Neurodivergent people in Metropolitan Police Service custody: identification, understanding and support

RESEARCH REPORT

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Executive summary

Neurodivergent people are overrepresented in the criminal justice system. Five years' on from the Criminal Justice Inspectorates' review of evidence that made the case for coordinated efforts to transform the experiences and outcomes for neurodivergent people, the final cross-government update on progress reported that policing bodies had met their follow-up commitments.

Against this backdrop, this report explores the extent to which custody systems, processes and cultures are in fact effective in identifying, understanding and supporting neurodivergent people. It brings unique insight from the reports of custody visitors and custody records relating to 43 neurodivergent men, women, boys and girls in three custody suites in London. It identifies significant room for improvement.

The research arose when volunteer custody visitors in London became concerned about the numbers and needs of neurodivergent people they met on regular custody visits. It brings a broad focus across diagnostic categories, and draws from the perspectives of detained people, staff, custody visitors and custody records.

The research shows that police custody processes designed to identify vulnerable individuals were under-identifying neurodivergent people. Risk assessments conducted on arrival set out to identify people with learning disabilities and difficulties, autism and ADHD as well as wider mental health issues, but did not always achieve this.11 out of the 43 neurodivergent individuals identified by custody visitors were not recorded as such in custody records, including a number of individuals with ADHD but also people with learning disabilities, brain injury and dyslexia.

Assessing risk did not provide any guarantee that the support needs of neurodivergent individuals would be explored or met. Support was often understood in narrow terms by staff, relating to their ability to provide an Appropriate Adult or assign a particular cell rather than the elements of what detained neurodivergent people told custody visitors made them feel supported: feeling understood or treated well with respect to their needs. Custody records were commonly used to record instances of violence or damage but were not used as a way of capturing support needs or approaches that had proved helpful in minimising risks or deescalating tensions.

Providing an Appropriate Adult is a crucial custody safeguard for children and vulnerable adults, but for neurodivergent adults, decisions about whether they qualified as needing an Appropriate Adult were subjective and relied heavily on visible "presentation" that did not always reflect insight into the ways an individual might struggle in the custody context. Strong elements of disbelief towards the accounts of detained people were evident and particularly affected those who identified as ADHD. Evidence gathered through this project suggests stigma is a major barrier to identification.

Some staff felt people sometimes claimed to be neurodivergent as this would benefit them in some way, yet the research found no evidence of any tangible benefit. In fact, the support provided to neurodivergent people in custody was limited in many ways:

- Only 18 out of 36 neurodivergent adults had an Appropriate Adult, despite known reasons to suspect vulnerability in a number of other instances.

- Only 5 out of 43 neurodivergent people were referred to Liaison and Diversion. Records suggest no autistic people were referred and one woman with a serious mental health condition and a learning disability was not seen after a long delay in being referred.
- Only 13 out of 43 individuals accessed the exercise yard. Those who did not access exercise, which plays a crucial role in supporting self-regulation, focus and reducing anxiety for neurodivergent people, included a number who were held for longer than 24 hours.
- Two neurodivergent people held for 15 and 21 hours declined all food while in custody and four (including two children) held between 21 and 43 hours accepted food and drink once.
- Challenges in accessing ADHD medication and melatonin were identified by several people, and a small number of neurodivergent individuals with significant health needs were not seen by healthcare.
- Few communication supports or adapted formats were available or used in custody suites, although some staff made efforts to adapt their communication.

Staff were critical of the training they were given, which they provided little help in understanding the experiences of neurodivergent people. Some reflected honestly on past situations in which they had misunderstood distress behaviours, and those who had greater understanding noted this came from personal or professional experience from outside of policing. Some staff were critical of "top down" culture and "bare minimum" approaches as well as the inadequate prioritisation of vulnerable adults. External services could play a crucial role in building understanding and insight but systems did not always facilitate their roles.

National police strategy documents establish that the purpose of police custody is to support the criminal justice process, and that individuals should leave custody in a better state than they arrived. Yet these principles are undermined by the lack of identification, support and understanding exposed in this report. Furthermore, crucial opportunities to divert vulnerable people from the justice system appear to be being lost.

The report sets out a way forward that requires custody systems, practice and culture to become informed by evidence-based understanding of neurodiversity, and to introduce new, long-term practical measures that build the ability and capacity of staff to provide meaningful adaptations and support. It emphasises the value of 'soft skills' and empathy, and the need to challenge stigma and disbelief. The enthusiasm voiced by many staff for gaining new insights, and the potential for custody visitors to provide relevant scrutiny, will be crucial elements of making progress.

Introduction

Background to the project

In recent years it has become widely recognised that neurodivergent people are overrepresented in the criminal justice system. A growing body of research and analysis sheds new light on their experiences and consistently makes the case for better understanding of their needs.[1]

This project brings a neurodiversity-informed lens to examine how neurodivergent people are identified, understood and supported in police custody in London. It sets out to contribute new insight into their experiences as well as the custody systems, processes and cultures relevant to supporting them.

To date, research that relates to neurodiversity in police custody tends to be focused on people with specific clinical diagnoses (such as autism, ADHD, or brain injury), or on the concept of vulnerability.[2] This project sought to take a different approach, prioritizing the need to think broadly about people whose cognitive, sensory and behavioural differences make it likely that their experience of custody as well as their support needs, risks and vulnerabilities will be different to the "neurotypical" majority.[3] This broad lens sought to mitigate against the risk that focusing on specific diagnostic categories would exclude people who had not had the opportunity to explore these holistically,[4] and in support of a wider move away from the common autistic-centredness of neurodiversity studies towards exploration of a wider and cross-neurotype range of experiences.[5] The broad approach should not be understood as making any presumption that neurodivergent people have uniform needs, experiences or risks.

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[1] User Voice (2023), 'Not Naughty, Stupid or Bad', The Voices of Neurodiverse Service Users in the Criminal Justice System; National Police Autism Association, Neurodiversity Guide, [accessed 07/07/26]; Criminal Justice Joint Inspection, *Neurodiversity in the Criminal Justice System: A Review of Evidence* (2021); Crane, L., Maras, K. L., Hawken, T., Mulcahy, S., & Memon, A. (2016). Experiences of autism spectrum disorder and policing in England and Wales: Surveying police and the autism community. *Journal of Autism and Developmental Disorders*, *46*(6), 2028–2041. Woodhouse, E., et al. (2024). Identification and support of autistic individuals within the UK Criminal Justice System: a practical approach based upon professional consensus with input from lived experience. *BMC Medicine*, *22*(1), 157. Holloway, C., "Exploring the autistic and police perspectives of the custody process through a participative walkthrough" in *Research in Developmental Disabilities*, 97 (2020)103545

[2] National Appropriate Adult Network, *There to Help* reports 1-3, https://www.appropriateadult.org.uk/policy/vulnerable-adults [accessed 10/07/2026].

[3] Autistic, *Embracing Complexity: Research Priority Setting, Top 10 Priorities for Research on Neurodivergence*. https://www.autistica.org.uk/downloads/files/Embracing-Complexity-2024_2024-03-14-155013_wvts.pdf [accessed 26 March 2026].

[4] Kirby, A., et al (2020). Understanding the complexity of neurodevelopmental profiles of females in prison. *International Journal of Prisoner Health*, *17*(4), 425–438.. Brown, D., et al. (2025). Neurodiversity in Custody: Screening results for ADHD and autistic traits in individuals arrested by the London Metropolitan Police. *Criminal Behaviour and Mental Health*, *35*(6), 327–333.

[5] Rosqvist, H. B., & Jackson-Perry, D. (2024). *The Palgrave Handbook of Research Methods and Ethics in Neurodiversity Studies*. Palgrave Macmillan. P 8, 13

The research was inspired by conversations with neurodivergent people about their experiences during regular visits to police custody by independent custody visitors, who were concerned about their situation and keen to explore this further.

The role of independent custody visitors

Independent custody visitors are volunteers who attend police stations, often in their local communities, to check on the treatment of detainees and the conditions they are held in, and that their rights and entitlements are being observed. They are independent from the police. The role of custody visitors is established in law and is underpinned by international human rights obligations under the Optional Protocol to the UN Convention against Torture. In London the Mayor's Office for Policing and Crime hold responsibility for custody visiting schemes' management and administration.

See: Police Reform Act 2002 (51), Home Office, Code of Practice on Independent Custody Visiting (March 2013)

This project was carried out with custody visitors who provided insights from their regular visits to three custody suites in London, as well as through interviews with staff and analysis of custody records. In line with the role of custody visitors, the research focused on processes for identification and support, understanding and communication, the custody environment and experience, and as such did not explore the reasons for arrest, charging decisions or other outcomes. Due to plans for future work with custody visitors on use of force, this was not included as a focus. The project brings together the perspectives of neurodivergent detained people, staff working in and around custody suites, and custody visitors themselves to identify challenges and propose ways of strengthening understanding and support to neurodivergent people in custody in the future.

The research came about against a backdrop of significant scrutiny of the Metropolitan Police relating to internal police culture, standards of behaviour and the harm caused by longstanding systemic racism.[6] While the research was underway, an undercover BBC Panorama documentary filmed at Charing Cross police station broadcast footage of an autistic boy in custody who appears to be provoked, harmed and restrained by multiple custody officers. This report seeks to contribute insight into the specific ways in which neurodivergent people may be made vulnerable in police custody, and the relevance of wider systems and culture to how they are understood and treated.

The research was supported by Professor Rachel Murray at the University of Bristol Law School and funded by the UCL Centre for Global City Policing's Small Grants Scheme. The project was

[6] Baroness Casey Review, *Final Report: an independent review into the standards of behaviour and internal culture of the Metropolitan Police Service*, March 2023; Daniels, S., *30 Patterns of Harm: A Structural Review of Systemic Racism within the London Metropolitan Police Service*, July 2025 (hr-rewired.com).

supported by the Mayor's Office for Policing and Crime (MOPAC) and the Independent Custody Visiting Association (ICVA). Many custody visitors from MOPAC custody visiting schemes brought curiosity, time and effort to the research, and staff from the Metropolitan Police Service (MPS) and other agencies brough insights and experience to the project, for which I am grateful.

Key terminology

Neurodiversity – the natural variation in human cognition that makes human minds diverse, different and individually unique. Recognising this diversity as normal, rather than pathologizing difference, is a crucial principle established through the "neurodiversity paradigm".

Neurodivergence – is a community-developed term that relates to describe individuals whose way of communicating, processing, perceiving, moving and interacting diverges from what might be considered 'typical'. It relates to people with a continuum of difference and needs and does not have a fixed definition but it commonly includes: autism, ADHD, dyslexia, dyspraxia, dyscalculia, Tourette's Syndrome, acquired brain injury, learning disability (LD). The term "neurodivergent profile" is used to recognise the unique way in which an individual's differences may manifest, often with multiple and overlapping elements that relate to a range of diagnostic categories. It seeks to ensure a non-pathologised understanding of neurodivergence that may be formally diagnosed, self-identified or undergoing a process of individual discovery.

See also: *Botha M. et al, "The neurodiversity concept was developed collectively: An overdue correction on the origins of neurodiversity theory" (2024) in Autism Journal, Volume 28:6,* and *Kieron Rose, "What is Neurodiversity" (2024) at www.theautisticadvocate.com*

Methodology

The research methodology was designed around the opportunity to work with independent custody visitors and wider support from Mayor's Office of Policing and Crime. Custody visitors were able to contribute evidence through their unique insights into the day-to-day realities of custody in three custody suites. The working relationship between MOPAC and the MPS made it possible to seek input from operational staff into the research and secure access to information from custody records.

Custody visitors from corresponding panels were invited by the project researcher, who is also a custody visitor, to participate in the project on a voluntary basis. All custody visitors were invited to briefings and provided with written materials to custody visitors to guide them in exploring relevant issues. The project researcher and custody visitors involved in the research included neurodivergent individuals, those with neurodivergent family members, those with professional insights from working with neurodivergent people, as well as those with no relevant experience but interest in the topic.

From March to September 2025 these custody visitors explored the experiences of neurodivergent people and how they were being supported, asking additional questions during their planned visits. During these visits, custody visitors invited people to identify themselves as neurodivergent, but did not require anyone disclose a diagnosis.[7] Their findings were reported back through their usual secure, anonymised reporting channels to which the project researcher had access.

Custody visitors' reports were analysed and the MPS were asked to provide further information from custody records, answering a set of specific questions with a range of multiple choice and free text answers to confirm the provision of rights and entitlements and MPS risk assessment information. These questions were refined after answers were provided on a trial sample of 10 custody records, with a final sample of 43 custody records relating to neurodivergent individuals identified by custody visitors. Wider insights from custody visitors relating to the initial sample were included in the findings, but not in the analysis of specific custody record questions.

In preparation for the project, the project researcher shared a written briefing on the project, its scope and aims, and an invitation to be interviewed with the MPS and the managers of services delivered in custody (Liaison and Diversion, Engage and Divert, Appropriate Adults) as well as criminal defence law firms. Nine individuals came forward to be interviewed, including five custody staff of different ranks, two healthcare staff and two from wider services. Interviewees received research questions in advance and signed consent forms which guaranteed anonymity. Semi-structured interviews were carried out with all of those who came forward. Despite many attempts, the researcher was unable to identify any defence lawyers or Appropriate Adults willing to be interviewed.

