



Her Majesty's
Inspectorate of
Probation



Neurodiversity in the CJS: Call for Evidence

Part 1: About you

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Job title and organisation (if applicable): Dehaghani - Senior Lecturer in Law, Cardiff School of Law and Politics, Cardiff University Bath - Chief Executive of the National Appropriate Adult Network <i>If you are submitting evidence on behalf of an organisation, please provide a brief summary of the organisation:</i> NAAN was established as a membership network in 1995 by frontline practitioners, Mind, Mencap and Revolving Doors Agency, to develop and share best practice in the AA role. We registered as a charity in 2004. With over 90 member organisations, we provide an independent centre of expertise, innovation and infrastructure support. We work across policy, commissioning, provision and accountability to increase the effectiveness of the AAs that safeguard children and vulnerable adults. We want every child and vulnerable person detained or questioned as a suspect is treated fairly with respect for their physical and mental welfare, can exercise their legal rights and entitlements, and can participate effectively. Our mission is to maximise the effectiveness of appropriate adults as a safeguard for children and vulnerable people by strengthening local provision, informing the public, and contributing to a fairer system.

Part 2: Questions

This review seeks to identify evidence in the following four areas in relation to adult service users:

1. screening to identify neurodiversity among those involved with the CJS
2. adjustments that have been made to existing provision to support service users with neurodiverse needs
3. programmes and interventions which have been specifically designed or adapted for neurodiverse needs
4. training and support available to staff to help them to support service users with neurodiverse needs.

Please provide any information you may have on the questions below.

Submission – Neurodiversity and the Appropriate Adult Safeguard: evidence submitted to Ministry of Justice review into neurodiversity in the criminal justice system

Dr Roxanna Dehaghani, Cardiff School of Law and Politics, Cardiff University

Mr Chris Bath, Chief Executive of the National Appropriate Adult Network

Biographies:

Chris Bath is the Chief Executive of NAAN. He led the Home Secretary's commission on appropriate adults for vulnerable adults and produced the There to Help (2015) report with the Institute for Crime & Justice Policy Research. He later authored There to Help 2 (2019). Chris is a member of the PACE Strategy Board, Bradley Report Group and Care not Custody Advisory Group and has advised HMICFRS on suspect vulnerability in both PACE and TACT custody. He works closely with NAAN's member organisations, as well as the Home Office, Youth Justice Board, ADASS, APCCS, NPCC and PFEW.

Dr Roxanna Dehaghani is a Senior Lecturer at Cardiff University's School of Law and Politics. She has been a Visiting Scholar at Queen's University Belfast (2016), Emory University, Atlanta, USA (2018), and KU-Leuven, Belgium (2019). Roxanna is interested the vulnerability of suspects and defendants and the safeguards available to them. Her first book examined the implementation of the AA safeguard in police custody and she is writing a second book on criminal justice in Wales. She was a member of the Home Office Working Group on Vulnerable Adults and conducted research for the NAAN National Standards. Her research was cited in JUSTICE's report on 'Mental Health and Fair Trial' and Revolving Doors' Report 10 Years Post-Bradley, and has been used to inform ICVA's 'Appropriate Adult' Briefing. Roxanna also recently trained Independent Custody Visitors and Scheme Managers on how to monitor the application of the AA procedural safeguard more effectively in custody (funded by the Economic and Social Research Council).

Context: This submission is based largely on Dehaghani's previous and ongoing work on vulnerability in the context of the appropriate adult (AA) safeguard, in addition to Dehaghani and Bath's recently co-authored [There to Help 3](#). Dehaghani has researched on vulnerability and the AA safeguard since 2014; Dehaghani and Bath have worked together on vulnerability and the AA safeguard since 2016. Bath has been the Chief Executive of NAAN since 2013 and, in addition to co-authoring [There to Help 3](#), led on the [There to Help research series](#).

