Change Grow Live

Drug and Alcohol Recovery Services

South West Prisons

Neurodiversity Staff Toolkit

Contents

Foreword

Change Grow Live started delivering services in the ten South West male estate prisons in late 2022. In our Recovery Services we provide a diverse package of psychosocial support for people around drug and alcohol use, and have a well integrated model of work with Oxleas healthcare. Fundamental to our approach is our belief in people and their potential.

We are aware that there are a disproportionately high number of people in prison who are neurodivergent compared to in the general population. We are also aware that the prison environment can be a particular challenge for these persons and negatively affect their outcomes. We have therefore re-examined every contact point we have to make sure it is as accessible as possible.

We are pleased with the amount we have achieved through this programme of service redesign and it has been a real eye-opener, learning from a range of lived experience and expert knowledge. The resources that are now available to people who use our service are more visual, and easier to understand and engage with. We have also worked hard to share our learning with all relevant stakeholders so that every touch point in a person's drug and alcohol pathway is informed by an understanding of neurodiversity.

By adapting our services in this way we have helped facilitate some understanding of the different ways we all think and process information and start changing our practice accordingly. This all helps to make recovery more achievable for people who are neurodivergent, improving their experience of prison and assisting them with their goals for the future.

This toolkit is a way of capturing this learning and providing a point of reference for other providers wanting to make sure their services are as assessable as possible. So please enjoy your read and get in touch if you would like to explore anything we've covered in greater depth.

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Acknowledgments and introduction

The Neurodiversity Staff Toolkit has been developed by Change Grow Live, with the support and contributions of multiple partners. Each has played a key role in helping to deliver the Neurodiversity Service Redesign Project. Commissioned by NHS England South West and Oxleas NHS Trust, Change Grow Live has been privileged to lead this 12-month project. Our thanks to both partners for the opportunity to lead this exciting, visionary and vital piece of work.

Working alongside HM Prison, Probation and community partners, the project has delivered an improved Drug & Alcohol pathway across 10 South West prisons. Guided by the principles of Universal Design and social models of care, we have improved access for all people who use our services, neurodivergent and neurotypical alike.

Aligned with Change Grow Live's commitment to system change, the project has captured and shared learnings with both criminal justice and community partners. Our hope is to contribute to neurodiversity's growing profile within our sectors, supporting a more capable workforce and improved outcomes for neurodivergent people.

It is within this spirit we offer a small contribution to broader efforts, through the development of a staff toolkit to support greater understanding and improved service delivery to the people who use our services.

Our special thanks to the people who use our recovery services in the South West estate, particularly those who participated in the Audit and Design, Test and Learn phases of the project. Their lived experience has been integral in helping us understand what needed to change and how we could reduce access barriers.

Throughout all phases of the project lived experience experts have played a leading role in re-shaping pathway elements. Thanks must go to our regional partners, Revolving Door and Key Ring who kindly facilitated lived experience expertise from their members.

Thanks to members of the Project Design Working Group including colleagues from Change Grow Live's 'Lived Experience Expert Network' and Team Leads whose efforts in coordinating service user engagement supported genuine momentum throughout the 12-month project cycle. Special thanks must go to our South West Communications Lead, Senara Derrick who went 'above and beyond' in supporting all aspects of this project.

Thanks also to our HMP colleagues, particularly Neurodiversity Support Managers, Drug Strategy/Reducing Reoffending Leads and HMP Prison Governors. Many Neurodiversity Support Managers have contributed generously to the redesigned pathway, and their expertise, greatly valued. Particular thanks must go to Charley Morris and Kate Hart for contributing content for this toolkit.

Thanks also to partners Genius Within, particularly Charlie Eckton, Nicola Maguire and Fiona Barrett whose insights, dedication and commitment to supporting the delivery of key project milestones, (including content captured within this Toolkit), proved integral to service redesign.

It is the collaboration and commitment of so many dedicated partners that has delivered our project's vision and objectives. Our heartfelt thanks to you all.

Elaine Wilcock
(Neurodiversity Service Redesign Project Manager)

1. What is neurodiversity?

A neurodivergent person:

Experiences the world differently

Processes information in a different way

Will often have **multiple** neurodivergent conditions

These are not linked to IQ or overall intelligence.

A neurodivergent person may experience challenges to access and inclusion because of barriers that society, systems and services unnecessarily place. This includes:

- The way society and regimes operate (e.g. not aligned with universal design principles)
- Our assumptions that 'one size fits all'
- Expectations of how people process information

Neurodiversity is <u>not</u> a disease and is <u>not</u> curable.
A neurodivergent person can generally engage and thrive if barriers are removed and tailored support/reasonable adjustments provided.

2. Language

The language we use to describe neurodiversity is important.

What we say and how we say it can have a huge impact on other people. Language can empower or disempower the people who use our services and it can also cause confusion and anxiety. This is particularly true for any person working in welfare, health and social care, where the power imbalance between workers and the people we support is so significant.

Below are some key terms related to neurodiversity.

The most important thing to remember is to ask people what they prefer.

Neurodiversity

- Neurodiversity means there are naturally occurring differences in human neurocognition
- It is an **umbrella term** for a group of conditions under the broader category of neurodevelopmental disorders
- It describes the different ways people's brains work, described as 'cognitive functioning'.

Neurodivergent/Neurominority

- These terms are used to describe people who have a neurodivergent **condition**
- The whole population prevalence is estimated to be around **15-20%**
- It means the way a person's brain works is not considered 'typical'. This is due to a condition that impacts the way their brain receives and processes information
- Collectively, we can refer to Neurodivergence and Neurominorities.