The project received ethical approval from the University of Bristol Law School Research Ethics Committee (LREC). This report covers the anonymised findings of the research based on data from the above sources.

Preliminary findings from the project were presented to senior management of the Metropolitan Police Service in January 2026 and to the MOPAC Policing Board in April 2026.

[7] Self-identification is a key principle in neuroinclusive research, as there are many barriers to formal as well as disproportionality in rates of identification of needs and diagnosis among different communities. Bearing in mind different awareness and language around neurodiversity, and the likely communication differences among detained people, custody visitors were encouraged if needed to use as prompts more recognisable terms including diagnostic categories (autism, ADHD, dyslexia) and descriptive terms (eg 'communication needs').

Neurodivergent people in custody: an overview

43 neurodivergent people were identified by custody visitors during the research period; 14, 19 and 10 in each of the three custody suites. On average, they spent 24 hours and 29 minutes in custody. 30 individuals spent under 24 hours in custody (average 16 hours and 1 minute) and 13 individuals spent over 24 hours in custody (average 45 hours and 6 minutes).

Demographics: insights from custody records

- 36 out of the 43 (84%) were adults, of whom:
  - 32 (89%) were men and 4 (11%) were women.
- 7 out of the 43 (16%) were children, of whom:
  - 5 (71%) were boys and 2 (29%) were girls.
- The self-defined ethnicity of the 43 individuals (according to 16+1 codes used by the MPS) was as follows:
  - 14 White - British
  - 10 Not stated
  - 5 White – Any other white background
  - 3 Black or Black British - Caribbean
  - 3 Black or Black British - African
  - 2 Mixed - Any other mixed background
  - 2 Mixed - White and Black Caribbean
  - 2 Asian or Asian British – any other Asian background
  - 1 Black or Black British – any other Black background
  - 1 Middle Eastern

Neurodivergent profiles: insights from custody records

- 13 individuals were recorded as having ADHD
- 6 were autistic, one of these was autistic/Aspergers
- 5 were autistic and ADHD
- 2 had ADHD and dyslexia
- 1 had a learning disability
- 1 had dementia
- 1 had bipolar
- 1 had schizophrenia
- 1 was recorded as having “mental health” and another has having an unspecified “vulnerability” in custody records [these two were identified to custody visitors by custody staff as neurodivergent]
- 11 neurodivergent people identified by custody visitors did not appear to be identified as such in custody records.

Experiences of neurodivergent people in custody

Custody visitors reported what neurodivergent individuals told them about their experience of custody as well as their own perceptions of the people they visited. These included signs of anxiety, agitation and confusion, physical symptoms as well as challenges posed by the environment.

Experiences of custody: summarised accounts from custody visitors' reports

The custody environment

- Environment is stressful as they are routine-driven and being in custody is disruptive (autistic man)
- Stripes and tiles causing visual disturbance (boy with ADHD)
- The toilet in the cell "makes me feel ill" (man with learning disability)
- The toilet is "triggering" (autistic boy)

Understanding the custody process

- Didn't fully understand why he was there. Didn't think he had a solicitor and did not understand about the role of an AA (man with learning disability)
- Unable to read white booklet as didn't have her glasses; seemed very confused and went round in loops (woman with learning disability)
- Was not aware that he was getting an AA (autistic man)

Stress and anxiety

- Was highly distressed, said he felt suicidal. While we were speaking with him he started weeping and was overwhelmed with distress (man with Aspergers)
- Boy appeared to us to be very upset and reported experiencing claustrophobia, depression and other mental health issues (boy, ND unclear)
- Agitation manifested by picking at sores on her arms causing bleeding (woman, ND unclear)
- Appeared anxious and was rubbing his skin (man with ADHD)
- Constant and acute tummy pains (autistic and ADHD girl)
- Visibly stressed and upset, usually keeps busy so being in the cell was "torture" and he was "losing his mind" sitting with his own thoughts (ADHD man)
- Confused and anxious, later became aggressive (autistic and ADHD girl)
- More worried about his alcohol withdrawals, these meant his ADHD wasn't the most challenging issue for him (man with ADHD)

Custody visitors also documented concerning accounts of the arrest process which had left some neurodivergent children, both boys and girls, feeling roughly treated or shamed. Two children reported having told arresting officers they were autistic and ADHD; one felt this had been ignored and the other reported being told to "shut up"; both described being pushed the

ground, causing bruises and open wounds on their knees, and felt humiliated by this treatment. Another child with ADHD said he had sustained injuries to his hand during arrest. One autistic child contrasted the respectful treatment of custody staff to that of arresting officers who they felt had been very rough with handcuffs and had laughed at them. One girl reported male officers had witnessed her trying to change her sanitary pad while cuffed.

These accounts were not verified through this project but are of concern and were escalated at the time through custody reporting channels. They provide a reminder of the significant impact experiences prior to custody may have when a person arrives in custody. These accounts also provide a reminder of the factors that may influence individual's willingness to disclose their neurodivergent profile in custody.

Analysis

Identifying neurodivergent people in custody

The early recognition of learning disabilities, mental health problems and risks and other vulnerabilities is essential to ensure an "appropriate and effective" police response.[8] When a person arrives in custody, responsibility for their care is passed from the arrest team to MPS custody staff and a risk assessment is conducted. Information provided by the arresting officer and the custody risk assessment are the primary ways in which a neurodivergent person would be identified.

The MPS risk assessment includes a specific question asking if a person "ha[s] or ha[s] been told they have Autism, Aspergers or ADHD" as well as other questions which might identify someone with a neurodivergent profile, including those exploring if there are signs of brain injury, and if the person had additional support for learning at school. The custody officer is expected to explore these questions with the detained person but also provide their own assessment in relation to risks and needs. Some detained people are under the effects of alcohol or drugs while arrested and/or detained, which can have an effect on their cooperation and interaction during the risk assessment. Staff should refer to previous risk assessments if the person has been in custody before and/or the Police National Computer (PNC) record if the person has one. The PNC has a system for "flagging" individuals with certain characteristics or risks, which include "mental health" and "disability" under which a neurodivergent person might be flagged, but the system does not allow additional information to clarify this.

Staff shared that they might also find out that a person is neurodivergent if it had been identified during arrest and transfer, but one noted that sometimes arresting officers would tell them what

[8] College of Policing, *Authorised Professional Practice: Mental vulnerability and illness*, 2022.

PNC flags or warnings they had, not what the person had told them. Sometimes healthcare staff would be asked by custody staff to check summary health records to confirm whether a person was autistic as they claimed (which they could only do with consent) but noted that these records were not always accurate or up to date, even if the person was formally diagnosed.

Under-identification of neurodivergent people and profiles

Despite these processes, 11 (26%) of the 43 neurodivergent individuals identified by custody visitors did not appear to be identified as such in custody records. These included:

- 5 individuals who shared with custody visitors they had ADHD and a further individual "awaiting diagnosis".
- 2 were identified by custody visitors as having learning disabilities, one also had a brain injury. Both had been identified by custody staff as vulnerable and had AAs but one was only identified for a mental health diagnosis, and the other was unclear.
- 1 individual with a brain injury, who also had an AA.
- 1 individual with auditory processing disorder (who had only been identified as having dyslexia)
- 1 individual had dyslexia.

One further individual had been identified as neurodivergent to ICVs by custody staff but custody records do not appear to identify this.

Custody visitors reported some instances where individuals told them they had disclosed a neurodivergent profile but this did not match staff knowledge or custody records. In some cases, custody records only recorded partial information about a person's multiple mental health or neurodivergent needs. In one concerning case where custody visitors noted that a woman with significant mental health needs and a learning disability that significantly affected her understanding of custody processes had only been identified as having mental health needs, custody staff ascribed this to human error at the point of recording information.

It is possible that different ways of understanding the relevance of a person's neurodivergent profile and how this should be recorded, as well as cases where a person's brain injury or learning disability was not understood as relevant to this study, were a factor in some of the reporting. However, several interviewees seemed unsurprised that custody visitors had identified more neurodivergent people than were identified in custody records. One interviewee said that healthcare staff were sometimes the first to identify that a person has a learning disability when seeing them for unconnected needs, because the learning disability was not easy to pick up and they had not told anyone.

Limitations of the risk assessment process

> *"it's almost a tick box exercise. You know, we start at the top of the form. We work our way down and perhaps it's not as personalised, perhaps as it could be or should be, but it's supposed to be a catch all sort of."*

Staff shared a number of concerns about the nature of the risk assessment and the impact this had on their ability to identify neurodivergent people and vulnerability accurately. They felt that they lacked clear guidance on how it should be conducted and as a result different approaches were taken:

> *"some people are great at it, some people will just run through it."*

Staff identified a range of approaches they had seen, from those who run through it like a script, or "rattle through" the questions, to turning it into an informal conversation which one individual felt was a better way of building rapport.

Several staff highlighted frustration with number of questions and overall length of the risk assessment, one saying this was a barrier for people who struggle to concentrate and for those with learning disabilities. Another member of staff told us that for some neurodivergent people it could be particularly hard to stand and listen to the officer handing over:

> *"if somebody's neurodivergent, it's quite difficult for them because I feel they can't have their say. But it isn't their turn to have their say. But do they understand that? Maybe their social cues are not ok, so [...] then they're told to shut up and be quiet and listen."*

Busy custody roles mean there are often competing priorities and one member of staff suggested:

> *"If an officer is rushed, they're going to rush through the risk assessment just like they rush through other things, and it's going to miss key things."*

Some staff also doubted the reliability of information coming out of the risk assessment process. One voiced the concern that because it listed so many "conditions", the risk assessment "invited" people to declare things they didn't actually have, and that when people are "being belligerent" it was necessary to "assess what we believe to be true [...] because we can't list what everybody says straight away". They drew the conclusion that "the risk assessment is set up to fail with some people, because they'll just hook onto anything we'll say". In contrast, another interviewee agreed that the system recorded inaccurate data but where people said things that weren't true it was more likely to be because they hadn't understood the question.

Choosing not to disclose

Detained people sometimes chose not to disclose that they were neurodivergent, most commonly these were adult men with diagnosed or suspected ADHD. Some told custody visitors they understood they could not declare this without a formal diagnosis, others felt that it wasn't relevant to disclose, and one who felt it hadn't been possible due to the circumstances of his arrest.

Several staff seemed aware that people might be reluctant to disclose and suggested that wider distrust in the police was relevant to the decision to disclose or not, as well as people being afraid that doing so would lead to them being treated differently, judged or presumed to be guilty. These insights were consistent with research identifying that many autistic adults would not disclose a diagnosis to police, linked to a fear of discrimination or victimisation.[9] Some staff felt that people who were already familiar with the custody process might not disclose because they feared being assigned an Appropriate Adult (AA) which they felt would lead to being held in custody for a longer time. Others referenced situations where a person would look around them to check no-one was listening before disclosing they were autistic. Another felt that children were often particularly embarrassed to say they have dyslexia and struggled with written materials, making it particularly hard to pick up on reading difficulties.

The size of our sample and the incomplete data on self-defined ethnicity meant it was not possible to explore any patterns by ethnicity, nor on any other factors such as age or gender. However, substantial research on the intersection between race and autism emphasises the "additive risk factor", the hypervisibility of Blackness and the pathologisation of neurodivergent traits as behavioural problems, all of which may contribute to reluctance to disclose.[10] Although this was not made explicit in conversations with neurodivergent people in custody during this research, it should be noted that wider custody visits have identified instances where Black or mixed heritage men and boys have downplayed the relevance of an autism diagnosis or suspected ADHD to custody visitors and dismissed having any support needs.

One interviewee referred to adaptations they made to make it easier for people to disclose, such as moving to a side room, but it was not possible to tell how often such adaptations might be made in practice. Although it is likely that there will always be some individuals who chose not to

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[9] Crane, L., et al (2016). Experiences of autism spectrum disorder and policing in England and Wales: Surveying police and the autism community. *Journal of Autism and Developmental Disorders*, *46*(6), 2028–2041.

[10] Flanagan, A. et al, (2024). Policing Black autistic children: A qualitative approach to understanding Black caregivers' concerns. *Autism*, *29*(5), 1303–1317; Nelson, T., & Lichwa, H. (2025). The lived experiences of masking black Autistic girls in UK education: "before people see the autism, they see my race." *Educational Psychology in Practice*, *41*(4), 417–438. Farah, W. (undated). The untold struggles of Neurodivergent Black boys in schools. *Neurodiverse Connection blog,* https://ndconnection.co.uk/blog/black-autistic-boys-school [accessed 27 March 2026]. Daniels, S., *30 Patterns of Harm* (2025), p.21.

disclose, further thought is needed to ensure understanding of, and efforts to address the barriers that arise from a system relying on self-disclosure at a stressful moment in a challenging environment.

