

What does good look like?

Our Journey So Far!



Our Prisons

- HMP Ranby
- HMP Nottingham
- HMP Morton Hall
- HMP Lowdham Grange
- HMP Lincoln
- HMP Fosse Way
- HMP North sea Camp



Who are we ? Offender Health Neurodiversity Team

Allison Woodhead Speech and Language Therapist and Neurodiversity Clinical Lead
Email: allison.woodhead@nottshc.nhs.uk

Gillian Crawshaw Occupational Therapist and Specialist Neurodiversity Clinician
Email: Gillian.Crawshaw@nottshc.nhs.uk

HMP Ranby **Lyndsey Clare** Neurodiversity Practitioner Email: lynsdey.clare@nottshc.nhs.uk

HMP North Sea Camp **Ruth Waters** Neurodiversity Practitioner Email: ruth.waters@nottshc.nhs.uk

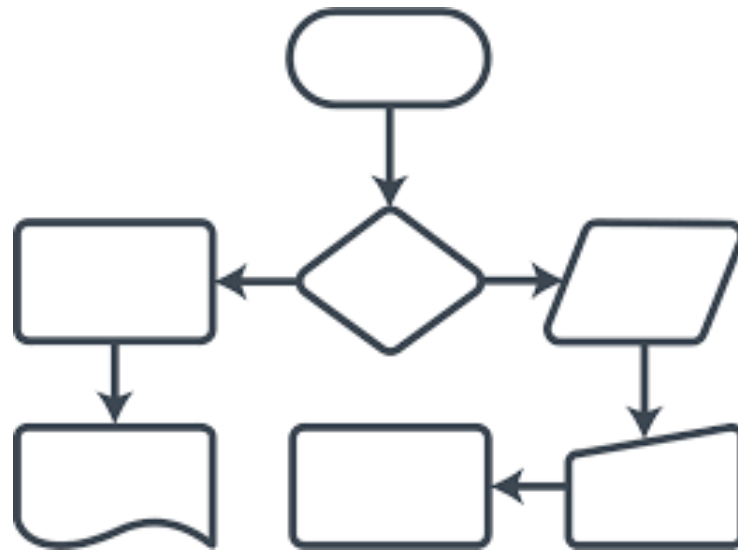
HMP Lincoln **Yvonne Coupland** Neurodiversity Practitioner Email: yvonne.broe@nottshc.nhs.uk

HMP Lincoln **Salinder Kaur** Neurodiversity Practitioner Email: salinder.kaur@nottshc.nhs.uk

HMP Nottingham **Jamie Rastall** Neurodiversity Practitioner Email: jamie.rastall@nottshc.nhs.uk

HMP Fosse Way **Jen Shave** Speech and Language Therapist and ND Specialist Clinician Email: jennifer.shave@nottshc.nhs.uk

HMP Fosse Way **Zoe Willis** Neurodiversity Practitioner Email: zoe.willis@nottshc.nhs.uk



Medical Versus Social Model

Designing Pathways of Care

Disability versus Differ ability

The Challenge



Neurodiverse Prisoner Journey



Reception

Coordinated screening process. LDD Rapid Screener and Early Identification of need + Healthcare Reception Screening. Review Of PERS to include ND info.

Prison prepared for arrival . Adapted reception process – quiet space, ND champion and NSM to meet them. Support from day 1.



Induction (first 2 weeks)

Identify new needs within 10 days

Psychology/Education/Offender Managers/Diversity and Inclusion share information to plan. Weekly ND meetings . Consent sought. All info shared on prison system.



Further Assessment and Support Planning

Healthcare/ Prison Psychology/Education assessment to find out more and learn with the person. Update or develop plans based on findings.



Reasonable Adjustments

Reasonable adjustment plan

Diversity and Inclusion

Adapted Wings/workshops and education settings + gym



Release Planning

Community and Prison teams interacting and sharing plans

Social Care Assessment

MDT approach leading to release



Becoming ND Champions

Person has option to become a champion . Peer support. Mentoring. Education courses to support experts. Staff training. Kite mark work



Interventions/Support

Healthcare – medical treatment, psychosocial work and psychoeducation.

Work, education, peer Support. Adapted programs, gym.

Early planning for release CPA/CTR/DSR

Release or Transfer

Fully informed community teams /services.


