








Autism Partnership Board




Agenda - What we will talk about

(Microsoft Teams link: [Click here to join the meeting](#))

	<p>Meeting Date: 12 September 2023</p>
	<p>Venue: Trelawny Room New County Hall Treyew Road Truro Cornwall TR1 3AY</p>
	<p>Welcome and refreshments 10.00am</p>

	<p>Please sit down</p> <p>(Meeting time: 10.30am to 12.30pm)</p>
	<p>Welcome, introductions and apologies</p> <p>Councillor Sally Weedon, Chair</p> <p>(10:30-10:40)</p> <p>Meeting Guidance – Page 5</p>
	<p>Minutes and actions from the last meeting.</p> <p>Easy Read version – Page 6 Standard version – Page 23</p> <p>10 minutes (10:40-10:50)</p>
	<p>Updates from members</p> <p>30 minutes (10:50-11:20)</p>

	<p>Break</p> <p>10 minutes (11:20–11:30)</p>
	<p>Young Persons Autism Strategy for Cornwall</p> <p>Liz Cahill, NHS Cornwall and the Isles of Scilly ICB</p> <p>15 minutes (11:30–11:45)</p>
	<p>Cornwall Supported and Specialist Housing Strategy 2023</p> <p>Sarah Keast, Cornwall Council</p> <p>Page 39</p> <p>20 minutes (11:45–12:05)</p>

	<p>Police Interactions with Neurodivergent People</p> <p>Presented by Marie Ralph, Autistic Community of Cornwall</p> <p>Page 47</p> <p>10 minutes (12:05-12:20)</p>
	<p>Any Other Business</p> <p>10 minutes (12:20-12:30pm)</p>
	<p>End of the meeting</p>

Next Meeting:

Tuesday, 12 December 2023 in the Trelawny Room, County Hall, Truro and on Microsoft Teams.

Open at 10:00 am for refreshments.

Meeting will begin at 10:30 am.

Meeting Guidance – Keeping Members Safe

- Everyone has the right to meet in a safe atmosphere.
- All voices have the right to be heard.
- Work in partnership with each other. Listen and respect each other's views
- Do not single out individual Members.
- Do not interrupt. Be guided by the Chair.
- Do not share private information outside of the meeting.

Healthwatch Cornwall operate a Zero Tolerance policy on Bullying and Harassment.

This applies to both face to face and online meetings.

Autism Partnership Board Meeting



20 June 2023

**At Probus Village Hall
and on Microsoft Teams**

Who was there

Name	About them
Mike Hooper	Healthwatch Cornwall
Robert O'Leary	Healthwatch Cornwall
Anna Clemens	Department for Work and Pensions
Anna Ingleby-Oddy	United Response Cornwall
Antony Bell-Thorne	Cornwall Council
Caroline Finlayson	Cornwall Partnership NHS Foundation Trust
Christopher Burns	Service User and disability campaigner
Clive Gaylard	Cornwall Council
David Allkins	Cornwall Council
David Burns	Citizen Checkers and Healthwatch Cornwall
Debbie Rees	Cornwall and Isles of Scilly Integrated Care Board
Dina Holder	Women's Centre Cornwall & Divas
Sgt Flo Linscott	Devon and Cornwall Police
Julie Atwell-Cook	Cornwall Council
Julie Pape	The CHAMPs
Karen Hooper	Cornwall Council
Lisa Clark	Parent Carers Cornwall
Lizzie Denison	Cornwall Council
Lucy Fremantle	Cornwall Partnership NHS Foundation Trust
Marie Ralph	The Autistic Community of Cornwall
Marie Lobb	Parent Carers Cornwall

Name	About them
Nory Menneer	Cornwall and Isles of Scilly Integrated Care Board
Paul Owen	CHAMPs
Shelagh Mitchell	Healthy Cornwall and CHAMPs
Susan Joseph	Cornwall Council

Who couldn't make it

Name	About them
Alison Short	The Advocacy People
Andrew Gray	Autistic Individual
Christopher Burns	Service User and disability campaigner
Donna Darby	Calton House Ltd
Fliss Hedge	Cornwall People First
Jane Rees	Royal Cornwall Hospital NHS Trust
Julie Atwell-Cook	Cornwall Council
Julia Wildfire-Roberts	Pentreath and Healthwatch Cornwall
Tigger Pritchard	NAS Cornwall and The Autistic Community of Cornwall

What we talked about at the meeting



Everybody agreed that the minutes of the November meeting were correct.

Updates from members



Dina Holder told everyone about the **Learning Disability Partnership Facilitator Project**.

It wants to keep people safe from domestic abuse and improve support services.

A presentation is at the end of these minutes.



David Burns said **Citizen Checkers** were still visiting people in hospitals and speaking with people that had returned home.



The **CHAMPS** are working with the **Police** and **The Autistic Community of Cornwall** to make sure that neurodiverse people can use the **Safe Places** scheme.



The team has also helped to design a course called **Diabetes and You**.

It is online. Click this link for information.

[Diabetes and You - Healthy Cornwall](#)



Robert O'Leary has joined Mike Hooper on the **Partnership Boards** team.

He is meeting new people all over Cornwall to make the Boards as strong as possible.



Department for
Work & Pensions

There is a sub-group of this Board that looks at communication with the **DWP**. It is meeting in June.



The **DWP** told us that they are working hard to make **Job Centres** better for autistic people.

They now have sunflower lanyards at reception.



Cornwall Partnership
NHS Foundation Trust

The **Adult Autism Assessment Team** reported that it is taking around 2 years for people to get an autism diagnosis.

The team has employed more staff but more and more people are joining the waiting list.

The team have also been working with the **Mental Health** team to improve support and training for autistic adults.



Blue Light Day is on 5 July 2023.

Flo Linscott from **Devon and Cornwall Police** said there is enough money for a Blue Light Day next year too.



Members want to talk to the **Police** to see if an autism alert can be added to the new Hospital Passport app.

That would be instead of having an Autism Alert Card.



Members think it would be good if a **GP** joined the Board.

The Autism Team are looking for a suitable person.



The Learning Disability and Autism Team at **Royal Cornwall Hospital Treリスケ** are still working to make appointment letters in easy read format

The **Autistic Community of Cornwall** told the Board more about their work.

They offer:

- Training by autistic people. Feedback has been very good.
- A '**Human Library**'. This is where autistic people with different experiences are there for you to talk to.
- The **Autistic Navigator Programme**. This is to help people to find their way through a world that is not designed for autistic people.
- Support and advice for commissioners to help them understand what services are needed.





Some members of the Board want to meet with the **Police** to talk about how the Police communicate with autistic people.

The Autistic Community of Cornwall say that many people tell them that they are scared of the Police.

Better training is needed.

There will be an update at the next meeting.



Devon & Cornwall
POLICE

Adult Social Care Updates

Personalisation Working Group

There was a group to look at how to have better control over your personal budget

That may be **Direct Payments** or **Individual Service Funds**.

The Working Group will meet for the first time on 26 June.





Day Opportunities and Supported Employment

Cornwall Council wants everyone to make sure that everyone is able to lead their best life.

For some people that could mean going to a day centre

For other people that might mean support for them to be able to work.

A plan is being written and everyone will have the chance to respond to it.



Housing Options

Cornwall Council's Housing Options Manager has offered to come to a Board meeting to answer your questions.