Dehaghani has published a [number of articles](#) on vulnerability in the context of police custody and a [book](#) on decision-making on the AA safeguard. Within this response, we will focus specifically on the police custody risk assessment as a tool for identifying 'vulnerability' and, more specifically, neurodiverse conditions (1), police decision-making on 'vulnerability' in respect of the AA safeguard (1), and the AA safeguard as an adjustment to the process (2). The examples upon which we focus are (a) vulnerability generally and (b) autism specifically. However, many of these findings apply to neurodiverse individuals more generally.

The AA safeguard is an important source of protection for vulnerable suspects in England, Wales and Northern Ireland. Vulnerable suspects – that is, children below the age of 18 and adults who are considered 'vulnerable' as per the 'functional test' (see [Dehaghani and Bath, 2019](#)) – 'must not be interviewed regarding their involvement or suspected involvement in a criminal offence or offences, or asked to provide or sign a written statement under caution or record of interview, in the absence of the [AA]' ([Home Office, 2019](#): para 11.15). The AA safeguard must be implemented by the custody officer (in the case of 'detained' interviews) or the investigative officer (in respect of voluntary interviews) where there is reason to suspect that the suspect is vulnerable ([Home Office, 2019](#)). The AA's role, in brief, is to facilitate communication; support, assist and advise the suspect; ensure that the police are acting fairly; and enable the suspect to understand his/her rights and entitlements, ensuring also that such rights and entitlements are respected ([Home Office, 2019](#)).

Screening to identify neurodiversity among those involved with the CJS

Identifying 'vulnerability' and neurodiversity in police custody (see [Dehaghani, 2019](#))¹

Research by clinical academics indicates that 39% of adults in police custody have a 'mental disorder' (which includes an Autism Spectrum Condition (ASCs)) ([There to Help 3](#)). However, **the actual AA implementation rates were considerably lower at around 6%**. This means that **for every 100 adults detained in police custody 39 will require an AA, but only 6 will be provided**

¹ It is worth noting that the data discussed throughout was collected in 2014 and 2015 before the changes to Code C. Despite the change in the definition of vulnerability under Code C, the findings below remain valid.

with an AA with 33 being left without (see [There to Help 3](#)). In 2018/19, of the 13280 Liaison and Diversion (L&D) (NHS England) cases in which the person did have an AA, 6% were or had been in contact with Autism Services and 2% were currently engaged with them. At the point of engaging with L&D, 7% had an Autism Spectrum Condition (ASC) (see [There to Help 3](#)). Of 55,301 adult L&D cases that did not involve an AA, **at least 550 people were identified as having ASC by L&D and were not provided with an AA** (see [There to Help 3](#)). This is highly likely to under-estimate the scale of the problem, given the poor identification of ASC. **Since the start of the pandemic, L&D have been excluded from custody in some areas.**

Usually, prior to being taken to a cell, the suspect must be booked-in, and is asked a range of questions as part of the 'risk assessment'. The risk assessment asks a series of questions, the broad range of which largely reflect the [College of Policing APP on Detention and Custody](#). The custody officer, according to the APP, must '[document] and [record] the risk assessment for every detainee in the custody record in accordance with paragraphs 3.6 to 3.10 of PACE Code C' (ibid). Moreover, 'the arresting or escorting officer should make checks with any immediately available sources of information relevant to the welfare of the arrested person' (ibid), which may include the suspect him/herself, friends or relatives, the Police National Computer (PNC), the Police National Database (PND), legal representatives, HCPs, other relevant bodies, and AAs (ibid). The Police and Criminal Evidence 1984 (PACE) Code of Practice C ([Home Office, 2019](#): Note for Guidance E5 & IGA), details how 'vulnerability' may be identified, e.g. behaviour, mental health and capacity, self-report, information from relatives and friends, information from police officers/staff and police records, information from health and social care (including information provided by liaison and diversion), and/or information from other professionals who know or who have had previous contact with the individual concerned (including assessments arranged by the police or at the request of the individual, AA² or solicitor).