Neurotypical

- Used to describe people who are not neurodivergent
- The whole population prevalence is estimated to be at around **80-85%**
- Most people have neurotypical brains
- Neurotypical people are people who do not have a neurodivergent condition and whose brains do not have pronounced strengths and weaknesses in the way neurodivergent people do.

Identity and person-first language

- Identity-first language puts the person's condition and/or disability before the person, for example, 'an autistic person.' Many neurodivergent people say they prefer being described this way
- Person-first language puts the person before their condition and/or disability for example, 'a person with autism'
- Always ask the person what their preference is.

3. Masking

Masking is the act of suppressing or concealing neurodivergent traits in order to try and 'fit in'. This can involve a person mimicking the behaviour of others or hiding traits. Masking can be exhausting and often comes at a significant cost to mental and emotional wellbeing.

These are some masking techniques to look out for:

People say "yes" to the question, "Do you understand?", even though they don't

'Mirroring' behaviour and mannerisms of the person they are talking to

Pretending to read when they can't (e.g. ticking a random box on the canteen menu to give the impression they can read)

Fixating on particular friendships/people who make them feel more comfortable

Isolating to hide social difficulties/avoiding association time or busy social situations

Hiding their fixations or interests to avoid being seen as 'odd' or 'different' (e.g. they may be very secretive when completing activities/interests)

People who thrive on flexibility or have executive functioning challenges may put extra effort into following schedules/rules to avoid punishment, leading to significant internal stress

Suppressing self-soothing behaviours – 'stimming' (e.g. hand-flapping, rocking), to avoid drawing attention or being perceived as different.

Avoiding sensory triggers by staying in their cells, using makeshift earplugs

4. Identifying areas of support

You can use the below checklist to explore with people who use our services if/how you can personalise support to better suit their needs.

This is **NOT** a neurodivergent screening, assessment or diagnostic tool. It is not intended to 'diagnose' a neurodivergent condition.

The most important thing you can do is to ask people what works for them, what they think their strengths are and if there are any areas they struggle in.

Concentration

- Easily distracted by own thoughts and ideas ○
- Rarely watches a film to the end ○
- Can only focus on a topic if it's really interesting. ○

Memory

- Struggles to remember details of conversations ○
- Needs important things to be written down ○
- Struggles to follow instructions. ○

Restlessness

- Finds it hard to stay seated for extended periods of time ○
- Has to be doing something all the time ○
- Can control restlessness but it feels stressful. ○

Understanding other people

- Finds it hard to tell if someone is joking or being sarcastic ○
- Sometimes upsets other people without understanding why ○
- Finds it hard to read facial expressions ○
- Struggles with eye contact. ○

Sensitivity to environment

- Doesn't like bright lights/loud noises/strong smells ○
- Don't like being touched or hugged ○
- Avoids certain foods because of the texture ○
- Removes the labels in clothing. ○

5. The spiky profile

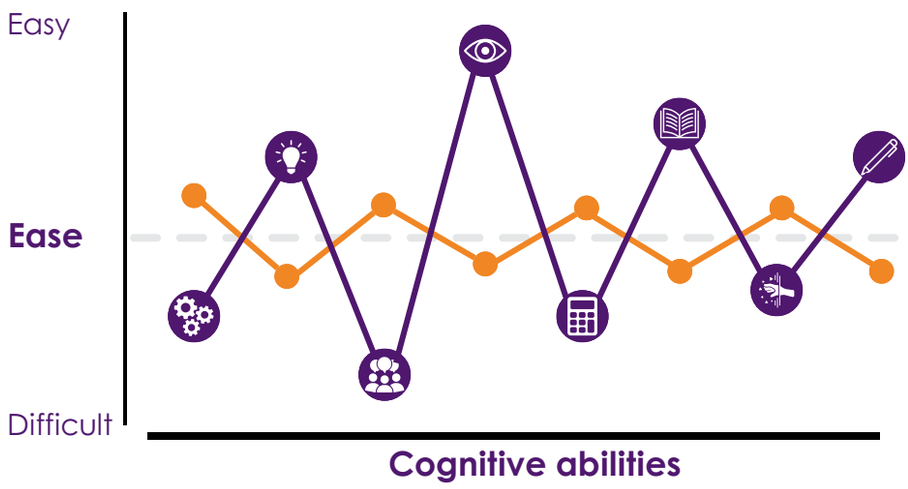
The spiky profile is a visual representation of a person's unique strengths and challenges/ areas for development. It supports a strengths based and holistic understanding of how a person thinks and navigates the world.

All neurodivergent people have a spiky profile. They are more likely to perform highly in some areas, and lower in others.

For example:
Strength: Someone with ADHD may have excellent abstract reasoning skills. They can think visually, see the bigger picture, notice patterns or when something doesn't add up. They can connect ideas and 'think outside the box'

Challenge: Someone with ADHD may experience problems with their working memory. They may struggle to remember what they have heard and process a number of thoughts or actions at one time.

The common thread: a spiky profile



Neurodivergent versus Neurotypical thinkers

Grant, (2009)

The common problem - executive functions:

Regardless of the neurodivergent condition, a neurodivergent person will generally tend to experience challenges in these four key areas. This may be helpful to keep in mind when exploring with people how to personalise support.