If you have any questions the email them to karen.hooper@cornwall.gov.uk or partnershipboards@healthwatchcornwall.co.uk.





Practice Quality Standards for Adult Social Care

This is a document that sets standards for Cornwall Council staff to follow.

The **CHAMPs** are converting it into easy read to make sure all staff understand the standards.

Autism Strategy for Cornwall

It is in the very early stages but at the moment the key areas will be:

- Improving awareness and understanding of autism.
- Improving support into adulthood.
- Increasing employment and access to training.
- Better lives – focus on care and healthcare.
- Housing and being independent.
- Keeping safe.
- Supporting families and carers.



The Partnership Board will be involved all the way through the process.

Health Updates



Dynamic Support Register

This is for people that are in crisis and could end up in hospital.

Being on the Register means that people keep a very close check on your treatments.

You can also create a plan to help you avoid a crisis in the future.



Out of County Hospital Placements

Only 1 person from Cornwall is now in a hospital outside of the county

They have a plan to return home.



Green Light Mental Health Champions

Autistic people have the right to access the same **mental health services** as everyone else.

Cornwall Foundation NHS Trust are using the Green Light Toolkit to make sure every inpatient has access to services that suit them

Autism Diagnosis

There are long waits for an autism diagnosis on the NHS.

Some people are getting private assessments because they are quicker.

Work needs to be done to make sure that all assessments are of the same standard.



Any other business

Accessible Hospitals

The **CHAMPs** have been visiting hospitals to make sure they are suitable for autistic people.

They are looking at things like:

- lighting
- how the walls are decorated
- Making sure there is quiet space or that headphones are available
- signs that are easy to understand
- posters on how to best communicate with an autistic person.





Blue Badge

Members said that the Blue Badge team at Cornwall Council still does not understand autism.

Training so they understand why an autistic person might need a Blue Badge is needed.

Next meeting:



**At County Hall, Truro
or on Microsoft Teams**

**The LEARNING
DISABILITY and
DOMESTIC
ABUSE
PROJECT**

**How to keep safe from abuse
How to get help**



**The EOS
Partnership**



- The EOS Partnership are a group of people who pay for Domestic Abuse and Sexual Violence Services in Devon and Cornwall
- The services they pay for should help you keep safe from abuse and give you help.
- If they are not helping you they will set up new and better services.

The project






They have asked Dina Holder and the DIVAS (Women with Learning Disabilities and who have experienced abuse) [The DIVAS](#) to meet with women and men with Learning Disabilities in Devon and Cornwall.

They will ask you

- what will help keep you safe from domestic abuse and/or sexual violence.

Anyone, a woman or a man can experience abuse.

<p>Domestic Abuse</p> 	<p>Domestic abuse is</p> <ul style="list-style-type: none"> • when your close partner or family member hurts you or says they will hurt you. • They might bully you or control you. • This could be things like hitting you or making you feel bad about yourself. • They may control your money or what you do on -line. <p>Domestic Abuse is always wrong.</p>
<p>Sexual Violence</p> 	<p>Sexual Violence is</p> <ul style="list-style-type: none"> • when someone makes you do something sexual or touches parts of your body in a way that makes you feel uncomfortable or bad or scared. • If you do not want to be touched by them you can say NO. • If they ignore you they are using Sexual Violence. • It is a serious crime and is against the law. • Sexual Violence is always wrong.
<p>Can you help?</p> 	<p>We want you to tell us</p> <ul style="list-style-type: none"> • about your experience of getting help from learning disability services and domestic abuse & sexual violence services, •



- what it is like using these services.

Tell us



The aim of the project is to find out:


- what type of help you wanted,
- where you went to for help,
- how easy or difficult it was to get help,
- how long you had to wait,
- if the support you received helped you.
- If you did not get any help
- What would work better- what you really needed.

**Who can take part...
Anyone can including
you**



You can take part in this project:

- if you have been a victim of domestic abuse or sexual violence
- Used domestic abuse services **OR**
- Tried to use domestic abuse services **OR**
- Thought about using domestic abuse services **OR**

	<ul style="list-style-type: none"> • Don't understand what Domestic Abuse and Sexual Violence is <p>We'd like to hear from you even if you didn't use any domestic abuse services.</p>
<p>We will listen and act</p> 	<p>WE will write a report</p> <ul style="list-style-type: none"> • telling the EOS Partnership about your views. • We will make suggestions to them about how to improve the services offered • We will show you the report and the changes that the EOS Partnership agree to make things better.
<p>Call me</p>	<p>dina.holder@womenscentrecornwall.org.uk / mobile 07398893242</p>

MEETING NOTES:	Meeting of the Autism Partnership Board
DATE:	Tuesday, 20 June 2023
LOCATION:	Probus Village Hall and on Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Robert O’Leary (RO)	Partnership Boards Lived Experience Engagement Officer	Healthwatch Cornwall
Anna Clemens (AC)	Disability Employment Advisor and Autism Lead	Department for Work and Pensions
Anna Ingleby-Oddy (AI)	Housing Manager	United Response Cornwall
Antony Bell-Thorne (AB)	Commissioning Manager	Cornwall Council
Caroline Finlayson (CF)	Speech and Language Therapist, Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Christopher Burns (CB)	Service User and disability campaigner	
Clive Gaylard (CG)	Service Manager, Proper Job	Cornwall Council
David Allkins (DA)	Autistic individual and Revenue and Benefits Administration Assistant	Cornwall Council
David Burns (DB)	Autistic Individual and Community Promoter	Citizen Checkers and Healthwatch Cornwall
Debbie Rees (DR)	Clinical Review Officer	Cornwall and Isles of Scilly Integrated Care Board
Dina Holder (DHo)	Community Engagement Manager	Women’s Centre Cornwall & Divas
Sgt Flo Linscott (FL)	Diverse Communities Lead	Devon and Cornwall Police
Julie Atwell-Cook (JA)	County Parenting Advisor	Cornwall Council
Julie Pape (JP)	Autistic individual	The CHAMPS
Karen Hooper (KH)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Lisa Clark (LC)	Parent Carer and Director	Parent Carers Cornwall
Lizzie Denison (LD)	Opportunity Coach and Co-Production Lead, Proper Job	Cornwall Council
Lucy Fremantle (LF)	Team Manager, Adult Autism Assessment Team	Cornwall Partnership NHS Foundation Trust
Marie Ralph (MR)	Autistic individual and Parent Carer	The Autistic Community of Cornwall
Michelle Lobb (ML)	Parent Carer and Director	Parent Carers Cornwall
Nory Menneer (NM)	Commissioner for LD and Autism	Cornwall and Isles of Scilly Integrated Care Board
Paul Owen (PO)	Autistic individual and CHAMPS Team member	Cornwall Council
Shelagh Mitchell (SM)	Health Improvement Practitioner, Healthy Cornwall and CHAMPS	Cornwall Council

Susan Joseph (SJ)	Interim Strategic Commissioner for LD and Autism	Cornwall Council
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APOLOGIES