Smooth transition of care

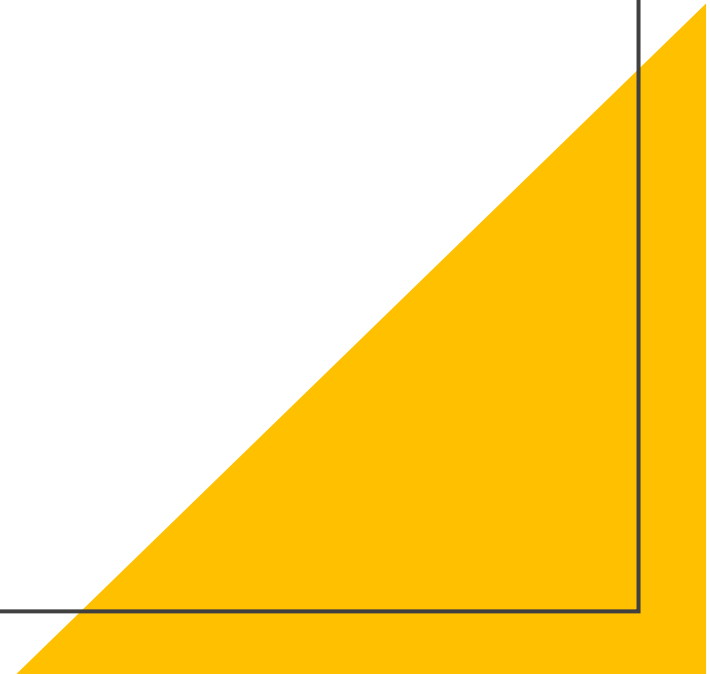
Reconnect - support 12 weeks following release (where needed)





Information Sharing with Consent



Governmental & Military
NOMIS
means
National Offender Management
Information System
by acronymsandslang.com



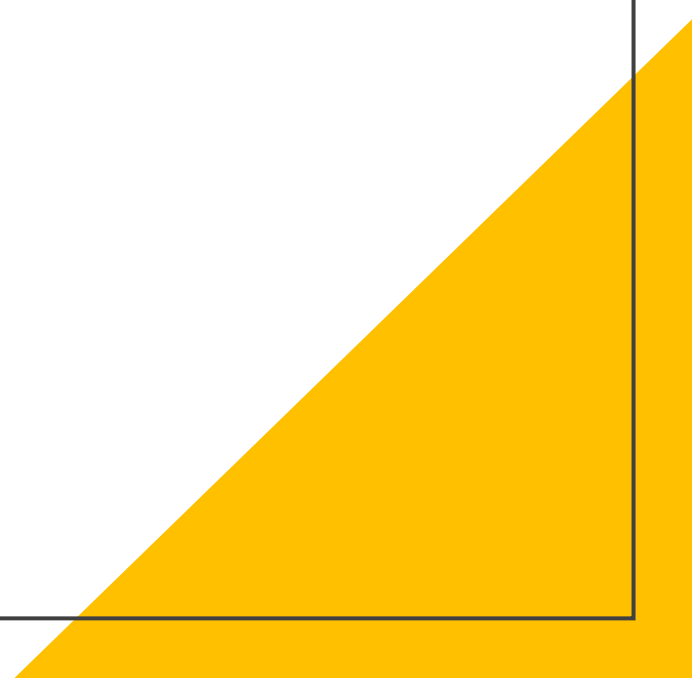
Transforming Care – Care and Treatment Reviews and Dynamic Support Register (ICB)

- [NHS England » Care \(Education\) and Treatment Reviews](#)
- [NHS England » Dynamic support registers and Care \(Education\) and Treatment Review code of practice](#)
- [NHS England » Learning from lives and deaths – People with a learning disability and autistic people \(LeDeR\)](#)
- [NHS England » Stopping over medication of people with a learning disability and autistic people \(STOMP\) and supporting treatment and appropriate medication in paediatrics \(STAMP\)](#)

ADHD Pathway

- Immediately on caseload for initial review and plan if diagnosed.
 - Developed with community using NICE guidance
 - Includes ASRS Screening tool, DIVA diagnostic assessment and BAARS family questionnaire
 - Focus on Differential Diagnosis and Identification of Needs
 - May include a Safe and well plan at this stage - including adjustments eg more gym time – ND workshops.
 - Formulation
 - If prescribing indicated - Psychiatrist prescribes (meds shortages)
 - Titration care plan
 - Regular review – 3 monthly with physical checks
 - Psychoeducation
 - Referral on to specialist providers – shared care agreements
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Autism Pathway

