



Another Sign

**Neurodiversity and
The Criminal Justice System.**

**Moving Forward
with Purpose.**

A report commissioned by the
Merseyside Violence Reduction
Partnership and produced by
The Brain Charity.

July 2022



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Foreword



Neurodiversity is an undeniably complex area.

The scope of conditions falling under its umbrella are vast and the effects wide ranging.

Sadly, one of those effects is that individuals with neurodiverse conditions are three times more likely to come into contact with the Criminal Justice System (CJS).

This fact is well evidenced, yet there continues to be missed opportunities to better support those with neurodiverse needs across the CJS.

As a national lead on behalf of all PCCs on 'Criminal Justice' and 'Mental Health and Custody', this is an issue of particular importance to me.

This review, commissioned by the Merseyside Violence Reduction Partnership, explores how the needs of people with neurodiverse conditions are currently identified and

met within the CJS, and makes recommendations for whole systems change.

Changes which I hope will stimulate reforms which will ensure better outcomes for those affected, while supporting partners to further improve the treatment offered.

Changes which are urgently needed.

The interviews included within this report bring this to life. They make for uncomfortable reading and serve as a stark reminder of just how much action is needed to guarantee fair treatment and equal access.

Of those in contact with the CJS, half confirmed that no adjustments were made for them and 45% were not informed of their rights. Listening to their voices is crucial if we are to ensure equality of outcome for everyone within our CJS.

Many professionals themselves identified gaps in their own awareness and limited access to training in this area – for example, 67% reported they would not be able to identify an individual with a neurodiverse condition.

This must be addressed as CJS partners undoubtedly have a crucial part to play and there is clear appetite amongst Merseyside professionals to increase their own awareness and understanding.

Addressing these issues requires a multi-agency, multi-faceted response.

I welcome the five recommendations set out in this report. They offer a real step in the right direction, from effectively improving data collection to supporting the development of a universal screening tool for professionals. By outlining a range of adaptations and adjustments that should be made for individuals with neurodiverse needs, it also provides straightforward and economical solutions which could make a huge difference.

This report has the potential to significantly ease the barriers experienced by individuals as they navigate through the CJS and provide better support for those who are vulnerable – progress we all want to see. My thanks go to the Brain Charity and everyone who worked so hard to produce it.

A handwritten signature in black ink that reads "Emily Spurrell". The script is cursive and fluid.

Emily Spurrell

Police and Crime Commissioner for Merseyside

Introduction

Methodology

Terminology

Following the publication of **Neurodiversity in the Criminal Justice System: A review of Evidence (2021)**, the Merseyside Violence Reduction Partnership commissioned this report to understand the local landscape and potential for criminal justice reform for neurodiverse people across the region.

This research aims to understand the depth of awareness of neurodiversity among personnel and service users within the criminal justice system in Merseyside. This report will also consider the available training and support, which can aid staff in identifying neurodiversity among service users at every stage throughout the process, whilst supporting professionals working in the system to access information, support and training to equip them better to undertake their role.

Ultimately this research has been carried out to make recommendations that will ensure better outcomes for service users within the criminal justice system, evidenced by a lower rate of reoffending among service users and a well-supported and resourced workforce.

The research method for this study is qualitative research obtained through primary and secondary data alongside a literature review.

The primary data sets for this study have been created using a qualitative purpose-made semi-structured online survey tool and qualitative 1:1 semi-structured interviews; these were utilised to ensure and augment the accuracy, authenticity , rationality and reliability of the data collected.

The questions allowed participants to disclose personal experiences, thoughts and feelings without duress or undue influence. Primary data was obtained via telephone, video calls, focus groups and accessible online surveys, alongside paper survey tools.

The first group are people with a neurological condition with lived experience of the criminal justice system at any stage.

The second group is personnel working within the criminal justice system, including the Police, Court, Prisons, and Youth-Offending teams.

The research team contacted different organisations within Merseyside outlined in appendix 1.

Secondary data used in this research have been sourced from government publications, journal articles, information collected by government departments, records of other organisations, data initially collected for other research purposes and other internet sources.

Throughout this report a variety of abbreviated terms will be used and so a glossary of terminology and abbreviations is provided below.