Name	Position	Organisation
Councillor Sally Weedon	Councillor and APB Chair	Cornwall Council
Alison Short	Advocacy Coordinator / Independent Advocate	The Advocacy People
Andrew Gray	Autistic Individual	
Donna Darby	Director	Calton House Ltd
Fliss Hedge	Operational Lead	Cornwall People First
Jane Rees	Manager of the Learning Disability and Autism Team	Royal Cornwall Hospital NHS Trust
Julie Atwell-Cook	County Parenting Advisor for Early Help, Together for Families	Cornwall Council
Julia Wildfire-Roberts	Project Manager, Recovery College Cornwall, HC Director and autistic individual	Pentreath and Healthwatch Cornwall
Tigger Pritchard	NAS Committee Member, Autistic and Neurodivergent individual, national and international speaker on advocacy and neurodivergence rights	NAS Cornwall and The Autistic Community of Cornwall

ACTIONS

Action	Responsible	Status
ER hospital letters.	JR	To be scheduled. Not yet signed off
Arrange meeting with Police re Police Interactions with Neurodivergent People.	PB Team / MR / DH	Item on 12/09/23 agenda.
Liaise with JR re SWASFT crews not having access to information held on RCHT Hospital Passports	PB Team / JR	Ongoing. Update to 12/09/23 meeting.
Utilising Hospital Passport App in lieu of Autism Alert Card. Liaise with Jason Howard, D&CP.	PB Team	Ongoing. Arrange focussed meeting with PC Howard and MR. Possibly link to above Police item.
Update on housing related outcomes from Making Good Change Happen (in lieu of Inviting CC Housing Options Team to future meeting to look at the implications for people with LD and Autism in accessing mainstream housing)	KH	Ongoing. Update as timely.
Reconvene DWP Service Users Group	MH / TB / AC	Complete. The Group will meet on 29/06/23. Feedback from DWP on recommendations made to Dec meeting.

Action	Responsible	Status
Possibility of audit of accessibility of Mental Health services. Investigate setting up a focused group, with Mental Health colleagues, to consider issues discussed.	NM / VC / JG	Ongoing. Agenda item to be scheduled.
Housing Options Manager to join a future meeting of the Board for a Q&A session.	PB Team / KH / JW	Complete. No questions were received so no future consideration required.
Link with Sara Sanders, LeDeR.	NM / PB Team / SS	Complete. Met on 19/07/23. The Board is asked to extend a standing invite for Sara to attend when information is timely and for the Board to receive information via email as it becomes available.
Progress Blue Badge discussions (inc MR) (previously agreed to be considered outside of the Board, inc ML)	PB Team / KH	Ongoing.
Source appropriate GP representation for the Board.	CF / PH	Ongoing.
Provide details of statutory obligations within delivery of Better Lives Strategy.	TBC	On hold due to review of rollout of BLS.
Further information on how to access the services of The Advocacy People. Provide details of statutory obligations regarding advocacy support.	PN / AS	To be scheduled.
Convert Direct Payments information into easy read for circulation.	AS / CG	On hold due to review of Policy.

Item	What was discussed	Action
1.	Welcome, introductions and apologies	
	<p>The Chair, Councillor Sally Weedon, had submitted apologies so MH took the Chair. He welcomed everyone and advised that the meeting was being recorded for minute taking purposes.</p> <p>Further apologies received are detailed above.</p> <p>MH invited everyone present to introduce themselves.</p>	
2.	Minutes and actions of the meeting held on 14 March 2023	
	<p>MH invited any issues from minutes of the last meeting to be raised.</p> <p>No issues were raised and they were therefore accepted as a true record.</p>	

<p>3.</p>	<p>Updates from Members</p>	
	<p>The Women’s Centre Cornwall / The Divas</p> <p>DH introduced the new Learning Disability Partnership Facilitator project. Her commitment to the Board, and in general, was that whenever working on LD matters she also wanted to consider autism and neurodivergence issues, as well as mental health, in order to avoid a siloed approach. Divas training always aimed to cover wider issues to the main topic.</p> <p>Before continuing, DH gave a trigger warning that she would be referencing domestic abuse and domestic violence.</p> <p>Further information in the form of an accessible presentation is attached as an Appendix to the easy read version of these minutes.</p> <p>The following information had been shared in advance of the meeting:</p> <p><i>The current system of support for domestic abuse and sexual violence is failing to reach victims and survivors with learning disabilities. This group of people are known to be at a high risk of Domestic Abuse and Sexual Violence. This is why a group of lead commissioners in domestic abuse and sexual violence services from Cornwall Council, Devon County Council, Plymouth City Council and Torbay Council are working together to improve the system of support across the southwest peninsula.</i></p> <p><i>They know that people with learning disabilities are underrepresented in the specialist domestic abuse and sexual violence services, and that they need to look at different approaches to provide inclusive support. The stigma and discrimination for people with learning disabilities is high, meaning that they either do not or cannot access services or if they do seek help they do not receive good quality, non-judgmental care and support.</i></p> <p><i>They have therefore commissioned The Women’s Centre Cornwall to lead a new piece of work: the Learning Disability Partnership Facilitator Project. We will be working with Domestic Abuse and Sexual Violence (DASV) Services to support them to improve their confidence and skills in supporting people with learning disabilities.</i></p> <p><i>We also will reach out to work with specialist Learning Disability organisation’s to help them to raise their awareness of domestic abuse and sexual violence so that they can support disclosures, and also better recognise that some behaviors may be occurring as a result of abuse and so make sensitive inquiries; and then to help people with learning disabilities to access support from specialist DASV services. Plus working together with services to understand how to continue to work with the person through the support journey.</i></p>	

Specific Outputs include:

1. *the provision of training programmes for DASV specialists and Learning Disability specialists;*
2. *the development of accessible practice (communication, risk, safety planning, etc) tools; and*
3. *a specialist referral pathway into Domestic Abuse services and Sexual Violence for services working with people affected by DASV with learning disabilities.*

Intended Outcomes:

1. *We aim to upskill the workforce so that DASV services and specialist Learning Disability services understand how people with learning disabilities experience domestic abuse and know how to communicate with victims of domestic abuse with learning disabilities and have a range of tools to support this.*
2. *Improved connectivity between all agencies working with people with learning disabilities who experience domestic abuse including clear and well published pathways into services.*

As the Partnership Facilitator we wish to understand what the current gaps are and develop some co-produced solutions. A key part of this learning will be supported by the DIVAS who are a group of women who are peer educators. They are women with learning disabilities who have experienced DASV. They are skilled trainers and will ensure that all developments are accessible and meet their needs and the needs of others who are experiencing or who have experienced abuse.

We want to work with local organisations to facilitate partnership working across the DASV and Learning Disability system covering Devon and Cornwall, reducing fragmentation and increasing access to DASV services. With all organisations feeling confident in identifying and responding to the needs of victims and survivors of domestic abuse who have learning disabilities.

I very much look forwards to meeting you and talking about the issues and opportunities that this project can address and so deliver a better experience for people with learning disabilities who are experiencing or have experienced abuse.

DB asked what the training would cover. DH said that the final version was yet to be agreed but emphasised that the project was open to all genders and the approach would be wider than solely focusing on domestic abuse and sexual violence. Rod Landman, who also worked with Arc, was involved to assist with issues affecting males.

Citizen Checkers

DB reported that Citizen Checkers continued to both visit people currently in

hospitals and speak to individuals that had been recently discharged.

The CHAMPS

SM had met with Sgt Flo Linscott to discuss the Safe Places Scheme and ensuring inclusivity through opening up the scheme to neurodiverse individuals.