However, **the risk assessment is limited by both the questions that are asked** and, crucially, in respect of the scope of this consultation, **the absence of questions pertaining to neurodiverse conditions** (see, generally, [Dehaghani, 2019](#)). Moreover, as discussed in [Dehaghani \(2019\)](#), **the risk assessment often relies upon the individual feeling comfortable about disclosing such personal information**; disclosures can be impeded by the often busy and relatively public nature of the police custody suite. This is yet further compounded by the purpose of the risk assessment – which focuses almost exclusively on physical 'risk' – and the fact that individuals are often **not provided with clear reasons as to why such information is being sought**. A related issue was that additional questions that may assist the identification of, inter alia, a neurodiverse condition – covering 'special schooling', ability to read or write, and ability to tell the time - were not contained

² It is somewhat odd to include the AA here; if they were to be present then they should not be requesting that the person to be assessed for the safeguard.

on the main risk assessment, thus requiring that an issue was flagged-up first. Relatedly, as Bradley (2009) has highlighted, attendance at a ‘special school’³ is an inaccurate measure of vulnerability because of the tendency towards education in ‘mainstream’ schools.

Further, Dehaghani’s research has indicated that **those who may assist the identification of vulnerability – such as healthcare professionals, forensic medical examiners, and approved mental health practitioners – may lack the requisite skills and knowledge** to adequately identify neurodiversity in suspects; as one custody officer (CO18-W Interview) rightly noted: some HCPs *‘come from mental health background; others don’t ... they may come from, say, a paramedic background’*. For those healthcare staff who do have a mental health background (supposing that this also covers neurodiverse conditions), there are **questions regarding the appropriateness and extent of their legal knowledge**. Infeed, many healthcare staff are not aware of the specific requirements of PACE Code C vis-à-vis the AA safeguard, and tend to focus on whether an individual has ‘capacity’ or is ‘fit for interview’, both tests for which are much narrower than the ‘test’ for the AA safeguard. Moreover, Dehaghani’s research found that, despite these shortcomings, custody officers tend to defer their decision on the AA safeguard to HCPs and other medical staff. It is, moreover, **important to recognise the skills – and limitations on these skills – of custody officers**; as a number of custody officers (here: CO28-M Interview) highlighted: *We can be bamboozled with all sorts of terms and phrases and medication that people are taking... you know, I’m not an expert in that field*. Relatedly, it is worth noting that custody officers may receive training on the risk assessment, but, based on my own observations and interviews, they lacked specific knowledge on vulnerability as it relates to the AA safeguard. Without standardised training – and training that is meaningful and engaging, rather than, as one officer called it ‘*death by PowerPoint*’ (usually ‘delivered’ online with no trainer present) – officers may continue to be misinformed about the needs of vulnerable individuals and may therefore fail to detect any issues that would make the individual vulnerable.

A **vulnerability may also be identified by a legal representative**, but this relies on the legal representative being present at the custody suite (or at the voluntary interview)⁴ and, moreover, relies upon the legal representative having sufficient time with their client⁵ and having the skills and knowledge necessary to detect vulnerability in their client.⁶ It is worth noting that **during the pandemic, lawyers have been increasingly physically absent from the police custody suite**, with the wide use of remote legal advice including for children and vulnerable adults. This has **serious implications for access to justice for those with vulnerabilities, particularly**

³ It is, further, problematic to use such language.

⁴ Previous research has explored myriad reasons why legal advice and representation may not be sought (see Blackstock et al, 2014; Kemp, 2013; Kemp and Balmer, 2008; Skinnis, 2009).

⁵ See, for example, Newman (2013).

⁶ Dehaghani and Newman (2019) have explored the limits to legal representatives’ knowledge of vulnerability.

those with neurodiverse conditions who may struggle to build rapport with the lawyer and thus communicate effectively regarding any legal processes and procedures.