ABI	Acquired Brain Injury
ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
CJS	Criminal Justice System
LDD	Learning Difficulties and Disabilities
MOJ	Ministry of Justice
TBI	Traumatic Brain Injury

Background

As of 2019, recidivism costs the United Kingdom government about £18.1 billion yearly (Newton, May, Eames & Ahmad, 2019), with 57.5% of adults and 34.1% of young people below 18 years of age released from prison reoffended (Ministry of Justice, 2020). This pattern of reoffending behaviour has been attributed to several factors, including the impact of neurological conditions on a person's life and its correlation with the risks associated with becoming involved in crime or criminal behaviour. (Williams et al., 2018). The consistently high percentage of reoffending, especially among neurodiverse individuals within the criminal justice system (CJS), has highlighted the need for more comprehensive research and understanding.

Thanks to recent campaigns and studies from organisations such as UserVoice (2021) and KeyRing (2021), amongst others, there is now a clearly identified need to investigate the fundamental impact of neurological conditions on the lives of individuals within the CJS and the need for CJS personnel to identify these conditions early to ensure prompt intervention and better outcomes for service users.

As a result of this ongoing work, there have been frequent calls for better management of service users' mental and physical health to ensure a better understanding, treatment and improved outcomes for individuals within the CJS (UserVoice, 2021). This literature review focuses on



Background _{p2}

two main themes: the existing screening tools put in place nationally and locally to identify neurodiversity among service users within the CJS and the training and support available to personnel to help them identify, understand, and support neurodiverse individuals (UserVoice 2022).

Neurodiversity is a generally accepted umbrella term that includes many conditions and differences associated with brain, spinal and nervous functions, affecting cognitive development divergent from the typical. There are over 600 neurological conditions, among which are Attention Deficit Hyperactivity Disorder (ADHD), Autism, Traumatic Brain Injury (TBI), Acquired Brain Injury (ABI) motor disorders, stroke, migraine disorders, learning difficulties and disabilities (LDD) and more (The Brain Charity Website, 2022) (UserVoice, 2021).

Neurological conditions are reportedly three times more predominant in the CJS than in the general population (UserVoice, 2021). Additional research studies have indicated that **39%** of adults in police custody have different neurological or mental health conditions, Autism is seen in significantly high numbers (Deghani et al., 2019).

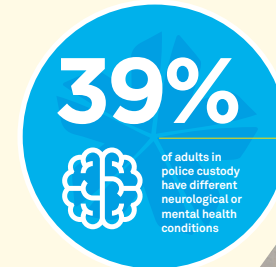
A particularly problematic issue for neurodivergent individuals entering the CJS is a lack of understanding within the system of how conditions such as Autism can present. As a result, it was identified that a need for more extensive awareness of what Autism is and how autistic people can present at the point of arrest (Dickie, et al.,

2021). Similarly, those with an LDD experience similar issues due to a lack of understanding and identification of signs and symptoms, as outlined in the Coates Review (2016); which stated that around 1 in 3 people who come in contact with the CJS have an LDD.

On the prevalence of Traumatic Brain Injury (TBI) within the CJS, it has been suggested that **60%** of young people in custody reportedly experienced a TBI before becoming engaged in the CJS (Arnold-Richardson, 2021).

Research by The Disabilities Trust Foundation (2016) shows that **46%** of male prisoners in South Wales have a history of TBI and **23%** reported extremely severe TBI cases. Similarly, further reports show that women in South Wales prisons experienced their first brain injury at an average age of 25, and **62%** of women had sustained a brain injury due to domestic violence at some point in their lives (The Disabilities Trust, 2016).

The Justice Committee report in 2016 found that the prevalence of learning disability among young people in the general population is approximately between **2** and **4%** compared to young people in custody, where the rate is estimated between an alarming **23** and **32%**. Young people with any identified head injury in the general population is between **24** and **42%**, compared with young people in custody, which is higher, estimated between **49** and **72%**.



Background _{p3}

Young people with Autistic Spectrum Disorder (ASD) in the general population are presenting at a rate of **0.6 - 1.2%** of the general population, whereas again, it is much higher in custody, presenting in **15%** of the population. Even more concerning is that young people in the general population with head injuries resulting in loss of consciousness present at a rate of **5 - 24%**, while young people in custody present at a reported rate of **32 - 50%** (Justice Committee, 2016).

