

Knowledge Exchange Network: meeting four

The [Knowledge Exchange Network](#) held its fourth meeting on 20th April. This session looked at the reasonable adjustments and the support available to young adults with neurodevelopmental conditions, as well as the resources and training available to the police to support the identification of neurodiversity.

Andrew Clarke, Senior Development Lead, NHS, presented on their Framework for Integrated Care for the Children and Young People's Secure Estate (CYPSE). Investing in additional support for those with complex trauma forms part of the NHS' Long-Term Plan for health and justice commitments to children and young people.

Inspector Duncan Collins, Nottinghamshire Police, presented on support and adjustments for those with neurodevelopmental conditions in the criminal justice system. Duncan has led on the planning and construction of a [neurodiversity-friendly custody suite in Nottinghamshire](#). Great care has been taken to ensure elements of the building are not distressing and limit sensory distress for autistic people. This includes: appropriate lighting, ensuring walls are not plain, sound-proofed rooms and designing the floorplan so those entering the building only come into contact with a minimal number of people.

Tanya Banfield, Head of Criminal Justice at Genius Within, presented on the hidden challenges within the criminal justice system for young neurodiverse people as well as an evaluation of a four-year study carried out at HMP Dartmoor.

Presentation slides are available [here](#).

Network members were then separated into workshop groups to discuss:

- How the police can ensure that people with neurodevelopmental conditions encountering the police can be identified and their needs adapted to.
- How police officers and staff with neurodevelopmental conditions are supported.
- How we can work to prevent young people with neurodevelopmental conditions being overrepresented in custody.

This table clearly sets out the issue, taken from [this report](#) by the Office of the Children's Commissioner (and used by Stan Gilmour in a previous KEN presentation).

Neurodevelopmental condition	Reported prevalence rates among young people in the general population	Reported prevalence rates among young people in custody
Learning disabilities	2 – 4%	23 – 32%
Dyslexia	10%	43 – 57%
Communication disorders	5 – 7%	60 – 90%
Attention deficit hyperactive disorder	1.7 – 9%	12%
Autistic spectrum disorder	0.6 – 1.2%	15%
Traumatic brain injury	24 – 31.6%	65.1 – 72.1%
Epilepsy	0.45 – 1%	0.7% - 0.8%
Foetal alcohol syndrome	0.1 – 5%	10.9 – 11.7%

Ensuring the needs of people with neurodevelopmental conditions are accounted for

There was agreement among members that the police are still catching up with society's expectation on how vulnerable people are treated in the hands of the police. Due to police being unable to caution people on the street, many people end up in custody. Historically, the police station and custody suite were considered a place of safety but, in reality, many people will leave with further traumatisation (and also prior to custody if, for example, the young adult has been handcuffed). While many practices have improved, the Network thought that the police are poor at supporting people with neurodevelopmental conditions and the associated vulnerabilities.

A significant barrier to change is that referrals to the police are often seen as default when other agencies are not placed to step in. It is not abnormal for the police to be reluctant to 'bring in' a young adult that could be considered vulnerable. It often reaches this point because the NHS view the individual as 'too violent' to be in a healthcare setting. The lack of partnership working, support and funding, it is felt, puts the police in an 'impossible situation'.

It is of vital importance that people with neurodevelopmental conditions are identified and their needs are adapted to for several reasons. First, children with neurodevelopmental conditions are severely overrepresented in the criminal justice system. This indicates that they are vulnerable to involvement in crime and are therefore more likely to have interactions with the police. This leads to the second key reason for identification and adaptation; to ensure that contact with the police does not lead to further traumatisation. Without adapting to neurodiversity needs, contact with the police, in custody and in courts can be extremely stressful.

Discussions made clear that it is a significant challenge for police officers to identify people with neurodiverse needs. Some forces explained that they do have the ability to make such assessments in custody but that there are significant financial and resource barriers to doing this consistently. A further issue is that a thorough assessment is not always possible due to people only being held in custody for 24 hours.

What happens to the information that is provided through screening tools was a question raised. Protocols must be in place to ensure that assessment results are not "put in a draw and not seen again." For example, it must be mandatory for such information to be shared with solicitors to support ongoing court proceedings. The importance of an appropriate and accurate diagnosis is also illustrated by access to certain provisions and welfare benefits only being available to people with an official diagnosis.