- Immediately on caseload if known diagnosis and work towards a plan.
 - AQ50
 - Differential Diagnosis conversation including (ACES and Social Anxiety)
 - Family Questionnaire
 - Social Communication Assessments
 - Emotional Recognition Assessments
 - Sensory Assessments
 - Problem Solving
 - ADOS 2
 - Autism Advocacy Plan or Safe and Well Plan
 - Adjustments within prison including a sensory diet advised by OT
 - Report
 - Psychoeducation
 - Referral on if needed
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Case Study: Young Individual with Neurodiverse Needs and Complex History

- **Background**
- **Early Life and Offending**
 - Received an indeterminate sentence for violent offenses at age 16
 - Lived in a group home with other children, experiencing domestic violence
 - Family challenges: mother struggled to cope, and younger siblings placed in care
 - No formal neurodiversity (ND) identification or support during early prison years
- **Mental Health and Treatment**
 - Diagnosed with Emotionally Unstable Personality Disorder (EUPD)
 - Treated with medication (quetiapine) for hearing voices, but stopped when voices ceased, identifying anxiety as the cause
 - Struggled with understanding rules in an Approved Premises (AP), leading to recall after a panic attack
- **Prison History**
 - Moved between multiple prisons with little support for neurodiverse conditions
 - Long history of not being released, without proper neurodiversity or mental health support

Case Study: What We Did in Prison

- **Initial Assessments and Actions**
 - Contacted family to understand childhood history and emotional struggles
 - Referred to mental health team for voice hearing and anxiety concerns
 - Started ADHD assessment and anxiety-focused work
 - Observed rigid thinking, difficulty with abstract concepts, and struggles with social communication, leading to further exploration of autism
- **Diagnosis and Focused Support**
 - Autism Spectrum Disorder (ASD) diagnosis confirmed
 - ADHD criteria met, and treatment initiated
 - Shifted focus from anxiety to autism-specific support strategies
 - Care and support tailored to improve social understanding and emotional management
- **Outcome and Parole**
 - Parole and sentence reconsidered, leading to a favourable outcome
 - Released with a comprehensive care plan, including ADHD treatment and referrals to community services for continued support

Case Study: What Worked?

Improved Relationships and Support

- Better relationships with officers and prison staff
- Medication stopped, with voices identified as internal anxious thoughts
- Personalization of support helped improve self-understanding and emotional regulation
- Structured activities to engage social skills and emotional awareness

Effective Care Coordination

- Successful shift from general anxiety management to autism-specific approaches
- Continued focus on understanding and managing anxiety and communication challenges

Case Study: What Could Have Worked Better?

- **Challenges in the Prison System**
 - Lack of neurodiverse services in earlier prisons led to misunderstanding behaviours
 - Social communication difficulties misinterpreted as aggression, including poor eye contact
 - Frequent prison transfers hindered the development of consistent support
 - Difficulty navigating expectations and rules at the Approved Premises (AP), resulting in a recall
- **Post-Release Needs**
 - Needed more structured support and mentoring during release to manage conditions and expectations
 - Difficulty understanding rules and boundaries without additional guidance
- **Outcomes**
- **Current Status**
 - Successful identification and diagnosis of autism and ADHD
 - Continued support through community services post-release
 - Improved understanding of personal needs and emotional challenges

What would
we change ?

- **Key Recommendations**

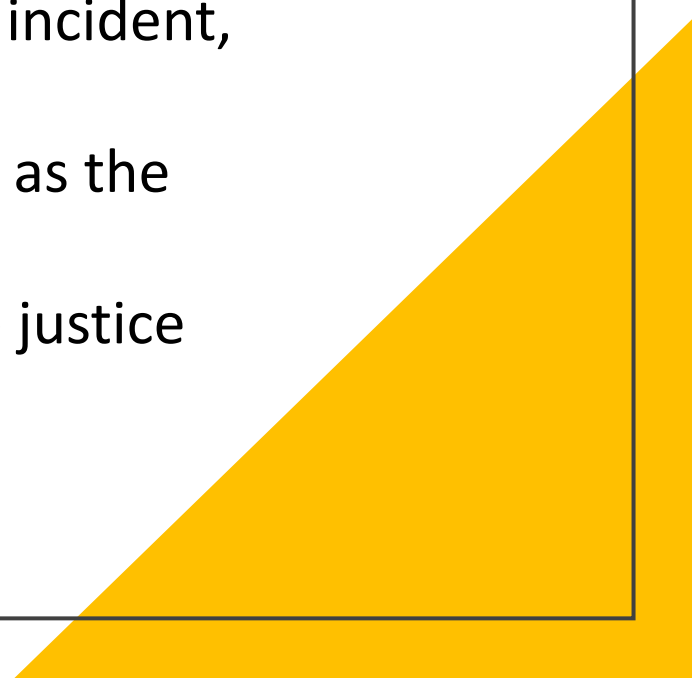
- Faster identification and assessment of neurodiverse conditions at the earliest opportunity
- Focus on individuals with complex sentences to explore undiagnosed neurodiversity
- Better training for healthcare teams to spot early signs of autism and related conditions
- More consistent care between prisons and community services to ensure long-term success and support

