJ) MyLearning Online Training Platform. Available for MoJ employees at: <https://mydevelopment.org.uk/course/view.php?id=9143>

Anecdotally, these videos have garnered positive feedback from professionals who have engaged with the content, with the integration of the lived experience perspective regarded as a particularly impactful highlight. However, whilst this may be a promising example, there is scope to enhance this approach further. For example, future developments could include the integration of more themes, more elaborate practical guidance, and perhaps more specialist or focussed topic areas that may be more specific to particular populations or prison type (e.g., intersectionality between autism and gender, issues relating to autism and self-harm or suicide, or nuances associated with open prisons). Moreover, the creation of shared open-access resources that complement the training content could be beneficial, to equip prison staff with practically useful tools beyond the knowledge, principles and tips conveyed in videos.

Conclusion

To conclude, the central purpose of this article was to highlight themes in the lived experiences of autistic prisoners and convey the crucial need for more consistent, accessible autism awareness training and education for prison staff. Whilst this paper has not provided a highly specified design for such training, it has proposed several priority areas for consideration in its development.

There is a further need to ensure that training is not only developed, but that this is rolled out in a consistent way across the prison estate (e.g., as part of staff induction training), avoiding more isolated or fractured approaches and to enable the development of a more neuroinclusive prison system as a whole. It is important to recognise here that whilst existing research indicates the importance of autism awareness training for prison staff and provides some direction for its design, there remains limited tangible empirical

evidence whether prison staff autism training is effective and in what ways. Therefore, following the development and rollout of autism training to prison staff, it is important that this is continuously evaluated to examine specific impacts (e.g., outcomes for autistic prisoners, and staff confidence, job satisfaction, and performance) and to identify opportunities for enhancement.

Ultimately, whilst this article has focussed exclusively on autistic people in prison, it should be clearly stated that neuroinclusive principles and adaptations that can be embedded into staff training and supportive for autistic people can be, and often are, beneficial to all neurotypes. For instance, enhancing accessibility in communication, being more sensitive to signs of underlying distress and moving away from making assumptions about others can be helpful principles when working with anybody. Therefore, improving how prison staff work with and support autistic people in prison should not be interpreted as coming at a cost to or overlooking others' needs, and may instead enhance how people of all neurotypes in prison are supported.

Finally, whilst this paper has primarily focussed on training and education, it is important to note that training alone is not sufficient to overcome the challenges experienced by autistic people in prison. Whilst it is a fundamental need and could create seismic shifts in how equipped staff are to work effectively with autistic people in prison, there nevertheless needs to be a multi-pronged approach, which considers other improvements that can be made in prisons (e.g., adaptations to physical environments, access to specialist support for autistic prisoners, and enhanced screening tools and processes to identify autistic people and their needs in prisons). Overall, these various changes in the prison context could contribute one step closer to a more neuroinclusive society as a whole.

Neurodiversity support managers: improving support for neurodivergent people in prison

Lucy Chadwick is a Neurodiversity Specialist in the Rehabilitation Directorate at His Majesty's Prison and Probation Service (HMPPS).

Case Studies have been provided by Neurodiversity Support Managers across the Prison Service, including Donna Smith-Emes (HMP Ford), Holly Owen (HMP Long Lartin), Rosalind Collier (HMP Hull), Liz Duffy-Griffiths (HMP Swansea), Dainya Pinnock (HMPIYOI Downview), Louise Henson (HMP The Verne) and Rebecca Stokes (HMP Kirkham).

Neurodivergent individuals are overrepresented in the criminal justice system (CJS), with evidence from the 2021 Criminal Justice Joint Inspection review suggesting that at least half of the adult prison population in England and Wales can be expected to have needs arising from neurodivergence, compared with 15–20 per cent of the general population.¹ The impact of neurodivergence on an individual's daily life varies, however some individuals are particularly vulnerable and find elements of the prison environment distressing. This may include challenges in areas such as sensory processing, communication, accessing learning opportunities, maintaining employment and building relationships with others.

Ensuring neurodivergent people in prison are supported with appropriate adaptations is critical for prison safety,² accessible services,³ sentence progression, and engagement with rehabilitative opportunities,⁴ that can contribute to reducing reoffending.⁵ The Joint Inspection review also reported evidence of good adaptations being made in some prisons, while also identifying several areas where improvements were required.⁶ As part of the review,

people with personal experience of neurodivergence within the CJS highlighted areas that they found challenging. These included repeatedly needing to explain their needs, processes and environments not being inclusive (e.g., unclear expectations and inconsistent routines), and a lack of staff knowledge, awareness and specialism regarding neurodivergence.⁷

In response to the review a Cross-Government Action Plan was published, detailing how recommendations from the review would be implemented to boost staff awareness and capability, improve information sharing, and enhance support for neurodivergent people across the CJS.⁸

The neurodiversity support manager role in HMPPS

To help drive improvements in these areas and improve support for neurodivergent people in prison, HMPPS introduced the Neurodiversity Support Manager (NSM) role. This specialist prison-based manager role was trialled in 2021/22⁹ before being rolled out across the prison estate by 2024.¹⁰

NSMs are responsible for implementing a whole-prison approach to neurodiversity. This includes

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1. Criminal Justice Joint Inspection. (2021). *Neurodiversity in the Criminal Justice System: A Review of Evidence*. HM Inspectorate of Prisons, HM Inspectorate of Constabulary and Fire & Rescue Services, HM Inspectorate of Probation.
 2. Talbot, J. (2008). *Experiences of the criminal justice system by prisoners with learning disabilities and difficulties prisoners' voices*. Prison Reform Trust.
 3. NHS England. (2023, December). *Meeting the Needs of Autistic Adults in Mental Health Services*. Department of Health & Social Care.
 4. See footnote 1: Criminal Justice Joint Inspection. (2021).
 5. Ministry of Justice. (2013). *Transforming Rehabilitation: A summary of evidence on reducing reoffending*. Ministry of Justice.
 6. See footnote 1: Criminal Justice Joint Inspection. (2021).
 7. User Voice (2021). "Neuro...what?" *Neurodiversity in the criminal justice system*. User Voice.
 8. Ministry of Justice. (2022). *A Response to the Criminal Justice Joint Inspection: Neurodiversity in the Criminal Justice System, A Review of Evidence*. Ministry of Justice.
 9. Ministry of Justice. (2023). *£50m Reducing Reoffending Package Process Evaluation*. Ministry of Justice.
 10. Ministry of Justice. (2024, May 16). *Greater support for neurodivergent offenders in bid to cut crime* [Press release]. <https://www.gov.uk/government/news/greater-support-for-neurodivergent-offenders-in-bid-to-cut-crime>

improving processes to identify and support prisoners with neurodivergent needs and ensuring neurodivergent prisoners can access the education, skills and work opportunities within the prison.

The action plan identified five key priority areas that all NSMs should be working on:

1. Facilitating the sharing of information on neurodiversity and identification of need across the prison service.
2. Providing training and support for prison staff to equip them to better understand and support those with neurodivergent needs within the prison.
3. Ensuring that reasonable adjustments are made throughout the prison to help develop a more 'neurodiversity supportive environment'.
4. Ensuring that individual or targeted support is available where appropriate, practical, and reasonable.
5. Incorporating consideration for additional requirements of neurodivergent prisoners when preparing for release.

Although the priority areas are consistent across the prison estate, actions taken by individual NSMs should be tailored to meet the needs of their prison. This includes considering factors such as the prison's size, population make-up, function, and available specialist provision. As a result, the NSM role looks different in each prison.

The following seven case studies, provided by NSMs, illustrate the breadth of support NSMs provide across the Prison Service and demonstrate that by delivering improvements across the five priority areas they are improving the support neurodivergent people in prison receive throughout their time in custody.