Defining ‘vulnerability’ and the implications for neurodiversity

It is wrong to assume that all ‘vulnerable’ individuals who are identified as such are provided with an AA. As Dehaghani has highlighted elsewhere ([Dehaghani, 2019](#)), how vulnerability is defined – and who is classed as ‘deserving’ of the safeguard – can have an impact upon whether a suspect is provided with an AA. Most notably, **suspects are required to ‘perform’ their vulnerability** (see [Brown, 2015](#)). For those with **neurodiverse conditions, particularly in respect of Autism, this may be problematic as individuals have often learned how to ‘mask’ their condition**. Relatedly, individuals who appeared ‘normal’ (see CO2-W Interview, for example) were not provided with an AA and neither were those who did not appear ‘childlike’. The definition of vulnerability was skewed towards notions of ‘abnormality’ and may mean that those who do not adequately ‘perform’ their vulnerability are not provided with the support to which they are undoubtedly legally entitled (see [Dehaghani, 2019](#)).

As Dehaghani has highlighted elsewhere, in addition to the difficulties of identifying vulnerability in suspects, police custody officers may fail to implement the AA safeguard for those with ASC.⁷ The reason for this failure is based on an assumption that those with ASC are highly intelligent⁸ and thus unworthy of support. The following quote, taken from my book ([2019: 85](#)) indicates that the police may use their discretion – or interpretative judgment ([Bronitt and Stenning 2011: 321](#)) – to decide whether or not to implement the AA safeguard:

I have a friend who’s a consultant anaesthetist who’s on the autistic [spectrum], his son’s at Oxford University doing languages. You would say that their behaviour sometimes is a bit, hmm, is bit, how they talk, that’s a bit different. But does that make them different? No... There are degrees and I think they show themselves when you talk to people, I think. It’s a judgment call. The Autistic Society – is it the Autistic Society? – recommend that everybody has an appropriate adult. Do they? Does my friend who’s a consultant anaesthetist need one for interview? I’d say not. So, you know, everyone has to be dealt with individually. You can’t just sort of say, blanket, across the board, that everybody needs an appropriate adult. (CO4-W Interview)

⁷ This term is preferred to that of ‘disorder’.

⁸ It is important to note that Autistic individuals may indeed be highly intelligent. However, many Autistic individuals may, despite being highly intelligent, struggle to understand, and be able to effectively participate in, the proceedings against them. See below Holloway *et al* ([2020](#)).

When asked to explain this approach CO4-W (Interview) stated, ‘because they know the difference between right and wrong, they know why they’re here’. CO4-W’s rationale was that someone of a high intellect, such as a consultant anaesthetist or someone who attends Oxford University, would not be in need of an AA because they were sufficiently (or very, as his example suggests) intelligent ([Dehaghani 2019](#): 85). Autistic individuals – and others with neurodiverse conditions – may not be provided with an AA because they are taken to understand what was going on. However, as Holloway et al (2020) have indicated, **autistic individuals may be prevented from effectively participating** in the custody process, may have **barriers to communication** that can interfere with the interactions they have with officers, and may **experience sensory difficulties** that can make their time in police custody incredibly distressing.

Obstacles may be greater where the suspect fails to ‘perform’ as ‘autistic’, or where such traits were not obvious, as the following quote (CO13-W Interview) illustrates ([Dehaghani, 2019](#)):

Autism at different ends of the spectrum is quite apparent to see or not. People present really, really well and they say ‘I’m autistic’ and if you hadn’t have told me that you were autistic, I would never have known and I would’ve gone ahead and said ‘Right, go to interview straight away’. And if people present well to me and they seem to know what is happening then I put them through I say ‘Right, go to interview’.

There were examples of good – or, perhaps more accurately, compliant – practice: both CO9-W and CO10-W commented that ‘anything on the autistic spectrum’ would warrant the AA safeguard. CO9-W explicitly provided his reasons, stating that ‘anyone that is anywhere on the autistic spectrum, our rule book says “They will have an appropriate adult”’ (CO9-W Interview)⁹ (see [Dehaghani, 2019](#)). It is, however, worth acknowledging and remembering the reasons why autistic individuals – and other neurodiverse individuals – should be provided with an AA (as noted above).