60%

Communication

70%

Time management

70%

Organisational skills

80%

Memory/concentration

Doyle and Bradley, (2022)

6. Overview of neurodivergent conditions

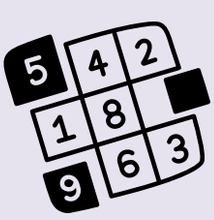
ADHD

Autism

Brain injury

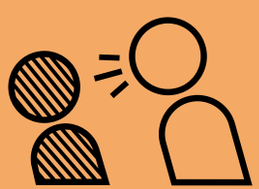
Dyslexia

Dyscalculia



Dyspraxia

Tourettes Syndrome



ADHD

What is it?

- **5%** - prevalence in the community
- **25%** of people in prison have ADHD and 96% of this population will have a co-occurring condition (e.g. addiction/mental health).

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that affects people's behaviour. It is a developmental disorder, that is believed to first appear in childhood.

ADHD symptoms fall into three categories:
1. **Inattentiveness**: difficulty concentrating and focusing. Easily distracted and forgets things.
2. **Hyperactivity and impulsiveness**: has lots of energy/mind is very busy. May find it hard to sit/stay still. May talk a lot and do things without thinking them through.
3. **Combined**: most people have a combination of the above two categories.

What ADHD can look like

Hyperactive/Impulsive
- Blurts out information/interrupts others
- Mood swings
- Talks non-stop
- Restless and on edge
- Acts without thinking
- Struggles with self control

Inattentive
- Trouble staying focused on a task/starts new tasks before finishing old ones
- Difficulty with organisation
- Easily distracted
- Doesn't follow instructions
- Regularly loses things/daydreams
- Fidgets a lot
- Extreme impatience
- Often late/forgets appointments
- Will interrupt you when you're speaking

Combined
- A combination of the above traits.

Top tips to help:

- Ask people what helps them to manage their ADHD
- Routine: same appointment, day/time/location
- Daily appointment prompts
- Set clear boundaries and be specific with instructions
- Allow thinking time
- Short bursts of tasks/regular breaks
- Offer 'brain breaks' – small activities to help refocus the brain (e.g. quick puzzle/breathing exercises)
- Be patient when things get lost and people are late
- Praise achievements - even the smallest
- Use visual/practical tools to engage (e.g. print-outs/activities)
- Be flexible!

ADHD and substance use

Some people with ADHD may be at increased risk of problematic drug/alcohol use.

There is some evidence to suggest that some people with ADHD may have lower dopamine levels. ADHD can be treated with stimulant based medications, which can produce effects similar to illicit stimulant drugs (e.g. cocaine).

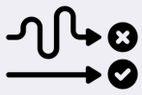
Some people with ADHD may use illicit substances to 'medicate'/manage their condition. This may be particularly true if they are unmedicated.

Autism

"When I talk to you...

I am straightforward with my words.

I prefer to say exactly what I mean, as all the stuff around it can be confusing."



What is it?

- **1-2%** - prevalence in the community
- **19%** - prevalence in the criminal justice system

Autism is a lifelong developmental disorder that affects a person's perception of the world and their interactions with others. Autistic people can experience challenges across three key areas; social communication, social interaction and social imagination.

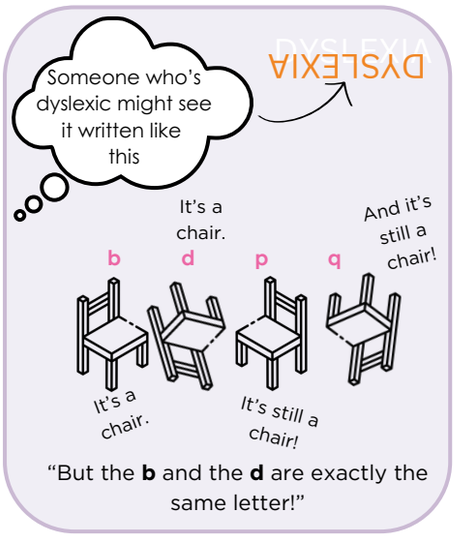
What autism can look like

- Acts impulsively
- Doesn't understand jokes
- Takes things literally
- Difficulty focusing on someone speaking
- Lack of appreciation or understanding of social rules
- Can't follow multi-step verbal instructions
- Can't think through the consequences of actions
- Can struggle to find the 'right' word (e.g. words on the tip of their tongue, switches sounds within words, forgets words)
- Upset by sudden change
- Doesn't like certain textures (e.g. food, clothing)
- Can sometimes struggle in group settings and making 'small talk'
- Difficulty knowing how others are feeling
- Can struggle to identify and understand their own emotions
- Troubled by sensory stimuli (e.g loud noises or bright lights)
- Difficulty reading body language and non-verbal communication

Top tips to help

- Ask people what helps them to manage their autism
- Give clear and concise instructions
- Offer a quiet space if they feel overwhelmed
- Break tasks into smaller steps and use visuals/ pictures alongside text
- Knowing what to expect can significantly reduce anxiety. Give as much notice as possible if you need to make changes to anything
- Give clear time frames
- Offer a separate work space
- Regular 1:1 meetings
- Specific praise when things are done well
- Allow extra time to process information or answer questions

Dyslexia



"But the **b** and the **d** are exactly the same letter!"

What is it?

- **10% -** prevalence in community.
- **50% -** prevalence in the criminal justice system.

Dyslexia is a lifelong learning difficulty that causes problems with reading/writing. It can also impact a person's organisational skills and their ability to process/remember information.