Priority 1: Sharing information and identifying the needs of prisoners

Case 1: Neurodiversity supportive induction

Prison: HMP Ford

NSM: Donna Smith-Emes

Prison details: Category D Open men's prison

Other priority area(s) covered: 1, 2, 3

It is expected that upon arrival in prison, prisoners are promptly inducted and receive support to understand life within that prison.¹¹ This includes identifying any additional needs and developing a learning plan to help them prepare for release.¹² For

some prisoners, their neurodiverse needs can lead to additional challenges in adapting to prison life and during induction.¹³

When I first started in role, I spent time observing the prison's induction process. I reflected that during these sessions I was bombarded with information and it felt like this to me, then it is likely that prisoners also feel similar. I raised these observations regarding accessibility for neurodivergent prisoners with my Head of Education, Skills and Work (ESW), and we were able to inform a review of the induction process to help improve it for neurodivergent prisoners.

As an ESW team we identified the key people prisoners needed to meet during induction and developed a programme that would allow essential information to be shared. This incorporated a wide range of stakeholders including prison staff (e.g., ESW staff, ID and Banking Lead) as well as a number of partner agencies (e.g., the Department for Work and Pensions, Shannon Trust), and covered a range of topics from careers advice and guidance to support from the NSM.

Induction had previously been a single session of less than 1 hour. The new process I helped develop now takes 10 hours, spread over 3 days with breaks built in between sessions. This allows neurodivergent prisoners to slow down, regulate themselves, process the information clearly, and ask questions to any member of staff. We have been able to achieve this by all ESW managers and partners committing to a team approach, and each spending at least 1 hour a week delivering the induction programme. This is coordinated by the Learning and Skills Manager, allowing us to plan our time, whilst all being flexible in supporting each other when required.

I then worked to ensure the process was accessible and supportive of neurodivergence. For example, the timetable shows the day, time, exact location, a brief overview of what the session is about, and who it is with, and copies are distributed in a variety of colours to support individuals with visual processing needs. Doors and windows are shut, and lights are turned off when possible, to create a low stimuli environment. We explain acronyms and abbreviations and write in clear language. Staff are available to help with any paperwork, such as completing screenings¹⁴ and assessments, or choices about education, skills and work opportunities in the prison. A calendar is also provided, helping prisoners to keep track of their progress through the induction process and enabling

11. HM Inspectorate of Prisons (2023). *Expectations Criteria for assessing the treatment of and conditions for men in prison*. HMIP

12. Ministry of Justice. (2019) *Prison Education & Library Services for adult prisons in England Policy Framework* (PSI 20/2000). Ministry of Justice.

13. Coates, S. (2016). *Unlocking Potential A review of education in prison*. Ministry of Justice.

14. HMPPS offers screening to all prisoners on entry to prison to help identify any additional needs that they may have that might impact their ability to engage with the regime or education, skills and work opportunities in the prison.

them to start taking responsibility for managing their own appointments.

It is vital that we identify neurodiverse needs at the earliest possible opportunity. To do this in HMP Ford, I helped streamline a process where the team that interview prisoners on their first night and second day in custody pass relevant information to the ESW team. This has helped develop a more inclusive environment and helps overcome barriers, enabling neurodivergent prisoners to settle more quickly. The wider ESW team and I continue to develop and review the induction process to further improve accessibility for neurodivergent people in prison. Our plans include smaller sessions for prisoners who find large groups challenging, using peer mentors as we find prisoners absorb more information from people with lived experience, and adapting our presentations to make them dyslexia friendly and easy read.

Case 2: Enabling access to purposeful activity

Prison: HMP Long Lartin

NSM: Holly Owen

Prison details: Category A Long Term High Security (LTHS) men's prison

Other priority area(s) covered: 1, 2, 3, 4

An unannounced inspection of HMP Long Lartin by His Majesty's Inspectorate of Prisons (HMIP) found that those sentenced to life imprisonment often find themselves lost, lacking a sense of purpose and not motivated to engage in purposeful activity.¹⁵ Therefore, a key focus is on settlement into careers in custody and finding a prisoner's intrinsic motivation.

Many of the prisoners within HMP Long Lartin 'are among the highest risk and most serious offenders in the country'.¹⁶ Due to this, many people on my caseload are considered 'complex cases' often with needs arising from several areas including neurodivergence, mental health conditions, trauma and low self-belief. To illustrate the work I carry out, I am presenting a specific case that is representative of the support required by many within the LTHS estate. To ensure anonymity, the person's name has been changed to 'Adam'.

Adam had a reputation for 'violence' and 'instability'¹⁷ and was often moved to the Close Supervision Unit or segregation for his and others'

safety. He contacted me for support after seeing posters on his wing which I had created to raise awareness of the high prevalence of neurodivergent conditions. Upon meeting, he informed me he had attention deficit hyperactivity disorder (ADHD) and autistic traits and felt like he was unable to manage his needs on his own. I worked with him to understand how his neurodivergence impacts him, his areas of need and to identify the support or adjustments that may help. This included needing a structured routine and support to understand when he is starting to feel overwhelmed and how to manage this.

I also worked to understand his likes, dislikes and motivations, and having enjoyed sports previously, completing a gym course was his goal. However, this course has strict entry requirements relating to prisoners' behaviour, and Adam needed to work towards meeting these. I used the information I had gathered to develop a 'support plan' to help communicate Adam's goals, needs and support requirements to staff. Once developed, I met with relevant staff across the prison to upskill them on his plan. This included gym instructors, wing staff and prison managers. I also worked with Adam to ensure he understood it. In turn, he shared that he finally felt he had something to work for and that people understood him.

Staff have noted the progress made by Adam, with the Head of the Gym stating, 'he is like a totally different person from 12 months ago'. It hasn't always been straightforward, and Adam has been involved in some incidents, but importantly these have been less significant, occurring less often and Adam has managed to regulate himself much more quickly. Adam has not been segregated for 12 months now, and is on the gym course and engaging well. He also now volunteers as a Listener, providing support to others as he wanted to show others that 'change is possible'.

Priority 2: Staff training and support

Case 3: Neurodivergence in prison safety

Prison: HMP Hull

NSM: Rosalind Collier

NSMs are responsible for implementing a whole-prison approach to neurodiversity. This includes improving processes to identify and support prisoners with neurodivergence.

15. HM Chief Inspector of Prisons. (2022). *Report on an unannounced inspection of HMP Long Lartin*. HMIP.

16. See footnote 15: HM Inspectorate of Prisons (2022).

17. As stated by operational staff in the prison.

Prison details: Category B Reception men's prison

Other priority area(s) covered: 1, 2, 3, 4

The Prison Safety Policy Framework sets out the requirements to make prisons safer places, emphasising the importance of understanding the population and ensuring individuals' needs are addressed.¹⁸ Neurodiverse individuals may have needs with communication, interaction and emotional regulation which, with links to self-harm,¹⁹ self-inflicted death,²⁰ and substance misuse,²¹ can impact on prison safety.

Following concerns raised by HMIP relating to use of force,²² HMP Hull undertook significant work to make progress in this area, including implementing a weekly panel to scrutinise incidents.²³ Being aware that prisoners with additional needs are more likely to be subject to use of force,²⁴ the NSM ensured consideration of neurodiverse needs was part of the scrutiny process.

The NSM noticed neurodiverse prisoners were experiencing use of force during non-violent incidents, especially in relation to verbal threats or refusing to return to their cell. Neurodiverse needs can impact on how an individual understands verbal instructions and how they respond to them especially in an escalating, noisy and fast-moving situation, which is often the case within the prison environment. In these circumstances there can be a perception the person is refusing to cooperate or follow instructions. However, it could be they are struggling to focus on the requests being made, or to follow instructions that are given too quickly for them.

A strategy was developed by the NSM to improve awareness of prisoners' neurodiverse needs and ensure these were being considered across the prison to provide holistic support. One aspect of the strategy was to develop and deliver neurodiversity training to all staff. This covered general neurodiversity awareness and implementing neurodiversity supportive practices,

I worked with him to understand how his neurodivergence impacts him, his areas of need and to identify the support or adjustments that may help.

including adapting communication and de-escalation strategies in relation to use of force.