Supporting neurodivergent people in custody

Under the Police and Criminal Evidence Act (PACE) (Code C, paragraph 3.1), all detained people should be informed of and able to access "rights and entitlements" which include internationally-recognised human rights safeguards such as the ability to notify someone of their detention, access to a legal advice and to medical assistance.[11] Rights and entitlements also "how you should be treated and cared for", which include the crucial Appropriate Adult safeguard as well as basic standards relating to the conditions of the cell, meeting personal needs (health, hygiene and welfare), clothes, food and drink, exercise and faith needs. For those who do not speak or understand English, or who are deaf or have difficulty speaking, rights and entitlements include access to a foreign language or British Sign Language interpreter.[12]

This research sought to explore "support" broadly to encompass not just PACE rights and entitlements but also reasonable adjustments made for neurodivergent people in custody as required under the Equality Act (2010),[13] as well as wider services available and measures taken to support their needs. This focus reflects understanding that neurodivergent people may face specific challenges in the criminal justice system which has, in recent years, led to emphasis on the need to provide changes or adjustments to environments, processes and practices, and/or providing auxiliary aids and services as crucial elements of support.[14] It also reflects the way neurodivergent people described their impressions of feeling supported or unsupported to custody visitors.

[11] European Committee for the Prevention of Torture (CPT). *Police custody: Extract from the 2nd General Report of the CPT published in 1992.* CPT/Inf(92)3-part1, paragraphs 36-43.
[12] Home Office. *Notes of rights and entitlements* (updated 20 August 2019) https://www.gov.uk/government/publications/notice-of-rights-and-entitlements-english/notice-of-rights-and-entitlements-english [accessed 18 Aug 2026].
[13] College of Policing, 'Detainee individual needs' in: *Authorised Professional Practice: Detention and Custody,* 2013.
[14] Criminal Justice Joint Inspection, *Neurodiversity in the Criminal Justice System: A Review of Evidence* (2021), 1.11, 2.11, 5.2, 7.2.

Vulnerability and the Appropriate Adult

Evidence insights: Appropriate Adults

- All seven neurodivergent children had Appropriate Adults
- 18 out of 36 neurodivergent adults had an Appropriate Adult

Among those who did not have AAs were:

- 3 autistic and/or autistic and ADHD individuals, two of whom appeared to have diagnoses recorded. The custody record of one of these noted the person had "autism, stated affected speech" and that another was considered "highly functional".
- 14 individuals with ADHD, some of whom also had dyslexia.

When a person enters custody, the custody officer becomes responsible for determining whether they are vulnerable according to the definition established under PACE Code C. An Appropriate Adult (AA) should safeguard the rights, entitlements and welfare of all children and vulnerable adults in police custody; AAs can be a relative, carer or other adult known to the person, or called in from an external service. Vulnerability is established in relation to an individual's "mental health condition or mental disorder" (which would include autism[15]) and a series of functional tests around communication, understanding and the perceived risk of confusion, suggestibility or unreliability (PACE Code C, 1.7 and 1.13).

The risk assessment is the primary means for making the determination of vulnerability, which should be made on an individualised basis. PACE Code C sets out that where there is any reason to suspect a person is vulnerable, "reasonable enquiries should be made" to identify available information that is relevant (PACE Code C, 1.4). The functional tests would likely apply to many neurodivergent people, though it has been noted that the way PACE Code C is drafted has a "limiting effect" in identifying particular types of risk.[16] Some neurodivergent people may also be deemed vulnerable in relation to a co-occurring mental health diagnosis.

Custody records show that only half of neurodivergent adults were assigned an AA. Although it possible that some neurodivergent adults may not experience the communication difficulties set out in PACE Code C (1.13(d)), this research identified one autistic adult whose custody record noted "stated affected speech" who was not given an AA. ICVs had raised concerns about two of

[15] Such as "behavioural and emotional disorders" (PACE Code C; Notes 1G, 1 GB). With reference to the Mental Health Act Code of Practice this includes "Autistic spectrum disorders, and behavioural and emotional disorders of children and young people". Mental Health Act 1983 Code of Practice, page 26.
[16] Dehaghani, R., & Smith, T. (2024). Neurodivergence, autism and the appropriate adult safeguard in police custody. *Northern Ireland Legal Quarterly*, *75*(4), 690–719.

the individuals with ADHD during their visits, suggesting to custody staff that on the basis of their conversation with the individual, they felt there should be reconsideration of the need for an AA. In one of these cases, ICVs referred to the man's state of confusion and a heightened state of anxiety: "We shared our view [with the sergeant] that his level of confusion suggested an Appropriate Adult would be helpful". The review of custody records shows that no AA was provided in either of these two cases despite ICVs' concerns.

Some MPS staff felt there was not enough guidance on how to make the vulnerability determination which made it a highly subjective process:

> *"[the decision] is very much based on that sergeant's experience."*

> *"I think it's just down to personal feeling more than anything [...] it's probably hit and miss if I'll be honest."*

One member of staff described using risk assessment questions to "test" an individual's understanding, on the basis of which they would decide if they were vulnerable enough to need an AA. They shared a hypothetical example where an autistic person noted as having had an AA previously had "a rational conversation with me about everything" and showed they had understood the rights and entitlements booklet. In such a situation, they felt that "if they start ticking all the boxes then I can write it up saying 'despite suffering autism presents extremely well. On this occasion, no AA required'".

Staff interviews also demonstrated the breadth of perspectives on how the vulnerability determination related to neurodivergent people, further confirming how subjective this process was, particularly in relation to the vulnerability of neurodivergent people who do not have an identified learning disability or mental health diagnosis. Wider research notes the important role of staff observations, or "sniffing out" clues of alongside answers to risk assessment questions.[17] However staff described contradictory perspectives often with limited insight into how a neurodivergent person might struggle in the custody context and how their ability to communicate might change over time. Some noted that wider information, such as whether an individual was in work or not, was influential when making an assessment of an individual's needs. One implied that in a context where police staff or legal might be "neurodiverse", it made no sense to presume that a neurodivergent detained person would need an AA.

These findings are consistent with wider research that shows the extent to which custody officers are able to make the determination of vulnerability depends on their knowledge, awareness and

[17] Dehaghani, R. (2019). *Vulnerability in Police Custody: Police decision-making and the appropriate adult safeguard*, chapter 7.

understanding, and that there is a lack of guidance for officers on vulnerability in the context of neurodivergence.[18]

Communication and understanding

Ensuring detained people understand the custody process and how it relates to the police investigation is a crucial element of fair trial and wider rights in custody and the basis on which the AA safeguard is built. [19] There is a strong likelihood that many neurodivergent individuals coming into custody will have communication needs and/or may find it challenging to understand complex custody processes.[20] Misunderstanding appeared to be a factor in the instances where detained people thought they had disclosed that they were neurodivergent to staff but this was not captured in custody records.

As noted above, custody visitors' reports identified many concerns about individuals who did not appear to understand what was going on. This included individuals who had been assigned an AA who either didn't know this or did not understand their role. Custody visitors reported that one man with a learning disability did not understood why he was in custody, nor what the role of an AA was, and did not think he had a solicitor.

Some staff seemed attuned to the fact that some detained people found it hard to understand the custody process and even identified that it was a common challenge. One interviewee felt that there was often a presumption that people understood what was going on when in fact they did not:

> *"What I find is they don't always understand the process, what's going on. Yes it's been explained to them that this is what you have to do, you need to put your fingerprint here but [...] no-one really takes the time to break things down [...] We actually sit down with them and ask them 'What is it that you don't understand?', 'Have I explained it to you well?', 'Would you like me to explain it to you differently?'"*

Communication needs should be explored through the risk assessment process, but the process itself involves many complex questions and there are no alternative formats for those who may struggle to understand or answer questions, who are unlikely to be supported by an AA at this

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[18] Dehaghani, R., & Smith, T. (2024). Neurodivergence, autism and the appropriate adult safeguard. *Northern Ireland Legal Quarterly*. National Appropriate Adult Network (NAAN), *Identifying Vulnerability*. Available at https://www.appropriateadult.org.uk/policy/vulnerable-adults/identification [accessed 06/10/26]; NAAN (2015, 2019, 2020), *There to Help*, Research Series.

[19] United Nations, Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, Principle 14; European Convention of Human Rights, Article 6.

[20] Criminal Justice Joint Inspection, *Neurodiversity in the Criminal Justice System: A Review of Evidence* (2021), 7.25.

point. Staff shared that they had limited ways to support understanding during the risk assessment; some took their own initiative to make adaptations such as "breaking down" the questions or finding a quieter space to conduct it. One member of staff suggested that for a person with a learning disability who struggled to understand the questions, staff might conduct a limited risk assessment at the point of booking in and then repeat the rest of questions with the AA once they had arrived.

All detained people should be given a "rights and entitlements" booklet that they can take to their cell. The booklet is available in different languages, but for those with learning needs or difficulty processing written information we were told that the only adapted format, using simpler language and stick images, is aimed at children. Custody visitors noted seeing this booklet on only one occasion. In this case, an autistic child had been given an information booklet with visuals and singled this out as helpful to her. However one interviewee told us they felt the material was "a bit dated".

We were told that no equivalent booklet for adults, or other adapted materials such as large print formats, were available. Coloured overlays were introduced to all custody suites in January 2025 to support dyslexic staff and detained people, however custody visitors did not note seeing these in use and some custody staff were unaware that they should be made available. In one case, custody visitors observed that a dyslexic adult had found their own way of covering up the rights booklet to be able to read one line at a time. Another detained person, who had a learning disability, said they were unable to read the rights booklet as their glasses had been taken.

Appropriate Adults play a crucial role in supporting children and vulnerable adults to understand and be understood. However, this research shows that many neurodivergent adults, including those with learning needs such as dyslexia, are not considered vulnerable and therefore do not qualify for their support. Even those who are supported by an AA will only have them present for specific points during the custody process and so may still require communication aids.

Some staff shared insight into the potential negative impact of misunderstanding a person's communication needs. One described a situation in which a detained person had been understood as not wanting to engage, and "quite withdrawn" but in fact just needed to be made feel comfortable and to be given time to process information.[21]

Two interviewees described taking a more proactive approach, informed by their understanding of the prevalence of neurodivergence and learning needs. Both had professional backgrounds outside the police.

[21] Similar to research showing that individuals unwilling to answer questions during risk assessment may be treated with disdain or threatened to be taken "straight to cell". Dehagani, R. 'Vulnerability in Police Custody' in Daly, Y. (2024) *Police Custody in Ireland*.

"Explain the situation, keep them up to date. I'll break it into chunks and say 'this is what we're going to do, this is what we're going to do next'. If you give people false hope and say you'll be out in an hour, it does absolutely nothing for their well-being or mental health."

One external service was proactive in attending with visual aids and distraction items and sought to reduce barriers by giving time and space to ask questions and offering to read out written documents in a way that took the onus off individuals to ask for help.

Healthcare and medication

Custody officers should ensure detainees receive appropriate clinical attention if they appear to be suffering from physical illness, mental disorder, are injured, or if they "appear to need clinical attention", even if they have not requested to be seen.[22] Attending to the health needs of any detained person is crucial, but in relation to neurodivergent people approaches should take into account the extensive evidence identifying barriers to accessing healthcare they experience, as well as their worse healthcare experiences and outcomes.[23] Interoceptive differences common among autistic people may cause them difficulty when identifying pain, illness or other experiences; the high prevalence of joint hypermobility among neurodivergent people may cause pain and other physical symptoms and should be considered in relation to handcuffing and other forms of restraint; communication differences may pose a barrier to requesting medical assistance and/or describing health needs; the sensory environment and the stress of custody may cause some neurodivergent people to "shut down" or avoid the stress of health interactions.[24] Research indicates a higher risk of problematic substance use among people with ADHD and autistic people, and highlights the complex interplay between the two.[25] In

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[22] PACE Code C, 9.5.

[23] Weir, E, Allison, C, & Baron-Cohen, S. *Autistic adults have poorer quality healthcare and worse health based on self-report data*. *Molecular Autism (2022).* Childhood ADHD traits, societal exclusion and midlife psychological distress*, Nature Mental Health* (2026); Stott J. et all*, ADHD traits in childhood and physical health in midlife, JAMA Network Open* (2026); National Organisation for FASD, *The Cost of Inaction on FASD* (2026); Rathbone CJ and Wilmut K, *"I Am Dyspraxic": Self-Concept and Wellbeing in Adults with Developmental Coordination Disorder*, Advances in Neurodevelopmental Disorders (2025); Mencap, Health inequalities overview https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities

[24] Doherty, M., et al (2022). Barriers to healthcare and self-reported adverse outcomes for autistic adults: a cross-sectional study. *BMJ Open*, *12*(2), e056904; Csecs, J. L. L., et al., (2022). Joint hypermobility links neurodivergence to dysautonomia and pain. *Frontiers in Psychiatry*, *12*, 786916.

[25] Eriksson, T., Von Greiff, N., & Skogens, L. (2025). ADHD and substance use – life histories from young adults. *Nordic Social Work Research*, 1–12; Weir, E., Allison, C., & Baron-Cohen, S. (2021). Understanding the substance use of autistic adolescents and adults: a mixed-methods approach. *The Lancet Psychiatry*, *8*(8), 673–685.

police custody, the effects of intoxication or withdrawal may complicate the assessment and treatment of health needs.[26]

Evidence insights: Healthcare

- 27 neurodivergent individuals were identified in custody records as having health needs.
- 11 saw healthcare once, and 15 saw healthcare more than once.
- 17 neurodivergent individuals did not see healthcare.
- Six out of seven children saw healthcare.