Learning Disability Pathway

- Immediately on caseload if known diagnosis with support plan including safer custody if safeguarding concerns.
- Early plan shared with prison
- Screening Tool
- Assess Functional Skills
- Assess communication
- Refer for WAIS
- Annual Health Checks
- Develop a plan with prison
- Work with community to refer for social care involvement (if indicated) or specialist healthcare teams. Use of CTR/ Dynamic Support Register if risk of admission.

Case Study – Learning Disability – Background


- **Early Life and Family Situation**

- Born with challenges in growth and development, including genetic conditions (Klinefelter's and Learning Disabilities)
 - Family difficulties: At age 18, involved in a violent family incident, leading to custody remand
 - Family dynamics were strained, with the mother serving as the primary caregiver for the individual and their siblings
 - IQ: 53; flagged as a vulnerable person upon entering the justice system
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Case Study – Learning Disability

- **Mental Health and Substance Misuse**
 - Managed with cannabis, with no formal mental health or social care services available at home
 - Referred to mental health services, with initial support from a multi-disciplinary team (MDT)
 - Ongoing safeguarding concerns, including manipulation by a family member with a history of criminal behaviour
 - Suspected sexual exploitation and coercive control by a relative
- **Prison and Release History**
 - Released to a supported hotel, but soon faced difficulties, including a violent incident leading to return to prison
 - After a short time in prison, the need for a more structured care approach was identified

Case Study – Learning Disability

- **What We Did in the Prison**
 - **Assessment and Care Planning**
 - Assessed communication abilities and understanding of personal health and care needs
 - Physical health checks completed, identifying additional healthcare needs
 - Follow-up MDT established, and a care home identified as the next placement
 - **Transition to Care Home**
 - Care home staff coordinated with the prison team to ensure smooth transition
 - Transport arrangements made from prison to the care home, with appropriate medication sent with the individual
 - The individual refused some medical treatment (injections), which was monitored and addressed by the team
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Case Study – Learning Disability

- **What Worked?**
 - **Initial Success**
 - Initially coped well in the care home environment, adjusting to routine and structure
 - Supported by a strong care coordination team from prison, ensuring MDT processes were followed
 - Effective advocacy to ensure the individual's needs were heard and supported
 - **Family Engagement**
 - Family began to engage with the care home after being informed of the individual's location
 - **Communication Support**
 - Provided communication advice and guidance to ensure the individual could express needs and understand expectations
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Case Study – Learning Disability

- **What Could have Worked Better?**
- **Post-Release Challenges**
 - One night, a female entered the care home, later found injured and bruised; the individual denied involvement
 - Suspected of further offenses, though not arrested or charged
 - Moved to another care home for further support
- **Service Gaps**
 - Mental health (MH) team and learning disability (LD) teams were unclear on responsibility, leading to a mismatch of services
 - The individual was placed in an MH care home, where the care provided did not adequately address their LD needs
 - The mismatch in service provision led to frustrations and suboptimal care
- **Outcomes**
- **Ongoing Needs**
 - Continued challenges with managing care needs and providing consistent support
 - Further evaluations needed to determine the appropriate services for long-term care

Case Study – Learning Disability

What Would We Change?

- **Improved Coordination Between Services**
 - Ensure that LD teams take responsibility for individuals with learning disabilities and complex needs, rather than relying solely on MH teams
 - Earlier identification and referral to the correct support services to ensure better care and prevent gaps
 - More focused and tailored placements for individuals with both LD and MH concerns

- Work with colleagues on other pathways to help with assess and treatment
- Support in Segregation Unit
- Support on ACCT and to prevent ACCT when a person is in crisis
- Group work in wellbeing centre
- Patient Forum work
- Work with other people who are advancing the agenda locally and nationally SMD, NHSE, HMPPS

Everything
Else

Next Steps

Treatment
Options



Tree to Neurodiversity Success