There is a perception that young adults older than 25 in the CJS are likely to desist from crime due to developmental maturity (Valentine 2017). However, this school of thought does not always consider the evidence that young adults who persist in criminal behaviour into adulthood are likely to have neurological conditions such as Attention Deficit Hyperactivity Disorder (ADHD), Autism, learning or language disorders and injuries to the head.

The focus on Adverse Childhood Experiences (ACEs) and their impact on potential offending behaviour has highlighted a gap in understanding the impact of developmental disabilities and acquired illness or disability.

ACEs are a series of 10 potential factors and traumatic events which can have a cumulative impact on the development of a young person due to prolonged stress, studies have linked ACEs as a potential contributor to poor health outcomes and involvement in the CJS, either as perpetrator or as a victim. (Jones & Lewis, 2019).

Although not explicit in the ACEs framework, the link between parental substance misuse is referenced. Therefore, it would be pertinent to link this to the biological impact on brain development. A significant critique of the ACEs framework by the British Psychological Society (Higgins, 2017) was the lack of evidence on neurological factors and disability. However, Shonkoff et al. (2012) directly links toxic stress and substance misuse to brain development; this is a critical part of the considerations of the ACEs framework. The link between foetal alcohol syndrome and delinquency was made by Raine (2013) in his publication *The Anatomy of Violence: The Biological Roots of Crime*. Referencing Ann Streissguth's (2004) work, Raine discussed the empirical research they undertook, which demonstrated a clear link between children suffering from foetal alcohol syndrome and exclusions from school, delinquency, and even inappropriate sexual behaviour. The study concluded that impaired biological development in the womb from substance misuse could predict criminal or anti-social behaviour later in life.

A written submission from the British Psychological Society (Higgins, 2017) to the Government Select Committee on Science and Technology (2014) highlighted that work and research into ACEs had not given due weight to physical and learning disabilities. They concluded by highlighting the need for more specialist research into these factors to break down the cycle of institutional disability discrimination and the lack of understanding of its impact over time.

"The focus on Adverse Childhood Experiences (ACEs) and their impact on potential offending behaviour has highlighted a gap in understanding the impact of developmental disabilities and acquired illness or disability"

15%

Young people with Autistic Spectrum Disorder (ASD) in custody are presenting at a rate of 15% of the general population

Background p4

Some academics acknowledge that neurological conditions impact an individual in all ramifications of life to the extent that it has the probability of fuelling or aggravating criminal tendencies (William et al., 2018). To further corroborate this point, ADHD and TBI (especially injury inflicted by an external force) are associated with more aggressive offending (Justice Committee, 2015).


O'Rourke et al. (2017) found that rates of TBI present much higher in those people who have committed offences than in the general population and found that despite this increased prevalence, there has yet to be a comprehensive evaluation of the complete understanding of TBI in the CJS, unlike the improved training and awareness of Autism and ADHD (Kent & Williams, 2021).

The focus of current work and research on neurodiversity within the CJS is limited to a minority of conditions, without considering the full spectrum of neurological conditions and associated co-morbidity, how a person presents in terms of offending and also the necessity to manage the medical condition.

In some circumstances, an individual approach is needed to fully comprehend the specific needs of each service user from the first point of apprehension through to the end of their probationary period or service of sentence (Keyring, 2021) (Doyle, 2020).

To ensure better outcomes for service users within the CJS, the H.M. Inspectorate of Prisons and H.M. Inspectorate of Probation were commissioned by the Lord Chancellor to review the evidence into neurodiversity in the criminal justice system alongside the H.M. Inspectorate of Constabulary and Fire & Rescue Services. (Taylor, Russell & Winsor, 2022).

Information for this review was collated through data analysis sources obtained from a series of discussions with experts in the field, a general call for evidence through consultation with staff within the Police, Probation and Prisons and individuals with lived experiences of neurodivergent conditions within the CJS (UserVoice 2022). To identify and evaluate the needs of individuals within the CJS, several recommendations have been made to ensure better outcomes for service users within the system.



“Some academics acknowledge that neurological conditions impact an individual in all ramifications of life to the extent that it has the probability of fuelling or aggravating criminal tendencies”

Screening Tools

One of the key recommendations in the 2021 Call to Evidence was that 'Screening data should be systematically collected and aggregated to provide a more accurate assessment of the prevalence of neurodivergence to inform needs analysis and service planning at all levels of the criminal justice system.' (Taylor, Russell & Winsor, 2022).