Custody records and the accounts of custody visitors show that 63% of neurodivergent individuals were recorded as having healthcare needs. Three of those recorded in custody records as having health needs did not see healthcare. These included:

- A person whose custody record stated they were on medication for a serious mental health condition, had panic attacks and was a class A drug user and who identified as autistic and ADHD, was not seen by healthcare during their 22-hour detention.
- A person whose custody record identified they had mental health needs, who was identified by ICVs as also ADHD and in a "heightened state of anxiety", "visibly stressed and upset", concerns which were raised with the custody sergeant, did not see healthcare during their 16-hour detention.

Custody records also show that a woman with a serious mental health condition and a learning disability who was held for almost 24 hours did not get seen by healthcare. Her custody record did not identify her as having health needs, and she also did not see Liaison and Diversion.

Access to medication is a common cause of uncertainty and stress for those detained in police custody and neurodivergent individuals identified by custody visitors were no exception to this wider picture. Several neurodivergent people and staff identified challenges in accessing ADHD medication and melatonin (often used by neurodivergent people to help them sleep) while in custody. In two instances custody visitors raised concerns in relation to children. One was an autistic child (also reported having mental health diagnoses) who was worried about not being able to sleep without melatonin (this was later brought by a family member). Another child, reported to be confused and very anxious, was concerned about having a seizure and losing

[26] Royal College of Psychiatrists (2020). Detainees with substance use disorders in police custody: Guidelines for clinical management (fifth edition), CR 227.

control of bodily functions without their ADHD medication. Delays in accessing medication on time were also raised, including in the case of an adult with a brain injury, noted to be highly anxious, who was concerned that although they had arrived with boxed medication, they were still waiting to be able to take it, four hours after their usual time.

Neither ADHD medication nor melatonin are stocked in custody, and as a result, unless an individual had this medication with them in a box showing their name and a date within three months, as well as a prescription that could be accessed via health records, healthcare staff would not be able to administer their medication. Although they could send uniformed staff to collect medication from a detained person's home, it was noted that there were often reasons why detained people would not give permission for them to do this, as was the case for one of the children custody visitors spoke to. One member of staff estimated that for young people on ADHD drugs, 60-80% of the time they were unable to give it to them "because I haven't got it and I can't magic it". In cases where an adult who would normally take melatonin had got "really, really angsty", one member of staff who was qualified to prescribe suggested that they could give a dose of diazepam as an alternative, to ensure the person could get a few hours sleep. They noted this approach would not be allowed if it was a child.

Staff noted it was more common for children in custody to be taking ADHD medication, however there was a perception that these "are not going to hit the top of the priority list over alcoholics, epileptics, diabetics, unwell adults", however missing doses could potentially have a significant impact for neurodivergent individuals. Evidence suggests that sudden discontinuation of ADHD stimulant medication can be significant, including on pattern recognition, spatial working memory, executive function, temporary movement disorders,[27] depression, anhedonia, anxiety, irritability, physical discomfort, fatigue, prolonged sleep, poor concentration).[28] Similarly, inability to sleep due to unavailability of melatonin could have a significant impact on an individual's anxiety, regulation and ability to "perform" during the criminal process. The extent to which healthcare staff resort to their ability to prescribe diazepam, a benzodiazepine with significant potential side effects as well as known risks for those with problematic substance use, as an alternative to melatonin where this is already prescribed should be examined closely.

Exercise and things to do

Providing people detained in police custody with exercise or access to a yard is not a requirement under PACE, but "brief outdoor exercise shall be offered daily if practicable"[29] and all custody suites have an area where detained people should be able to be taken for a walk or a change of scene. International human rights standards support that people in police custody should be

[27] Li, M. J., & Shoptaw, S. J. (2022). Clinical management of psychostimulant withdrawal: review of the evidence. *Addiction*, *118*(4), 750–762.
[28] Lohr, W. D., et al. (2021). Intentional discontinuation of psychostimulants used to treat ADHD in Youth: A review and analysis. *Frontiers in Psychiatry*, *12*, 642798.
[29] PACE Code C, 8.7.

given daily exercise.[30] Foam balls are supplied to MPS custody suites, and most have books and sometimes puzzles available.

For neurodivergent people, exercise and movement may be crucial for managing restlessness, improving focus, providing sensory input, minimising anxiety and preventing emotional dysregulation that may be exacerbated by the stress and sensory environment of custody. Similarly, during long periods of uncertainty and inactivity, providing distraction items can be a crucial way of reducing anxiety, providing sensory input and passing the time.[31] This anxiety is often exacerbated by the fact that detained people are unable to see the time, due to clocks not being visible from their cells.

Evidence insights: Access to exercise

- 13 out of 43 neurodivergent people accessed the exercise yard while in custody, according to custody records.
- Of those who did not access the exercise yard, 22 were in custody for over 12 hours, 6 over 24 hours, 5 over 26 hours and 2 over 48 hours.
- 15 individuals known to be either/both autistic and/or ADHD did not access the exercise yard. 13 of these were in custody for over 12 hours, 5 for over 24 hours, 2 for over 48hrs.

Data from custody records identifies that only 13 out of 43 neurodivergent people accessed exercise even in long periods of confinement. Custody visitors provided many reports of neurodivergent adults and children who did not know they could ask to visit the exercise yard until they informed them of this possibility. Many detained people raised their frustration with having nothing to do with custody visitors who requested in many instances that books be provided or exercise facilitated. One external service noted that they often had to "advocate for reasonable allowances to be put in place, such as regular fresh air breaks, access to sensory equipment" for people they came to support.

[30] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), Second General Report, 1992 (CPT/Info(92)3-part 1). UN Standard Minimum Rules for the Treatment of Prisoners, Rule 23(1). UN Rules for the Protection of Juveniles Deprived of their Liberty, Rule 47.

[31] Criminal Justice Joint Inspection, *Neurodiversity in the Criminal Justice System: A Review of Evidence* (2021), 7.22.

Custody visitors suggest access to distraction items was extremely limited and reported many instances of neurodivergent people having nothing to do. One man with ADHD was noted to be ripping up paper and throwing it into a cup as a way of staying regulated. Custody records evidenced very few cases in which distraction items had been provided: in two instances they referred to a book having been provided, in another a book had been offered but declined. Custody visitors noted a number of instances where they had suggested to custody staff at the end of their visits that they offer a book or a foam ball but these did not always lead to them being provided. In one case, an autistic boy who was on constant watch was noted by custody visitors as having no distraction items. They followed up with staff to suggest this, but custody records make no mention of these being provided.

Staff themselves highlighted their frustration with the limited availability of "distraction items" and in some instances were resorting to buying fidgets with their own money or sourcing pens and puzzles and books from home. One noted custody staff had created a "distraction box":

> *"It's a plastic box that somebody dug out of the cupboard and in it has got some crayons and some foam balls, some word searches and things like that."*

However none of the reports of custody visitors suggest this box was available and being used. Staff reported that foam balls were now being ordered centrally to provide to custody suites, but were frustrated that supply was too limited, noting they were frequently destroyed or damaged, ripped up or pushed down toilets. One member of staff questioned why foam balls were only supposed to be prioritised for children when adults could also benefit, and showed frustration with the lack of things for people to do:

> *"I see people with a paper as like an empty paper cup and they have a bit of paper and they're they're sitting on the bench trying to throw it in as far as they can because it keeps their mind off of things."*

Some staff highlighted scenarios in which a neurodivergent person had a "comfort item" (such as a toy or an item of clothing) to illustrate the complex balancing of risk with wider considerations, referring to difficult discussions and different perspectives that arose. One member of staff felt that if letting someone keep an item like a bracelet or a book that gave them "comfort in a strange environment" and mitigated the risk of having "persistent battles", it was worth allowing wherever possible.

Food

Detained people should be offered at least two light meals and one main meal in any 24-hour period, and drinks should be provided with meals and upon "reasonable request" at other times (PACE Code C, 8.6).

Evidence insights: Food

- Two neurodivergent individuals declined all food in custody:
  - An adult man with a learning disability and brain injury detained for 15 hours
  - An adult ADHD man detained for 21 hours
- Four individuals accepted food and drink only once:
  - An autistic and ADHD boy detained for 43 hours
  - A boy with ADHD detained for 21 hours
  - A woman with a learning disability and serious mental health issues detained for 24 hours

Custody records show that most detained people accepted food and drink, but there were a small number of cases in which neurodivergent individuals declined all food or accepted only once during long periods in custody. Of significant concern is the case of a boy detained for 42 hours 53 minutes who was on constant watch and accepted food only once. Custody visitors reported he "appeared to us to be very upset and reported experiencing claustrophobia, depression and other mental health".

Custody visitors commonly report on complaints about the food available in custody suites and although they did not report back any particular issues raised by neurodivergent individuals, several staff referred to concerns they had about custody food being particularly hard for those with sensory sensitivities. The recent introduction of food requiring no preparation other than heating was identified as a particular problem because it was "sloppy" and "all mixed together", a "cobbled bowl, all mixed together a bit like mush, because you can't distinguish [what's what]".

Although in theory it is possible for food to be brought from outside, if in sealed packaging, this relies on a family member or other person knowing this is needed and being able to do so. Custody visitors and custody records did not note any instances where this had happened.

It should also be noted that half of the individuals who declined food or accepted only once had also declined to speak to custody visitors. The issue of food had therefore not been raised by custody visitors and could only be identified through analysis of custody records. This suggests a need to provide more robust scrutiny of cases where individuals refuse food or eat only minimally as a possible indicator of wider distress as well as a risk factor of its own.

Since the research period, custody visitors have noted with concern that new limits have been imposed on the availability of biscuits in custody suites. Custody visitors and staff have noted concerns about the impact this could have on neurodivergent individuals, for whom the small, sealed packets of biscuits are often the only acceptable choice of food.

Hygiene

Detained people should have access to toilets and washing facilities although in practice staff are only expected to facilitate showers where possible and to prioritise these for individuals held overnight (PACE Code C, 8.4). Not all detained people want to use showers, but custody visitors commonly report that detained people are unaware of the possibility of requesting a shower until they inform them.

Evidence insights: Showers

- 12 out of 43 neurodivergent people accessed showers in custody.
- Of those who did not access showers, 22 were in custody for over 12 hours and 5 for over 24 hours.

Two detained people reported to custody visitors that the toilets in their cells caused them distress, which may have been caused by heightened sensory sensitivity common among neurodivergent people. Custody staff should be attuned to the potentially significant impact of unwelcome sensory triggers, even where they are unable to perceive them themselves, and explore mitigations, such as ensuring facilities staff address the cause of strong smells, identifying alternative cells for those who report concerns, and prioritising opportunities for fresh air.

Wider services

A range of diversionary and support services are provided in custody, these are commissioned and funded by MOPAC, local authorities, the NHS or other partners. Among them, Liaison and Diversion (L&D) is an NHS-commissioned service set up to identify, screen and assess vulnerable people coming into contact with the criminal justice system so that their vulnerabilities can be highlighted to key decision makers and they can be supported through onward referrals or outreach services.[32]

[32] NHS England, Liaison and Diversion https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/ [accessed 09/07/26]. NHS England and NHS Improvement, Liaison and Diversion

L&D aims to support those with mental health concerns, learning disabilities, substance misuse problems and other vulnerabilities and among those "most likely to be referred to and benefit from" L&D are those with learning disabilities, acquired brain injury and autism.[33] L&D therefore has the potential to be a crucial service for the many neurodivergent people who fit these broad criteria.

Evidence insights: Liaison and Diversion

- 5 out of 43 neurodivergent people were referred to Liaison and Diversion while in custody.
- Of these 5, three had learning disabilities and two were noted in custody records as having mental health diagnoses.
- None of the individuals identified as autistic and/or ADHD were referred to L&D.
- We were unable to ascertain how many of those referred were seen by L&D.

Custody record data suggest a significant under-use of L&D, including in cases where neurodivergent individuals clearly met the criteria for referral. This warrants serious attention.

Some interviewees suggested that lack of understanding of the L&D role may be a factor in the low number of referrals, and one suggested custody staff would be "looking at their own needs" relating to individuals' risks in custody rather than understanding the broader function of L&D as the grounds for a referral. A decision that had withdrawn L&D access to custody records, reportedly in response to a problem regarding data sharing, was cited as a major factor in the service's ability to identify individuals who needed support as it made them reliant on police referrals. This problem was reported to be in the process of being resolved.

Delays in referrals could also bring significant implications. On one evening visit, custody visitors were given an assurance by custody staff that an individual with a learning disability would be referred the following morning when L&D staff were back on shift. However, custody records show that the referral was in fact not made until 12.30pm the following day after the person had been interviewed and that they did not see L&D before being released after almost 24 hours in custody.

