



JUSTICE DO-IT PROFILER

Professor Amanda Kirby, MBBS, MRCGP, PhD

Do-IT Solutions; www.doitprofiler.com

Rationale for Do-IT Profiler in justice and probation settings

A different approach: Taking a person-centred, needs-led approach

Categorical approaches to the diagnosis and support of neurodivergent individuals are often inadequate. An alternative worth considering is dimensional approaches, which focus on an individual's unique needs rather than relying solely on diagnostic criteria.

Shift towards holistic, profile-based, dimensional approaches

Some psychiatrists have advocated for a move away from categorical methods to more holistic, profile-based, dimensional approaches (NIMH, 2014). These approaches aim to provide a formulation-based assessment and management plan that considers an individual's specific needs, irrespective of whether they meet a specific diagnostic criteria.

Key areas of challenge and support

The focus is on identifying the key areas where an individual faces challenges, particularly in their current social and physical environment, and providing appropriate, holistic support. This perspective can be applied effectively in prison settings as well.

Person-centred approaches and the biopsychosocial model

Dimensional methods are inherently person-centred, putting the individual first rather than categorizing them based on a diagnosis. Such approaches often rely on the biopsychosocial model of disability, which incorporates elements from both the medical and social models of disability. This approach offers a more rounded view of an individual's needs and challenges.

Practical implications for prison and community contexts

For example, a traditional approach to managing a person with Autism who becomes violent during unexpected transfers might involve sanctions or increasing staff presence, which could exacerbate the issue. A person-centred, dimensional approach would aim to minimize change-induced stress for the individual, thereby improving outcomes for everyone involved.

Do-IT Profiler

Comprehensive neurodiversity solution for holistic prison management

Do-IT Profiler is a secure and robust system with a track record of over a decade in establishments like HMP Parc and HMP Cardiff. The platform is designed for the comprehensive screening and support, offering a seamless, accessible, and user-friendly experience for both staff and of individuals with justice system involvement.

Easy setup and training

- Staff training is minimal, enabling quick adoption.
- Flexible integration options, including compatibility with your prison's intranet and HMPPS systems.

Quick and effective screening

- Average completion time for basic neurodiversity screening ranges between 21-25 minutes.

Comprehensive modular design

- Accessible interface designed for individual or group screenings.
- Core modules capture a wide spectrum of neurodivergent traits.
- Additional modules cover important background factors such as adversity, traumatic brain injury, and homelessness.
- Cognitive functional screener evaluates essential skills including literacy, numeracy, and comprehension.

Versatile support modules

- These modules enable ongoing support throughout the offender's journey through the justice system.
- Options to include additional module packs for mental well-being; psychological maturity; study skills, preparation for resettlement; and literacy skills.

User-friendly experience

- Generating instant, personalised reports and guidance for both staff and end-users.
- Accessible, voice enabled.
- Allows those where literacy levels are low or have English as an Additional Language to have their needs assessed and provide them with meaningful guidance.

Labour saving

- Information gathered provides an instant person-centred report with guidance and resources.
- Reduced administration load. The prisoner/individual completes screening usually independently. Can be completed in group settings.
- Can reduce the need for information being repeated by different areas of the prison and allows for all information to be instantly collated.
- Potential for automated specific reports as well if required.

- All data instantly analysed aiding current planning and providing new evidence base for action.

Advanced data management

- All data is automatically collated and available in a range of easy-to-use formats e.g., a question-by-question basis, module, individual, group basis.
- Secure access for authorized staff across individual, group, and prison-wide levels.
- Easy to retrieve data for planning, reporting, and for day-to-day support.

