Assessments and Screening Tools for Autism and Learning Disability in the Criminal Justice System: A Rapid Evidence Review

July 2023

Author: Rajeswari Ramachandran
Supervisory Team: Niko Kargas, Lauren Smith, Rachael Mason, Jim Rogers & Todd Hogue

College of Social Science

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1. Introduction

1.1 Purpose and Scope of Review

This rapid review forms the initial phase in identifying existing assessments and screenings for autism and learning disability (LD) at various levels of the criminal justice system (CJS) in the UK, on behalf of NHS England and NHS Improvement. The review seeks to evaluate the effectiveness and administration of the existing assessments and screening tools in CJS. It essential to note that the review explicitly excludes learning difficulties and other manifestations of neurodiversity from its scope.

1.2 Abbreviations Used in this Report

ASD	Autism Spectrum Disorders
LD	Learning Disability
ID	Intellectual Disability
ND	Neurodiversity
CJS	Criminal Justice System
HMPPS	His Majesty's Prison and Probation Service
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
HMI	Her Majesty's Inspectorate
CJJI	Criminal Justice Joint Inspection
NPS	National Probation Service
PFE	Prison Education Framework
HASI	Hayes Ability Screening Index
LSDQ	Learning Disability Screening Questionnaire
WAIS	Wechsler Adult Intelligence Scale
DISCO	Diagnostic Interview for Social and Communication Disorders
ABAS	Adaptive Behaviour Assessment System
RAPID	Rapid Assessment of Potential Intellectual Disability
SCQ	Social Communication Questionnaire
OASys	Offender Assessment System
VAF	Vulnerability Assessment Framework
TIM	This is me
IQ	Intelligence Quotient

1.3 Key Points Summary

Overview: A rapid review of evidence was completed in relation to assessments and screening tools for autistic individuals and individuals with learning disabilities within the criminal justice system. The review considers 8 academic papers alongside 8 additional documents from relevant organisations for the purpose of analysis.

Screening and Assessment: While much of literature speaks on the need for screening and assessment of autism and learning disability, there exists no consensus on the specific tool to be used. Furthermore, though there are screening tools and assessments available, they lack validity and reliability within the criminal justice system as they were constructed and standardised for community setting. Additionally, there subsists practical difficulties in administration of certain tools within CJS. Although some assessments have been constructed for the CJS, there is simply a dearth in empirical evidence to support the use of these tools.

Conclusion: The review indicates that there is a significant lack of empirical evidence and consensus regarding assessment and screening of autism and learning disability within the criminal justice system. Nevertheless, the review has afforded an opportunity to understand existing discourse in academic literature and public reports. Moreover, it identifies gaps in literature, providing direction for future research.

1.4 Funding Acknowledgement

2. Methodology

2.1 Design of the Review

To produce a concise summary of existing evidence within the project timeline, a rapid review of evidence was carried out. Although systematic reviews ascertain greater methodological rigour, providing better evidence and synthesis, they are time and resource intensive (Khangura et al., 2016; Petticrew et al., 2006). As such, rapid evidence reviews which require a shorter time frame and amass the most pertinent information on the topic of study have become, often used by policy makers when making decisions (Department for International Development, 2017; Moore et al., 2018). Moreover, research indicates that rapid reviews and systematic reviews produce consistent results (Tricco et al., 2015). Thus, when conducted with systematic rigor, a rapid review can provide an overview of the volume of evidence available on a specific topic, making it more accessible for further examination, if necessary.

Academic journals available through relevant academic databases were systematically searched and reviewed for relevant studies. Additionally reviews of recent studies and data in grey literature was considered for the purpose of the review. Grey literature pertains to information generated by government, academia, business, and industry, in electronic and print formats independent of commercial publishing. This category of literature is particularly valuable in some sectors as recent evidence might not be published in academic journals due to the long-drawn-out peer review and publishing process. The primary sources of grey literature for this review are NHS England and NHS Improvement, Criminal Justice Joint Inspection (CJJI), Ministry of Justice, National Institute for Health and Clinical Excellence, HMI Probation and HMI Prisons.