A date had been set to meet with MR of the Autistic Community of Cornwall to utilise her expertise in the use of appropriate language. Sergeant Flo Linscott offered to join the meeting. He had assisted with the relaunch of Safe Places and had visited a vast number of establishments across Cornwall, the vast majority of which had elected to continue in the scheme.

September would see the launch of an accessible version of their ‘Diabetes and You’ online course that the team had co-designed.

The team would also be involved in the design of the Autism Strategy.

Healthwatch Cornwall

RO had joined the Partnership Boards team in March, following the last meeting of the Board.

His focus as the Lived Experience Engagement Officer had been upon forging new relations with previously unreached groups and individuals, leading to many new sign-ups and to Board representation on other bodies.

Royal Cornwall Show had been a great success for both the Partnership Boards and the wider organisation and the PB Team would have a stand at Blue Light Day. Two of the team’s lived experience Community Promoters, Steve Dymond and Marie Lobb, would be supporting the team.

In the summer of 2022, a sub-group of the Board had been formed and met to consider communication and accessibility issues with the DWP. The March meeting of the Board had received responses from the DWP to the issues raised. The group was meeting again on 29th June.

Department for Work and Pensions

AC reported that the DWP was awaiting for the go-ahead for Autism Accreditation for all job Centre sites. Health Model offices across the country had achieved it but funds were not yet in place to role it out further. Despite that, informal walk-throughs and improvements had already started in preparation. In response to a question from MR, AC said that the accreditation framework was designed through the National Autistic Society.

All Job Centres now had sunflower lanyards available on front desks.

	<p>Adult Autism Assessment Team</p> <p>LF reported that waiting times for assessments remained quite high. From the point of presenting with a query of autism to diagnosis it was around two years. The team had recently recruited so progress was being made but referrals continued to increase monthly.</p> <p>Ways of working with Mental Health colleagues had developed to improve offers of support and training around autism with mental health.</p> <p>Devon & Cornwall Police</p> <p>FL had already updated briefly of the Safe Places Scheme.</p> <p>Funding had been secured for not only this year's but also next year's Blue Light Day. He urged everyone to attend on 5 July.</p>	
<p>4.</p>	<p>Actions from Previous Meetings</p>	
	<p>Most actions had been addressed through the updates from members or would be through later agenda items. MH updated on those actions not covered:</p> <ul style="list-style-type: none"> • Utilising Hospital Passport App in lieu of Autism Alert Card. A meeting would be arranged with PC Jason Howard and members of the Board were welcome to join. MR asked that she be included. • Caroline Finlayson and Phillip Hanscombe of the Autism Intensive Support Team had undertaken to look into who would be best placed to provide GP representation on the Board. The specific focus of the conversation centred around the Board receiving information on the standard of health checks and what feedback is currently being gathered but it was anticipated that any such representative would be open to discussing wider topics also. It was hoped that a suitable representative could be identified in advance of the September meeting. • It had previously been that Tigger Pritchard assist with writing advice for the Board around ensuring the appropriate use of language during meetings. Ian Hutchinson of the Autistic Community of Cornwall had produced a short guide on Neuro-affirming language that had been adopted by the NHS. It is attached as an Appendix. • Easy read hospital letters – Jane Rees had reported that the letters had yet to be signed off. 	<p>Circulate when available.</p>

<p>5.</p>	<p>The Autistic Community of Cornwall</p>	
	<p>MR gave an update on the work of the Autistic Community of Cornwall (ACC). The organisation was a Community Interest Company, meaning that income was reinvested into providing services, as opposed to being profit for owners.</p> <p>Its main aims were:</p> <ul style="list-style-type: none"> • To provide training around autism from an autistic perspective. • To develop the 'human library'. Autistic people with different backgrounds, genders and identities were available for others to talk to and ask questions of. • The Autistic Navigator Programme, for which National Lottery funding had already been achieved. The aim was to help autistic people navigate their way through a non-autistic world. Many participants were newly-diagnosed and were struggling due to the lack of post-diagnostic services available to them. The ACC had found that peer to peer mentorship really helped. • Meeting with commissioners to teach them, from an autistic perspective, about where services were lacking and where improvements could be made. <p>MR had recently been awarded a British Citizen's Award in education for her work at both a local and national level. She would be attending the Palace of Westminster to collect the award the following week.</p> <p>The first meet up for members of the ACC – "a social for people that don't like being social" – was taking place in July. It was a drop-in event where you could meet other autistic people, which for many was the most therapeutic thing you could do. The venue was in Newquay but it was anticipated that events would be held across Cornwall moving forwards.</p> <p>The ACC would have a stand at Blue Light Day.</p> <p>Positive feedback had been received on the training already delivered, which included Cornwall Council, CFT (including the Adult Autism Assessment Team and the Autism Intensive Support Team) and across the NHS.</p> <p>MR sat on the Police Equality and Diversity Board. As previously discussed through the Board, she felt that there was a massive need within the Force for better autism training, particularly around dysregulated individuals that may be showing signs of distress. The "hit and miss" approaches of Police that she had witnessed demonstrated that their training was not robust enough.</p> <p>Awareness and acceptance of autistic needs when suppressed was a</p>	

	<p>vital lesson that needed to be learned. The ACC had received a lot of feedback from autistic adults stating that their greatest fear was being confronted by the Police and also from parent carers of autistic young people.</p> <p>MH asked what the Board could do to support the progression of the matter.</p> <p>DH detailed the work of the Divas in relation to Operation Soteria, a collaborative programme bringing together police forces with academics and policy leads to use evidence and new insight to enable forces to transform their response to rape and serious sexual offences.</p> <p>The Divas had delivered online training and wondered if the Board could form a cohesive approach to progressing issues with the Police.</p> <p>ML cited the good practice followed by South Western Ambulance Service NHS Foundation Trust (SWASFT). She had recently witnessed examples of difficult to handle situations involving an autistic individual and their handling was exemplary. However, she had discovered that crews do not have access to information held on Hospital Passports. There could be a dangerous situation if an individual did not have someone with them that could articulate their needs</p> <p>It was agreed that the PB Team liaise with MR and DH as to how best to facilitate a discussion with the Police and the information that needed to be presented to them.</p> <p>FL confirmed that Teresa Berridge, Equality, Diversity & Human Rights Officer, would be the appropriate Police representative to liaise with.</p> <p>It was agreed that the issue of SWASFT crews not having access to information held on RCHT Hospital Passports be raised with Jane Rees.</p>	<p>Arrange meeting with Police re Police Interactions with Neurodivergent People.</p> <p>Liaise with JR.</p>
<p>6. Break</p>		
	<p>The Board took a 10 minute comfort break.</p>	
<p>7. Updates from Adult Social Care</p>		
	<p>KH provided the following updates:</p> <ul style="list-style-type: none"> • Fiona Plummer & Antony Bell-Thorn – Direct Payments – The Board had previously provided feedback on the new Direct Payments Policy, recommending that Cornwall Council undertake further engagement to hear the voices of individuals in receipt of payments. 	