Standard Service Specification 2019 https://www.england.nhs.uk/wp-content/uploads/2019/12/national-liaison-and-diversion-service-specification-2019.pdf p5 [accessed 09/07/26]. Diverting vulnerable people away from the criminal justice system aims to reduce reoffending, unnecessary use of police and court time, ensure health matters are dealt with by healthcare professionals, and to reduce health inequalities for some of the most vulnerable in society.

[33] NHS England and NHS Improvement, Liaison and Diversion Standard Service Specification 2019, 2.8.2.

It was suggested that this was because the late referral put them too far down the L&D list to be seen before staff finished their shift.

Maintaining L&D provision was reportedly challenging due to staffing issues, and there were significant differences in L&D coverage and availability. This was reported to be a result of different commissioning arrangements and the way resources are allocated on the basis of custody throughput, which did not capture the different levels of "complexity" of different custody populations. Outside L&D hours, custody healthcare practitioners are available to see any detained person with physical or mental health needs.

Although not all neurodivergent people necessarily qualify for an L&D referral, many do. The implications of an individual not being referred to or seen by L&D are potentially significant: the missed opportunity to divert a vulnerable person from the criminal justice system, or to bring crucial information to inform how they are treated within it. In addition, one felt that L&D staff had "elevated understanding" of women and their needs, and an ability to pick up on "nuances" that might indicate a safeguarding concern, and that custody staff would likely miss these.

Other custody-based services provide wider support to children and young adults in custody, funded by MOPAC and delivered through partnerships that include the Met, NHS England and local authorities. ENGAGE aims to reach children in custody to provide support and access to statutory services to reduce the risk of reoffending. It is delivered by youth workers. DIVERT is a custody-based intervention aimed at 18-25 year olds.[34] Both of these have the potential to play a key role in supporting neurodivergent children and young adults. These services were not a main focus of the research and it should be noted that as custody records do not capture referrals or visits to either service, it was not possible to explore how many neurodivergent people accessed them. Some interviewees shared contradictory perceptions: one described that ENGAGE youth workers trying to access one custody suite would often be asked to wait a short but sometimes ended up waiting such a long time they gave up before they ever made it in; others suggested that ENGAGE did not respond to referrals or were unavailable. One person shared an extremely positive impression of the support that ENGAGE service provided.

[34] DIVERT programme, https://www.london.gov.uk/programmes-strategies/communities-and-social-justice/londons-violence-reduction-unit-vru/our-programmes/divert-programme.ENGAGE programme, https://www.london.gov.uk/programmes-strategies/communities-and-social-justice/londons-violence-reduction-unit-vru/our-programmes/engage-programme [accessed 27/08/26].

The nature of "support"

Experiences of support: summarised accounts from custody visitors' reports

Feeling supported in custody

- Being able to speak to staff if needed; finding constant watch staff and the booklet with visuals explaining the custody process helpful (autistic girl)
- Felt he was being treated with dignity and respect (autistic man)
- Officer that booked him in was understanding; constant watch staff were helpful (autistic boy)
- Having a foam ball was helpful, "otherwise I would be banging my head against the wall" (ADHD boy)

Feeling unsupported in custody

- ADHD has "not been properly addressed", needed fresh air and wanted to be seen by nurse to provide medication (ADHD boy)
- Was not satisfied with his treatment in view of his ADHD (ADHD boy)
- Felt his needs were being questioned (autistic boy).
- Really needing to get some exercise; not understanding why he was there (man with learning disability)
- Needing some fresh air or space to walk and a shower, but staff were not available (ADHD man)
- Concern about physical health needs not being met and not being offered exercise which would have been helpful; felt no-one had inquired about his mental health and that regular medication was delayed (man with brain injury)
- Not having had food and drink brought (girl, autistic and ADHD)
- Not understanding the process or what was happening (ADHD man).

When neurodivergent people shared positive experiences of feeling supported they described feeling understood and treated well with respect to their needs. In some instances, a small action like being given a foam ball or having a conversation was described as having a significant impact. Where they felt unsupported, this was often because they felt their needs had been questioned, unmet or that they didn't understand what was happening. These insights resonate with research

identifying feelings of equal worth, autonomy and public decency as dimensions of "dignity" in police custody.[35]

Support was described in different terms by some custody staff. Some described support exclusively in relation to whether a person is given an AA or not; others referred to practical adaptations such as using a cell with a glass door, putting someone on constant watch or providing soft ball, fidgets, books or visits to the exercise yard or turning lights up and down. In relation to this concept of support, staff felt:

> *"there's a massive room for improvement [...] the support we can offer them is very limited."*

However a smaller number of staff described support in terms of care, conversation, communication and how they adapted the way they interacted with individuals. These descriptions appeared more consistent with what neurodivergent people identified as positively supportive. Examples given included spending a bit of extra time having a chat, attending to people's feelings, giving updates, breaking information down, ensuring they didn't give people false hopes. One reflected on the power of their interactions with people, giving an example of a recent conversation with an autistic man with a learning disability who had no idea what he had done wrong:

> *"Unless it's going to put me at risk or my colleagues at risk, I will always go in there. I'll lean on the wall, I'll sit on the bench with him, crouch on the floor until my knees give out and then will say 'Come on, let's go get some fresh air; let's go and have a check outside, or lets have a little wander up and down the corridor for a minute just to stretch your legs or get out of the box'"*

Only one interviewee, from an external service, described an approach that was guided by their knowledge of common support needs, which led them to bring communication aids, puzzles, and sensory toys as a matter of routine. They described an approach where they sought to tune in to how a child responded to information so they could adapting accordingly and without relying on the child to raise any particular challenges. This was described as a crucial way of reducing stigma and barriers to understanding in a highly stressful experience.

Ensuring the rights and entitlements of all detained people are provided is a crucial responsibility of custody staff who provide essential elements of support and basic human rights safeguards that are of value to all detained people. However, there was limited evidence that wider support measures or reasonable adjustments were being put in place and the accounts of custody visitors suggest that these in fact were extremely limited. Lack of insight into the challenges neurodivergent people may face in custody appeared to affect knowledge of why support might

[35] Skinns, L et al (2020), "Treat them as Human Being": Dignity in Police Detention and its Implications for 'Good' Police Custody, British Journal of Criminology 60, 1667-1688.

be needed, and even in areas where staff showed insight into difficulties such understanding the custody process, it was not clear how often insight translated into practical support or adaptations.

Custody visitors did note a small number of examples where individual adaptations or support had been provided, and some custody staff described their own initiatives to make adaptations they felt were needed to support neurodivergent people. In one instance custody staff had made arrangements for a highly distressed neurodivergent man to speak to his parents over an intercom, and another where a custody officer had indicated that a man who was well known to them would be supported to get out of his cell as much as possible. A man with significant hip and back problems had been provided with a second mattress. Custody visitors only see a snapshot during their visits, so it is likely that other support was provided but not noted in their reports.

Further to this, it was concerning to find that that in some instances where custody visitors raised significant concerns, custody records show that support did not follow. In one case, custody visitors raised their concern for the mental health and wellbeing of one individual, however custody records show that this did not lead to him accessing exercise, seeing healthcare or being given an AA. In another, custody visitors were concerned about the situation of a person with a learning disability they had spoken to, who they felt was highly vulnerable and unable to understand or advocate for themselves. They noted to custody staff that they had found out that a family member, also detained, was their full time carer and suggested that this family member could be asked for advice on ways of supporting them. Custody records suggest that this opportunity was not sought during the 24 hours the person was detained.

Understanding neurodivergent people in custody

This research shed light on how staff understood and perceived the needs, experiences and vulnerabilities of neurodivergent people in custody as well as how this differed among staff and towards different groups. Custody visitors provided insights into their understanding of the impact custody was having on this small sample of neurodivergent people, which included descriptions of significant anxiety, agitation, confusion as well as physical symptoms; they also raised concerns in a number of instances that staff were unaware of the vulnerable state or the needs of some detained people.

Some staff showed important understanding of the likely impact that experiences prior to arriving in the custody suite could have, including how the stress of the journey and searches along the way could significantly impact how a neurodivergent person felt when they arrived in custody.

"they've been in the police van and they've sat in a cage and somebody has wanded them and searched them, which has usually upset them as well."

"it's often perceived as aggression, so therefore when presented to staff, the information may be from the escorting officers 'really aggressive in the back of the van'. Then that will inform how we deal with that person, because they will see the person is shouting, screaming."

This suggests some staff understand the risk that the way a person is described can create an "anchoring bias" that can generate misunderstanding or lead to inappropriate responses to a distressed neurodivergent person arriving custody.

Most staff showed insight into the impact that the custody environment and process could have on neurodivergent individuals. This included the inherent challenges of the custody environment and process, causing both stress *and* understimulation:

"The whole environment is stressful even when there's just one person at the desk [...] if you have three or four detainees being booked in at the same time and some of them are kicking off [...] Also you might have Language Line going, which is loud and distracting."

"sometimes people go 'there is 492 white tiles and 70 green tiles in here, and there's five that are cracked. And you know at that point that somebody is beginning to lose control."

"If you go and talk to someone who is struggling because of ADHD....sometimes their mind is moving quicker than their body can catch up with them....their brain is just going and going and going and going and their body just can't...they just can't process what's going on. And eventually people start pacing and getting frustrated and the emotions are running high."

Many staff noted that sleep was a particular challenge for neurodivergent people, which they felt was a result of the stress and uncertainty of the custody process and the custody environment.

One member of staff was attuned to the fact that a person's needs and risks might not be easy to perceive:

"People in the middle ground are the hardest, people that haven't got anything really obvious. Is it going to be safe? Can they really process, recall and remember? How do you know this?"

However, some staff reflected the concern that levels of understanding towards different types of people were often variable and subjective, and depended on "the individual staff member, their perception, their opinion, their assessment". One felt that people who were quieter or more withdrawn might be less likely to be referred to support than those who were agitated or disruptive. Another person felt it was harder to recognise when women were struggling.

Disbelief and stigma

Staff interviews suggested there were high levels of doubt and disbelief towards the accounts of detained individuals in relation to their neurodivergence. This included the sense that people were often not truthful about what they disclosed:

> *"Obviously in custody we do deal with a lot of dishonest people as well. So I don't know if it is that they're being dishonest, or there's something else to gain [in disclosing autism or ADHD]"*.

Doubt was also often expressed in relation to the risk assessment process, which some staff felt encouraged people to share things that were not true, including falsely claiming diagnoses or misrepresenting needs.[36] One member of staff noted that people sometimes didn't answer questions and instead suggested "well, it's your system, have a look" as a response. The member of staff felt that even if custody records or PNC had information about a person's neurodivergence or mental health condition it was sometimes important to hold this back: "I don't necessarily want people to know that I've got information on the system about them anyway, because it is interesting to hear what people tell me without them having the knowledge that I know if they suffer certain mental health issues or certain characteristics".

Another noted that while significant efforts were made to get children out of custody quickly, for young adults this was not the case and as a result some might disclose a diagnosis hoping it would speed up the process. Furthermore, they felt that young adults often had "learned behaviours" that might aim towards securing a quicker process, noting that these behaviours didn't always continue once an outcome was secured.

These accounts should be read alongside those of detained people, including children, who shared with custody visitors that they felt their needs were not being taken seriously. This research provides no evidence that claiming to be neurodivergent brought any tangible benefits to those in custody, as few adaptations or supports appeared to be provided even to those with a formal diagnosis. One member of staff echoed this:

> *"If someone knows the system and is going to play it, they wouldn't play the autism and ADHD card"*

[36] This is consistent with wider research identifying distrust and disregard in instances where suspects disclosed information relevant to the determination of vulnerability. Dehaghani, R. (2019). *Vulnerability in Police Custody: Police decision-making and the appropriate adult safeguard*, chapter 7.

A number of staff were concerned about levels of disbelief. One who had personal experience of neurodiversity cited their knowledge of the challenges of securing a diagnosis as a reason why they would not doubt a person who self-identified as neurodivergent. Another was informed by their understanding of the high rates of neurodivergence in the criminal justice system, saying:

> *"even if this child is saying this [eg having adhd] and there's no solid evidence, I am still going to give you that space regardless"*

One saw the disbelief as part of a wider trend, suggesting that while there was a greater ability to identify and diagnose neurodivergent needs, there was a concurrent "stigma creeping in that [means] people are not believed". They felt this particularly affected children with ADHD who might be seen as just "playing up".

Wider research also challenges the grounds for disbelief, providing unequivocal evidence of high levels previously unidentified neurodivergence, the link between neurodivergent needs and justice involvement, the "double disadvantage" of neurodevelopmental profile and poverty, and the systemic racism that "fast-tracks" Black neurodivergent people into coercive rather than protective pathways.[37] It also provides crucial insight into the valid reasons why an autistic person might seek to speed up the custody process, often at cost to their own interests.[38]

Interpreting "presentation" and "behaviour"

Some staff described a heavy reliance on the individual's "presentation" at the booking in desk to make risk assessment decisions.[39] Explanations of what "presentation" meant suggested these staff were reliant on visible or outwardly manifested factors, sometimes accompanied by the use of problematic labels such as "high functioning" or "normal behaviour" or drawing distinctions between 'levels' of need.[40] This included staff who referred to their perception of a "high functioning", "high intelligence" or "low level" presentation of neurodiversity as the basis to presume an individual had low or no support needs:

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[37] Brown, D., et al. (2025). Neurodiversity in Custody: Screening results for ADHD and autistic traits in individuals arrested by the London Metropolitan Police. *Criminal Behaviour and Mental Health*; Kent, H., et al. (2025). A 'double disadvantage': neurodevelopmental profile and poverty confer synergistic risk of youth justice involvement. *Longitudinal and Life Course Studies*, *16*(3), 355–372; Daniels, S., 30 Patterns of Harm (2025) p69.