The targeted training on de-escalation was delivered as part of the annual control and restraint training, by the NSM but in collaboration with the prison's use of force team. Staff noted that the training has been 'eye opening' with the Head of Safety stating it 'changed my approach to safety'. The recent HMIP inspection noted the progress to date mentioning the work leading to improvements in awareness of prisoners needs, environmental adjustments and collaboration with other departments.²⁵

Priority 3: Developing neurodiversity supportive environments

Case 4: A neurodiversity supportive approach to education

Prison: HMP Swansea

NSM: Liz Duffy-Griffiths

Prison details: Category B Reception men's prison, Welsh Estate

Other priority area(s) covered: 1, 2, 3, 4

Prisons are expected to ensure all prisoners access and engage in 'purposeful activity' such as education, work, or social activities that support their well-being and promote effective rehabilitation.²⁶

As part of my NSM role, I encountered a number of neurodivergent prisoners who were not engaging in purposeful activity and identified that there were limited opportunities to support them to progress into off-wing activities.

To address this, I developed a proposal for a neurodiversity support hub. Given the name 'The Harbour', it was designed to be used by neurodiverse prisoners who were not yet ready to access the existing range of ESW activities. Allocation was considered on a case-by-case basis and tailored as part of the support planning for those not engaged in ESW, with priority

18. Ministry of Justice. (2024). *Prison Safety Policy Framework*. Ministry of Justice.

19. Blanchard, A., Chihuri, S., DiGuseppi, C. G., & Li, G. (2021). Risk of Self-harm in Children and Adults with Autism Spectrum Disorder. *JAMA Network Open*, 4(10), e2130272.

20. Cassidy, S., Au-Yeung, S., Robertson, A., Cogger-Ward, H., Richards, G., Allison, C., ... Baron-Cohen, S. (2022). Autism and autistic traits in those who died by suicide in England. *The British Journal of Psychiatry*, 221(5), 683–691.

21. Mariani, J. J., & Levin, F. R. (2007). Treatment strategies for co-occurring ADHD and substance use disorders. *American Journal on Addictions*, 16(s1), 45–56.

22. HM Chief Inspector of Prisons. (2021). *Report on an unannounced inspection of HMP Hull*. HMIP.

23. HM Chief Inspector of Prisons. (2022). *Report on an independent review of progress at HMP Hull*. HMIP.

24. See footnote 2: Talbot, J. (2008).

25. HM Chief Inspector of Prisons. (2024). *Report on an independent review of progress at HMP Hull*. HMIP.

26. See footnote 11: HM Inspectorate of Prisons (2023).

given to individuals with needs arising from Autism Spectrum Condition, and who are at risk of self-harm or suicide.

The Harbour was designed to be a safe space that is neurodiversity supportive, person centric, tailored and responsive to individual needs, delivering a curriculum that enables this whilst also being holistic and evidence based. The curriculum was based on the Autism Education Trust Transition Progression Framework.²⁷ This enables tracking of progression across eight personal development strands, including communication and interaction, learning and engagement, and independence and community participation.

The curriculum is delivered through a range of activities across the four distinct areas within The Harbour:

- ❑ The 'Quiet Workspace' where teachers deliver a variety of sessions (e.g., emotional wellbeing, turn-taking in conversations, Introducing Welsh);
- ❑ The 'Sensory Space' which prisoners can use throughout the day to build self-regulation skills;
- ❑ The 'Interventions Space' where other teams come to provide support (e.g., Working Wales bring in mentors to meet people in prison preparing for release, Occupational Therapy deliver 'Activity Through Recovery' sessions); and
- ❑ The 'Counselling Space' where healthcare deliver support (e.g., talking therapy).

The hub is now well established at HMP Swansea and provides prisoners with opportunities to learn a helpful combination of self-advocating and self-regulation techniques. Since opening in September 2023, many prisoners have progressed through The Harbour moving onto mainstream ESW opportunities within the prison. Others have been released into the

community and are accessing the support they need, and positive feedback about the hub has been received from staff and people in prison.

Priority 4: Individual and targeted support for prisoners

Case 5: Neurodivergence in the women's prison estate

Prison: HMP/YOI Downview

NSM: Dainya Pinnock

Prison details: Women's prison

Other priority area(s) covered: 4

To build greater awareness of neurodivergent needs for women I delivered targeted workshops including a Sensory Regulation workshop and a series on 'Neurodivergence and Me'.

Although the prevalence of neurodivergence is higher in custody than in the community,²⁸ people in prison are less likely to have received an official diagnosis. This is due to a range of factors, such as an increased likelihood of having been excluded from school or experiencing homelessness.²⁹ In addition, as most research and diagnostic tools have been developed based on the experiences of neurodivergent men, there are higher levels of under- and misdiagnosis in women.³⁰

For women in HMP Downview, many have little understanding of their neurodivergence or how it impacts them. To build greater

awareness of neurodivergent needs for women I delivered targeted workshops including a Sensory Regulation workshop and a series on 'Neurodivergence and Me' (ND and Me). This included an ADHD and Me workshop delivered alongside an operational member of staff with lived experience of ADHD. The workshop looks at a range of topics including how ADHD can present for women, hormonal changes and their impact on how women with ADHD feel and function, masking, emotional regulation, and support strategies.

Historically, most ADHD research has been based on the experiences of men.³¹ Due to this, there are

27. Christie, P., Farrell, S., Fidler, R., & Lyn-Cook, L. (2021). *The development of a progression framework for children and young people with autism Literature Review and Consultation*. Autism Education Trust.

28. See footnote 1: Criminal Justice Joint Inspection. (2021).

29. Kirby, A. (2023). Professor Amanda Kirby, CEO Do-IT Solutions Rationale and evidence for taking a person-centred approach to screening in prison. <https://doitprofiler.com/wp-content/uploads/2023/01/Rationale-for-a-person-centred-approach-to-screening-for-ND-in-prisons-January-2023-Kirby.pdf>

30. See footnote 1: Criminal Justice Joint Inspection. (2021).

31. Skoglund, L. B. (2024, April 18). *ADHD Symptoms in Women Aren't "Hidden." They Are Misinterpreted*. ADDitude. <https://www.additudemag.com/adhd-symptoms-in-women-female-signs/>

limited relevant resources, and I have, understandably, found this a barrier to the development and delivery of the sessions. However, as research develops, so too will the workshops. I am currently reviewing and revising my ADHD and Me workshop to include recently published research (e.g., on hormonal changes and late diagnosis),^{32 33} and working collaboratively with healthcare teams to develop further workshops.

The workshops have been well attended with good levels of engagement. Women who have attended have commented the sessions felt 'very inclusive' and this was the first time they felt seen and understood; now having a better understanding of how they 'take in the world around them' and 'react to things'.

Priority 5: Preparing neurodivergent prisoners for release

Case 6: Neurodivergence and sentence progression

Prison: HMP The Verne

NSM: Louise Henson

Prison details: Category C Trainer men's prison for people convicted of sexual offences

NSM priority area(s): 1, 2, 3, 4, 5

HMP The Verne holds a complex population where all prisoners have been convicted of sexual offences. With two-thirds serving sentences of over 10 years, almost a fifth serving sentences of 20 years or more, and at least 30 serving Indeterminate Sentences for Public Protection (IPP).³⁴ Consequently, my role as NSM is vital in helping prisoners who are serving long or indeterminate sentences to address barriers to their sentence progression where these are impacted by neurodiverse needs.

When supporting people in prison I make sure that I am always honest with them, even if this means telling them something that they might not like to hear. I find this builds trust and most neurodivergent people tend to prefer a direct approach. The examples here illustrate some of the ways I support neurodiverse prisoners having identified several barriers relating to their Parole Board hearings and licence conditions.

Parole

Several prisoners were referred to me by their Offender Managers³⁵ because they were not representing themselves well during parole hearings. Gathering information from colleagues, reviewing parole outcomes and working with prisoners in a person-centred way helped me to understand the barriers encountered by our neurodivergent population when trying to demonstrate their level of risk of reoffending.

I found some neurodivergent prisoners were experiencing difficulties with showing the expected level of remorse or emotion, fixating on minor details, communicating effectively, becoming dysregulated, and in some cases refusing to attend. From this I identified areas where individual, targeted support could help

prisoners to overcome these barriers and effectively prepare for their parole board hearings.