	<p>The Council had listened to the view of the Board and a meeting was being held the following week in which 70+ individuals had expressed an interest in joining.</p> <ul style="list-style-type: none"> • Antony Bell-Thorn (ABT) – At its last meeting the Board had received a presentation on Individual Service Funds (ISF). ABT had now met with providers and other interested parties to explain the benefits of ISFs and the creativity that they create for the individual. Some ISF’s were now being utilised in Cornwall and it was very important that the Council monitored their usage to ensure that providers were allowing for creative use and that individuals were satisfied with the outcomes. A library of case studies would be produced in order to evidence their effectiveness. <p>DB asked how open providers were to the use of ISF’s. KH said providers were engaged and wanting to use them. They could see the benefits created by their flexibility to meet the needs of individuals. The overall goal was to ensure that all commissioned care had such flexibility built in to it.</p> <ul style="list-style-type: none"> • Elaine Bradley – New contracts and the way that the Council commission Day Opportunities and Supported Employment were being worked on. An outline business case was currently being produced, which would consider the options as to how address the aims and achievements that people said they wanted. The next stage would be the engagement process. That plan should be available within the next four weeks. <p>ML said that there was a small but significant cohort of people for whom supported employment would not be suitable. For some, the “old-style” day services were the most appropriate form of support. Would such services still exist moving forward? KH encouraged ML to participate in an upcoming engagement session and reassured that it was not the intention to shut every day centre and push people into supported employment. The aim was access and choice for individuals to do what best supported them in leading their best life. But there was also a need to recognise that there was currently insufficient opportunities around and pathways into supported employment.</p> <ul style="list-style-type: none"> • KH had been asked to by the Board to reach out to Council colleagues regarding housing-related outcomes, some of which was linked to the Making Good Change Happen work. <p>John Warner, Housing Options Manager, had offered to join a future meeting of the Board for a Q&A session. In order for that to run effectively and for all questions to be answered, members were asked to email questions to karen.hooper@cornwall.gov.uk and/or partnershipboards@healthwatchcornwall.co.uk.</p>	<p>To be scheduled should questions be received.</p>
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For clarification, KH stated that questions should be about housing options, in particular mainstream housing and how it is being made accessible. Alternatively, John could provide a presentation around accessibility and the information gathered through Making Good Change Happen.

- Mandy Palmer – Practice Quality Standards for Adult Social Care, an internal document for Cornwall Council staff. Following feedback from the Partnership Boards team, Mandy was working with the CHAMPs to produce an easy read version for circulation across the Council.
- Updates on the rollout of autism training across the Council would be provided by Tina Sanford at future meetings.

SJ informed that Board that she would be leading on Cornwall's All-age Autism Strategy. Work was due to begin soon and the Joint Strategic Needs Assessment, which was currently being written and was expected by the end of July, would form a good base of information.

SJ had identified initial priorities, many of which had featured in discussions at today's meeting. Whilst stressing that they were not exhaustive, SJ said that they were:

- Improving awareness and understanding of autism within the wider community.
- Improving support from early years into adulthood.
- Increasing employment, access to training and vocational support.
- Better lives – healthcare, care inequalities, support in the community and patient care.
- Housing and increasing independence.
- Keeping safe.
- Supporting families and carers.

Workshops would be held and would be supported by Health colleagues. Board members and organisations were encouraged to participate.

MR said that one of her bugbears was the term 'awareness'. The view of the ACC was that the majority of people and services were aware of autism, it was a lack of 'acceptance' that was the problem and the key factor the led to autistic people not being listened to. SJ agreed with the sentiment expressed and the need for the Strategy to adopt an appropriate approach.

DH agreed with the need for acceptance but many of the females that The Women's Centre supported reported that they did not feel understood, that they were worried to call services for help because they were still not confident about how to work well with autistic people. Whilst acceptance was the goal, awareness was one of the necessary means to

	<p>achieve it.</p> <p>DH added that high levels of domestic abuse and sexual violence were being experienced by autistic people and that should be recognised within the Strategy. SJ replied that would fit in well with the ‘Keeping safe’ priority. There was a need to highlight both good work and issues that were not currently being addressed. DH agreed and emphasised the need for preventative work in order to stop people’s mental health deteriorating. Promoting and supporting healthy relationships could be one approach to achieving that.</p> <p>DB said that, speaking as someone with autism, consideration from others was the thing that was most important. SJ added that recognising everyone as individuals was very important.</p> <p>ML had previously co-chaired the body that led on the Children’s Autism Strategy. She offered to assist SJ on the young person’s element of the Strategy.</p> <p>MH asked what the timeline was for the development of the Strategy and how commissioners saw the Board’s involvement. KH said that a draft Strategy should be available by October. SJ said that she hoped that priorities could be clarified within the next 6 weeks and from there the Board could be engaged through the formation of working groups. In response to a question from MH, SJ said that the Board would definitely be engaged prior to the publication of the Draft Strategy.</p> <p>In response to another question from MH, KH said that due to governance processes that needed to be followed, the final Strategy would likely go live around April 2024, at the end of the financial year. The Board would then be expected to hold services to account on the deliverable outcomes. MH agreed that it was important that the Board had a meaningful role in ensuring delivery of the Strategy.</p>	
<p>8.</p>	<p>Health Update and Feedback from the LDA Programme Board</p>	
	<p>NM followed on from the conversations held within the previous agenda item. He said that there was a wider recognition of autistic people within the services provided by the ICB, as well as an increasing awareness in mental health services of an underdiagnosis of autism.</p> <p>NM provided the following updates:</p> <ul style="list-style-type: none"> • The Dynamic Support Register, which had been relaunched on 1st May and was for people with learning disabilities and/or autism that were in crisis and at risk of hospitalisation. An individual could be referred (with consent) or they could self-refer onto the Register, with the benefits being added scrutiny around the treatments received and the 	

opportunity to develop plans around how future crises could be avoided. The revamped policy had seen a very positive uptake.

- Out of Area Hospital Placements (ICB target) – The target of ‘less than 5’ individuals was being met. A discharge plan to return home was in place. Instead of people being sent out of county, they were receiving mental health support locally.
- CFT were introducing Green Light Champions to each inpatient service. Green Light for Mental Health was an old document but had aged well in that it ensured that equal and equitable access to mental health services with adaptations and reasonable adjustments for autistic people and people with learning disabilities. There was also a Green Light Nurse with expertise across inpatient services.
- Due to the long wait for an NHS diagnosis, some people were using private sector services instead. A recent edition of Panorama had highlighted the unusually high rate of ADHD diagnoses obtained through the private sector. Early indicators appeared that rates of autism diagnosis are also higher in the private sector than the NHS.

As an ICB, it was felt that closer study around the quality of diagnoses needed to be undertaken. The ‘right to choose’ offered more freedoms for patients but it was important that the right diagnosis was received. LF said that the issue was on the radar of the Diagnostic Team and it was hoped that teams from across the sectors could meet to discuss matters.

NM said that the Cornwall and the Isles of Scilly ICB would be reaching out to other local ICBs that commission services, as well as private providers, to request comprehensive data around diagnoses.

MR said it was an issue being discussed regularly with the ACC. She suggested that it was a two-pronged issue. Firstly, there needed to be a recognisable standard that all adhered to. However, there appeared to a major issue around children’s diagnostic services within the NHS that was leading parents to seek a private diagnosis or having to wait for an adult diagnosis, so increasing that waiting list. Consideration of diagnostic data had to cover both children’s and adult services, as well as the knock on effect that the former had on the latter. NM and LF agreed that all factors needed to be taken into consideration.

- The Forensic Team worked with people that had mental illness and had experienced trouble with the law. It helped people as they left hospital having been detained and to help prevent people from reaching the point of hospitalisation. The plan, which was at an early stage, was to expand the service to better assist autistic people and people with learning disabilities.