Multilingual options

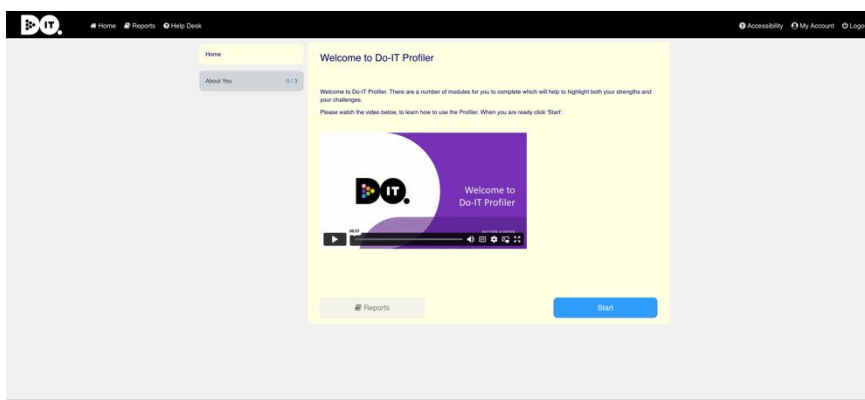
- Available in several languages including Welsh, Polish, Lithuanian, Albanian, and Romanian. Custom languages can be added upon request.

Transparent costing model

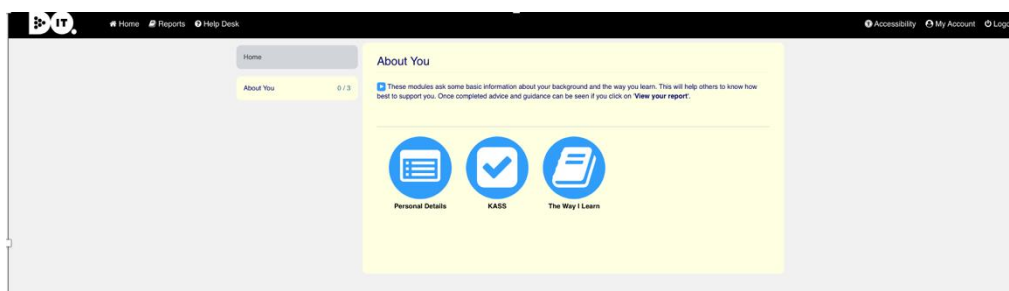
- Annual fees include system setup and maintenance costs.
- Licensing depends on version of system being used e.g., intranet, Cloud based, isolated deployment.
- Additional costs are also module dependent.
- Training on the system and related to neurodiversity can be offered and bespoke to organisation's needs and setting.

Examples of site:

Front end access for individuals in the justice setting.



Modular system allowing individuals to undertake screening at their own pace.

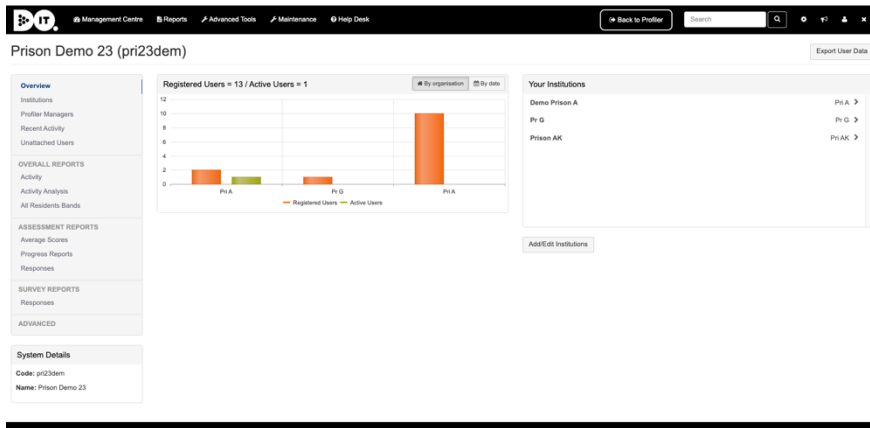


Easy to use system.