This is a complex picture with multiple screening tools in use across the CJS, which do not necessarily transfer across service provision, and can, or are used within isolated services and institutions.

An example is the Curious Information System which operates in some education settings within the prison estate; it includes information on LDD, health concerns and training or education. Although a valuable tool for the MOJ to assess the management and delivery of educational programs, it is not used as a universal screening tool for neurodivergence and approaches the assessment from an educational baseline rather than a medical model or welfare-based approach (Taylor, Russell & Winsor, 2022).

There is also no requirement for compulsory use across the prison estate, and the retention of information once a prisoner has left the system, means that the national data obtained is neither fully reflective nor reliable. Another issue regarding the data is recording one primary health condition rather than identifying all health conditions with equal weighting, (Taylor, Russell & Winsor, 2022).

That said, the system comprises an initial and in-depth assessment that provides good information and is easily transferable across departments.

Screening tools such as the Do It Profiler go a step further than simply identifying or recording a potential diagnosis; the profiler provides intervention methods, engagement techniques and the potential for signposting. During the Merseyside research, we have seen this used to good effect in areas such as the St Helens Youth Justice Service, where it is combined with screening tools on entry to provide a comprehensive picture of an individual's health and educational needs. (Taylor, Russell & Winsor, 2022), (Kirby et al., 2020).

The Brain Injury Screening Index (BISI), created by The Disability Trust (2022), is also in use in some areas; it is a speedy and effective way to identify potential brain injury and can be used by anyone at the front door of a service. It provides an easy-to-use explanation guide and is an excellent resource when used with the mini BISI. Although focused primarily on brain injury, there is no doubt that this could be a potential blueprint for a universal neurodivergent tool (Ramos et al., 2017)



Screening Tools _{p2}

Regarding front door screening on entry to the CJS, the picture is mixed again dependent on the service; the Probation Service uses Delius Disability Data, and Custody Sergeants will use risk assessments to identify potential vulnerabilities and neurodiversity. In Merseyside every custody suite has access to mental health nurses at band 5 or 6 in order to undertake thorough assessments to ensure swift support is available, custody staff will also directly ask individuals if they understand the information they have been given and if they need support. However if an individual is reluctant to disclose a lack of understanding or a neurological condition at this early point it makes it extremely difficult to provide the right level of support.

Courts will generally use mental health professionals to assess capacity and status before any proceedings.

Sefton Court is an excellent example of how this can be used in complex cases to look at mental health treatment orders.

What resonates throughout this research is the over-reliance on either an official diagnosis, information from friends and family or self-identification, which can be problematic for several reasons, including the individual's understanding of their condition and even an unwillingness to admit what they perceive as a weakness (User Voice, 2021) (Keyring, 2021).

There is an identified lack of consistency nationally regarding the screening tools used. Findings have also shown that there is limited and inconsistent screening for many neurological conditions; the data collated within the CJS can be unreliable, and measuring the depth of awareness and knowledge of staff in neurodiversity has been a cause for concern for professionals who work within the system (UserVoice, 2022).

The call to evidence in 2021 demonstrated good local partnerships; however, such partnerships are inconsistent and uncoordinated. Successful partnership approaches encompass services outside mainstream CJS such as Adult Social Care, Children's Services and the third sector, including housing, and create a much more joint preventative and rehabilitative approach (UserVoice 2021) (Taylor, Russell & Winsor, 2022).

It is possible to support those with neurodivergent conditions anywhere they are within the CJS; but it does require an appetite to change and a whole system approach to reform. In this research project, the vast majority of professionals we encountered were eager for change, training and reform. The appetite is indeed present among professionals in Merseyside; the question is how they are supported to make those changes.



Merseyside Research Findings

As previously discussed, the research in Merseyside took the form of an online survey, one-to-one interviews and focus groups with staff.

The survey tools were tailored for two groups of people. The first group of people are individuals who are in or have gone through the CJS, and the second group of people are personnel working within the CJS in Merseyside.

The research team encountered several barriers, especially in getting individuals who have gone through the prison system to fill in the online survey. Many problems ranged from people not understanding the term neurodiversity; to individuals who have gone through prison being reluctant to fill in the form due to stigmatisation, a lack of internet access or a phone.