For some I have provided support to help them build a neurodiversity communication profile, setting out their strengths, needs and any support requirements. With the prisoner's consent, I share this with their Offender Manager which allows it to be shared with the Parole Board in advance of their hearing. This helps the Parole Board members to understand the prisoner and their needs, and has helped empower prisoners, who have told me that for the

first time they feel seen in terms of their neurodivergence and the challenges they face. For others I have provided support with preparation for the different kinds of questions they may be asked, including focusing on recognising their achievements. Through this I aim to build their confidence and sense of hope for the future.

Licence conditions

Most prisoners released from HMP The Verne will be subject to a Sexual Harm Prevention Order (SHPO) and will have additional registration requirements, in addition to their regular licence conditions. Prisoners

I have worked with neurodivergent prisoners with IPP sentences to understand the causes of non-compliance.

32. Eng, A. G., Nirjar, U., Elkins, A. R., Sizemore, Y. J., Monticello, K. N., Petersen, M. K., Miller, S. A., Barone, J., Eisenlohr-Moul, T. A., & Martel, M. M. (2024). Attention-deficit/hyperactivity disorder and the menstrual cycle: Theory and evidence. *Hormones and Behavior*, 158, 105466.

33. Lotta Borg Skoglund. (2023). *ADHD Girls to Women*. Jessica Kingsley Publishers.

34. HM Chief Inspector of Prisons. (2024). *Report on an unannounced inspection of HMP The Verne*. HMIP.

35. These are prison and probation staff who work in courts, prisons and in communities. Their primary goal is to support people's rehabilitation and reduce the likelihood of re-offending. This involves a range of activities, including conducting risk assessments, sentence management, and providing support and guidance.

with an IPP sentence are regularly recalled due to non-compliance with licence or registration requirements, rather than for re-offending.³⁶ I have worked with neurodivergent prisoners with IPP sentences to understand the causes of non-compliance.

From reviewing licence conditions, registration requirements and SHPOs, I identified areas of challenge. For example, the large volumes of information causing visual or emotional overwhelm, and use of statutory/legal language or phrases like 'if this applies' causing confusion. These may lead to a neurodivergent prisoner misunderstanding conditions, or becoming fixated on irrelevant information (e.g., why their licence conditions include a paragraph about deportation when that 'does not apply' to them).

To overcome these challenges, I realised neurodivergent prisoners may require additional time and individual support to help them process and understand their conditions or requirements. To enable this, I work with Offender Managers to obtain copies of these for prisoners as far in advance of their release date as possible. For some individuals, with the authorisation of their Community Offender Manager,³⁷ I have also provided additional simplified versions of these documents to the prisoner including images where possible.

One of the prisoners I supported found it helpful to go through the document highlighting areas he found confusing. I then went through the document with him so he could ask questions and clarify any of the areas he found challenging. I used examples of situations that could arise on release — such as bumping into someone he had been in prison with, so knew them to be a person convicted of a sexual offence. Talking these through helped him consider how to manage the situation and decide what he should do if that situation arose in the community to ensure compliance with his conditions. He now has a better understanding of his conditions which could reduce the likelihood of him breaching them and being recalled in the future.

Case 7: Neurodivergence and preparing for release

Prison: HMP Kirkham

NSM: Rebecca Stokes

Prison function and population details: Category D Open men's prison

NSM priority area(s): 1, 2, 3, 4, 5

From working with prisoners who are preparing for release I have noticed that many find being released from custody as challenging as their early days in prison. Regardless of the sentence length, they often say they feel the world has 'moved on' — this may relate to relationships, employment, housing or even technology.

For neurodivergent individuals, approaching change can be a time of anxiety and overwhelm. My role as NSM is key in helping ensure neurodivergent prisoners access the opportunities, services, and support they need to prepare for release into the community. Working with stakeholders both within

HMPPS and in the community, I ensure neurodiverse needs are considered throughout the resettlement process enabling a smoother transition into the community, which can reduce the likelihood of reoffending.³⁸

I provide individual support to help prisoners better understand their neurodivergence, helping them to feel informed about their needs and triggers, with an awareness of coping strategies and methods they can use to support themselves

independently. I play a crucial role in ensuring this information is shared with their Community Offender Manager, so that key professionals including the Parole Board or approved premises, are aware of what support or adjustments are needed. This vital sharing of information between myself and those working to support resettlement has allowed for appropriate housing, employment opportunities and crucial support in the community to continue.

When preparing for release, prisoners receive a large volume of documentation and information from a range of services, including probation and other external resettlement services. In my role as NSM I provide support, advice and guidance to ensure neurodivergent prisoners can access and understand this information. Examples include creating audio versions of information sheets that prisoners receive (e.g., explaining how to access financial support), and

we aim to ensure
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neurodivergent
people, and that
knowledge of best
practice is shared
amongst staff.

36. Ministry of Justice. (2024, October). *Offender management statistics quarterly: April to June 2024*. Ministry of Justice.

37. These are probation staff who assess and manage the risk posed by people on probation with community sentences or on licence from prison to protect victims of crime and the general public.

38. See footnote 5: Ministry of Justice. (2013).

working with probation, to support the development of easy read versions of key information.

I also provide training to staff within the Employment Hub to ensure they are considering neurodivergence and providing relevant advice and guidance when helping neurodivergent prisoners to prepare for employment on release. During this training I cover a range of topics including understanding rights, how to disclose neurodivergent needs to potential employers and specialist employment opportunities (e.g., supported internships).

Conclusion

The above case studies illustrate just a few examples of the work NSMs are carrying out across the five priority areas in prisons in England and Wales. They highlight the varied areas of focus required to support neurodivergent people in prison dependent upon the differing needs of the prisons and their populations.

Whilst the NSM role continues to embed across the Prison Service, HMPPS is committed to driving further

improvements. Working with partners from across Government, we aim to ensure the prison estate meets the needs of neurodivergent people, and that knowledge of best practice is shared amongst staff. As part of new education contracts commencing this year the Prisoner Education Service are procuring a new digital, web-based screening tool to identify the additional learning needs of people in prison. This will help overcome challenges with the reliability and consistency of data on the prevalence of neurodivergence,³⁹ and improve our understanding of the needs of people in prison.

Through the above, HMPPS are creating prison environments that are more supportive of neurodivergent needs, enabling neurodivergent prisoners the opportunity to engage in rehabilitation and reduce their chances of reoffending.⁴⁰ Although notable progress has been made in recent years, HMPPS are aware of the challenges that remain for neurodiverse prisoners and remain committed to improving support for neurodivergent people in prison.

39. See footnote 1: Criminal Justice Joint Inspection. (2021).

40. See footnote 5: Ministry of Justice. (2013).

Responsivity in HM prisons: from neurotypical to neurodivergent

'There is no normal brain or mind'

Laura Ramsay is a Chartered and Registered Forensic Psychologist who spent almost 20 years working for HMPPS. Laura holds an interest and expertise in working responsively with people who have learning disabilities.

Dr Karen Thorne is a Chartered and Registered Forensic Psychologist and neurodiversity lead for HMPPS Psychology Services.