What dyslexia can look like

- May read and/or write very slowly
- Can confuse the order of letters in words
- Can find it difficult to distinguish letters that look similar. A tendency to write letters the wrong way around (e.g. 'b' and 'd')
- Can have poor/inconsistent spelling
- Understands information given verbally but struggles in written form
- Can find it challenging to follow/understand a sequence of steps/instructions
- Struggles with planning and organisation of self and/or time

Top tips to help

- Ask people what helps them to manage their dyslexia (e.g. preferred strategies)
- Use coloured overlays
- Provide reading rulers
- Present new language in small and manageable chunks
- Use mind maps with images and keywords rather than lists
- Coloured paper or ink can help. It is important to find out which colour works best for each person
- Use visual/verbal/written instructions

Brain injury

What is it?

- **~60% -** prevalence in the prison population

An Acquired Brain Injury (ABI) is any damage to the brain that occurs after birth. It can also be called a Traumatic Brain Injury (TBI). It can happen because of a traumatic event (e.g. falls/car accidents/assaults/strokes).

It may impact cognitive, physical, emotional and behavioural functions. The effects depend on the location and extent of the injury in the brain.

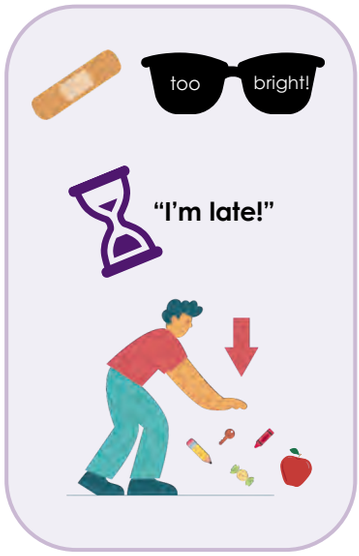
What a brain injury can look like

- May have increased sensitivity to bright lights
- May appear more fatigued than peers
- May struggle with organisation/time planning
- May find it difficult to alternate between different tasks
- May struggle to manage and regulate their emotions, leading to outbursts
- May find it difficult to maintain concentration and attention, especially if there is lots of noise and visual stimuli
- May appear forgetful
- May find it difficult to problem solve

Top tips to help

- Ask people or a trusted person/professional how their brain injury has affected them
- Provide written as well as verbal instructions
- Provide written information in a large print
- Avoid scheduling challenging tasks at the end of a work shift
- Take regular breaks
- Minimise distractions
- Allow additional time to learn new tasks
- Provide regular praise and encouragement
- Provide flowcharts of problem-solving techniques

Dyspraxia



What is it?

Also known as Developmental Coordination Disorder (DCD), it is a disorder that affects movement and coordination. It can affect fine motor skills, which can make writing or using small objects difficult. It is not related to intelligence but can impact language, thought, perception and learning.

What dyspraxia can look like

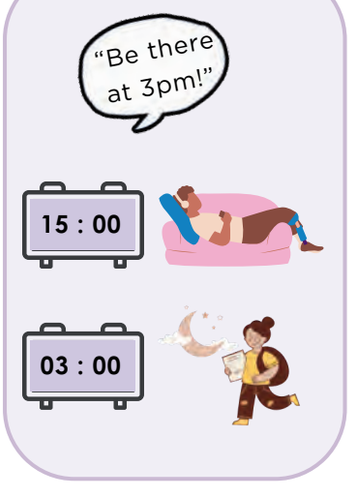
Can struggle with:

- Coordination, balance and movement
- Writing, typing, drawing, and grasping small objects
- Learning new skills and remembering information
- Daily tasks, such as dressing, fastening shoe-laces or meal preparation
- Functioning in social situations
- Emotions and mental health
- Time management, planning and organisation skills

Top tips to help

- Ask people what helps them to manage their dyspraxia
- Use visual, verbal and written instructions
- Give summaries and/or key points
- Repeat instructions or information where necessary and check understanding
- Use a visual timetable with colour coding and symbols
- Short frequent breaks
- 1:1 support to help prioritise their work
- Use different colour folders for different tasks
- Reduce noise levels where possible

Dyscalculia



What is it?

A specific and persistent difficulty in understanding numbers which makes it difficult to understand, learn, or use maths. Symptoms can range from finding it difficult to count and do basic maths, to telling the time and following directions.

What dyscalculia can look like

- May get anxious or panic when asked to complete 'simple' mathematic calculations
- May struggle measuring quantities (e.g. cooking/baking items)
- Difficulties using money when paying for items
- Difficulties understanding and converting fractions
- Mirroring numbers (e.g. writing '73' instead of '37')
- Finds it difficult to manage/plan their time and is frequently late
- Finds it difficult to tell the time on an analogue clock
- May struggle to remember anything that is number related (e.g. dates)
- May find it difficult to read/interpret graphs/charts
- Struggles to count backwards

Top tips to help

- Ask people what helps them to manage their dyscalculia
- Where possible use visual learning techniques (e.g. draw out the problem)
- Allow extra time for tasks
- Use visual aids
- Allow the use of calculators where possible
- Provide 'cheat sheets' in work-spaces of maths concepts that are used regularly
- Don't put people 'on the spot' or ask them to complete maths sums in their head
- Use alarms where possible to help them to keep track of time

Tourette Syndrome

"I'm excited to hang out tomorrow!!"

"I'm excited
I'm excited
I'm excited
I'm excited..."

Involuntarily repeating words, phrases or sounds

What is it?

- **1% -** prevalence in community
- Unknown prevalence in the criminal justice system

Tourette Syndrome is a tic disorder causing verbal and physical tics that can be difficult and/or painful to control.