A screenshot of the qualification selection screen in the Do-IT Profiler. It features a yellow background and a list of qualification options, each with a radio button. The options are arranged in two columns. A 'Back' button is on the left and a 'Next' button is on the right. The text above the options reads: '* = Required. Select one box below that best describes your highest qualifications. Where Regulated Qualifications Framework (RQF) levels are listed, these include the following; Essential Skills, Functional Skills, NVQ's, Diplomas, Awards, Certificates, ESOL, apprenticeships, baccalaureates, and music grades.'

<input type="radio"/> No formal qualifications	<input type="radio"/> Level 1 - RQF entry level 3
<input type="radio"/> Level 2 - GCSE Grades D-G, RQF Level 1, Scottish Intermediate 1	<input type="radio"/> Level 3 - GCSE Grades A*-C, RQF Level 2, Scottish Intermediate 2
<input type="radio"/> Level 4 - A-Level, RQF level 3, Scottish Higher	<input type="radio"/> Level 5 - HNC, HND, Foundation Degree, RQF levels 4 & 5, Certificate of Higher Education, Diploma of Higher Education.
<input type="radio"/> Level 6 - Bachelor's Degree with Honours, Bachelor's Degree without Honours, RQF level 6, Graduate Certificate, Graduate	<input type="radio"/> Level 7 - Master's Degree, Postgraduate Certificate, Postgraduate Diploma, RQF level 7
<input type="radio"/> Level 8 - Doctorate, PhD, Professional Doctorate, RQF level 8	<input type="radio"/> Other qualifications

Management Platform for staff access, guidance and for data analysis



Background to neurodiversity in justice settings

Understanding neurodiversity

Neurodiversity means the different ways we all think, process, act and communicate. We are all neurodiverse but some of us diverge differently to the way society typically does these things with some strengths or challenges.

Some people are born with conditions like ADHD, autism or dyslexia and others can acquire challenges for example traumatic brain injury.

Expert opinions

Various reports like the [‘No One Knows’](#) series and the [‘Bradley Report’](#) have dug deep in the past into this issue. They recognised that many people in prison have neurodivergent traits. These traits often have gone unnoticed throughout life and can make life inside prison even harder. Struggling with prison routines, becoming victims of bullying, and even higher chances of recidivism are all risks if support needs aren’t identified and managed.

Common and changing terms and groupings.

Conditions like ADHD, Autism Spectrum Disorder (ASD), and communication challenges have a big impact on how people cope in prison. These conditions fall under what professionals call Neurodevelopmental Disorders (NDDs). In education the term Specific Learning difficulties (SpLD) has also been used. In the past other terms like learning difficulties and disabilities have been used as an umbrella term (LDD). Increasingly the term ‘neurodivergent’ is being used instead.

Increasing focus in justice settings

In the last few years, the UK's Ministry of Justice has paid more attention to this issue. They point out that people with neurodivergent traits often find it difficult to understand complex information. This can make dealing with the justice system very challenging.

- **2014 :** [Bradley report](#) reviewed.
- **2020: A call for change**
In 2020, the Ministry of Justice said that neurodivergent individuals need special support to understand and navigate the legal system. They stressed that this group faces extra challenges when dealing with laws and court orders.
- **2021: Training the front line**
In 2021, they went further. They suggested that everyone working in the criminal justice system should get training about neurodiversity. This training should be developed with input from people who are neurodivergent.
- **2022: Time for action**
By [May 2022](#), it became even clearer that things need to change. Over 30% of prisoners have learning challenges. The real number might be higher because many don’t admit to it. The Ministry of Justice recommended that all prisoners

get an educational assessment. This could be a game-changer in identifying learning needs early on. Neurodiversity managers in each prison has started to make a real difference as well.

- **2023: [Review](#)**: 12 month update to cross -government neurodiversity action plan.

The importance of comprehensive screening

To avoid misdiagnosis, it's crucial to take a comprehensive approach that includes key factors like a history of traumatic brain injury and other adverse experiences that may impact and interact in a cumulative fashion. Comprehensive, holistic screening with person centred strategies is needed to avoid misdiagnosis and to ensure effective support.

The goal should be to provide targeted individualised support (where possible) and not just a label.