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,

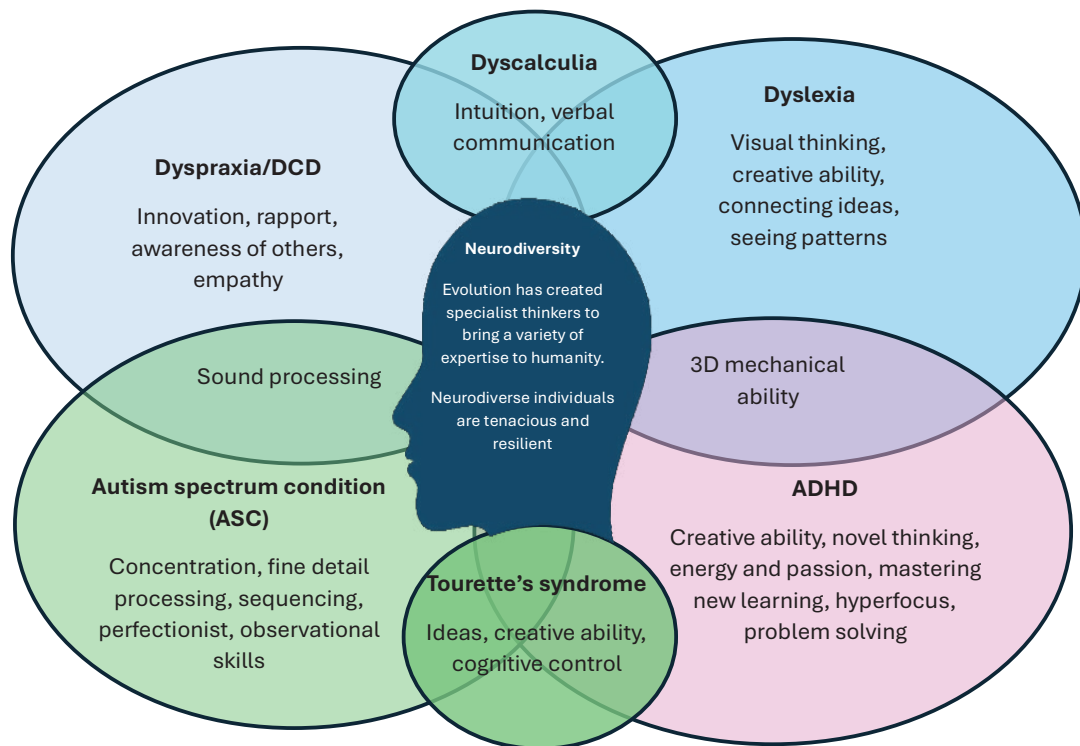
1. Armstrong, T. (2015). The Myth of the Normal Brain: Embracing Neurodiversity. *AMA Journal of Ethics*, 17(4), 348-352.

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 Armstrong 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. *International 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.rslt.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.

16. McMillan, T. M., Graham, L., Pell, J. P., McConnachie, A., & Mackay, D. F. (2019). The lifetime prevalence of hospitalised head injury in Scottish prisons: A population study. *Plos one*, 14(1), e0210427.

17. Pitman, I., Haddlesey, C., Ramos, S. D. S., Oddy, M., & Fortescue, D. (2015). The association between neuropsychological performance and self-reported traumatic brain injury in a sample of adult male prisoners in the UK. *Neuropsychological Rehabilitation*, 25(5), 763–779.

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. *Journal 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.

22. Young, S., Gudjonsson, G., Chitsabesan, P., Colley, B., Farrag, E., Forrester, A., Hollingdale, J., Kim, K., Lewis, A., Maginn, S., Mason, P., Ryan, S., Smith, J., Woodhouse, E., & Asherson, P. (2018). Identification and treatment of offenders with attention-deficit/hyperactivity disorder in the prison population: A practical approach based upon expert consensus. *BMC Psychiatry*, 18(1), 281.

23. Farooq, R., Emerson, L.M., Keogh, S. & Adamou, M. (2016). Prevalence of adult ADHD in an all-female prison unit. *ADHD Attention Deficit and Hyperactivity Disorders*, 8(2), 113-119.

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-England-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., & Cocalis, 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.

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

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.

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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.

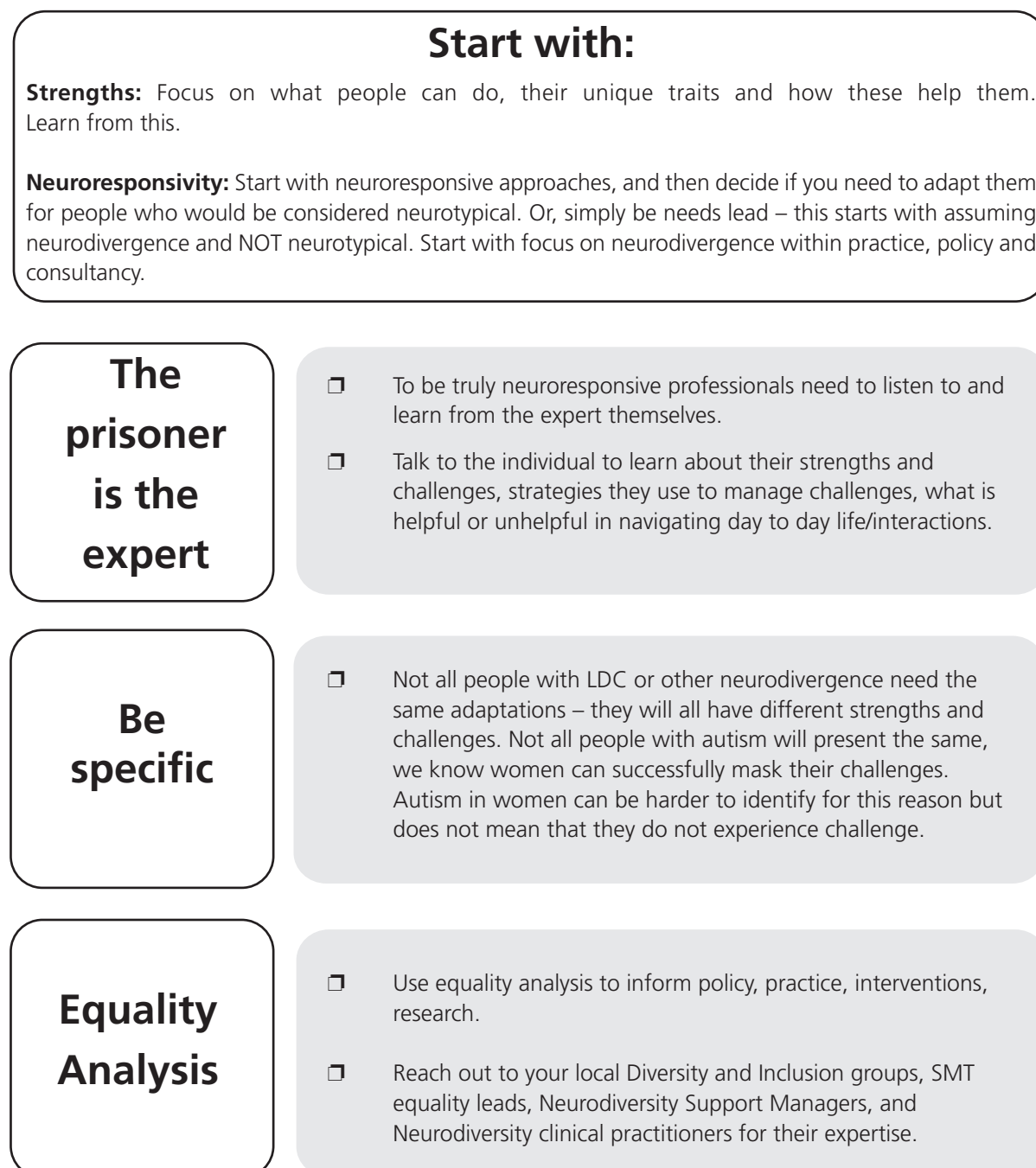
37. Ramos, S. D., Oddy, M., Liddement, J., & Fortescue, D. (2018). Brain injury and offending: the development and field testing of a linkworker intervention. *International journal of offender therapy and comparative criminology*, 62(7), 1854-1868.

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*



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.

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.

The Neurodivergence in Criminal Justice Network: Connecting research, professionals and lived experience to improve criminal justice practice

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Dr Nicole Renehan is an Assistant Professor at Durham University.

In 2021, the Criminal Justice Joint Inspectorate launched a call for evidence into ‘neurodiversity’ in the criminal justice system (CJS) and subsequently published their findings in June of the same year.¹ The report highlighted the scale of the challenges faced by neurodivergent people, who are both overrepresented in the prison population and experience poorer justice outcomes. This article discusses the emergence and work of the Neurodivergence in Criminal Justice Network (hereafter, NICJN), a group of researchers, practitioners and community members interested in addressing the challenges faced by neurodivergent individuals drawn into the CJS in England and Wales.