The response to the online survey provided a small sample size, twenty two service users and eighteen professionals. However data collated from open commentary sections, one-to-one interviews and focus groups enabled us to compliment the sample size with wider experiences and authentic user voice.

The statistics in the findings are based on the survey results and commentary is taken directly from the open text boxes and interviews.

Individuals (Service Users)

Participants were asked whether they had a neurological condition, and 95% of participants confirmed in the affirmative, noting that a few participants confirmed that they were diagnosed after being released from prison following further episodes of reoffending. The participants were diagnosed with different neurological conditions ranging from Dyslexia, Multiple Sclerosis, ADHD, mild Cerebral Palsy, Aphasia, Asperger's Syndrome, Carpal Tunnel Syndrome, Autism, Fibromyalgia, Narcolepsy, TBI , Disinhibition, Cataplexy, Alzheimer's, Acquired Frontal Lobe Brain Injury, Epilepsy, Seizures and Migraine.

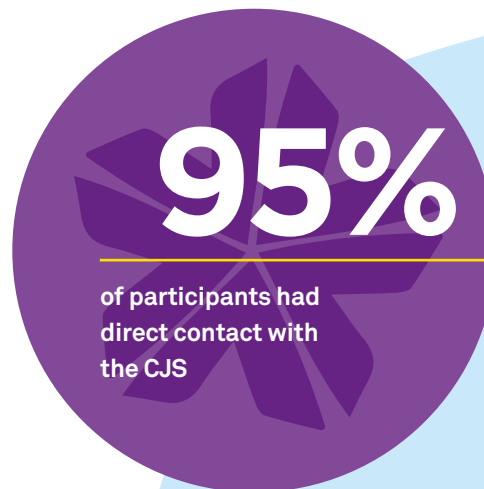
Participants were asked whether they had been arrested, and 91% confirmed they had. The research participants identified a range of offences, including child trafficking, attempted murder, tax evasion, anti-social behaviour, drunk driving, murder, aggravated assault, robbery, theft, fraud, possession of controlled drugs, burglary and arson.

The participants were asked whether they had received any sentence from Court; this could be a community order, rehabilitation order or custodial order, and 92% confirmed that they had been and had direct contact with the CJS , while 92% confirmed they underwent trial in Court.

Participants were asked whether the CJS made any adjustments to accommodate their health conditions. 27% confirmed adjustments were made, 50% confirmed that no adjustments were made, and 23% were unsure or did not know. This was further corroborated by UserVoice's

findings in their research that 70% of participants confirmed that no adjustment had been made to support their neurological needs.

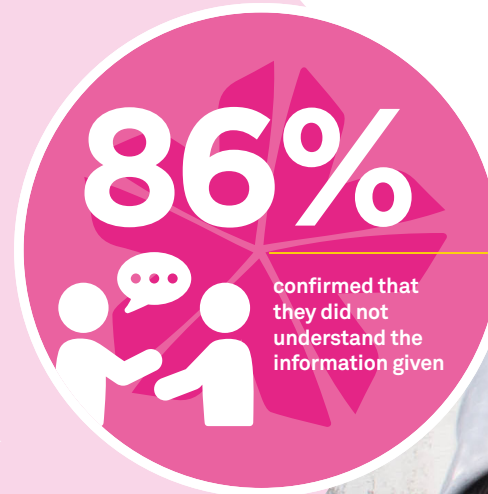
Participants were also asked if they were aware or if staff had made them aware of their health and social care rights, and 27% answered in the affirmative, 45% were not informed of their rights, and 27% were unsure or did not know. This further demonstrates that service users themselves were unsure how to advocate for themselves or the potential support they could have accessed.



Individuals (Service Users) p2

Participants were asked whether they understood all the information they were given at the point of arrest or during the service of their sentence; **86%** confirmed that they did not understand the information given, while **14%** answered that they could understand what was presented to them.

Some of the participant's comments reflect their direct experiences and frustrations in this area from their perspective:



"Lack of detail in information provided."

"As I was a teenager, on the occasion when I was arrested and charged, I was not told fully that I was at risk of being sentenced to a period in custody. The Police did not advise me that I should sought legal advice immediately. I was interviewed without legal representation. When I appeared at the Court the next morning, a barrister was allocated to me. This was too little too late. Fortunately, I did not receive a custodial sentence. However, I was told by the Judge that if I had pleaded not guilty, I would have been remanded in custody."