2.2 Evidence Search

The following questions have been considered in the purview of this rapid literature review.

1. What screening is in place for learning disability and / or autism in the criminal Justice system?
2. If screening and assessment is undertaken, what tools are used?
3. If screening and assessment is not undertaken, what other sources of information are could be utilised?
4. What models could be adopted?
5. What culturally and gender appropriate tools are used / should be used?
6. What formal assessments should be undertaken after screening?
7. How effective are the screening and assessment in identifying autism and/or learning disability?

2.3 Search Terms

Several key search terms and strategies were made use of to explore the above questions in relevant academic databases, for papers published between 2013 and 2023. Table 1 provides details of the search terms used.

Table 1: Search Terms

Search 1
Autis*OR Asperger* OR "Learning Disabilit*" OR ASD OR "Autistic Traits" OR "Autism Spectrum Disorders" OR LD AND Probation OR CJS OR "Detention Centre*" OR "Secure Training Centre*" OR "Secure Children's Home*" OR "Secure Centre*" OR "Secure Custodial Setting*" OR Prison OR "Protective Custody" OR "Police Station*" OR Court OR "Forensic Hospital*" OR "Forensic Unit*" OR Judici* OR "Justice System" OR "Legal System" OR "Law Enforcement" OR "Youth Offender Institut*" OR "Youth Custody*" OR "Juvenile Justice" OR "Criminal Justice" OR "Reformatories" OR "Correctional Institutions" OR "Prisons" OR "Legal Processes" OR "Law Enforcement" OR "Adjudication" AND Assessment OR Screening OR Criteria OR Guideline OR "Rating Scale*" OR Checklist OR Diagnostic* OR Diagnosis OR Identif* OR Test OR "Forensic Assessment" OR "Measurement" OR "Screening" OR "Diagnostic Criteria" OR Testing **(632 results)**

Search 2
autis* OR Asperger* OR ASD OR LD OR ID OR NDD OR Neurodiver* OR "Learning disabilit*" OR "Intellectual Disabilit*" AND CJS OR Prison* OR " Criminal Justice*" OR Correction* OR Probation* OR Detention* OR Secure* OR Justice* OR Legal* OR Forensic* OR Custod* OR Court* OR Jail* OR Police* OR Law* OR Parole* OR Reformator* OR "Juvenile*" OR "Youth*" AND Identi* OR Recogni* OR Determin* AND Tool* OR Assessment* OR Criteri* OR Measure* OR Screen* OR Diagnos* OR Checklist* OR Evaluat* OR Guideline* OR Scale* **(2,327 results)**

Search 3
autis* OR Asperger* OR Neurodiver* OR "Learning disabilit*" OR "Intellectual Disabilit*" AND OR Prison* OR " Criminal Justice*" OR Correction* OR Probation* OR Detention* OR Secure* OR Justice* OR Legal* OR Forensic* OR Custod* OR Court* OR Jail* OR Police* OR Law* OR Parole* OR Reformator* OR "Juvenile Justice*" OR "Youth Offend*" AND Tool* OR Assessment* OR Criteri* OR Measure* OR Screen* OR Diagnos* OR Checklist* OR Evaluat* OR Guideline* OR Scale* AND Identi* OR Recogni* OR Determin* **(494 results)**

The primary search produced 632 results and the addition of a range of filters related to specific questions, produced results between 1 and 2,327. It was noted that the use of abbreviations (e.g., ID, LD, CJS) and generalised words such as "youth" and "juvenile" resulted in several irrelevant results. Although the final search brought in many results, on further scrutiny, it was identified that much of the literature focused of assessment of interventions and general prevalence. Thus, they were later not evaluated within the purview of the rapid review of evidence. Other sources of grey literature were considered for the review such as NICE, Public Health England, Office for Health Improvement and Disparities, Department for Health and Social Care, Department of Health, National Autistic Society, NHS England and NHS Improvement, Criminal Justice Joint Inspection, Ministry of Justice, HMI Probation and HMI Prisons.