The article is divided into five parts. In part one, we provide some brief context for the terms ‘neurodiversity’ and ‘neurodivergence’ — which are often used interchangeably — and an overview of what we currently know about neurodivergence in the CJS. In part two, we discuss the network: its aims and purpose, rationale, early development, and current membership. In part three we turn to some of the activity the network has been involved in since its inception, and the diverse research areas that our members are engaged in across the CJS. In part four, we will briefly detail the network’s plans before finally, in part five, providing the Prison Service Journal’s readership with details on how to learn more about, join, and get involved with the network.

The overall aim of the article is to encourage awareness of the NICJN so that those who share its vision about improving the lives of and criminal justice outcomes for neurodivergent individuals can get involved.

Neurodivergence in the Criminal Justice System

Terminology

Neurodiversity and *neurodivergence* are terms that are often used interchangeably, and both form part of a ‘a lively and ongoing set of theories, debates, and research programmes’.² Neurodiversity is a term that refers to the inherent neurological variation in the human population (that is, all of us); while neurodivergence is used to refer to individuals who diverge from what has been constructed as ‘typical’ neurological development.³ Neurodivergence commonly describes differences in cognitive development related primarily to divergent ways of learning, communicating, regulating attention, executive function, social and sensory processing, and mood regulation. Neurodivergence is generally taken to include (though is certainly not limited to) autism, Attention Deficit and Hyperactivity Disorder (ADHD), Acquired Brain Injury (ABI), learning disabilities, Foetal Alcohol Spectrum Disorder (FASD), dyslexia and Developmental Language Disorder (DLD), among numerous others. These

1. Criminal Justice Joint Inspection. (2021). *Neurodiversity in the criminal justice system: A review of evidence*. Criminal Justice Joint Inspection.
2. Botha, M., Chapman, R., Giwa Onaiwu, M., Kapp, S. K., Stannard Ashley, A., & Walker, N. (2024). The neurodiversity concept was developed collectively: An overdue correction on the origins of neurodiversity theory. *Autism*, 28(6); see also Dwyer, P. (2022). The neurodiversity approach(es): What are they and what do they mean for researchers? *Human Development*, 66(2), 73-92.
3. See footnote 2: Botha et al. (2024); Chapman, R. (2019). *Neurodiversity Theory and Its Discontents: Autism, Schizophrenia, and the Social Model of Disability*. Bloomsbury; Singer, J. (2017). *Neurodiversity: The Birth of an Idea*.

neurodivergences can often (though certainly do not always) co-occur and intersect, resulting in presentations and experiences that are unique to each neurodivergent person. The neurodiversity paradigm has presented a welcome departure from a medical discourse that has produced and re-produced harmful and stigmatising narratives about neurodivergent people and highlights the inequalities they face in a neurotypical world.⁴

Neurodivergent challenges in the Criminal Justice System

Neurodivergent individuals can and do experience challenges in many aspects of their lives. For decades, this has been characterised in terms of disability, based on a medical model approach to cognitive difference. In more recent years, the emergence of neurodiversity as a concept and movement has shifted the focus to critiquing the disabling nature of socially constructed ways of being, avoidably affecting many areas of life including the CJS.

Education inequalities are particularly prevalent amongst neurodivergent children and young people, which disproportionately disadvantage them and facilitates the concept of the school to prison pipeline.⁵ For example, school exclusions and attendance at pupil referral units (PRU; a facility for children excluded from mainstream education) is a common experience amongst many neurodivergent pupils.⁶ Multiple school exclusions and attending a PRU are associated with obtaining criminal convictions at a lower age, which in itself is associated with becoming entrenched in the criminal justice system.⁷

The neurodiversity paradigm has presented a welcome departure from a medical discourse that has produced and re-produced harmful and stigmatising narratives.

Kent and colleagues' study found that incarcerated neurodivergent people were more likely to be younger at first conviction than their neurotypical counterparts.⁸ Once they are drawn into the CJS, neurodivergent people face poorer justice outcomes in a system ill-equipped for their needs which extends their lifelong experience of discrimination and marginalisation.⁹ This is well demonstrated in two reports by User Voice, a charity which produces evidence through the lived experience voice to improve the lives of those who have offended. They found that neurodivergent people experience violence, abuse, and discrimination over the life course,¹⁰ and that these experiences are replicated within the CJS. For example, lived experience respondents described how they had been ridiculed and assaulted by both staff and other incarcerated people because of their differences being misunderstood.¹¹

Neurodivergent individuals can be drawn into the CJS as suspects, defendants, victims, or witnesses and generally face significant challenges due to the stressful, complex, and specialised nature of criminal proceedings. This is particularly acute for vulnerable persons, including those with physical and mental health issues. Due to the nature of neurodivergence and the manner in which the CJS operates, engagement can be particularly challenging for neurodivergent individuals. Evidence suggests that significant barriers to a positive and effective experience remain at all stages, including in policing, courts, prisons, and probation.¹² In 2021, the Government-commissioned

4. Botha, M. (2021). Academic, activist, or advocate? Angry, entangled, and emerging: A critical reflection on autism knowledge production. *Front. Psychol*, 12, 727542.
5. Kent, H., Kirby, A., Hogarth, L., Leckie, G., Cornish, R., & Williams, H. (2023). School to prison pipelines: Associations between school exclusion, neurodisability and age of first conviction in male prisoners. *Forensic Science International: Mind and Law*, 4, 100123.
6. Johnston, C., & Bradford, S. (2019). Alternative Spaces of Failure. Disabled 'Bad Boys' in Alternative Further Education Provision. *Disability & Society*, 34(9–10), 1548–72.
7. See footnote 5: Kent et al. (2023).
8. See footnote 5: Kent et al. (2023).
9. See footnote 1: Criminal Justice Joint Inspection (2021).
10. User Voice. (2023). *"Not naughty, stupid, or bad": The voices of neurodiverse service users in the Criminal Justice System*. User Voice.
11. User Voice. (2021). *Neuro...What? Neurodiversity in the Criminal Justice System*. User Voice.
12. See, for example, the work of NICJN members Chloe Holloway-George, Katie Maras, Clare Allely, Luke Vinter and Nicole Renehan.

Criminal Justice Joint Inspection concluded that neurodivergent people are over-represented and under-supported within the criminal justice system generally.¹³ For those convicted of offences, there had been little consideration of what neurodivergent individuals needed to successfully fulfil their sentence requirements and prevent them from reoffending.

What is the NICJN and what do its Members do?

With the above context in mind, the Neurodivergence in Criminal Justice Network exists to meaningfully contribute to the growing body of work being done — across practice, policy-making, and academic contexts — to identify and overcome the challenges neurodivergent people face when they are drawn into the criminal justice system. Ultimately, the network aims to move towards more neuro-inclusive criminal justice processes and practices, underpinned by evidence, awareness, knowledge and lived experience.

Rationale

Before detailing the purpose and activity of the network, we will briefly summarise the rationale behind the network's formation — something which directly informs its aims and scope (and consequently the work it does). The idea for a network dedicated to this topic was originally the result of the challenges experienced by the lead author, Tom Smith, in locating specialist knowledge for a book project.¹⁴ The scope of that project required identifying and accessing not only literature but expertise on neurodivergence and criminal justice. The lack of an accessible and simple method of doing so led to the conclusion that a network designed to facilitate this and similar projects in the future might prove helpful — not only to scholars, but to practitioners, policymakers, and those with lived experience. Particularly, a long-term observation regarding criminal justice practice is the difficulty in translating

specialised academic or experiential knowledge into everyday practice. Again, it was thought the network could assist in this process. After securing a small amount of funding, the network was designed (formed around a small core membership) and launched at an online event in July 2021. Since then, it has gradually developed into a larger and more active entity.

Purpose and scope

As a result of its origin, the NICJN has two key aims which might be succinctly summarised as 'exchange' and 'connection'. The first aim seeks to facilitate exchange between a variety of individuals and organisations with specialist knowledge of and experience in the subject of neurodivergence and the criminal justice system. The network seeks, in various ways, to aid dialogue and knowledge exchange between the different but related communities within (and beyond) its membership; and provide a platform for these communities to share their work, interests, activities and voice. The second aim is akin to acting as a 'switchboard' for anyone interested in this subject, by connecting the different communities, organisations and individuals mentioned.