Individuals (Service Users) p3



Participants were asked if they spent time in custody **68%** answered yes. These respondents were further asked if any measures were put in place to support them:

*"the environment
was too noisy, it
increased my paranoia
and anxiety".*

*"I was reminded of
my appointment and I
saw the nurses when I
should".*

*"Sometimes and
sometimes its like
they don't care".*

Individuals (Service Users) p4

Participants were asked whether they had any ideas about how the CJS could be improved for people with neurological conditions.

91% of participants chose the provision of easy-read fact sheets, **86%** of participants opted for the provision of an independent advocate to help them; **95%** of participants wanted someone to read information to them; **77%** opted for the provision of a quiet space to wait; **82%** chose noise control; **82%** needed support to gain employment/ training, and **95%** felt that videos explaining the process within the CJS and what will happen next would have helped.

The participants' further commented about their personal experiences as follows:

"Every person who has a brain injury exhibits different side effects. The Police need to make those who in the unfortunate event are detained, aware of their rights. There should be an easy to read yet detailed sheet making a person aware of their rights. Unfortunately, I have personally come across Police Officers not just in Merseyside Police who act unreasonably and think that their actions are above the law. When dealing with a person with an ABI, this could in fact lead a person to facing further charges through no fault of their own".

"The Police and customs and Immigration need training on how to deal with people who have acquired brain injury or a neurological condition. In July last year (2021) I was stopped by Customs at the airport. I asked them to identify themselves which they refused to do. I showed them my headway brain injury identity card. I was not aggressive, yet I was made to feel like I was a criminal".

"Intimidating to have Police turn up on doorstep without even asking about health needs or vulnerability. Hidden disability causes issues as I mask symptoms, people don't always realise I sometimes blurt things out due to bad impulse control".

82%



needed support to gain employment/ training

Criminal Justice Professionals

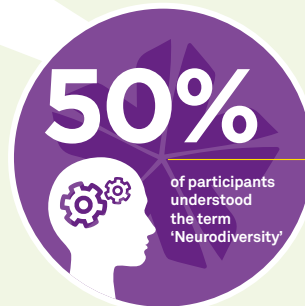
Professionals working within the CJS in Merseyside were initially asked about types of training. **100%** of staff members confirmed they had undergone equality and diversity training; **78%** had mental health awareness training, **28%** had specific training around Autism and ADHD, and 28% had neurodiversity training. UserVoice also confirms this as it was found that **72%** of police and probation services respondents and **76%** of prison personnel confirmed that they had not received any neurodiversity training (UserVoice, 2022).

Research carried out by UserVoice (2021) found that **86%** of personnel working within the CJS are unaware of the term neurodiversity. Participants were asked whether they understood the term 'neurodiversity' and the range of conditions associated with it; **50%** of participants did not know the term. **50%** answered that they did and gave examples of brain conditions, LDDs, ADHD, Asperger's Syndrome, and Dyslexia as neurological conditions.

Participants were asked if they knew how to identify people with a neurological condition, and **67%** responded that they would not be able to do this, while **33%** responded that they could. **17%** of personnel confirmed that they have the complete information required to provide support when a person comes into the service with an identified neurological condition, while **83%** responded that they did not have access to the required information.

Participants were open and honest about some of the

potential barriers and also support which may be available to them and further commented as follows:



"A general referral would be made to mental health team to support the individual".

"We work closely with our SENCO and mental health team on site to make referrals but I would not feel confident identifying it officially, I may recognise traits and refer to an expert though".

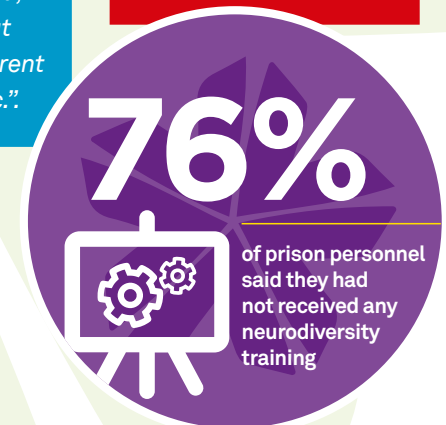
"I feel that I have lived experience to offer support but the amount of clinical support available is very limited in the prison environment. I am in the process of receiving support for Neurodiversity so feel that upon completion, I will be better equipped in the support I can offer".