Current diagnostic and support systems: Categorical vs dimensional

At the present time, neurodivergent conditions like ADHD, ASD, and Dyslexia are diagnosed categorically. This means individuals either get a diagnosis of X or Y or don't. The reality that neurodivergent traits are on a continuum and are dimensional.

A categorical approach often overlooks the complexity and interrelatedness of these conditions, as well as the importance of considering other potential contributing factors such as trauma or family background/socio-economic status.

Taking an approach which is very much an "all-or-nothing" model may lead to unfair distribution of support and services which has often happened prior to entering the justice system.

What do we need to consider when planning services?

The impact of cumulative adversity

Having multiple sub-threshold neurodivergent traits can present more functional challenges than having a single, formally diagnosed condition. However, because these individuals don't fit neatly into existing diagnostic boxes, they often miss out on essential support. This is particularly noticeable within the prison system.

Working across the prison

Services aimed at supporting neurodivergent individuals often operate in separate professional arenas e.g., education and health are run by separate services. For instance, Dyslexia is often managed educationally, while ADHD is considered a mental health issue despite the two often overlapping.

This siloed approach leads to incomplete diagnoses, delayed support, and an increased risk of issues such as reoffending.

Improving data-sharing within prisons

The lack of coordination among different departments, like mental health and substance abuse teams, within the prison system hinders effective diagnosis and treatment. It can

result in information repeatedly being acquired by different departments but not gaining an overview of the complete picture.

Current systems often fail to capture the intricacies of neurodiversity, leaving vulnerable inmates unsupported.

What are the challenges of paper-based assessments and screening tools?

- **Limited accessibility.**
Many inmates in UK prisons face literacy and communication challenges, rendering paper-based tools both impractical and potentially unreliable.
- **Information siloes.**
Information is not collated *across* areas to show total level of risk.
- **Dependence on assessment delivery.**
The efficacy of orally delivered questions can be influenced by the person asking the questions and the confidence level of the individual being assessed, particularly when questions are not understood.
- **Data management issues.**
Traditional methods still often require manual data entry, scoring, and interpretation, which can result in inconsistent approaches and may compromise the quality of the assessment.

Problems with employing various systems.

Utilising separate systems for evaluating distinct facets of an individual's abilities and struggles can result in fragmented insights, potential misunderstandings, and an inability to consider how multiple factors may interact with one another.

Awareness among prison staff.

There are wide variations in the understanding of neurodiversity among prison staff, which can lead to mistreatment and mismanagement of inmates with neurodivergent conditions. In summary, existing systems for diagnosing and supporting neurodiverse individuals are often inadequate, both in the general community and within specific settings like prisons. There's a growing need to reconsider these systems to provide better support for neurodivergent individuals.

Neurodivergent traits in adult prisons

At least one-third of the prison population is estimated to be neurodivergent. Yet, we should take these numbers with caution, as they may be underestimates. A lot of people with conditions like ADHD, Developmental Language Disorder and Autism Spectrum Disorder (ASD) aren't counted in these statistics. This is compared to in the general population for example in the UK, it's estimated that ADHD is present in 2-3%; dyslexia ranging between 5-8%; and Autism Spectrum Conditions around 1-2%.

The prison system sometimes makes incorrect assumptions about the people within its walls, particularly regarding neurodiversity. Often, it's assumed that individuals who are neurodivergent will enter the justice system with an existing diagnosis and will be able to voice their needs. However, this is usually not the case. Many entering the justice system lack any formal diagnoses.

Behaviour-based diagnoses

In prison, diagnosis may often hinge on observed behaviours which fit into existing psychological frameworks like Conduct Disorder or borderline personality disorder.

This approach can overlook potential:

- neurodevelopmental disorders (NDDs)
- a history of traumatic brain injury (TBI)
- adverse childhood experiences (ACEs)
- those who have moved around systems such as those who are care-experienced homeless persons.

Or a combination of any or all the above.