2.4 Evidence Selection

Table 2 provides the selection criteria adopted for relevant papers following the searches detailed above.

Table 2: Criteria for Evidence Selection

Study Group	Studies must focus on individuals with either a learning disability (LD) and/or an autistic spectrum disorder (ASD), who are in the criminal justice system (CJS).
Study Focus	Studies must provide data on or evaluate either the assessments or screening tools used to identify or diagnose LD/ASD within the CJS.
Methodology	Methodology was not a criterion for this review. All relevant studies with quantitative, qualitative, and mixed methods were used, as long as there was data or analysis of assessments or screening tools used to identify or diagnose LD/ASD within the CJS.
Geographical	Studies must have a sample drawn from the United Kingdom.
Language	Papers must be in the English language.

A range of methods maybe adopted to manage substantial numbers of literature produced in a rapid evidence review. These include having a concentrated question or subject area; limiting types of evidence, and the time range of publication (Wollscheid et al., 2021). The final academic database search produced 494 results (search 3) and an addition of 11 documents from grey literature. Removal of literature which failed to meet inclusion criteria or were duplicates resulted in 8 academic sources and 8 additional documents for further analysis.

2.5 Terminology

The term intellectual disability (ID) was included within the literature search purview, as it often used in certain jurisdictions, and is broadly similar to learning disability in the UK.

As previously indicated, the review considers learning disability which does not cover learning difficulties or challenges often interchangeably used despite having diagnostic differences.

Furthermore, the review is primarily concerned with autism and LD, and as such will not consider within its purview behavioural disorders like attention deficit hyperactivity disorder (ADHD) or other neurodiverse conditions such a traumatic brain injury.

It is important to note that the term neurodiversity is frequently used to refer to a range of conditions including autism, and so where plausible, autism will be considered specifically. However, when in consideration with the spectrum of neurodiversity, it will be made explicit.

3. Findings

The initial observation of import is that the existing body of literature and reviews, lack evidence pertaining to assessment and screening of ASD/ LD within the CJS. This underscores the need for primary research and development of new tools specific to the criminal justice setting.

Presently, there exists no consensus on a universal screening tool for use within the criminal justice system, and in certain instances when screens exist, they are nor administered (CJJI, 2021). According to a Joint Inspection by HMI Probation and HMI Prisons (2015), offender managers became aware of an offender's learning disability through self or family member disclosure. This is because even in cases where screening tools and guidance were available, managers' they were seldom used, as systems for screening are severely underdeveloped and inconsistent. Despite having learning disability screening tools, almost 50% of probation trusts used learning skills or learning style questionnaires at preliminary stages of the order. Additionally, although 53 out of 60 cases flagged on OASys, nDelius or other case management systems, this information is usually outdated. Furthermore, there exists a lack of consensus regarding the definition of LD, often prisons administered screenings like LSDQ only when LD was suspected, as such there is no systematic procedure except for HMP Parc. The Ministry of Justice (2023), while acknowledging the need for consistency in approach, finds the use of a universal tools inappropriate as time available at each stage of the CJS and individual's need vary greatly.

3.1 Process of Identification

NHS England and NHS Improvement (2019a, 2019b) identifies three stages individuals pass through to identify any potential issues and confirm any support needs.

1. Case identification: This enables referral to Liaison and Diversion services through systematic routine identification procedures. This is heavily dependent on the ability of all members of the CJS, namely police, court staff, members of the judiciary, etc. to identify and recognise LD and/or ASD in individuals and contact Liaison and Diversion services. A significant variation is seen in this awareness between police forces with some having basic learning disability/autism awareness training, and others unaware of the support Liaison and Diversion service provide.