As such, it aims to be a 'hub' for knowledge and expertise, promoting access to literature, information, and specialist knowledge — in short, to ensure anyone seeking information or insight can do so as easily as possible. More broadly, the network's aims — and therefore its scope and activity — are designed to contribute to goals shared by many interested in these topics (and beyond). The network would like to see research more effectively utilised for the benefit of criminal justice practice; to contribute to raising awareness and understanding of the issues in this area; to promote positive and inclusive reform at the coalface of practice as well as at the policy level; and to help advance knowledge through collaborative publication, presentation, evidence-gathering and bids for funding.

Ultimately, the network aims to move towards more neuroinclusive criminal justice processes and practices, underpinned by evidence, awareness, knowledge and lived experience

13. See footnote 1: Criminal Justice Joint Inspection (2021).

14. Smith, T. (2024). *Autism and Criminal Justice: The Experience of Suspects, Defendants and Offenders in England and Wales*. Routledge.

Membership

The NICJN brings together key voices in relation to neurodivergence and the CJS, covering the processes of policing, courts, prisons, and probation primarily in England and Wales, but also from an increasing number of non-domestic members. Our domestic members come from across the breadth of the United Kingdom (England, Northern Ireland, Scotland and Wales), and our international members further afield come from European jurisdictions, the US, Australia, Canada, and New Zealand. Our membership includes researchers (from varied disciplines including forensic science, psychology, criminology, and law); clinical, legal, and other relevant practitioners; and community members who are neurodivergent or have a personal connection to neurodivergent individuals with lived experience of the criminal justice system. The lived experience voice is considered crucial to any discussion regarding this topic.

Our membership currently stands at more than 300 individuals and organisations. It includes a diverse community of academics — including undergraduate and postgraduate students and early career researchers, lawyers, psychologists, health practitioners, charities, NGOs, policymakers, and civil servants. Our membership also includes professionals interested in supporting victims and those who have offended across, for example, education, professional training, employment, counselling, and the domestic abuse sector. Our members hold a variety of roles across prisons, including the newly established position of Neurodiversity Support Managers (NSMs).¹⁵ The membership also includes probation practitioners who play a key role in supporting clients to successfully comply with sentencing requirements to prevent reoffending and/or recall to prison. This large membership brings unique contributions across these varied fields and roles offering an exciting

opportunity to come together to transform the CJS from beginning to end, and consequently the lives of neurodivergent people who encounter it.

The work of the NICJN

Launching the network

Since being established, the network has engaged in a variety of activities, ranging from provision of resources and information to interested stakeholders; facilitation of knowledge exchange; dissemination of research and professional development opportunities; and engaging with a variety of criminal justice organisations. As mentioned above, the network was officially launched with an online event in July 2021 and was complemented with a web presence on the University of the West of England website and social media platforms. The launch event, supported by a grant from the Higher Education Innovation Fund, aimed to both establish and discuss the purpose and scope of the network, and showcase research in the area, in this instance focused on autism and criminal justice. More than 100 individuals registered for the event, with presentations by scholars, practitioners, and community members discussing research, practice and lived experience — specifically, health professional and academic Iain Dickie; academics Dr Clare

Allely, Professor Penny Cooper, and Dr Michelle Mattison; and lived experience speakers Andrew Duncan, and Ian and Angela Cutler.

Iain Dickie's presentation focused on policing in the context of autism and argued that police officers need more comprehensive training around neurodiversity. He argued that whilst the existence of policies and procedures to support officers to engage with Autistic individuals is important, a deeper lack of awareness as to what autism is and how Autistic individuals can present can be very problematic in

Our membership
also includes
professionals
interested in
supporting victims
and those who
have offended
across, for
example,
education,
professional
training,
employment,
counselling, and
the domestic
abuse sector.

15. Note, NSMs currently only operate in England and Wales.

practice. Iain also suggested that the interest that researchers have in this subject cannot necessarily be replicated amongst officers, and that the insight provided by academics can be challenging to effectively translate and apply in practice. Iain suggested that less broad, more specific training would both allow police to more effectively approach each unique interaction involving Autistic individuals; and be more engaging for officers, as they would be able to apply learning more easily in practice.

Professor Clare Allely stressed that 'spectrum' thinking about autism (embedded in the medical model) has led to misconceptions that people with autism all present with the same profiles. Allely argued that individuals with autism can have difficulties judging their own behaviour or that of others, and this can at times significantly impact their interactions with the CJS. Poor understanding of autism can lead to a lack of recognition of offending motives, not all of which are intentionally criminogenic, and potentially creates unfair treatment and justice outcomes. Allely called for a more individualised approach that takes account of unique profiles, and better training about autism presentations amongst judges and jurors.

Professor Penny Cooper and Dr Michelle Mattison talked about courtroom questioning of defendants and witnesses with autism, including the need for special measures and exploring research gaps, while Dr Luke Vinter talked about his research on working with individuals in prison settings who have autism. Challenges for people in prison with autism included the social environment and interactions with others, the routines, rules, and regimes of prison life, and the sensory environment. Finally, Andrew Duncan, and Iain and Angela Cutler spoke of their experiences as parents of Autistic (now adult) children who had been caught up in the CJS. Their experiences could not have been more different. Andrew's son was supported through the dedication and forward thinking of a Probation Officer, facilitated by building a working relationship with Andrew at the same time

as his son. Iain and Angela, however, explained that their experience (and that of others) was one of ostracization as the police aimed to keep Autistic people's families 'out of the way'. Their experiences and insights provided food for thought about how the CJS needs a cultural shift. This includes taking a more holistic approach and ensuring that the wider system (including social services and the NHS) are adequately resourced to ensure neurodivergent people are not disproportionately criminalised due to a lack of understanding and support.

Establishing the NICJN Advisory Group

Since the launch event, it has been a busy two years. The network has expanded its membership significantly and has now established an Advisory Group. The Advisory Group consists of members from academia, practice, and the lived experience community which meet to discuss research priorities and support the network's activities. The Advisory Group members specialise in diverse areas of neurodivergences, the CJS, and focus on specific aspects of practice. This includes education, courts, prisons, probation, and youth justice. Specialist areas include explosive and harmful behaviours by children towards parents;¹⁶ education inequalities leading to criminalisation; domestic abuse perpetration; sexual offending; access to justice for neurodivergent individuals in courts; and legal professional practice for neurodivergent individuals.

The NICJN resource collection

As part of the network's founding and development, a publicly accessible and editable online resource collection was created. One of the key drivers behind the formation of the network was to make research and other robust information and insight as accessible as possible to scholars, professionals, policymakers, and those with lived experience. As such, the collection provides a single comprehensive and contemporary source of research,

As part of the
network's founding
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was created.

16. See Rutter, N. (2024). Explosive and harmful impulses: A subset of child and adolescent-to-parent violence and abuse. *Journal of Interpersonal Violence*, 39, 23-24.

literature, reports, and insights. The resource is divided into categories and sub-categories. While cognisant that neurodivergences and aspects of criminal justice can and do overlap and intersect, the resource is organised by type of neurodivergence and type of criminal justice process for ease of access. All entries include authors, titles, year and, where possible, a direct link to an open access source. The collection is primarily maintained and regularly updated by Tom and Nicole but is open to anyone to edit and add to. In line with the goal of being up to date and reflective of cutting-edge research, policy, and practice, the collection primarily focuses on sources from the last 5 years, though not exclusively.

NICJN newsletter and regular updates

Regular and specific network updates/notices were, and continue to be, disseminated to members by email to network members. The newsletter keeps its members up to date with new research and informs them about new resources that can both support professionals in practice and policy makers developing criminal justice services. Members are also kept up to date with upcoming events and conferences, providing links (where available) to these resources so they can be accessed at their convenience after the event. The network newsletter also shares calls for participants in new research studies. An exciting aspect of these calls is the proliferation of new research on neurodivergence in the CJS that is being embarked upon by PhD students and early career researchers, exploring under-studied and novel areas. Such calls often seek the voice of lived experience and 'on the ground' professionals. This offers hope that the new Neurodiversity Paradigm is being built and invested in by the next generation of researchers. Finally, the newsletter acts to connect different stakeholders to each other via open calls.