Tics can be simple or complex, noticeable or unnoticeable. Tics can cause people to suddenly and involuntarily move or make sounds 'against their will'. Tics can happen when someone is tired, anxious, excited or happy. If someone experiences tics for 12 months+ then they may be diagnosed with Tourette's Syndrome.

What might you see?

Physical tics

- Blinking
- Eye rolling
- Grimacing
- Shoulder shrugging
- Jerking of the head or limbs
- Jumping
- Twirling
- Touching objects and other people

Verbal tics

- Grunting
- Throat clearing
- Whistling
- Coughing
- Tongue clicking
- Animal sounds
- Saying random words and phrases
- Repeating a sound, word or phrase

Top tips to help

- Communication is key. Ask people what their tics are and how they are affected by them
- Ask the person what strategies they use to manage their tics
- Set reasonable expectations (e.g. if someone's tic involves spitting, request they spit into a tissue)
- Minimise distractions
- If there are rules in place that require people to be quiet, be flexible
- Offer peer support where possible
- Allow extra time when having appointments

7. Reasonable adjustments

A reasonable adjustment is an adaptation to the practice or delivery of support. It is an adjustment made to improve a person's access and inclusion. It can include adjustments to place (environment); process (task); individual conditions (person).

For example:

- Adjustment to place (e.g. soft lighting or quiet spaces)
- Adjustment to process (e.g. shorter but more frequent 1:1, providing written instructions)
- Adjustments to accommodate the individual condition (e.g. ear defenders).

These will be different for each person.

- **Coloured paper/overlays**
- **Anti-glare screen filters**
- **Quiet spaces**
- **Distraction packs**
- **Distraction balls/tools**
- **Noise cancelling headphones**
- **Communication Passport - ask your Neurodiversity Support Manager to help guide development with the person**
- **Shorter, more frequent 1:1s**
- **Neurodiversity supply box (e.g. selection of fidget toys, wobble cushions, magnifiers)**
- **Clear goals and agendas**

Personalising support

1:1 Support

- Provide verbal/written appointment reminders
- Provide a clear explanation of the purpose/focus of the session. Set expectations
- Offer to read out any written information – don't assume literacy skills
- Don't use acronyms
- Offer shorter but more frequent 1:1s
- If possible, offer 'walk and talks'
- Offer frequent movement breaks
- Offer mindfulness/refocus activities midway (e.g. breathing exercises)
- If completing paperwork, do as much as you can before the session
- Provide visuals to support written/verbal information where possible (e.g. use a visual of alcohol units to complete AUDIT)
- Break down information into bite-sized chunks. Leave time for processing
- Summarise key points/actions of the session

Group Delivery

- Provide a session overview with timings, goals, expectations
- Share a brief survey before the programme begins to identify support requirements (e.g. reading/writing)
- Be sensitive around literacy needs – do not expect people can read/write
- Be literal, metaphors can be difficult to grasp for many people
- If possible, let people walk around the room
- Do not 'spot light' (e.g. ask people to contribute)
- Offer frequent movement breaks
- Pair people for support/or with peer mentors (if they choose)
- Allow extra time to complete activities
- Summarise key reflections from the session

8. Recovery planning

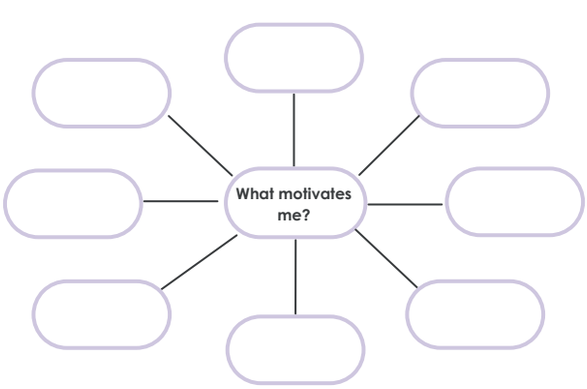
Recovery planning is a key part of supporting people in their recovery journey. There are lots of tools available to support people to coproduce their Recovery Plan, identify meaningful and achievable goals and plan for important milestones (e.g. release).

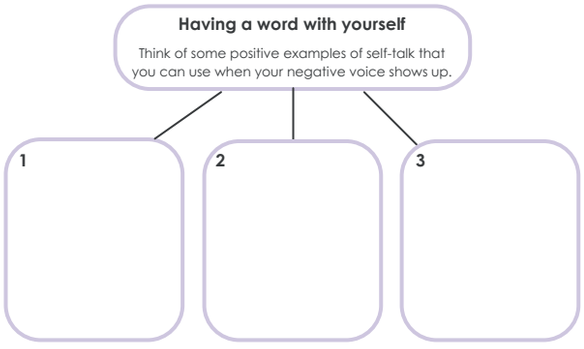
Instead of using a standard template or approach, have a variety of tools/resources that can be matched to the person you are working with – their individual style and preferences. Record the goals/objectives you have agreed on the SystmOne template.

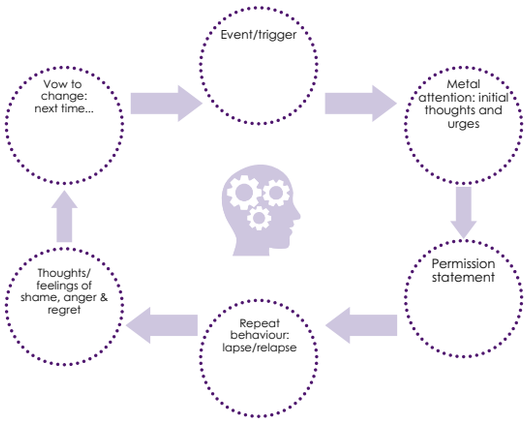
Always start the recovery planning process by asking the person what is important to them and the areas they would like to work on. From here you can begin to prioritise key areas and identify goals to progress.