	<ul style="list-style-type: none"> NM would introduce Sara, Sanders, who was now the LeDeR lead, with a view to Board consideration moving forward. 	NM to connect PB team with LeDeR lead
9.	Any other business	
	<p>The CHAMPs</p> <p>JP informed the Board that the CHAMPs had been visiting hospitals to assess how friendly and accessible they were for autistic people. Sensory consideration included lighting, appropriate décor, ensuring quiet space or that headphones were available. Accessibility issues included signage that was easily understandable and posters that educated people on how to communicate with an autistic individual.</p> <p>The team said that Camborne Redruth Community Hospital (Barncoose) was particularly good for people with sensory issues.</p> <p>RO said that it would be great for the Board to hear about the changes that get implemented as a result of the CHAMPs work.</p> <p>The team were also working with Adult Social Care to interview apprentice and trainee social workers.</p> <p>Motability</p> <p>ML told the Board that she had recently taken the time to feed back to Motability about how she thought its customer facing team could improve on accessibility and communication with autistic people. She hoped that it would be taken on board and cascaded throughout their teams.</p> <p>Blue Badge Team</p> <p>MR and ML said that the Blue Badge team at Cornwall Council still didn't understand autism and the reasons why an autistic individual could need one.</p> <p>MR said that improved training was required. Specialised assessments were often recommended but they were costly to the individual, meaning that the process was not equitable.</p> <p>MH and KH would liaise outside of the meeting with a view to moving the matter forward.</p>	KH/MH liaise
10.	Future meetings	
	The next meeting would be held at 10:30am on Tuesday, 12 September 2023 at New County Hall, Truro and on Microsoft Teams.	

	<p>The Board had previously agreed that meetings should be held centrally, so in and around Truro. However, only four people had joined the meeting in person. Should in-person attendance be so low again the Board would need to consider if future meetings should be solely online.</p>	
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APPENDIX

Promoting a more Autistic friendly NHS culture – the use of language

- Many Autistic people feel that person first language sends a message that Autism is in some way undesirable and needs to be ‘fixed’
- It is triggering for many and adds to their anxiety
- It reinforces ableism
- It is acknowledged that current diagnostic processes are predicated on a model of dysfunction and disability
- Staff should act with sensitivity, self-monitor their speech content and endeavour to use Autistic friendly language
- Below are examples of how you can do this

Current terminology	Neurodivergent friendly terminology
Autistic Spectrum Disorder Autistic Spectrum Condition Autism functional references (high / low) Autism severity references (mild / severe) Aspergers Syndrome Classic autism	Autism
Disability Condition Disorder	Difference
Disability / Impairment	Disadvantage due to difference
Diagnosis	Identification
Awareness (within the context of training)	Understanding and acceptance
Frequently used language	Neurodivergent friendly language
The have Autism They suffer from Autism	They are Autistic

IH 01.09.2021



Cornwall Supported and Specialist Housing Strategy 2023-2050 Easy Read Guide



What is Supported Housing?



If you are a person with specific needs, you may have trouble finding a living space that is suitable for your needs and that lets you live independently.



You might be an older person, a person with a learning disability and/or autism, a person with a physical disability, at risk of or have experienced homelessness, or be someone recovering from a drug or alcohol dependence.



In this case, Cornwall Council wants to make sure there are living spaces that suits these peoples' needs. This is called **Supported Housing**.



Supported Housing can give you support, supervision, and any care you may need.



Background



To help us understand more about supported housing, the Council asked a housing group called “The Housing Learning and Improvement Network” to help out.



They have made a plan to tell us what types of supported housing Cornwall needs. This plan is called a “Supported and Specialist Housing Strategy and Implementation Plan.” We will call it the **Supported Housing Strategy** in this version of the document.



The Supported Housing Strategy will support planning applications for new supported housing projects that will help people with specific needs lead better lives.



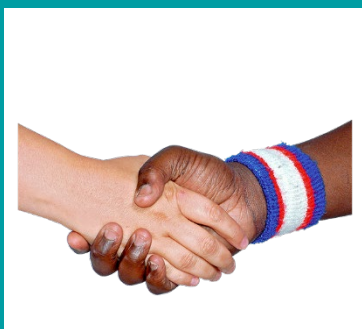
Developing the Strategy



Here are the steps The Housing Learning and Improvement Network took to develop the Supported Housing Strategy:



They talked to different people who work for the Council including people from Adult Social Care, Housing, Together for Families, Planning and Community Safety.



They talked to partners from outside of the Council including Health, providers of supported housing and the voluntary sector.



They visited a range of supported housing in Cornwall to see how they are working.



They studied all the information they had on supported housing – locally and nationally.



They looked at good practice and how supported housing has been developed in other areas in the UK.



Approach



For each group of people who could be using Supported Housing, The Housing Learning and Improvement Network looked at these things:



How many people of each type there are in Cornwall and any current or future trends (increases or decreases in numbers).



How good the current supported housing market is for each group.



If there will be enough supported housing for each group of people in the future.



They have used this information to plan for how much supported housing each type of group might need up to 2050.



An Example



Below is an example of how much extra supported housing one of the groups may need. This table is for people with learning disabilities and/or autism and the supported housing that is needed up to 2033.

Locality	Number of additional units
Mid Cornwall	98
North & East Cornwall	84
West Cornwall	98
Total	280

280 Units



To make the extra 280 units, the Council will ask housing providers to develop small sets of flats and/or bungalows. On-site support will be available to the people living there 24 hours a day.



Making It Happen



The Council will work with its partners to put this plan into action and make sure that it continues to work well.



The Council will work with other groups who deal with supported housing. Together they will make sure this strategy meets the needs of the people it is supporting.



The Council will work together with the people who need supported housing to make sure it is suited to their needs.



The Council has planned steps to make the strategy work and has written out, in a plan, the actions that they need to take.



Comments and Questions



This strategy is still being worked on. In November 2023 it will go to the Council's Cabinet meeting to be approved.

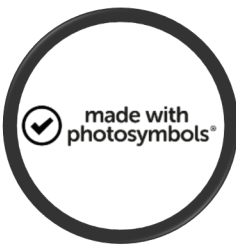


If you have any comments or suggestions, please email Sarah Keast.

Here is her Email Address:

sarah.keast@cornwall.gov.uk

This Easy Read was made by Healthy Cornwall and the CHAMPS Team, 2023.





Study of Police Interactions with Neurodivergent People and those with a Learning Disability

Recommendation

It is recommended that the Board agree that the information detailed within this report be submitted in writing to Devon & Cornwall Police for its consideration and response.

Background

A recent Crime Survey for England and Wales showed that women with a disability were more likely to have experienced sexual assault in the last year than women without a disability (5.0% and 2.8% respectively). With women with learning disabilities and autistic women experiencing the highest levels of abuse. Comments from various sectors of the public highlight various areas of high concern and good practice.