NICJN co-coordinators

Nicole joined the network in June 2021, and was invited to co-coordinate the network shortly after. In their role of network coordinators, both Tom and Nicole have engaged with a variety of stakeholders on a formal and informal basis. For example, Tom has presented at events and sessions for the Criminal Bar Association, Garden Court Chambers, and HM Inspectorate of Constabulary and Fire and Rescue Services as part of professional development training. Nicole has delivered presentations for trainee Probation Practitioners (connected to her role on the Academic Advisory Network for the Probation Institute) and presented at practice development days to Interventions Practitioners in Prisons and Probation. Tom and Nicole have together and separately provided informal feedback, insight and guidance to several organisations including on sentencing guidelines; neurodiversity pathways in probation; Out of Court Disposals; Prison Colleges; and have discussed how to develop research aligned with business priorities across HM Prisons and Probation Service (HMPPS) and the Ministry of Justice (MoJ).

The reputation of NICJN has grown in line with its membership and activity and has recently received a glowing endorsement via Russell Webster's Criminal Justice blog (which is distributed across its 6000 strong membership).¹⁷ The NICJN's work has been proactively promoted by HMPPS to encourage internal staff to join the network. A significant number of members now come from both HMPPS and the MoJ, creating a vital link between policymaking, practice, scholarship, and lived experience.

Research by NICJN members

Many of the network's members significantly contribute to knowledge about neurodivergence and

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17. The blog post can be read at the following link: <https://www.russellwebster.com/resource-hub-for-neurodivergence-and-the-criminal-justice-system/> (retrieved 12 December 2024).

criminal justice through their original research and scholarly activity. Whilst there isn't space in this article to truly capture the breadth and depth of the individual work of network members, we can highlight some examples in areas of importance to the readership of the Prison Service Journal. Dr Colleen Berryessa has published numerous works on judicial decision-making and autism, producing a toolkit for judges sentencing Autistic individuals.¹⁸ In 2017, Professor Clare Allely published a major meta-analyses of jurors' and judges' evaluations of defendants with autism and the impact on sentencing decisions;¹⁹ the prevalence of acquired brain injury in prisons;²⁰ and FASD in the criminal justice system.²¹ Dr Anne-Marie Day has published several crucial works on neurodivergent children in custody, including a major empirical study on this topic in 2022.²² Dr Luke Vinter has written extensively about issues related to the imprisonment and rehabilitation of individuals with autism, including direct evidence on the experiences of men in UK prisons who have autism.²³ Dr Nicole Renehan is a leading scholar on intervention programmes for neurodivergent domestic abuse perpetrators, conducting a major Economic and Social Research Council funded project on this.²⁴

Processes of identifying, understanding and addressing discrimination and disadvantage because of disability or difference should involve the participation and contribution of those experiencing it.

facilitating scholarship which is informed by neurodivergent lived experience. The network endorses a key philosophy of global disability and neurodivergence rights movements, 'nothing about us, without us': that is, processes of identifying, understanding and addressing discrimination and disadvantage because of disability or difference should involve the participation and contribution of those experiencing it. For us, this philosophy means that research should, where possible, directly involve and engage with neurodivergent people who have experienced the CJS. The network therefore seeks to support this by facilitating researchers' interactions with communities with lived experience.

This can take a variety of forms, such as neurodivergent communities being invited to offer feedback, input, comment or engage in co-creation at design and publication stages of research projects. For example, an ongoing British Academy funded project being conducted by Dr Tom Smith, Dr Roxanna Dehaghani, and Chloe Macdonald used the network to obtain feedback and suggestions on research instruments (including question types and wording for interviews and surveys) before being deployed as part of the project. This contribution

was invaluable in ensuring that the research was not only relevant, robust, and ethical; but respected the stake neurodivergent individuals have in projects which relate to their experience and affect them.

Promoting lived experience-informed research

Alongside its role in promoting awareness of and access to research on neurodivergence and criminal justice, the network seeks to play an active role in

18. Berryessa, C. M. (2021). Defendants with autism spectrum disorder in criminal court: Judges' toolkit. *Drexel Law Review*, 13(4), 841-868.
19. Allely, C., & Cooper, P. (2017). Jurors' and judges' evaluation of defendants with autism and the impact on sentencing: a systematic Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) review of autism spectrum disorder in the courtroom. *Journal of Law and Medicine*, 25(1), 105-123.
20. Allely, C. S. (2016). Prevalence and assessment of traumatic brain injury in prison inmates: A systematic PRISMA review. *Brain injury*, 30(10), 1161-1180.
21. Allely, C. S., & Gebbia, P. (2016). Studies Investigating Fetal Alcohol Spectrum Disorders in the Criminal Justice System: A systematic PRISMA review. *SOJ Psychol*, 3(1), 1-11.
22. Day, A. M. (2022). Disabling and criminalising systems? Understanding the experiences and challenges facing incarcerated, neurodivergent children in the education and youth justice systems in England. *Forensic Science International: Mind and Law*, 3, 100102.
23. Vinter, L. P., Dillon, G., & Winder, B. (2020). 'People don't like you when you're different': exploring the prison experiences of Autistic individuals. *Psychology, Crime & Law*, 29(3), 243-262.
24. Renehan, N., & Fitz-Gibbon, K. (2022). *Domestic Violence Perpetrator Programmes and Neurodiversity*. UKRI Economic and Social Research Council.

Future Activity, Goals and Vision

The network is currently embarking on their first (free) commissioned piece of work. This has been sourced by Clinks (via Russell Webster), a national charity dedicated to supporting voluntary organisations working with people in the CJS and their families. Contributors include network coordinators, Tom and Nicole, as well as Drs Nikki Rutter, Anne-Marie Day, Clare Allely, Luke Vinter, Jen Hough, Katie Maras, and early career researcher Kayleigh Atkins. Each have written a section based on their respective areas of expertise, including children, young people and youth justice, policing, courts, prisons, behavioural change interventions, and insights into the implementation of the MoJ Action Plan following the joint review into neurodiversity in the criminal justice system.²⁵ This is due to be published in 2025.

The network is also in the process of seeking partners to develop a conference bid to organise an international event on neurodivergence in the CJS. As stated above, neurodiversity as a paradigm is witnessing somewhat of a global explosion, yet this has not necessarily translated into better outcomes for neurodivergent people who encounter the CJS, nor the political will to fund truly neuro-inclusive

services. The result has been encouraging but unsystematic examples of good practice. Such innovations have largely evolved from individualised research, practice and lived experience expertise combined with the goodwill of a handful of practitioners who operate almost entirely unilaterally in an era of scarce resources. Often, adaptations come in the form of lower cost (though necessary) reasonable adjustments, but neglect core aspects of neurotypical and neurodivergent ways of relating,²⁶ and are implemented within non-neuro-inclusive environments and organisations that are pulling in opposite directions. The key conference theme would therefore revolve around building political will and cross-party agreement to build a sustainable and inclusive CJS suitable for all.

Joining the Network, Resources and Website

Anyone with an interest in neurodivergence in criminal justice is welcome to join the network. There is no cost to do so, and it can be done by joining the network JISC mailing list. The network website (in the footnote below) provides information about the network, as well as a link for the resource collection and contact details for the co-ordinators.²⁷

25. Ministry of Justice. (2022). *Action Plan - A Response to the Criminal Justice Joint Inspection: Neurodiversity in the Criminal Justice System*. Ministry of Justice; The Action Plan has been followed by updates in January 2023 and September 2023.

26. Milton, D. (2012). On the ontological status of autism: The 'double empathy problem'. *Disability & Society*, 27(6), 883–87.

27. The NICJN website and resource collection can be found here: <https://www.uwe.ac.uk/research/centres-and-groups/global-crime-justice-security/neurodivergence-in-criminal-justice> (retrieved 13 December 2024).

JOURNAL

PRISON SERVICE

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