Different populations

Young offenders

When we look at young people in the justice system. Rates of ADHD can be as high as 74.2% among young people who have been sentenced multiple times. Young offenders are particularly at risk of missing out on appropriate diagnosis and support.

Several factors contribute to this:

Lack of early engagement

For many young offenders, parental engagement with health and education services may have been limited, making early identification less likely. Additionally, these youths often have disrupted educational histories, like school exclusion or being moved around the child welfare system. This contributes to a lack of formal diagnosis and the necessary support.

Looked after children and young persons (LACYP)

Young people who have been under institutional care often have a complicated trajectory, making them particularly susceptible to missed or incorrect diagnoses.

Female prison populations

Research suggests that females with ADHD and ASD present differently than their male counterparts. These differences often lead to underdiagnosis or misdiagnosis.

Females with ADHD often show less disruptive symptoms, making their condition less obvious. Similarly, females with ASD generally have unique presentation styles that are different from males, including higher levels of social motivation and fewer repetitive behaviours.

A study in 2020 found that a lot of women in prison who had neurodivergent traits were diagnosed with mental illnesses instead. These traits were also linked to a history of self-harm, attempted suicide, and even head injuries.

Over half of a group of women in a Yorkshire prison were found to meet the criteria for adult ADHD. Moreover, 8.3% had Intellectual Disability (ID), with a further 31.6% at the borderline. Nearly half of the women entering prison didn't even have basic literacy skills, and an overwhelming 77% lacked basic numeracy skills. Some of these issues could be related to conditions like dyslexia and dyscalculia. Many of these women had never been diagnosed before being part of a research study. This means their conditions were likely missed before, and probably even after, entering prison.

What are the barriers to correct support?

Inconsistent routes.

The process of diagnosis varies widely, both within the UK and internationally. This is even more pronounced for those with multiple co-occurring conditions or mental health issues—common scenarios in prisons. In the mainstream community there are also long waiting lists for gaining a diagnosis of some neurodivergent conditions and little or no adult services for others.

Missed opportunities.

Many factors, including lack of parental engagement and fragmented educational history, contribute to missed diagnoses. The 'postcode lottery' further complicates this by making service availability highly dependent on geographic location.

Lesser-known conditions.

Less commonly known conditions like developmental coordination disorder (DCD) and developmental language disorder (DLD) often don't even make it to the diagnostic table, making them especially hard to catch. There is sometimes confusion about what is 'in' and what is not included in neurodivergent framing.

Mislabelling behaviours.

Behaviours indicative of neurodivergent traits, like ADHD or autism spectrum disorder (ASD), can be easily misdiagnosed as mere 'bad behaviour'. This is a significant issue.

The TBI factor (traumatic brain injury).

When TBI is not considered, the risk of misdiagnosis increases substantially. For example, TBI could lead to symptoms that mimic or are mistaken for ADHD, ASD, or intellectual disability (ID).

Children who have had a TBI may seem to 'recover,' with the behavioural effects only becoming noticeable in adolescence. In such cases, connecting the symptoms to the original TBI often gets overlooked. This is very important in a prison population where the prevalence is far higher than in the general population.

What is the complexity of identifying neurodivergent traits and conditions?

Understanding neurodivergent traits is no easy feat, especially given the backdrop of other factors that can mimic or complicate neurodivergent traits. Diagnosing neurodivergent conditions involves a set of internationally recognized criteria, like DSM-5 and ICD-10. Yet, diagnosis is not always straightforward.

Studies from prisons underscore how easily individuals can fall through the diagnostic cracks. Many don't fit neatly into one diagnostic category, requiring a more nuanced approach to identification and support. Understanding the relationship between neurodivergent conditions and mental health, as well as the other external factors is crucial, especially in the context of prison populations.

Cumulative adversity and neurodiversity can have an amplifying effect. Research shows that neurodiversity combined with adversity—like trauma or injury—can have a compounded negative impact on an individual's life. This is particularly important in a prison setting, where many individuals have faced such adversities.