Decision-making on the AA safeguard

It is also important to acknowledge that, even where police custody officers have identified a ‘vulnerability’, they may nevertheless decide not to implement the AA safeguard for an adult suspect. The most common reasons why the AA safeguard was left unimplemented where the individual was identified as ‘vulnerable’ (subject also to the narrow definition as noted above) were as follows ([Dehaghani, 2019](#)):

- **Cost – in terms of both time and money**
 - A particular issue was the availability of AAs (see [There to Help](#))

⁹ The ‘rule book’ is the Code C to the Police and Criminal Evidence Act 1984.

- It should be noted that this is not a reasonable justification to not provide an AA
- **Advice from HCPs, FMEs and AMHPs**
 - Despite the noted problems (above) with their often limited expertise and knowledge
- **The solicitor being able to ‘act’ as an AA**
 - Despite this being strictly prohibited within Code C
- **The suspect’s ‘decision’**
 - Although it is often unclear whether the implications of not obtaining an AA are made clear to the suspect.

Similarly, there were noted **incentives to implement the safeguard**, even where the suspect was not, according to the police, classed as ‘vulnerable’. The reasons were as follows:

- **Request from a solicitor**
 - Namely because a solicitor may challenge the evidence at trial if an AA is not provided (as per ss 76 and 78 of PACE)
- **An AA was provided on a previous occasion**
 - As noted above, the police can – and do – rely on ‘history’ (PNC and PND, for example) to assist the identification of need
- **The offence was considered ‘serious’**
 - Namely because there was a worry that evidence could be excluded, and the case therefore ‘lost’ at trial (as above)
 - Conversely, this means that in less ‘serious’ cases, an AA may not be provided to a ‘vulnerable’ suspect. Again, this is not a reasonable justification for failing to provide support.
- **It was believed that the suspect would benefit from an AA**

These decision-making processes – along with how vulnerability is defined and identified – may result in the **absence of support for neurodiverse individuals necessary to effectively and meaningfully participate** in police investigative procedures.

The AA safeguard as an ‘adjustment’ to the investigative process

It is worth noting that the AA safeguard, as Dehaghani has argued previously ([Dehaghani, 2019](#); [Dehaghani, 2020a](#); Dehaghani, 2020b), is a safeguard that applies to all ‘vulnerable’ suspects, regardless of their specific needs. Whilst it is undoubtedly an important safeguard, there is a **greater need for specialisation within the role**. It is **imperative that AA’s are provided with the training necessary** to meet the needs of the individuals for which they attend. It is also worth acknowledging that **the needs of children and adults may be very different indeed**, and any safeguard should acknowledge this. One particularly evident problem with the **AA safeguard for adults** is that it **does not exist on a statutory basis** as it does for children (see Crime and Disorder Act 1998, s 38(4)(a)); this is one of the reasons for the low implementation rates for adults (see, for example, [Dehaghani, 2019](#); [There to Help 3](#)). The AA is not, moreover – and as it relates to this call for evidence – **not designed around the specific needs of neurodiverse individuals** (recognising also that there is significant diversity in need). The main problem that exists in respect of the AA safeguard is that little is known how the AA can, should, or is able to, meet the needs of vulnerable individuals. In particular, it is unclear whether many AAs, and most notably those without training, meet the needs of, for example, neurodiverse individuals. It is therefore still **unclear whether the AA is, in all cases, an effective and meaningful reasonable adjustment to the police investigative process**. There is a **pressing need for more research on the AA in general and the AA vis-à-vis the needs of vulnerable individuals more generally**. There is also disparity nationwide in types and availability of AA services. In 2017/18, **18% of local authority areas had no scheme for adults**, with the result that **16% of the population lived in an area without identifiable AA provision** ([There to Help 2](#)). Of the areas with a scheme, **only 45% had a scheme that operated 24/7** ([There to Help 2](#)). This means that where an AA is required, one may not be provided. The absence of provision may also discourage custody officers from identifying the need for an AA and thus implementing the safeguard.