"I have received neurodiversity/hidden difficulties training and feel I am in a position to signpost and speak to the relevant parties to help support the offender who has an identified neurological condition (s)".

"There are resources, learning disability nurse to refer to, a screening tool we can use to assess learning need, reading resources at different level, different coloured papers etc.."

"Some barriers in relation to healthcare sharing full details".

"I was assaulted by an individual due to healthcare not providing his medication over 24 hours after reception. If I would have known about his condition this may have been avoided."



Criminal Justice Professionals p2

Participants were asked whether they would know how to refer someone for an assessment for a neurological condition, and **56%** responded they would; below are some of their comments:

"There is limited support options in the establishment for those requiring support."

"...refer to I.D. nurse whilst in custody"

"All I could do is speak to a prison nurse and hope for the best. More important is vital".

"A single point of contact or nominated person who would deal with passing on the referral for assessment"

Participants were asked if they would feel comfortable using a screening tool to help identify a possible undiagnosed neurological condition, and **61%** responded that they would however, **39%** responded that they would not feel able to use one. They were further asked to explain the barriers to using a screening tool:

61%



said if they would feel comfortable using a screening tool condition

"I feel this should be the work of healthcare services".

"Blame culture".

"I would need to have training and practice using the screening tool. I would also have to shadow/copy someone more experienced to be able to understand properly how the process works".

"I am not a medical professional".

56%



56% of participants knew how to refer someone for an assessment

Regarding neurodiversity training, participants were asked which method of training delivery they would prefer; **55%** confirmed they would like training to be face-to-face, **28%** preferred online training modules, and **17%** were happy with online digital platforms.

In discussions with staff and organisations, some of the barriers identified to face-to-face training were the release of staff for long periods to undertake in-depth or lengthy training sessions.

Recommendations

“In order to improve outcomes for neurodivergent people within the criminal justice system a coordinated and cross-government approach is required. To give the leadership and direction needed, the Ministry of Justice should work with the Home Office, Department for Health and Social Care and the Department for Education and the Welsh Government to develop an overarching national strategy. This strategy should be developed together with people with personal experience of neurodivergence.”
(Taylor, Russell & Winsor, 2022, page 6).

Neurodiversity in the Criminal Justice System: A review of evidence in 2021 set out five key recommendations which formed the basis on which the ‘Another Sign’ research project was funded and formed the initial starting point for our conversations with agencies across the Merseyside region, including courts, probations staff, Police, youth justice and people with a history of involvement in the criminal justice system.

The main recommendation from that review stated that:

The Brain Charity believes that by taking forward the following recommendations, Merseyside will not only be implementing the learnings from the Call to Evidence and its recommendations, but we will also be creating the groundwork for whole system reform across the CJS in England and Wales to not only support people with neurological conditions, but to improve outcomes, reduce reoffending and support staff to deliver a high-quality service which they are proud to be a part of.

Five key practical recommendations were outlined to achieve this overarching goal; a response and series of recommendations from The Brain Charity are incorporated into this here:



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

The Brain Charity recommends that an app be developed for use across all agencies in Merseyside.

Merseyside has an opportunity to work with local universities and health specialists, particularly The Walton Centre to create something bespoke, innovative and unique which would serve as a primary universal screening tool.

Recommendations p2



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

The Brain Charity recommends that each agency reports to a central data controller the number of diagnosed people with a neurological condition by the end of 2022. This will be explored and facilitated through the Police and Crime Commissioner at the Merseyside Criminal Justice Board where the recommendations from this report will be discussed and scope explored to agree effective processes and policies to systematically collect and aggregate data.

The complexity of information sharing, and data management means that even the Secretary of State for Health and Social Care is not able to access the number of people with a diagnosed neurological condition across the prison estate in the UK, as evidenced in the parliamentary questions asked on behalf of The Brain Charity by Conor McGinn MP on the 31st March 2022.

We recommend this is mandatory reported annually to the Police and Crime Commissioner to inform future work in this area.