While it was agreed that training and skills in this area are currently lacking, it is important to understand that it does not need to be an expert delivering an assessment process. At present, in some forces, there is reliance on local officers who have experience in neurodiverse needs (directly or indirectly) to provide the rest of the workforce with advice and guidance. This is a national skills gap due to a lack of standardised training. NPCC training on understanding the best way to respond to people with neurodevelopmental conditions would be welcome.

Where training on neurodiversity exists, for example in the Metropolitan Police Service, there can be a lack of awareness that it is offered or individual choices are made not to engage in it, meaning uptake is low. This emphasises the difficulty in creating a culture change among existing staff as well as the need to embed neurodiversity training (and wider trauma-informed practice). It is recognised, however, that it is a challenge to expect staff to understand several vulnerabilities well enough to feel confident in referring the person on to specialist support.

It was suggested that training for detention officers is the best place to start; enabling them to become experts will allow improved working practices and knowledge to cascade into other roles. There is a need to recognise and accept that, at times, detention officers may be intimidating and confrontational from others' perspectives.

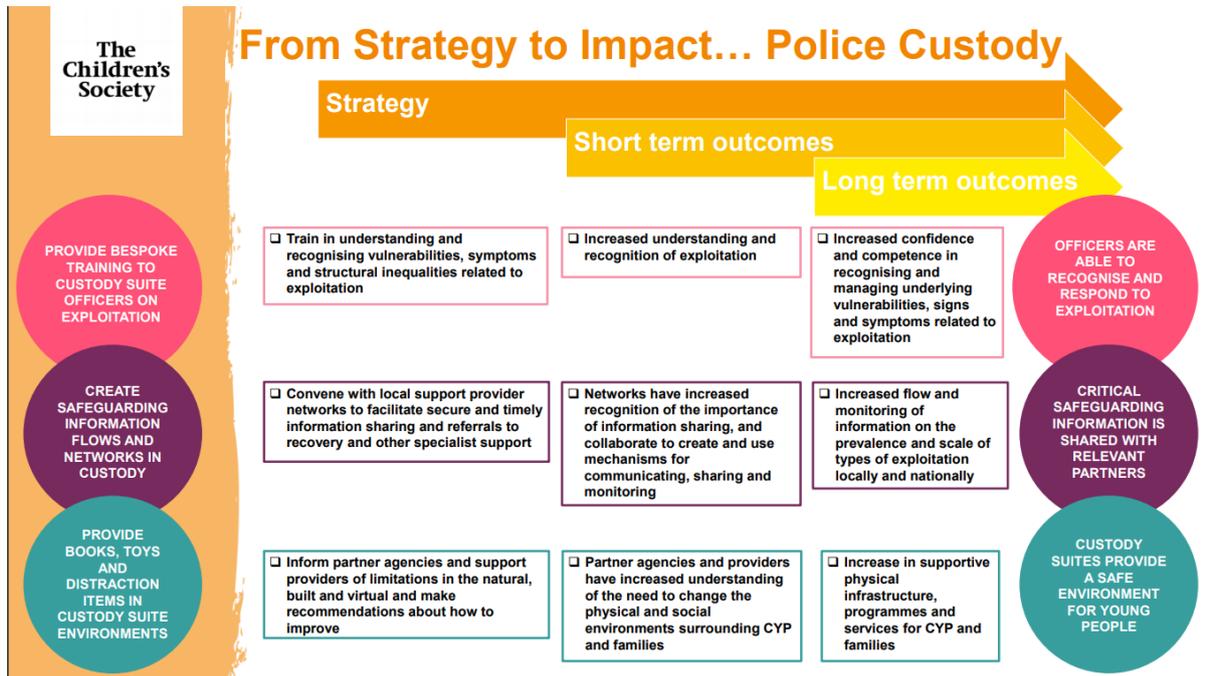
It is important to approach all the behaviours of a young adult as if they stem from a 'vulnerability', and to treat everyone as if they are neurodiverse. Not everyone with a neurodevelopmental condition has been diagnosed, and someone's first contact with the police following an 'incident' could be a first indicator of this. Thus, training should revolve around 'human nature' and behaviour management.

There is some overlap (and perhaps some lessons to be taken from) with the policing response to traumatic brain injury (TBI) caused by domestic abuse. [Research by the Disabilities Trust and Royal Holloway, University of London](#) found that nearly 65 per cent of women in women's prisons showed symptoms of brain injury. Additionally, [a study](#) found that 60 per cent of a sample of male prisoners had suffered a head injury. This contributes to growing evidence suggesting that TBI increases the likelihood of violent behaviour and criminal convictions as well as mental health issues.