I. Screening and identification

If you are able to provide evidence on more than one screening method or tool in this section, please answer it as many times as you need. For example, if you are providing evidence on two screening methods, please answer this part twice, indicating how your work differs in each. If you provide more screening methods than it is feasible to mention here, please indicate if you would be willing for us to contact you to discuss them.

Question
<p>a) Are you aware of and/or have you used any specific screening or tools that are used to identify people with neurodiverse needs in the CJS?</p> <p><i>Answer:</i></p> <p>Please provide any relevant information about the screening process, including the following details:</p> <ul style="list-style-type: none">• aims and purpose of the screening• how and when the screening is delivered (i.e. at what point in the CJS journey)• who the screening is delivered by (i.e. specialist practitioners, operational staff)• what happens with any screening information (i.e. onward referral, sharing of information, specific adjustments)• prevalence of neurodiversity among those screened (i.e. of those being screened, how many receive a diagnosis) <p><i>Answer:</i></p> <p>Please see above.</p>
<p>b) Does the screening focus on a particular neurodevelopmental disorder or condition? (See information sheet for definition of neurodiversity.) <i>Delete as necessary</i></p> <p>i. No ii. Yes If yes, please specify which disorders:</p> <p>Could this screening tool be used to identify other neurodevelopmental disorders covered within the definition?</p> <p><i>Answer:</i></p> <p>Please see above.</p>
<p>c) What setting(s) does your evidence relate to? <i>Please indicate all that apply.</i></p> <p>i. Police ii. Courts iii. Prison iv. Probation supervision<ul style="list-style-type: none">a. National Probation Service (NPS)b. Community Rehabilitation Company (CRC)</p> <p>v. Other (please specify)</p>

d) Where is this process or system being used? (e.g. name of prison/CRC, region, England and/or Wales)

Answer: Please see above.

2. Adjustments to existing services and support

If you are able to provide evidence on more than one adjustment in this section, please answer it as many times as you need. For example, if you are providing evidence on two adjustments, please answer this part twice, indicating how your work differs in each. If you provide more adjustments than it is feasible to mention here, please indicate if you would be willing for us to contact you to discuss them.

Question

a) Are you aware of and/or have you put in place any adjustments to existing practice with service users to provide additional support to individuals with neurodevelopmental disorders in the CJS? These adjustments could be local or individual.

Please provide any relevant information about the adjustments. This might include:

- what adjustments have been made (e.g. provision of Easy Read materials)
- impact on service provided
- impact on service user
- any specific areas of good practice
- level of service user engagement and uptake

Answer:

Please see above.

b) Do you have or are you aware of any evaluation or impact? This could be informal or anecdotal evidence.

- Yes
- No

If yes, please provide any evidence of outcomes.

Answer:

Please see above.

c) Do the adjustments focus on a particular neurodevelopmental disorder or condition? (See information sheet for those that fall within the scope of this call for evidence).

- No**
- Yes

If yes, please specify which disorder(s):

Answer: Please see above.

Could this adjustment to be applied to other neurodevelopmental disorders covered within the definition?

Answer: Please see above.

d) What setting does this evidence relate to?

- i. **Police**
- ii. Courts
- iii. Prison
- iv. Probation supervision
 - a. National Probation Service (NPS)
 - b. Community Rehabilitation Company (CRC)
- v. Other (please specify)

e) Where are these adjustments being used? (e.g. name of prison/CRC, region, England and/or Wales)

3. Programmes and interventions

If you are able to provide evidence on more than one programme or adaptation in this section, please answer it as many times as you need. For example, if you are providing evidence on two programmes, please answer this part twice, indicating how your work differs in each. If you provide more programmes than it is feasible to mention here, please indicate if you would be willing for us to contact you to discuss them.

Question

a) Are you aware of and/or have you used any specific offending behaviour programmes or interventions that are delivered for people who have neurodevelopmental disorders as defined in the information sheet?