Areas of Concern

- 1) Staff not understanding what autism and LD are / having archaic ideas. staff not always knowing how to best communicate physically and verbally or otherwise .
- 2) Loud and aggressive verbal language, intimidating and confusing body language being used when someone is upset or dysregulated, making things worse. Includes personal judgements, unkind and derogatory or disparaging remarks, dismissive of diagnosis when disclosed.
- 3) Threats of arrest or cuffing from attending incidents where someone is dysregulated/ Staff not knowing how to use low arousal models to calm a dysregulated person.
- 4) Attitude and conduct of staff varies greatly; some are fantastic and others make things worse. Puts autistic / LD people on edge as no consistency in presentation.
- 5) Staff not understanding things like the mental capacity act and sometimes forgetting to make considerations of that when encountering a crime or incident. not clearly explaining process in an autism / LD friendly manner or consideration of different language and communication styles. leaves autistic people and those with LD at unfair advantage in the judicial system.
- 6) Not always getting the right support to assist (eg untrained staff not knowing how to communicate with an au or neurodivergent person or how they may perceive

the world/ not following police protocols or neurodivergent led communication on interviewing people with LD/ autism).

- 7) Issues with little to no understanding of common co-morbidities, such as Tourette syndrome, SPD and adhd or mental health conditions.
- 8) Being patronised and gaslighted around hate crimes ; being told it s not as important as “real” crime. Their experiences disbelieved or demeaned by staff / staff not fully understanding the law on hate crime codes of conduct, and what constitutes a hate incident and crime and having to be told by other organisations.
- 9) improper restraints being used; this seems to be especially in cases of older or larger children and adults being restrained during dysregulation, little to no consideration given to the potential life threatening complexities of such restraints (eg face down / pressure being applied to chest or the long-standing psychological trauma caused).
- 10) Police passports; nothing is flagging up and some officers aren t even seeing them or following them. This needs to be brought back so staff are pre-warned before attending.
- 11) Little to no understanding of autistic masking, sensory needs, stimming behaviours and basic autistic identity and presentation and no consideration being given when interacting with an autistic person.
- 12) Little to no understanding of semantic and pragmatic language difficulties in autistic people.

Areas of Good Practice

- 1) Some officers have a great understanding and will take time and remain calm in difficult situations and use low arousal models to calm.
- 2) Some officers take time to understand and learn more so they are more effective and empathetic in difficult situations.
- 3) Getting to know their local neurodivergent community and working with them to introduce themselves so when they are involved with them in a negative way, the experience isn t as distressing for the autistic person.
- 4) Going above and beyond their role to build better working relationships with disabled people.
- 5) Knowing about police passports and reading them before attending. following the instructions carefully when in attendance.

Autism Barriers & Opportunities for Police to improve how they interact with autistic women

DIVAS Top Tips: To improve women's experience of the police they want the police to:

- To be trained in communicating with, and understanding how women with autism experience the criminal justice system, and how they process trauma
- Not to be led by process- make us feel comfortable, check if we need anything including a trusted supporter.
- Set up a safe environment. Make us feel welcome. Be aware of sensory needs.
- Explain how the interview works- how long, who everyone is - in simple language, how can we ask to stop or to have a break or to slow it down.
- Recognise that we will be scared and we may shut down or become angry because of our fear or tearful.
- Take time- don't speak too fast or use complicated sentences. Explain in non - legal terms. Use a gentle tone of voice.
- Be prepared to follow our story not try and fit your process. You will shut us down.
- Ask us to explain what you have told us- don't assume we have understood.
- Use Intermediaries to support the best ABE practice.
- When ending the interview tell us what will happen next and write down contact details for the person or people who can be called if there are other issues that we want to talk about.
- Give us details of other organisations that can offer support to us.

Explaining the context of why the above is needed:

1. Context

- Police engagement with different communities has been a longstanding area of focus and concern (ref. Operation Soteria)
- This applies to disabled and neurodivergent victim-survivors.
- The rights and access requirements of these victim-survivors need to be met.
- High rates of sexual violence experience exist:
 - A recent Crime Survey for England and Wales showed that women with a disability were more likely to have experienced sexual assault in the last year than women without a disability (5.0% and 2.8% respectively). With women with learning disabilities and autistic women experiencing the highest levels of abuse.

- They may face prejudice when accessing services- viewed(labelled) as unreliable, difficult, etc.
- Service provision might not be accessible for them- too remote, scary, harsh, process driven.

2. Things to be aware of:


Check communication needs:

- From the outset check the person's preferred format
- Allow time to process, reflect and respond
- Don't assume that your communication need is the same as the victim's/survivor
- Listen to the terminology used by victims to describe their identity and their experiences. Check out your understanding.

3. Understanding Sensory profiles:

Sensory Profile

- **Sensory environments are important:**
 - evidence shows that neurodivergent people process sensory experiences differently to PNTs
- **Sensory profile fluctuates**
 - Become familiar with environmental impacts
 - Hyper-sensitive, hyposensitive or both?
- **Sensory pleasures and sensory nightmares**
 - everyone is unique– be creative in resolving issues
- **Synaesthesia**
 - merging of senses that are not normally connected e.g. hearing colour and seeing sound



4. Autistic women may have difficulty identifying and describing emotions

This may impact their social and intimate relationships, resulting in a lack of emotional awareness.

This impacts on their ability to describe sensory experiences within the body. So taking a witness statement will need to be done differently.

And more time will be needed to process feelings and find words in context.

5. Masking: Police need to understand the importance and stress of masking behaviour to try and fit in.

It means that they're trying so hard to 'keep it together' that they can't concentrate and process feelings or conversations.

A calm and predictable environment is required to help the victim to keep involved and active within the process. Check understanding.

6. Police need to understand Autistic inertia and Anxiety triggers:

You must explain the process clearly to reduce the anxiety

If choices need to be made break them down into small parts, allow time.

Explain reasons for any changes to deadlines and provide as much notice as possible.

7. Summary of unhelpful practice

- Don't assume you know the communication needs of the victims.
- Don't assume the police interview room is addressing the victim's sensory needs.
- Don't assume what you're saying has been understood.
- Don't assume that police and court processes are understood.

8. Helpful Practice: Check

- Ask victim(or advocate/ support worker) about preferred means of communication(have a range to hand)
- Sensory needs: heating, sound, lighting, room organisation
- Are breaks required, how often.
- Is a woman police officer preferred.
- Has your communication been understood (draw, leaflet, film to prompt engagement).

Supporting Documents:

<https://www.thersa.org/comment/2022/09/autistic-girls-need-child-first-support-when-in-police-care>

A succession of news stories of the appalling treatment of autistic girls by police is shocking but not surprising. Carly Jones, who grew up with undiagnosed autism, says that there are essential safeguarding measures that must be taken now

I grew up autistic but wasn't diagnosed until I reached my thirties. Then, after two of my daughters were diagnosed with autism, I became terrified that the vulnerabilities and negative experiences I had experienced without support would repeat themselves for the next generation.

There are no bigger drivers than fear and love. Those emotions, combined with a large dose of hindsight, means I haven't stopped trying to safeguard other vulnerable autistic women and girls since. That's why I have acted as a British Autism Advocate since 2008. And that's why, when I see news reports of systemic failures hurting girls with autism, I take it personally.

Like many of us in the autistic community, I was heartbroken to read the stories of autistic girls' [negative experiences](#) at the hands of the police.

There is 'Olivia', who is mixed race and autistic, and who was strip-searched in December 2020. That same month, 15-year-old 'Child Q' was strip-searched by police, and left so traumatised by the incident that she later tried to kill herself.