Useful resources and emerging practice

- These acquired brain injury (ABI) screening tools may be useful, available [here](#) and [here](#).
- The Disabilities Trust has a series of packs for neurorehabilitation, which are free to [download here](#).
- [These resources](#) from the Nottinghamshire Autism Police Partnership.
- There are a number of simple, low-cost measures that can be used in custody suites for vulnerable adults and young people. These include:
 - Lightweight footballs (that would not cause injury) and painted 'goals' on exercise yard walls
 - Reducing slamming doors
 - Stress balls/fidget spinners
 - 'Where's Wally' puzzles and mazes on ceilings
 - Colouring books, quiz books
 - Ruggedised tablets for watching films
 - Libraries of books where those being remanded can take the book with them
 - Limiting use of 'Sir' and 'Ma'am'
 - Extra care/explanations to be taken during pat downs
 - Consider the uniform being worn
- It can be overwhelming for a young adult with a neurodevelopmental condition to immediately recognise what they need upon a custody officer asking. Better practice would be to provide a list for the young adult that they can tick and then to press a button when complete.
- Durham Constabulary ensure that each young adult is signposted to appropriate wider services/appropriate adults/intermediaries upon being released from custody. However, a wider problem (not just Durham) is that of repeat arrests because there is no suitable provision in place to support them.
- Tanya Banfield is planning to design bespoke distraction packs for the police to use as part of her post-doctorate project. These would be low harm/risk and cost free. If you are interested in this, please email Tanya before Friday 21st May: tanya@geniuswithin.co.uk

- Below is a slide taken from the Children's Society's presentation at a previous KEN meeting:



Supporting police officers with neurodevelopmental conditions

It was suggested that policing can be appealing to people with neurodevelopmental conditions due to its structure and hierarchy. The biggest challenge, however, is recognising the neurodiversity of staff. It is suspected, and inevitable, that many staff have such conditions in the workforce but do not disclose this due to fear on the impact it may have on their job prospects. This stigma is of course a wider societal problem too. It was acknowledged that forces are doing work around health and wellbeing (mental and physical) but this does not necessarily focus on neurodiversity.

To improve this, people need better support to be able to recognise their triggers and how their working environment can enable them to 'operate at their best'. It was emphasised that this should not be dependent on a formal diagnosis, but that everyone should benefit from having their needs supported. The [Access to Work](#) programme offers support to people with physical or mental health conditions.

If staff feel able to be open and transparent about their neurodiversity, it will improve the service for the public. Those members of staff can better support people with neurodevelopmental conditions coming into contact with the police and advise the rest of the workforce where appropriate. The onus should not only be on these people however, the understanding and practice implications must be 'owned' by the entire workforce.

Preventing young people with neurodevelopmental conditions being overrepresented custody

It is well-understood that children with neurodevelopmental conditions are far more likely to be excluded from school. Children excluded from school are far more likely to come into contact with



the criminal justice system. Preventing this requires better multi-agency partnership and a better 'service'. The challenges of proactive work (as opposed to responsive) are exacerbated by there being significant cuts to early help and prevention during austerity.

The NHS recognises a young person as 'vulnerable' as soon as they are excluded from school. While there is a need to understand the reasons *why* this is happening and the appropriate changes should be made in schools to reduce exclusions, collaboration at the point of exclusion is vital; services must know where they can go when an individual is identified. Delaying this process allows more time for someone to be targeted, 'dragged' into criminal behaviour and exploited in numerous ways.

Andrew Clarke's presentation on the NHS' Framework for Integrated Care offers a template for multi-agency co-operation to safeguard children and young adults with complex needs and enable them to thrive. It represents a shift from asking '*what is wrong with you?*' to '*what has happened to you?*' to prevent re-traumatisation.

Data protection poses a further challenge. The sharing of data is key to ensuring that different services can coordinate effectively and to share learning. There are also issues around making a referral without consent when safeguarding is not required immediately due to certain behaviours not yet being exhibited.

Emerging practice

- [Multi-Agency Risk Assessment Conference \(MARAC\)](#) in the West Midlands enables information sharing on domestic abuse cases deemed to be high risk. This initiative offers a useful case in point to protect those at most risk of harm and could become a blueprint for how to safeguard children excluded from school through multi-agency signposting.

The next Knowledge Exchange Network meeting will take place on Tuesday 1st June at 3-5pm. Click [here](#) to join the meeting.

We will be discussing out of court disposal and assessing the challenges of using OOCR's with young adults. Please contact Stephen Walcott for more information: stephen.walcott@police-foundation.org.uk