What factors create some challenges in determining neurodivergent traits?

- **Mimicking factors**
Adverse childhood experiences (ACEs) and traumatic brain injuries (TBI) can also lead to symptoms that look a lot like neurodivergent traits. So, the presence of these factors can blur the lines, making an accurate diagnosis difficult.
- **Overlapping conditions**
Moreover, it's common to see co-occurrence of these conditions. Someone could have both a neurodivergent condition and a history of TBI or ACEs. Misdiagnosis often happens when these overlapping conditions are not considered.
- **Increased risk of mental health difficulties**
People with neurodivergent conditions like ADHD and ASD are more likely to experience mental health issues. These include common conditions such as anxiety disorders and depression, as well as more complex disorders like eating disorders and schizophrenia.
- **Suicide risk**
Neurodivergent conditions also correspond with a higher risk of suicide. Studies have indicated that suicidal ideation, attempts, and completions are more frequent among those with ADHD, ASD, dyslexia, and intellectual disabilities (ID).
- **Self-harm and suicide in prisons**
The issue of self-harm and suicide is especially critical in prison environments, showing an upward trend in recent years. Self-harm incidents are rising within the

prison population. Between 2017 and 2018 alone, there were 92 self-inflicted deaths and more than 50,000 self-harm incidents in English and Welsh prisons. There's evidence to suggest that self-harm incidents may be becoming more severe, as indicated by an increase in the rate of hospitalizations. However, this measure is influenced by multiple factors and should be interpreted with caution.

- **Substance misuse and neurodivergent conditions**

Substance misuse is another critical concern, particularly for individuals with neurodivergent conditions. People with neurodivergent conditions like ADHD and ASD are more likely to develop substance use disorders. Some studies have shown that individuals with ASD are significantly more likely to have drug and alcohol use disorders compared to those without these conditions.

- **Self-medication and ADHD**

In the case of ADHD, substance misuse may be a form of self-medication. Treating the underlying ADHD condition has been shown to reduce substance misuse relapses and is associated with reduced criminal behaviour.

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(References in red are related to research done in prisons using Do-IT Profiler or relevant work with Do-IT Solutions in a range of contexts.)

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Author biography

Professor Amanda Kirby MBBS MRCGP PhD

Amanda serves as the CEO and founder of Do-IT Solutions, a socially responsible tech firm specializing in neurodiversity screening and online support tools for both the educational and corporate sectors.

Holding the title of Emeritus Professor at the University of South Wales and Honorary Professor at Cardiff University, Amanda is no stranger to academia. With a background in both clinical work and research, she spearheaded a transdisciplinary team focused on neurodiversity for two decades. Amanda is not only a certified General Practitioner but also holds a Ph.D. that explores the intersection of neurodiversity and emerging adulthood. She has even developed and managed a Master's program in Special Educational Needs.

Amanda's influence extends to the governmental level, serving on advisory boards like the Hidden Impairment National Group. She also consults for multiple charities both in the UK and globally, including serving as the Chair of Movement Matters UK and the ADHD Foundation. She is a patron of the Dyspraxia Association in New Zealand and collaborates with various other organizations in the field.

An accomplished author, Amanda has penned 10 books and contributed to over 100 research publications. Her most recent book, "Neurodiversity at Work, Drive Innovation, Performance and Productivity with a Neurodiverse Workforce," won the 2022 Business Book Awards for Equality, Diversity, and Inclusion. Recognized as one of the top HR thinkers in the UK for 2022, Amanda also received the Lifetime Achievement Award at the National Diversity Awards in 2023 and earned a spot on the UK Power 50 list. Her latest collaborative work, "Neurodiversity in Education," was published in 2023 with co-authors Paul Ellis and Abby Osbourne.

As someone who identifies as neurodivergent and is also a parent and grandparent to neurodivergent family members, Amanda brings personal experience to her professional endeavours. Her longstanding commitment to fostering opportunities for neurodivergent individuals in educational and work environments is as robust today as it was three decades ago.