Then there are the horrific failures of the justice system in the case of Semina Halliwell, a 12-year-old girl with autism. Semina, a victim of rape, took her own life directly after an interview with a police officer who had previously discouraged her from bringing forward a criminal complaint and subsequently [failed to properly investigate it](#).

Autistic girls are highly vulnerable when they encounter the justice system, whether as witnesses, victims or defendants. Vulnerabilities and misunderstandings become even more heightened when these girls have to face [intersectional issues](#) such as race, disability and [adultification bias](#).

Autistic girls – just like any other child – should be afforded the safeguarding of an appropriate adult; and the [Child First](#) approach is key here. Many isolated autistic girls are at greater risk of being exploited by criminal gangs for county lines, sexual exploitation and extremism. We have to remind ourselves that they are victims. What they need is not scapegoating, but greater understanding and trauma-informed care.

In December 2021 I published the book [Safeguarding Autistic Girls: Strategies for Professionals](#), which covers these issues. Many members of the autistic community and parents of autistic girls asked me to send a copy of my book to each police force in the UK. And with the help of [Bellevue Law](#), a female-founded law firm who sponsored this, I have now emailed every Police Commissioner of every force in England, Scotland and Wales, offering to supply free copies, and help their police to understand and support autistic girls.

Within weeks, more than 70 per cent of those commissioners had responded and received the safeguarding book by post. Within a few weeks a free training video will also be sent to them for their teams. Those who haven't yet responded will have a copy of the book sent to their office addresses anyway and the free training will be attached to a follow-up email.

So there won't be a police force that *hasn't* been given free autistic-specific safeguarding materials.

We cannot continue to let history repeat itself. The justice system must do everything in its power to protect autistic girls through Child First, and protect the most vulnerable at their most vulnerable hour. The justice system must also work with autistic women to create a safer society for girls with autism. We've got it wrong in the past but now we can learn from that and serve our young people better. As Maya Angelou said: 'Do the best you can until you know better. Then, when you know better, DO better.'

Carly Jones MBE is an autistic woman and campaigner for the rights of autistic women and girls

Autism and the Criminal Justice System

<https://onlinelibrary.wiley.com/doi/full/10.1002/aur.2690#:~:text=Access%20to%20justice&text=Of%20the%20autistic%20clients%20whose,any%20adjustments%20during%20their%20trial>.

Ninety-three lawyers (85% in the UK) reported on one autistic case, and 53 also reported on one nonautistic case. 75% of autistic clients were not given reasonable adjustments during the process. Only 43% were offered an appropriate adult during police investigations, even though they had an existing diagnosis of autism. 59% of

prosecution barristers and 46% of judges said or did something during the trial that made the lawyers concerned that they did not have an adequate understanding of autism. Lawyers were 7.58 times more likely to be concerned about their autistic client's effective participation in court and were 3.83 times more likely to be concerned that their autistic clients would engage in self-harm, compared with their nonautistic clients. There is a failure to identify and address autistic peoples' disability within the CJS. There is a need for mandatory autism training for police officers and the judiciary, with a focus on identifying autism and understanding the needs of autistic people so that reasonable adjustments are offered in all cases.

This study sought to investigate if the needs of autistic people are being overlooked by the police and other professionals within the CJS. Results show that autistic people are not always given the support they need during police questioning or in court. The experience of being involved with the police may also have a more negative impact on autistic peoples' mental health than that of nonautistic people.

National Autistic Society

<https://www.autism.org.uk/what-we-do/news/criminal-justice-joint-inspectorate>

Government urged to develop better support for autistic people in the criminal justice system (15 July 2021)

The Criminal Justice Joint Inspectorate has urged the Government to develop more coordinated and effective support for autistic people in the criminal justice system (CJS) in England and Wales. Their [report](#), out today, echoes [our own research](#) and is long overdue recognition of the hidden challenges autistic people can face if they come into contact with the system – from police to courts, prison and probation. The Government must act on these findings.

The Lord Chancellor, Robert Buckland commissioned the Joint Inspectorate (Prison, Probation, Police, Fire and Rescue) to carry out this review of the experiences of people who are neurodivergent in the criminal justice system. Their definition of neurodivergence includes autism, learning disabilities, learning difficulties, developmental language disorders, tic disorders and cognitive impairments due to acquired brain injury.

The recommendations

The inspectorates made a number of important recommendations:

- Ministry of Justice to work with the Home Office, Department of Health and Social Care, Department for Education and the Welsh Government to develop a national strategy to improve outcomes for autistic people and other neurodivergent people. The strategy should be developed with neurodivergent people.

- Introduction of a universal screening tool with information sharing agreements between agencies.
- Better data collection and examination to better understand and plan for the numbers of autistic people and other neurodivergent people in the system.
- A programme of training delivered to staff working in the system, developed and delivered with neurodivergent people.
- Changes to the physical environment, procedure and communication should be made to meet the needs of autistic people and other neurodivergent people.
- The final recommendation is for criminal justice agencies to work with other statutory bodies and the charities to understand and meet the needs of autistic people and other neurodivergent people in their communities to prevent offending and support rehabilitation.

Why is this review important?

Autistic people and their families have told us for years about shocking experiences they have had in the criminal justice system. And we know staff working in the sector feel angry and frustrated by a lack of training in this area too. The system clearly doesn't work as it should and is letting down autistic people.

Yet, there are areas of good practice: police forces, probation services and prisons working incredibly hard to make significant improvements and changes for autistic people. Some of these services have worked with our charity to achieve [Autism Accreditation](#). The problem is that these are currently the exception, when this should be happening everywhere. We want all autistic people to have their needs identified and met by staff who understand them. And we want the Ministry of Justice to deliver on its own equality, diversity and inclusion objective: *'Fair treatment, fair outcomes and equal access for all our service users'*.

We support the Inspectorates' call on the Ministry of Justice to provide an action plan on how they will achieve these recommendations within three months.

Clare Hughes, Criminal Justice Manager at the National Autistic Society, said: "This is long overdue recognition of the hidden challenges autistic people can face in the criminal justice system. The Government must act on these findings.

"There are around 700,000 autistic people in the UK, and the vast majority won't come into contact with the system. But those who do can have incredibly traumatic experiences, particularly if they're undiagnosed, misunderstood or their support needs go unrecognised and unmet.

“The inspectorates correctly set out what needs to change: there needs to be better understanding of autism and support for autistic people in every part of the system. And staff need to be supported to make this happen. At the same time, the right early support must be available to stop people getting into dangerous situations in the first place, including mental health support to help autistic people to navigate what can feel like a chaotic and overwhelming world.

“Autistic people in the justice system must not be forgotten.”

Further reading

- Read the full Criminal Justice Joint Inspection report: <https://www.justiceinspectorates.gov.uk/cjji/media/press-releases/2021/07/neurodiversity-in-criminal-justice-system-more-effective-support-needed-say-inspectorates/>
- Read our guidance on criminal justice, for autistic people, families and professionals working in the system: <https://www.autism.org.uk/advice-and-guidance/topics/criminal-justice/criminal-justice>
- Find out about Autism Accreditation and our work with prisons and probation services: <https://www.autism.org.uk/advice-and-guidance/professional-practice/accreditation-prison>
- Find out about our online criminal justice conference on 23 September: <https://www.autism.org.uk/criminaljusticeconference>
- Take our survey about young autistic people’s experiences or worries about being involved in the criminal justice system: <https://www.smartsurvey.co.uk/s/YJgeneral/>

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