Please provide any relevant information about the provision, including the following details:

- aims of the programme or intervention
- whether the programme or intervention has been developed specifically for people with neurodiverse needs or is an adjustment to an existing programme or intervention
- how and when delivered (i.e. at what stage in the process)
- who it is delivered by (i.e. specialist practitioners, operational staff, third sector provider, educational provider)
- level of service user engagement and uptake

Answer:

N/A

b) Do you have or are you aware of any evaluation or impact? This could be informal or anecdotal evidence.

- i. Yes
- ii. No

If yes, please provide any evidence of outcomes:

N/A

c) Does the programme or intervention focus on a specific neurodevelopmental disorder or condition? (See information sheet for those that fall within the scope of this call for evidence).

- i. No
- ii. Yes

If yes, please specify which disorder(s): *Answer:*

Is there the potential for these programmes or interventions to be used or adapted for other neurodevelopmental disorders? *Answer:*

N/A

d) What setting does this evidence relate to?

- i. Police
- ii. Courts
- iii. Prison
- iv. Probation supervision
 - a. National Probation Service (NPS)
 - b. Community Rehabilitation Company (CRC)
- v. Other (please specify)

N/A

e) Where are these programmes or interventions being used? (e.g. name of prison/CRC, region, England and/or Wales)

N/A

4. Training and support for staff

If you are able to provide evidence on more than one training course in this section, please answer it as many times as you need. For example, if you are providing evidence on two training courses, please answer this part twice, indicating how your work differs. If you can provide evidence on more training than it is feasible to mention here, please indicate if you would be willing for us to contact you to discuss.

Question
<p>a) What training are you aware of and/or have received for staff working with neurodivergent individuals or service users?</p> <p>Please include details of:</p> <ul style="list-style-type: none"> • what the training is for (please include the name of the programme) • who the training is for • who the training is provided by • what issues the training addresses • how useful or effective it is <p><i>Answer:</i> N/A (although somewhat covered above)</p>
<p>b) What other support are you aware of and/or have you received for staff working with neurodivergent individuals or service users?</p> <p>Please include details of:</p> <ul style="list-style-type: none"> • how the support is provided • what resources are available for staff (e.g. mentoring, booklets, posters, website)

- how useful or effective the support is

Answer:

N/A

c) Does the training or support for staff focus on a specific neurodevelopmental disorder or condition?

- No
- Yes

If yes, please specify which disorder(s)

N/A

Could this support or training to be applied to identify other neurodevelopmental disorders?

d) What setting does this evidence relate to?

- Police
- Courts
- Prison
- Probation supervision
 - National Probation Service (NPS)
 - Community Rehabilitation Company (CRC)
- Other (please specify)

e) Where is this training or support being delivered? (e.g. name of prison/CRC, region, England and/or Wales)

f) What unmet needs are there among staff who work with people with neurodiverse needs?

Please include details of:

- what these needs are
- how prevalent the need is
- what 'staff level' the unmet need is at (i.e. managerial, operational)
- what do staff need in order to help them work more effectively with neurodivergent service users
- any limitations or barriers to addressing this need

Answer:

N/A

5. Final questions

Has any of the provision you have included in your responses to questions 1 to 4 been affected by the COVID-19 pandemic? (This might be positively or negatively.)

Please summarise how:

N/A

Please provide any additional information not covered in the previous questions here.

Please see above.

Part 3: Use of information

The information you have provided will be summarised in a published report and passed on in full to Ministry of Justice. If you don't want specific details passing on to Ministry of Justice, please let us know.

Are you happy to be contacted by staff from HMI Prisons, HMI Probation or HM Inspectorates of Constabulary and Fire & Rescue Services in connection with your submission?

- i. **Yes**
- ii. No

If you have any other information, studies, reviews or statistics which is relevant to this call for evidence please submit it with this form.

If you are unable to use the submission form, please let us know and we will try our best to offer an alternative format.

Thank you for taking the time to respond to this call for evidence. Please email your responses to shannon.sahni@hmiprisons.gov.uk