[38] Holloway-George, C.A., et al. (2025). Experiences of Autistic People in Police Custody: The Need for Adjustments to Improve Participation in the Custody Process. *Journal of Autism and Developmental Disorders*.

[39] Consistent with wider research identifying that staff rely on "the manifestation of obvious signs and their own perceptions". Dehaghani, R. (2019). *Vulnerability in Police Custody: Police decision-making and the appropriate adult safeguard*, chapter 7.

[40] Alvares, G. A., et al (2019). The misnomer of 'high functioning autism': Intelligence is an imprecise predictor of functional abilities at diagnosis. *Autism*, *24*(1), 221–232.

"if you are low level and you manage [...] absolutely fine, you can sort your life out. Give you a book and a crossword, and that'll probably keep you amused for a while, but actually I think what we're talking about are these mid-range to high-range people that are not managing well."

Few staff showed awareness of the significant challenges that individuals without learning disabilities might have, or that a person's needs might be more acute due to the custody context or change over time, or that masking or compliant responses might hide significant vulnerabilities. One interviewee referred to the challenge of understanding individuals whose outward appearance did not lead to obvious conclusions:

"When detainees aren't talking and you don't know the visual clues and things like that, it's very difficult to get some semblance of what that person might be experiencing, suffering."

When describing how they understood "behaviour", one member of staff explained that they differentiated between behaviour that was intentionally difficult or attention-seeking ("doing this to get this") to behaviour arising from a mental health issue. In one example described, a person who was saying "I'm going to bash my head on the wall if you don't take me out for exercise" was "behavioural" because they were making threats to get the outcome they wanted, rather than having a genuine need to hurt or help themselves and as a result, the member of staff had talked the person out of this, saying "you're not doing yourself any favours".

Insight into the stress of arrest and transport to custody, the busy custody environment, lack of stimulation and ability to self-regulate, unstructured time and unpredictable processes, not understanding or feeling misunderstood, as well as the inevitable pressure of the criminal process, did not always appear to inform accounts of "presentation" and "behaviour". As a result, there was a risk of underestimating and misinterpreting the factors that would be likely to influence a neurodivergent person's outward "presentation" or their "behaviour".

These ways of understanding "presentation" and "behaviour" should be examined in light of the insights from custody visitors and custody records highlighting feelings of not being understood or taken seriously as well as neurodivergent profiles and needs not being identified. Similarly, data showing how few neurodivergent people accessed exercise or other kinds of support may be grounds to challenge some interpretations of "intentionally difficult" behaviour and instead to consider whether the absence of any proactive offer of the things that might help a person stay regulated or ease their distress may be a factor in the threats made. Many people who have not been diagnosed or supported may not have insight into challenges or have developed coping strategies, and as a result distress behaviours and dysregulation may be more likely. In this case, differentiating "genuine" behaviour and that which is "intentionally difficult" may be inaccurate or underestimate levels of distress. Finally, there is a likelihood that misinterpretation may weigh

more heavily on some than others, such as Black neurodivergent people who, as noted by Dr Shereen Daniels in her Structural Review of Systemic Racism in the MPS, are routinely misread by system that understands them through a narrow, neurotypical racialised lens.[41]

Staff, systems and culture

Staff training and experience

MPS interviewees all raised frustration at the lack of training around neurodiversity, including comments that it was "woeful", "crap". Some were aware of neurodiversity awareness-raising activities or training for managers on how to work with neurodivergent staff but felt that crucial areas relevant to custody, such as communication differences, (dys)regulation or mental health and neurodiversity, were not covered in any training they had received. One noted that at best they had received training covering:

> *"'this is autism, this is adhd' [...] There's a lot about policy and not a lot about the people. Which is horrible, really horrible because this job is entirely about the people. Yes, you've got some policy-based hoops to jump through, but ultimately it always comes down to the person".*

Several staff with personal experience of neurodivergence said that it was this experience that equipped them to understand and support neurodivergent people in custody, and that they would not have had this insight otherwise. Some shared examples where this gave them different perspectives to colleagues and expressed in strong terms that although this experience gave them important insights, it should not be relied upon in place of proper training. Other staff said they relied on experience gained in previous employment (such as in education) to know how best to support neurodivergent people, and felt this was different to colleagues who had come from jobs in the criminal justice system.

Senior staff reflected honestly about past instances when they, or colleagues, had misunderstood distress behaviours as aggressive, deliberate or aiming to cause harm. They reflected from a position of greater understanding and suggested that over time they had developed new insight into ways of supporting neurodivergent people through talking to them to help de-escalate difficult situations, or validating their feelings, understanding the need to show care in a situation in which the person had no control.

> *"[I] ended up having to roll around on the floor with them because I misinterpreted the way that they were acting with me [...] I thought they were being evasive. They weren't*

[41] Daniels, S., *30 Patterns of Harm* (2025) p17.

being evasive, they just didn't communicate. And here I am, 25 years later, a completely different person."

Some felt that this new approach was increasingly part of staff culture though with exceptions, noting there were some colleagues who sought arguments that always lead to "fisticuffs".

From misunderstanding to tangible support: staff reflections

One senior member of staff recalled a situation in which an autistic boy who was seen as having a "usual presentation of aggression and violence", was shouting and screaming in his cell. They made several attempts to speak with the boy, finally managing to speak. During their conversation the boy shared with him that he was claustrophobic. This senior member of staff shared the story as an example that making these attempts to find out what was going on meant they were able to make a simple adaptation, moving the boy to a cell with a glass door, which reduced his feelings of claustrophobia. He noted this resolved the boy's fear and anxiety, and meant he was safer, better able to trust the police and to engage with the investigation.

Another interviewee shared a story of a child known to be autistic and ADHD who was described as "lashing out". The child's AA would not spend time with them because they "appeared volatile". When they met the child they felt they took a different approach and as a result they were able to find out that they were in fact hungry. The child had requested food but had been given the wrong meal which made them worry they'd been confused with someone else. This misunderstanding turned into fear that they would be charged incorrectly and would go to prison. Once they found out the cause of confusion, they were able to explain what had happened and resolve the child's concerns.

Staff also raised the need for better guidance on crucial aspects of the custody process, such as the risk assessment. They described a process that allowed them significant discretion to make crucial determinations of vulnerability without corresponding training to inform their understanding of people's needs and risks. Some staff had filled these gaps with their own frameworks for understanding behaviour and interpreting outward presentation, emphasising, for example, that their many years of custody experience equipped them to make the risk assessment process meaningful and to judge challenging situations. However, some of the scenarios they described and the language they used suggested their years of custody experience was not complemented by up-to-date understanding of neurodivergent people and the challenges they may face in custody, without which there was a risk that some were being misjudged, or their needs misunderstood. One interviewee acknowledged this risk, saying that staff might be doing things they think are right rather than things informed by knowledge:

"So the experience bit, I think it may be a false flag or a false positive"

Custody systems

The research sheds some doubt on the extent to which custody systems support staff not just in identifying neurodivergent people but also in exploring, meeting and documenting their support needs. Staff appear to have few ways of accessing information that would identify a person's known support needs and as already noted existing systems such as the "flags" on the PNC do not provide this kind of information. No staff had seen the MPS Autism Passport,[42] which is designed for autistic people to carry so they can flag their support needs to ensure officers can make appropriate adjustments. Custody staff shared that they were sometimes given useful information about children's support needs from social care, but that for adults who were living in supported accommodation or residential settings there was no service they could turn to for advice on their needs. This suggests custody staff have little help in identifying support needs, and that more could be done to join up information sources where these do exist. However, one interviewee expressed the view that people who were being arrested frequently should "take responsibility for their own lives" by carrying relevant information with them.

The risk assessment is crucial to identifying vulnerability and though it explores many areas from which support needs would arise, staff said in practice it did not guide them to think about individualised support beyond deciding if a person needed an AA or not. In areas where individuals' responses to risk assessment questions identified a need for support, such as difficulty with reading, writing or processing information, there did not appear to be a clear process to ensure custody staff made relevant adaptations.

It appears that while custody records should document the provision of rights and entitlements, they provide limited information about any wider support provided to neurodivergent individuals. In 35/43 cases, responses to the question "what support was provided by MPS" identified only that the individual had been put on 30-minute checks. No support was reported as having been provided to three detained people (including one adult male who had been held for over 38 hours). In a small number of cases, responses noted the fact that an individual had seen healthcare or been put on constant watch and in two cases that they had been given a book or a distraction item. Where information was provided, it identified a diagnosis or reported on behaviour or responses (eg "ADHD makes them agitated", "emotionally unstable, often feels erratic") rather than providing insight into how this translated into support for the individual. One interviewee noted that health records might note some information regarding support, but that this would not be available to police staff unless there was a reason to share it. The paucity of this information may reflect different understanding of what constitutes support, and it is possible that adaptations were being made but not recorded. However, seen against custody visitors' impressions of lack of support, the opposite may also be true.

[42] National Police Autism Association, https://www.npaa.org.uk/launch-of-tri-force-autism-alert-card-scheme/ [accessed 11/07/26].

In fact, custody records were also limited in their insight into some aspects of the provision of rights and entitlements, for example they did not consistently identify which aspects of custody processes an individual's AA had attended. Interviewees shared that they were not required to explain the reasons for a positive or negative vulnerability determination in an individual's custody record, and in practice would provide limited substantiation of their decisions. This appears to be contrary to the PACE requirement that a record should be made of the vulnerability factors that appear to apply, and the reasons to suspect a person may be vulnerable or not (PACE Code C 1.4(b)). A member of staff shared that custody records might state "AA required" or indicate the need for Liaison and Diversion input, but:

> *"the information will be very scant [...] it may just say learning difficulties...it won't specify what those learning difficulties are."*

Another mentioned that some staff had developed their own "templates" which they might use to copy and paste "bits that they like and bits that they think should be included". These templates, which were felt to be of varying quality, might be shared among colleagues. One custody inspector noted that when reviewing an individual's detention, it was their job to look in detail at the custody record to check that "the person's needs have been looked after, that things have been identified", and chase up if relevant information was not recorded; however they noted the volume of reviews they had to conduct meant doing this in sufficient detail was a challenge.

Staff shared that while custody records systems and wider databases such as the PNC were likely to record any previous instances of violence or damage the person was involved in, or risks to staff that arose during a previous detention or police contact, and that these would inform decisions taken at booking in, records were unlikely to share insight into any triggers that had led to these events, nor lessons learned about how to avoid them in the future. Similarly, staff said that custody records were not commonly used to document approaches that had proved helpful to supporting a person, such as something that helped a person feel calm in a situation of heightened anxiety, or insight into a communication barrier that could ensure appropriate support could be provided in future. This meant that when any such insights had been developed, the opportunity to inform other team members, custody inspectors reviewing detention, staff on subsequent shifts or those who risk assess the person if they return to custody, was likely to be lost. Interviewees pointed out that if any such information had been recorded, staff would only find it if they knew to look for it, and that doing so would take a manual search in the free text entries of potentially lengthy custody records. Senior staff noted they would have to "dig around" and go and speak to the person to find out enough information to conduct their reviews, that this sometimes involved chasing things up and making sure they were entered onto custody records.

The extent to which information about support needs or helpful approaches was shared between shifts was doubted by one member of staff, who noted it unusual to be given this kind of information at handover and that they would have to rely on communication within teams to

share the kind of information that would help them support someone. They noted that while their team communicated well, others did not. This also related to the information that external services were given about people they came to visit in custody. One shared: "I haven't [...] ever really heard an officer say to me, 'this young person needs space, or this young person is autistic'".

Some staff reflected that it would be useful to be able to access this kind of information:

> *"I suppose the end of the day we need to sort of try and get them through the criminal justice process as quickly and as smoothly as possible, and there's potential obstacles in place that we can overcome if we have the information to do so, then, you know, it can only be a good thing."*

Another shared the view that it would be useful to write up conversations they had with detained people to justify the rationale for things they had decided, but that there was no time. But one cautioned that it would be "another massive piece of work" and potentially had data protection concerns.

Given that for many neurodivergent people, support needs might not be outwardly visible and advocating for themselves to request support or adaptations during a stressful time in custody may be a particular challenge, documenting support needs that *have* been identified and helpful approaches for the benefit of future shifts or detentions could be a crucial step.

Culture and management

Many interviewees cited staffing pressures and always having too much to do as an obstacle to providing support to neurodivergent people and others, as well as ensuring rigorous management oversight. Some staff felt there were things they could do that would be supportive, but that they lacked time to do them. As a result of having so much to do, they felt some staff limited themselves to providing only what was strictly necessary.