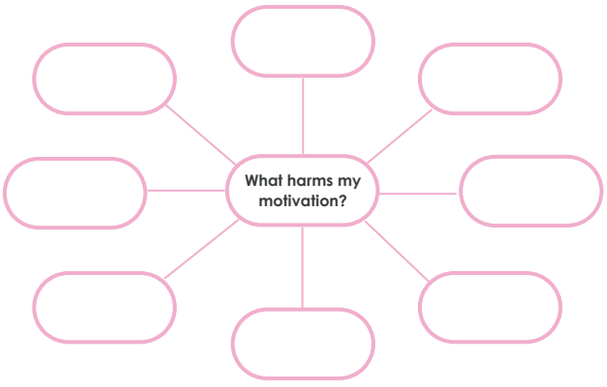
Mind maps can be a useful and effective tool to support someone to identify and capture their recovery goals visually. There are many mind map tools available, and some will be more appropriate for neurodivergent people (see below). Speak to your Team Lead/neurodivergent staff champion for more ideas.

Example: mind map tools









8. Recovery planning

People who use our services may also want to coproduce a unique Recovery Plan (see example below). Whatever tool you use, remember to record goals/objectives on SystmOne and (with consent) NOMIS.

Recovery Care Plan Record

Full name:		NOMIS ID	
Completed with:		Prison plan initiated in:	

Other professionals involved in the Recovery Plan (name, job title, agency & contact details)	Family members and carers involved in the Recovery Plan (name, relationship & contact details)
	
I give my consent for my Recovery Plan to be shared with the above named agencies and people. Signed: Date:	

Area of my life	Objective and action	By who	By when	Date agreed and signatures	Date reviewed/ outcomes:
	I will: _____ _____ Things I will do to achieve this: • _____ • _____ • _____				
	I will: _____ _____ Things I will do to achieve this: • _____ • _____ • _____				

Here are some examples of recovery activities we've encouraged/supported people to undertake, as part of their recovery journey.

- To support release preparation/aftercare planning, one person who uses our services in the South West wrote a rap to remind them how far they had come in their recovery journey.
- A Gypsy Roma Traveller made a horse and cart from matchsticks, reminding him of the horse and cart he would take his son out on once released.
- One person who uses our services created a poster of personal harm reduction strategies – reminding him of his triggers and how to manage these.

9. Continuity of Care

The Release Planning process is essential to prepare people for their release and transition into the community.

Every step in the 12-week Release Planning process supports improved Continuity of Care pathways, a key Drug Strategy priority.

It can be more challenging for some neurodivergent people to transition into community support, particularly if reasonable adjustments and individual communication needs are not shared with community partners (e.g. Drug & Alcohol service, Approved Premises, Probation).

To support improved Continuity of Care pathways for neurodivergent people who use our services, our 12-week Release Planning process includes:

- Working with people and HMP Neurodiversity Support Managers (NSM) to coproduce a Communication Passport. Need/demand is identified through monthly joint/complex case reviews with the HMP NSM.

- Communication Passports include details of the person's neurodivergent condition (e.g. traits), and the reasonable adjustments that support access and inclusion. There are various examples of what a Communication Passport includes, but it will usually look something like this:

- Giving people who use our services a printed copy of their Communication Passport on release.

- With consent, sending the Communication Passport electronically to community Drug & Alcohol services.

10. Universal practice

Top tips

Aligned with the principles of universal design, these top tips will help to ensure that the services we deliver can be accessed, understood and used to the greatest extent possible by all people, regardless of their age, size, ability or neurocognition.

- Use a calm polite voice. Where possible use images/visuals or provide examples of how people should behave/what they should do (e.g. “Stand in the queue like that person”)
- Give people at least three seconds to process what you have said/your instruction
- Ask questions, or give instructions one at a time
- Use literal meaning. Avoid “So to speak” or meanings such as “I’ll be there in a minute” or “It’s raining cats and dogs”
- Exploring neurodivergent provisions (e.g. reasonable adjustments/personalised support) for anyone new to the service should be standard procedure
- Tell people what is happening next or about any planned changes. Dealing with change to an existing routine can be overwhelming for some people. Give as much notice as possible about any changes
- Ensure reading/written material is accessible. Many people in prison experience challenges with their literacy and this may not be obvious to you. Always use simple language and images/visuals. Where possible provide an 'easy read' version
- Ask people to explain instructions/information you have given, so you know they have properly understood
- Be aware of environment. Many people find loud/sudden noises and bright lights difficult to manage. They may also be highly sensitive to smell. Be alert to the signs of sensory overload
- Remind people of social cues. While this may seem obvious, some people will not understand what is expected of them or be able to read body language
- People who use our services do not need to have an existing diagnosis or self-disclose a neurodivergent condition to be supported.

11. Welcoming people to our service and beyond

Top tips

1 Equitable use

Make neurodivergent provisions for people new to our service standard practice. They do not need to have an existing diagnosis or declare a neurodivergent condition to be supported. Staff need to be aware of possible neurodivergent indicators so they can tailor service delivery to the person in front of them.