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

The Brain Charity recommends three bespoke training packages: a general awareness raising session for all staff and an operational training session that can be delivered to named support staff, neurodiversity champions and those with direct case management responsibilities. These should be delivered in the service area face to face and encourage staff to engage in practical workshops and problem-solving exercises.

We also recommend a strategic level training session for service managers and directors, delivered across agencies to look at joint working practice, strategic barriers and implementation. Training should provide opportunities to discuss supporting staff and the opportunity to peer network and share best practices.

It is recommended that the user voice should be at the heart of all developments. However, it has proven difficult to give adequate support to individuals who have been in contact at any point of the CJS because often, people wish to leave this experience behind them for fear of judgment or discrimination as a result of disclosing incidents in their past.

The Brain Charity recommends a piece of work to link all groups working people who have lived experience with the CJS at any level, to create an advisory panel for the pilot projects outlined below with a focus on Neurodiversity. This panel will provide a direct link for policy advising, project support and development.

Recommendations_{p3}

4

Recommendation

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

The Brain Charity recommends the development of a toolkit similar to the Autism toolkit created by the University of Nottingham for use in custody. The toolkit incorporates easy-read factsheets for service users, checklists for staff and prompt cards to support staff. The toolkit should contain easy ways to improve the environment and critical considerations that need to take place; this should also be a vital part of any training provided.

A set of recommendations on environmental adjustments should be made available to settings across the CJS to show current best

practices that can be implemented quickly. These recommendations should also be included in any training provided to staff.

Ideas piloted by Northamptonshire Police on Trauma-Informed Custody (2022) are an excellent example; although designed for young people, this approach would benefit people who are neurodiverse at any age by creating a calm environment to reduce stress and anxiety.

The pilot in Northamptonshire utilised low level lighting alongside blackboard painted areas and shapes on walls with a soft ball to throw at them. This helped to keep people occupied and reduce levels of anxiety. Simple ideas and approaches have worked well alongside a trauma based approach to case management.

5

Recommendation

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

The Brain Charity recommends that all strategic leaders undertake training and workshops to share individual organisations and barriers that may occur alongside joint agency problem-solving exercises and case studies.

As part of this research training packages have been developed for all levels of staff engagement and we recommend that invitations to engage and attend are also provided to local authorities and the third sector to promote strong partnership working.

A Note of Thanks

The research that has been undertaken could not have happened without the support of Emily Spurrell Police and Crime Commissioner for Merseyside, the Merseyside Violence Reduction Partnership and a dedicated steering group which met monthly to advise, guide and provide a critical friend approach to the project.

The Brain Charity met many professionals working in the field and were inspired by a workforce who was open, honest and eager for change; they want to make a difference and provide the best service possible to those they work with. It was a pleasure to meet with them all.

A special thanks to the staff at HMP Liverpool, HMP Altcourse, MerseyCare, Probation, Sefton Court and Chloe Holloway from the University of Nottingham for being so open to sharing her resources to support all neurodiverse people.

We are incredibly grateful to Helen Arnold-Richardson from Do It Profiler, and Elizabeth Wilce from The Disabilities Trust, for spending time with us explaining how the profilers they have created are improving outcomes for people in the Criminal Justice System already. They are experts in screening, and we are grateful for their sharing of expertise and inspired by the passion they share for improving outcomes.

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Lastly, thank you to the people who shared their personal experiences with us; it is never easy to have to discuss something traumatic and often an experience you want to distance yourself from. Your voice is the most critical part of this research, and it's your voice that will make the changes so desperately needed going forward.



Appendix 1

Organisations and Individuals contacted for the purpose of this research.

Catch22	M.A.L.S Merseyside
Chloe Holloway at the University of Nottingham	Merseyside Autistic Adults
Citizens Outreach Coalition	Merseyside Family Support
Conor McGinn MP	Merseyside Violence Reduction Partnership
Do-it-Profiler	Nexus CIC
Families Fighting for Justice	Office of the Police and Crime Commissioner
Halton and St Helens CVA	Sefton Magistrates Court
HMP Altcourse	St Giles Trust
HMP Liverpool	St Helens Youth Justice Team
Jubilee Church, Wallasey	The Disability Foundation
Liverpool City Council, Reducing Reoffending Project	The Walton Centre
Liverpool Law Society	Wirral and Liverpool
Magistra	Wirral Youth Justice Team



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