> *"At the moment we're doing the bare minimum. We're doing the bare minimum in accordance with PACE. I think there's a lot more we could do."*

> *"The need for staff is preventing us giving the care that we should be giving. There's no doubt about that [...] And the only thing I can do is explain to detainees, apologise, say 'look I've got no staff, the ones I have got are working on getting your case progressed'.*

There was also frustration with the systems that custody staff had to work with in, and a feeling that these could be rigid and onerous, forcing staff to "box tick" and focus on process, while risks weighed heavily on frontline staff. One interviewee felt that their systems discouraged "inquisitive thinking".

> *"If you've got forty other people to check, you're not going to spend half an hour chatting". We need to update ND people continuously, communicate what is going to happen, this is the process: "It needs to be built into our thinking. We need to change our psyche around that [so it's not just] cheers, close the door, walk off, because that's what happens" We are dealing with the most vulnerable in society, day in day out, without expert medical help. If Met were to allow us that inquisitive thinking, allow us the time to really speak to people."*

Some staff felt frustrated by management priorities and culture, which they felt led to the needs of vulnerable adults not being given the same weight as children:

> *"We can jump through hoops for children, why can't we jump through hoops for [adults] with needs."*
>
> *"Children, we would find actively encourage [to access fresh air], but if an adult, no, there's no real priority, if I'm honest."*

Some staff were also sceptical about the extent to which management priorities would support meaningful change. The recent introduction of foam footballs was welcomed but also seen to be symbolic of the inadequacy of efforts made, and there was a suspicion that it had been timed in advance of an external inspection.

> *"We got a load of [foam balls] when HMIC came in, but they don't last very long [...] we need almost an endless supply of them because people do horrible things to them."*

> *"this fantasy of a foam ball solves everything. One it's patronising and two, I know why they're doing it, but it just doesn't sit with me. It's not dealing with the issue in my opinion"*

> *"I mean the answer to everything at the moment is give them a foam football, you know that's our plan to deal with neurodivergency. But sometimes it's just going down there and chatting"*

Staff also felt the lack of investment in custody and inadequate funding for adaptations meant that things that could be helpful, such as creating sensory spaces or providing distraction items, were not possible. Some staff felt pressures from "above" to reduce the use of constant watch because of its staffing implications and saw this as counterproductive.

The inadequacy of wider support systems was also raised, with the lack of secure accommodation as an alternative to custody a particular concern, one that custody staff said had sometimes forced them to authorise or continue detention in conditions they felt were inappropriate to the vulnerability of an individual.

As well as frustrations with systems, staff culture was also seen by some as a challenge in providing better support neurodivergent people. A small number of interviewees noted significant differences between custody suites in the culture around supporting people. More generally, there was a sense that providing the kind of support neurodivergent detainees needed was not part of the culture:

> *"I think it's a culture of we do the necessaries, we do the things that need to be done legislatively. We do all that brilliantly [but] when it comes to things like fresh air, it's seen as an additional chore. [Staff say] 'I don't have the time for that' […] it's a cultural thing, put on the back burner."*

> *"We're very hesitant to step out of our comfort box."*

This, alongside the accounts of over-interpreting behaviour as intentionally difficult and the lack of focus on identifying support needs as well as risks, are relevant to the concern identified in the Casey Review that operating in "threat perception and threat management mode" makes it hard to shift into other modes which might be better able to support empathy and compassion.[43] One interviewee felt judgmental attitudes about individuals' vulnerabilities that were exposed in the BBC Panorama documentary were an entrenched problem:

> *"You've been so judgmental, and you probably don't even know it because you're so used to doing it."*

However, some staff felt culture was changing for the better in ways that would be supportive to finding new ways of supporting neurodivergent people. One senior member of staff identified the need for a greater "culture of challenge", including "challenge upwards" as well as the ability to identify situations where staff had not shown sufficient understanding (for example in relation to determining vulnerability) so that they could be provided training to address these concerns.

Finally, some interviewees from non-custody roles and external services emphasised the value of wider systems working together. This included being able to access information from community services about peoples' needs and vulnerabilities which would "help officers with the case [including] someone's motives for something", but also the opportunity to identify people needing support beyond custody. The input of different services was also noted as having value

[43] Baroness Casey Review, *Final Report* (2023), p.90.

in introducing a range of perspectives and professional cultures in the custody suite, and that raising alternative views through informal conversations or modelling different approaches was helpful to gradually change culture for the better. This included the ability to provide challenge, share clinical perspectives and a "caring point of view" to advocate on the basis of their insight into a neurodivergent person's needs.

Conclusions

This research concludes that current approaches to identifying, understanding and supporting neurodivergent people in police custody leave significant room for improvement. This includes strengthening approaches to the **identification of support needs** that relate to the breadth of experiences of neurodivergent people and are based on insight into how they may be affected and disadvantaged during the custody process. Custody processes and culture require updated thinking about **what constitutes support** that extends beyond the current focus on safeguards, rights and entitlements, crucial though these are, to assign new importance to support that is valued by neurodivergent people: to aid understanding, provide human interaction, instil feelings of trust and safety, and ensure things "to do" that support regulation and reduce anxiety. A final element of this change is to consider **how systems record support needs and account for support provided**.

The primary purpose of taking an individual into police custody is to make them amenable to the investigation of a criminal offence of which they are suspected; to support the criminal justice process and public safety.[44] For many neurodivergent people achieving this purpose will require individualised supports and adjustments, and to the contrary, it may be undermined without. The implications of lack of appropriate support will relate differently to different neurodivergent individuals, but may include:

- **undermining the fairness of legal processes**, due to inadequate support to understand and communicate, including where this arises from underestimating challenges that may not be outwardly visible or may change over time;
- **influencing decisions that do not best serve the interests of justice**, due to the impact of inadequate support or adaptations in custody on their ability to take decisions, which may in some cases be motivated by their overwhelming desire to escape;[45]

[44] National Police Chief's Council, *National Strategy for Police Custody* (September 2022) https://www.npcc.police.uk/SysSiteAssets/media/downloads/publications/publications-log/criminal-justice/2023/national-strategy-for-police-custody.pdf [accessed 11/07/26], p7.
[45] Holloway-George, C. A., Munro, N., Jackson, J., & Ropar, D. (2025). Experiences of autistic people in police custody: The need for adjustments to improve participation in the custody process. *Journal of Autism and Developmental Disorders*.

- **risking the integrity of the criminal process**, due to the two-way misunderstandings which may arise, which in the absence of appropriate support may affect the neurodivergent suspect's participation and the reliability of evidence;
- **limiting access to custody rights and entitlements** due to the subjective nature of decisions about need and vulnerability and the reliance on "requests" that may be particularly challenging for neurodivergent people to make;
- **missing opportunities to divert** vulnerable people from the criminal justice system, due to failures to identify and refer individuals to available services;
- **causing deterioration in physical and mental health** arising from needs being underestimated or missed, or where efforts to mitigate the impact of the environment, reduce anxiety through providing things to do, ensure regular exercise for self-regulation are inadequate. Challenges in accessing ADHD medication and melatonin are likely to affect health and wellbeing.
- **risking safety of neurodivergent detained people *and* staff** due to lack of focus on supporting self-regulation and meeting sensory needs, leading to dysregulation and escalation in the custody environment;
- **losing trust and confidence** in the police, due to disclosures not leading to support, and the influence of widespread disbelief and doubt on how people are treated.

Beyond issues of procedural justice, the NPCC states the additional aim to "ensure that when [an individual] leave[s] custody, it is in a better condition or circumstances than when they arrived". This project was not able to assess retrospectively the impact that time in custody had on individuals, but it does document a number of instances where this stated aim appeared to be in question. These include cases where custody visitors felt that vulnerable individuals' deteriorating mental health was missed and/or overlooked, even after they raised concerns.

This research was carried out as government, police and other actors were working to coordinated action plans aimed at improving outcomes for neurodivergent people in the criminal justice system. Within these, policing bodies set their focus on ensuring systems identify "potential neurodivergence and the need for reasonable adjustments".[46] In January 2026, they concluded that this commitment had been met because "all forces are asking individuals whether they have any welfare and communication needs as part of the custody booking in process".[47]

The findings of this research suggest two reasons why this measure and the outcome assessed may warrant further consideration. The first is that while the custody risk assessment does ask questions related to neurodivergence, welfare and communication needs, in the custody suites that were included in this research, these questions do not necessarily lead to reliable identification of neurodivergent people or their needs. Custody visitors in fact identified more neurodivergent people than had been identified by custody staff or recorded as such in custody

[46] Ministry of Justice, Cross-Government Neurodiversity Action Plan: Final progress update, January 2026, p8, 13.
[47] *Ibid*.

systems, a fact which did not come to the surprise of many custody staff. In some cases, significant grounds of vulnerability were missed.

The second reason is that asking individuals about their needs during the booking in process is not the same as providing a guarantee that these needs will be met. Identifying needs is crucial but is not an endpoint, and this research shows that action on the basis of of identified needs cannot be presumed. Custody systems appeared to narrow the focus of staff to the vulnerability determination alone. Although providing an AA is a crucial element of custody safeguards, it is only one element in a wider picture of welfare and communication support that many neurodivergent detainees may need. The interpretation of "vulnerability" was highly subjective and over-reliant on visible signs that risk underestimating the needs of many neurodivergent people, and in some cases it appeared to fall short of the PACE requirement that if at any time an officer has "any reason to suspect" vulnerability a person should be treated as such (PACE Code C 1.4). Beyond the AA safeguard, where staff described wider support they were providing, this appeared to be ad hoc and based on individual insight and initiative, unlikely to be recorded for the benefit of other colleagues. Strong scepticism about individuals' accounts of their own needs could be a significant obstacle to providing for them.

The custody risk assessment relies heavily on individuals disclosing their neurodivergent profile in an overwhelming process conducted in a stressful environment with few available adaptations for supporting understanding. It should be a continuous process, updated on the basis of any risks identified while in custody. It plays a fundamental role in a discipline dominated by risk management",[48] and the challenge of identifying vulnerability has been extensively documented over many years.[49] This report suggests that these long-standing challenges remain and significantly impact neurodivergent people who do not always access custody safeguards. It supports the point made by Dr Shereen Daniels in her recent Structural Review of Systematic Racism in the MPS that the "technical" concept of risk needs further testing against disability justice, alongside wider efforts on child rights and racial bias.[50] Subjective and unevidenced ways of interpreting support needs, as well as value judgments about people who should take responsibility for their lives or types of support that would be too "comfortable" were prevalent. If unchallenged, these views may risk undermining the legal responsibility to provide reasonable adjustments and the individualised support needed by many neurodivergent people.[51]

Alongside the risk assessment, there may be potential for custody records and related systems to play a greater role in guiding staff to support neurodivergent individuals and documenting wider measures of support that are provided. While appreciating the current challenges of the lengthy

[48] National Police Chief's Council, *National Strategy for Police Custody* (September 2022), p8.
[49] Dehaghani, R. (2019). *Vulnerability in Police Custody: Police decision-making and the appropriate adult safeguard*, chapter 7.
[50] Daniels, S. *30 Patterns of Harm* (2025), p70.
[51] Criminal Justice Joint Inspection, *Neurodiversity in the Criminal Justice System: A Review of Evidence* (2021); Woodhouse, E., et al. (2024). Identification and support of autistic individuals within the UK Criminal Justice System: a practical approach based upon professional consensus with input from lived experience. *BMC Medicine*, *22*(1), 157.

risk assessment and staff time pressures, new thinking about ways of documenting useful insights such as individuals' triggers, or adaptations that are found to be helpful is needed, and staff felt this would be helpful to them.

This research proposes that a wider shift towards integrating neurodiversity-informed practice across police custody processes and culture is needed, to bring greater emphasis and informed insight to identify, understand and support neurodivergent people who are known to be overrepresented in police custody. The prevalence of unidentified neurodivergence is well established in wider research and provides a rationale for adaptations and support that are proactively made across custody systems and processes, without being contingent on a diagnosis or even self-identification.

Neurodiversity-informed practice does not require everyone to become an expert in neurodiversity, but instead seeks to ensure a basic level of insight and understanding is common among all staff. One interviewee described this a crucial addition, even if staff were already bringing their best intentions and efforts to supporting individuals:

> *Custody staff do try and accommodate the child as best they can, taking them out for fresh air, figuring out what they need, "I just don't know whether or not they put a name to what's happening.…I think it is important to put a name to what is happening because that's the only way you'll really understand how to accommodate this young person, child, or how to deal with a certain situation [eg a shutdown or a meltdown…] how to address it appropriately."*

Neurodiversity-informed practice should bring to bear the accounts and experiences of neurodivergent people, which have long been overlooked in research and policy, in future changes. This project provides shows that detained people and staff often have different perspectives on what constitutes support, and these complement existing research insights into what many neurodivergent people may find helpful and supportive: human interaction, feeling understood, having things to do, trust and felt safety. Their perspectives reflect the "powerful plea" of the Criminal Justice Inspectorates, that staff "simply make full use of their 'soft skills' – listening, empathy and compassion",[52] and reinforce Dr Shereen Daniels' call for empathy to be structurally present.[53] There is a risk that levels of scepticism and disbelief among staff, uninformed by insight into the many reasons why a neurodivergent person may "behave" or "present" a certain way in the custody context, may undermine this direction if not redirected by evidence-based understanding.