2. Flexibility in use

• Offer a neurodivergent peer mentor/orderly if someone would like or may benefit from having one (e.g. poor memory, can't remember processes/rules).

• Offer a menu of reasonable adjustments as standard, demonstrating to people that Change Grow Live supports diversity as a standard practice.

• Clearly communicate a commitment to making reasonable adjustments (e.g. suggest them to people who use our service). Use the voice of other neurodivergent clients so people are aware of possibilities (e.g. quotes capturing how reasonable adjustments have supported their recovery goals).

• Illustrate 'disability' so that people who use our service and who may not generally consider themselves to be disabled (e.g. ADHD) do not miss opportunities for reasonable adjustments and therefore, experience discrimination.

• Give the option of increased engagement with staff and/or peer mentors during inductions into the service.

3. Simple and intuitive use

• Ensure a well laid out explanation of the service. Signpost people to relevant staff members or neurodivergent peer mentors/orderlies (e.g. a poster in reception).

• Advertise the provision well (e.g. on the wing/in library), with referral routes clearly presented in a simple step-by-step format.

• Use Flesch-Kincaid score to assess the language accessibility of any written communication (available on the internet).

• Clearly communicate instructions/plans in advance.

• People new to our service should be given a clear idea of what the assessment/entry-into-service involves (e.g. how long will it take/information provided). The initial meeting should be paused and returned to at a later point if the person is tired/appears overwhelmed.

11. Welcoming people to our service and beyond

Top tips

4. Perceptible information

• All language (e.g. feedback) should be factual and not interpretative. Use examples to help understanding.

• All materials should be adjustable to the needs of the person (e.g. printed on specific coloured paper/available in large print versions).

• Ensure 'obvious' information is explained and explicit to people, to avoid misunderstanding and/or any ambiguity.

5. Tolerance for error

- People who use our services should be encouraged to pause or take breaks if required.
- Opportunities should be given to ask questions.
- Feedback mechanisms should be established, ensuring people's 'voice' and experience is captured/acted upon.

6. Low physical effort

- People should be given enough time to complete paper work to avoid slow processing anxiety.
- Provide frequent breaks to accommodate for sensory overwhelm and support for slow processing.
- Be flexible in the location of 1:1 delivery. If confidentiality isn't possible on the wing, provision must be made to take people to a confidential space.

7. Space and size for approach

- Engagement should occur in calm and quiet environments, with sufficient notice of who will be present.
- Staff should understand the additional sensory burden of the prison environment on neurodivergent people, (e.g. physical pain/fatigue). There should be a quiet environment to reduce anxiety.

12. Environmental recommendations

Top tips

These recommendations have been made with recovery spaces/rooms in mind, however they can be translated into any space.

The best recovery/group rooms are those which have been given their own identity and ongoing care is taken to maintain this. Furniture is arranged to promote group discussion and noticeboards have been carefully curated (e.g. motivational quotes from people who use our services that demonstrate positive outcomes).

1. Visual

Lights – use day light strip bulbs and where possible, dimmer switches. Replace flickering lights quickly

Sunlight – some people find windows/daylight comforting. Consider whether shadows cast are problematic. Use blinds as necessary on external windows

Wall paint – use muted pastel colours with a matt finish so that lights do not reflect off the wall (e.g. mauve/blue)

Textures – break up visual 'hard edges' and make spaces more welcoming by adding textures (e.g. plants). Ensure all rooms are tidy and uncluttered. Messy environments are distracting and convey a lack of care

Enlarged wall stickers in HMP recovery spaces, capturing key concepts in Change Grow Live's 12-week Foundations of Rehabilitation group programme.

Change Grow Live HMP 'Recovery Room'

Noticeboards – ensure anything pinned on the noticeboard is purposeful, helpful and intended to be read, rather than just filling a space. Avoid pinning flyers with small text. Less is more. Avoid use of back/white as the contrast between the two colours is most challenging for visual disturbance. Avoid use of reds/greens which are typically difficult for those who are colour blind. Avoid using only block capital letters

Wall art is an effective way of giving the space its own identify (e.g. calming natural scenes).

Change Grow Live HMP recovery space (1:1 support)

12. Environmental recommendations

Top tips

2. Sound

Acoustics – soften with use of carpets, curtains/blinds over windows and doors, soft furnishings

Windows – should have good seals and close properly/securely

Movement – allow people to arrive early/leave later to avoid noise of movement.

3. Smell

Ventilation – ventilate room with fresh air as possible, while remaining aware that conversations may not be confidential

Products – be aware that products (e.g. cleaning spray, paint), may be experienced much more intensely by some neurodivergent people.

4. Touch/Feel/Proximity

Chairs – allow people to sit slightly away from the group/at the front/at the back. Include a variety of seating to allow for different postures and body positions (e.g. bean bags, wobble cushions, soft material covers rather than hard plastic)

Sensory – have a variety of things for people to hold (e.g. fidget toys/pencils). Encourage doodling if it aids listening

Spatial – use different areas of the room for different activities where space permits (e.g. discussion and reflection area). Reduce the need for people to have to queue up where possible.

5. Taste

Some people may be sensitive to certain foods (e.g. their combination/texture). They may skip meals and may be hungry/have low blood sugar when they arrive for a 1:1 or group.
If possible, have hot drink facilities so they can make their own drinks. This gives them something to do with their hands (e.g. aids distraction), warms them up and allows them sugar. It supports psychological safety and conveys care.

13. Accessible paperwork

Top tips

Careful consideration of language and layout when writing documents for neurodivergent people is crucial to enhance readability and accessibility. These guidelines will enable you to develop written material that is accessible for all people, fostering inclusivity and ensuring equal access to information.

1. Font size:

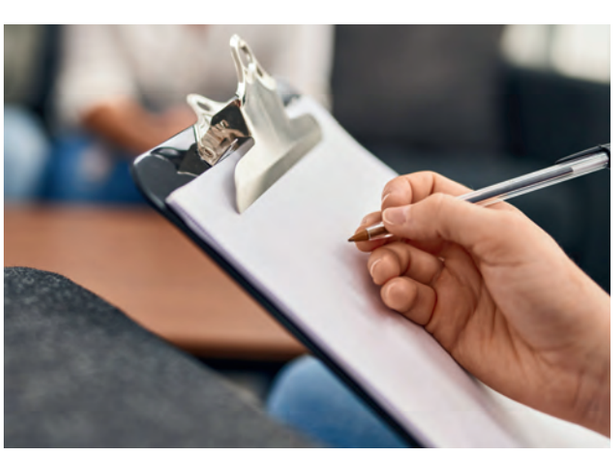
Choose a minimum font size of 12 points for printed documents and at least 14 points for digital formats. Larger font sizes improve readability, especially for people with visual impairments or processing difficulties.

2. Clear typeface:

Choose a clear font (e.g. Century Gothic, Tahoma, Helvetica or Calibri). These fonts are generally easier to read, particularly for dyslexic people or those with attention-related challenges.

3. Section headings:

Use clear section headings to support navigation and organisation. Pairing headings with icons or graphical elements enhances memory recall and supports navigation throughout documents.



4. Consistent formatting

Maintain consistency in font style, size, and formatting throughout the document to provide visual stability and reduce cognitive load. Avoid using multiple fonts or excessive variation in text appearance. Avoid using 'justify text' which gives a straight line to the right hand side and makes the text appear in solid blocks.

5. Utilise bullet points

Break down large, lengthy parts of documents using bullet points. This format improves clarity and organisation, making information easier to digest for readers.

6. Ample line spacing

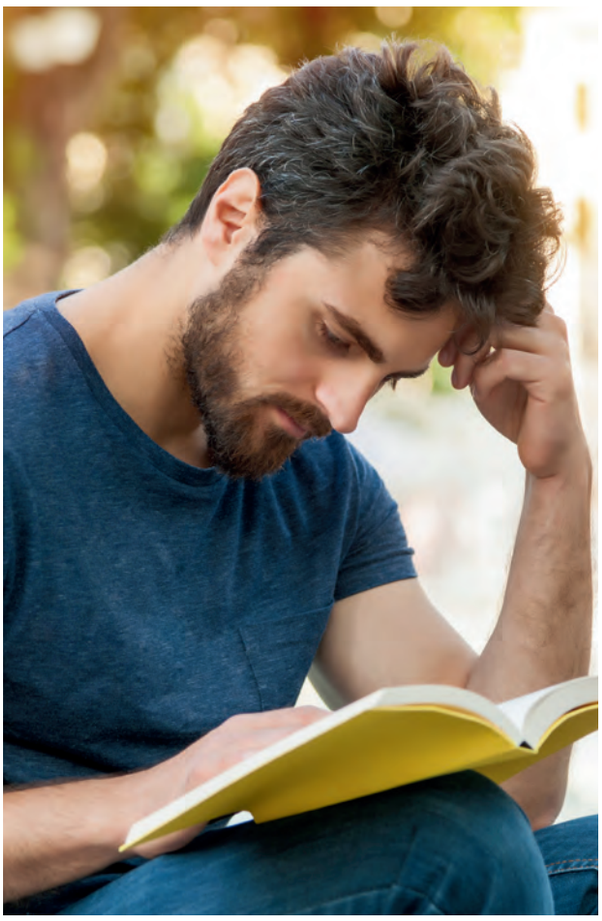
Increase line spacing to 1.5 or 2 times the font size to prevent text crowding and enhance legibility. Adequate spacing between lines improves comprehension and reduces visual fatigue.

13 . Accessible paperwork

Top tips

7. Short and clear sentences

Keep sentences short and to the point to enhance comprehension. Clear, concise language reduces cognitive load and improves understanding.



8. Accessible language and readability

Ensure terminology is layman-friendly and use tools (e.g. Flesch-Kincaid) to check readability. Aim for a grade level of 8 or below to promote accessibility for a wider audience.

9. Visual Representation

Consider displaying information visually in charts or graphs to accompany text. Use pictures/icons/images as anchors to break up text into smaller, digestible chunks to support understanding. While it may not always be possible to find the 'right' icon, any visual/graphical element can still help to form memories through association.

10. Coloured paper

Print all materials on coloured paper rather than white to provide visual contrast and reduce eye strain. This approach enhances readability and accessibility, particularly for people with visual impairments or processing difficulties. Different documents can be colour coded.

14. Resources

Top tips

Further information:

https://www.alzheimers.org.uk/

https://www.adhdfoundation.org.uk/

https://www.autism.org.uk/

https://homeless.org.uk/knowledge-hub/autism-and-homelessness/

https://www.thebraincharity.org.uk/

https://www.bdadyslexia.org.uk/

http://www.dyscalculiaassociation.uk/

https://www.headway.org.uk/

https://www.ninds.nih.gov/

Change Grow Live

Drug and Alcohol Recovery Services

South West Prisons