[52] Criminal Justice Joint Inspection, *Neurodiversity in the Criminal Justice System: A Review of Evidence* (2021),1.6.
[53] Daniels, S., *30 Patterns of Harm* (2025), p63.

Staff frustration at the lack of training and insights they had received, and the reliance on personal experience and prior professional knowledge to know how to support neurodivergent people, was acute. Meaningful training is clearly needed to ensure key processes and decisions are informed by neurodiversity-informed insight, and staff views on the type of training this requires were consistent with wider insights that say an "e-learning" or "micro-nudge" is insufficient for structural change. Instead, training should encourage the reflective approach some staff demonstrated through interviews, and provide an opportunity to broaden and deepen understanding of the experiences of neurodivergent people and the challenges and barriers that they may face, many of which may not be outwardly apparent or relatable to many custody staff. It should support staff to shift away from distrust or attitudes that diminish needs, towards new understanding and approaches that may be counter-intuitive within systems focussed on risk and threat. In line with Baroness Casey's wider recommendations to the Met around staff training and capability, training in neurodiversity-informed approaches should come as an investment in long-term capability-building rather than a reactive filling of a gap.[54]

Introducing screening for autism and ADHD in custody has been proposed as a means to facilitate improved risk assessment, support reasonable accommodations and ensure timely referrals, as well as an opportunity to solve wider concerns about unidentified neurodivergent needs among people coming into custody.[55] However, this research shows that even in cases where neurodivergent individuals disclosed a formal diagnosis it did not necessarily lead to identification of needs or provision of support, casting doubt on proposal that screening provides a solution to this challenge. A recent screening pilot evidences the risk that screening tools that can easily be used in the custody context may introduce an inaccurate barrier, as it accidentally screened four individuals with an existing autism diagnosis, only one of whom screened positive for autism.[56] There is also a risk of overlooking the likelihood that different attitudes and stigma around neurodiversity as well as levels of trust in the police would be a significant factor in individuals' willingness to be screened in police custody. There is no doubt that systems for early identification and support need to be dramatically improved to avoid the well-evidenced risks of criminalisation. There is also no doubt that contact with the criminal justice system provides an opportunity to "reach" individuals who have previously been missed and to put in place new forms of support. However, current screening proposals do not appear to propose ways of mitigating the risk of introducing new forms of inequality and inaccuracy, or of raising expectations of better treatment, when evidence shows that systems may not be ready to provide this.

Baroness Casey identified a trend of "initiative-it is" focussed on new waves of initiatives that introduce new bureaucracy without meaningful change.[57] This research suggests that instead of introducing an entirely new initiative, a crucial first step is to make current systems better-

[54] Baroness Casey Review, *Final Report* (2023), p86.
[55] Brown, D., et al. (2025). Neurodiversity in Custody: Screening results for ADHD and autistic traits in individuals arrested by the London Metropolitan Police. *Criminal Behaviour and Mental Health*.
[56] *Ibid*.
[57] Baroness Casey Review, *Final Report* (2023), p. 98.

equipped to understand who might need support, ensure broader understanding of what support is needed, and to ensure it is provided.

Through this research, staff in different roles described their insight and meaningful attempts to provide support to neurodivergent people; many were able to reflect on things they had not got right in the past. They emphasised that their roles brought risks and responsibilities that weighed heavily on them. At the same time, the accounts of detained people and reflections of custody visitors, supported by insights from custody records, provide a picture of significant unmet needs, unidentified vulnerabilities, inadequate support and mental health deteriorating while in custody. Experiences of feeling humiliated, ignored, forgotten about as well as examples of significant oversight in the provision of basic entitlements were common.

Effectively supporting the many neurodivergent people in Metropolitan Police Service custody is a question of systems, culture and responsibilities; it extends beyond merely the identification of "potential neurodivergence and the need for reasonable adjustments" that was established as the priority of policing bodies. All of the staff interviewed in this research were receptive and enthusiastic about the possibility of gaining new understanding and insight, but a shift to neurodiversity-informed practice will also require new approaches, challenging disbelief and stigma, as well as greater understanding and accountability for the potentially significant consequences of inadequate support.

The potential of Independent Custody Visitors

This research illustrates the unique ability of ICVs to dig in deep to issues of concern in custody. Their own personal knowledge, professional experience or simple informed curiosity for an issue may bring new insight to overlooked issues. The insights they provided for this research suggest that their independence from the police, the fact they had conversations at a more settled time in custody, made adaptations to their communication style and approach, and proactively explored issues that might be relevant to neurodivergent people, were all useful in exploring previously unidentified experiences.

However this research also points to a number of instances where ICVs raised significant issues and concerns during their visits that are shown not to have been acted upon through subsequent analysis of custody records. The inability to chart the reasons why these recommendations may not have been taken up is a limitation of current reporting systems.

Recommendations

1. **Supporting neurodivergent people in custody**

To the Metropolitan Police Service

- Ensure staffing levels enable custody staff to spend time checking in and interacting with detained people and facilitating regular opportunities for exercise, establishing a clear expectation that this is part of custody responsibilities.
- Commission external expert to review current provision of adapted information formats and communication aids against common needs in custody populations, to inform the development of new tools and materials.
- Develop practical guidance for custody staff with suggested "small supports" and adaptations that could be helpful to neurodivergent detained people. This could be developed by custody staff with particular insight into the experience of neurodivergent people in custody.
- In all cases where detained people disclose neurodivergence or where records identify this, custody staff should ensure reasonable enquiries are made to identify information relevant to the determination of vulnerability. This information, rather than the subjective view of a person's presentation, should inform the decision whether to provide an Appropriate Adult or not.
- Information considered in the determination of vulnerability and any factors deemed relevant to dispel the suspicion that a person may be vulnerable should be substantiated in custody records.
- Ensure all custody staff are aware of the role of Liaison and Diversion and criteria for referring detained people to it.

To the Metropolitan Police and the Mayor's Office for Policing and Crime:

- Conduct a dip sample analysis of custody records to identify individuals who refuse food or accept limited food during long periods in custody, with a view to exploring any patterns. Use the findings of this analysis to inform necessary improvements and changes.
- Convene a pilot to explore with a range of local services how information about the support needs, risks and vulnerabilities of neurodivergent detained people could be shared, with due regard to confidentiality and data protection. This pilot should propose solutions to any obstacles in sharing this information.

2. **Exercise and things to do**

To the Metropolitan Police Service

- Neurodivergent people should be considered a priority for facilitating exercise due to its essential role in self-regulation and mental health. Exercise should be provided at least every 6 hours unless sleeping.
- Custody staff should be proactive in encouraging all neurodivergent detained people to access the exercise area or have a change of scene and not rely on requests being made to them.

- Custody managers should monitor periodically how often exercise is offered and taken up, taking action to identify any obstacles and address these with staff as needed.
- Establish a proactive offer of "things to do" (eg books, puzzles, soft balls, fidgets) for all detained people with a presumption that these will be offered unless there is an individual risk assessment that these are inappropriate. Items available should be made visible, for example when staff conduct checks or delivering food or drink, to make them easier for neurodivergent people to request.

3. Material environment

To the Metropolitan Police Service

- Add visual displays to exercise areas and in cells with suggested exercises, stretching and breathing techniques, to encourage detained people to find ways to support self-regulation in an unfamiliar environment.
- Provide exercise aids in exercise areas. Subject to individualised risk assessment, these could include yoga balls, wobble boards.
- Ensure all cells have sight of a clock.
- Ensure cleaning of cells and custody suites eliminates smells that may be distressing to neurodivergent detained people; where smells cannot be eliminated, ensure staff are aware of problematic cells and avoid placing any detained person identifying or likely to experience sensory sensitivity in them.

To the Metropolitan Police Service, College of Policing and National Police Estates Group

- Commission a sensory audit of custody suites to identify problematic aspects of the material environment. Consider adaptations on the basis of issues identified, and identify whether budgetary implications extend beyond the responsibility of the MPS.
- Ensure standards for custody design are informed by insight into the way the material environment is experienced by neurodivergent individuals as an aspect of risk. Consider the feasibility of providing radio, TV, interactive light technology and/or sensory equipment in police cells.

4. Training and guidance

To the Metropolitan Police Service

- Develop mandatory training on neurodiversity-informed practice for all custody staff. This should provide up-to-date evidence relating to the experiences, challenges and support needs of neurodivergent people, with insights into how these intersect with other aspects of their background or identity. Training should provide insights into commonly co-occurring mental and physical health concerns, and the intersections with substance use, exploitation, coercion and domestic abuse. The training should include a focus on challenging stigma and reframing prejudice and how this may relate to interpretations of neurodivergent "presentation" and behaviour.

- Develop mandatory training and accompanying practical guidance on identifying vulnerability based on up-to-date insights into visible, invisible and dynamic needs and risk factors for neurodivergent people.
- All training should be developed and delivered in collaboration with neurodivergent people, including those who have experience of police custody.
- Create internal opportunities to raise awareness of the experiences of neurodivergent people who come into contact with police, with a focus on providing perspectives that challenge prejudice and stigma.

To the National Appropriate Adult Network and AA commissioners

- Develop specialised and tailored training resources for Appropriate Adults on supporting neurodivergent people in police custody.
- Support the development of police training programmes on neurodiversity-informed practice, providing tailored content relating to the application of the AA safeguard.
- Work with local AA commissioners and provider organisations to ensure training is delivered across AA schemes and police forces. Commissioners should ensure adequate resources to support the development of these training resources and inputs at national and local level.

5. Healthcare

To the Metropolitan Police Service

- Conduct and internal review of custody health records to identify the extent of challenges in accessing prescribed ADHD medication and/or melatonin, including the number and proportion of neurodivergent individuals missing prescribed medication and the number of doses missed, reasons medication could not be accessed, current clinical approaches to monitoring when medication is unavailable.
- Seek independent clinical advice on the implications for children and adults of missed doses of ADHD medication and lack of access to melatonin on safety, mental health and detainees' ability to engage with the criminal process. Review the medication stock list on the basis of this advice.

6. Systems and processes

To the Metropolitan Police Service

- Review the design of custody records to improve the recording of support needs, support and adaptations provided and any learning about triggers or helpful approaches. Ensure this information is visible (which could be through a "pop-up" field) and shared during shift handovers.
- Ensure internal dip sampling of custody records to monitor the application of the Appropriate Adult safeguard and provide follow-up training to staff who under-identify vulnerability.

- Delegate the ability to order a pre-approved list of communication, exercise and sensory aids to local custody managers.
- Strengthen internal oversight of whether neurodivergent detained people have had exercise, things to do and/or food. Where individual detained people refuse these, proactively encourage and provide alternatives where possible.
- Ensure that L&D access to custody records is restored, with any appropriate safeguards needed.

To the College of Policing

- Conduct a review of current practice and challenges with the use of mental health and disability flags in relation to neurodivergent people in contact with the police. This review should be informed by the experiences of a wide range of stakeholder groups including neurodivergent people and those who care for them. It should propose solutions, which may include ways of supplementing risk flags with information focussed on support needs, creating an online "passport" system and/or adding new flags.

To providers/commissioners of external services (including NHS and MOPAC)

- Ensure robust monitoring of referrals to all available diversion services. Internal dip sampling should include cases where individuals may have been missed or referred but not seen, and seek to identify any barriers or patterns that may disadvantage neurodivergent people.

7. Independent monitoring and scrutiny

To the Mayor's Office for Policing and Crime:

- Ensure the MOPAC Use of Force pilot guides custody visitors to consider neurodivergent people as a priority group when examining use of force, identifying practices of concern or patterns.
- The MOPAC Use of Force Scrutiny Panel should ensure it reviews incidents involving neurodivergent people, and is informed by knowledge of the background to each incident and the person's individual's needs. The Panel should include a representative with personal or professional insight into the experiences of neurodivergent people.
- Ensure custody visitors are informed of the main findings of this report and are (1) equipped to consider adaptations made to support neurodivergent people to support understanding during visits; (2) aware of the importance of checking in custody records that those who have declined to speak have had food and drinks and other basic entitlements; (3) focussed on how information about vulnerability and support needs is shared during handovers.

To the Independent Custody Visiting Association and the Mayor's Office for Policing and Crime:

- Develop training for custody visitors on the needs and risks of neurodivergent people in the custody context. This should include training on ICVs' own approaches to communication during visits to ensure all ICVs are able to minimise barriers and build trust with neurodivergent people.
- Ensure custody visitors have understanding of the diversion and support services that should be available in their custody suites and are equipped to identify any concerns relating to how these are accessed by neurodivergent people.

To the Metropolitan Police and the Mayor's Office for Policing and Crime:

- Ensure custody visitors note any specific concerns or suggestions for follow-up they have raised with custody staff in their visit reports.
- Ensure MPS specify what action was taken in response to these in SVR responses, providing a brief rationale where ICV concerns were not acted upon.