2. Screening: Once a referral id obtained, the Liaison and Diversion services review the individual's medical records to identify any previous diagnosis. Following this screening tools validated for the offender population are to be administered, except when no validated tools exist such as for autism. Tools typically used include LSDQ, HASI, HASI non-verbal, AQ 10, Do-It Profiler, etc. Screening tools cannot confirm diagnosis, rather they can be used to make reasonable adjustments and further referrals.

3. Assessments: Individuals screening positive are referred for a diagnostic assessment, if there are no qualified psychologist or psychiatrist available within the Liaison and Diversion team, community referrals are made. For individuals under 18 years of age it is recommended that, schools and Youth Offending Team are contacted. However, it is to be noted that the process of community referrals is fairly long, taking up to 6 months.

3.2 Screening

The NHS (2021) "Guidance on the design and delivery of prison healthcare for adults with a learning disability and autistic adults accessing healthcare services whilst in prison" indicates that the standard healthcare reception screens in prisons contain questions that can identify individuals who require screening for learning disability or autism. It also admits to the fact that while screening tools have been validated for LD within prisons for adults, there are no screening tools presently validated for autism. In the case of learning disability, the screening tools that have been validated for use within prisons for the adult population are the Learning Disability Screening Questionnaire (LDSQ), the Hayes Ability Screening Index (HASI) and the Do-It Profiler. In the event that English is not an individual's first language, the use of 'non-verbal screening tools' for a learning disability are recommended, such as the HASI non-verbal. This ensures that there are no miscommunications in questions about reading, writing, culture, and communication.

The Do-It Profiler, typically administered by prison education framework or as part of prison induction, screens for a learning disability and for symptoms associated with possible autism. Additionally, the Basic Custody Screening Tool presently administered to all individuals arriving in prison includes questions relating to learning disabilities. The Level 3 of the (Offender Assessment System) OASys15 process also includes a validated learning disability screening tool as well. The screening tool AQ-10 recommended by NICE guidance to be used for diagnosis by GPs is often used by prison healthcare services, however the tool's author indicates that it is inappropriate for use in forensic population. An alternative of AQ-10 often used is 'empathy quotient', the 'friendship quotient' and the 'relationship quotient'. Certain prison healthcare services opt to use the screening tools endorsed by local learning disability/autism teams as this facilitates post-custody referrals or co-commissioning arrangement with local services. The Prison Education Framework (PEF) providers may also be commissioned to screen for ASD and LD, however while there are guidelines to screening no specific tools are recommended.

According to the Criminal Justice Joint Inspection (CJJI, 2021), a range of screening tools are used at different stages in the CJS. While some simply indicate the presence of a vulnerability in general, others screen for particular neurodivergent conditions, while a few others are focused on the challenges of neurodiversity. In pre-custody and police custody, the vulnerability assessment framework (VAF) is often relied on to by the police force to identify vulnerable individuals. The custody risk assessments are also quite often used generically as a screening for vulnerability. Occasionally, liaison and diversion practitioners are made available in custody suites to provide detailed screening and referral, but this is very much dependent on the police officers recognising the possibility of neurodivergence.

In courts, the liaison and diversion services screen individuals to recognise neurodivergence, however this screening is not universal and neither is it always effective in identifying symptoms of neurodivergence. With respect to supervision within community the National Probation Service (NPS) screens generally for neurodivergence needs. Here once again the probation staff rely on screening by liaison and diversions. In both scenarios' stakeholders commented on Do-It profiler as a potential useful generic screen for neurodivergence.

Ideally upon arrival in prison, individuals should have a diagnosis. This however is a rarity, due to the lack of linkage between various departments of the CJS. It can lead to multiple screening processes by different practitioners. As such a generic brief screening process, which is heavily reliant on self-disclosure and assessors' observation, is frequently the first choice. Certain prisons rely on locally

developed screening; however, this is neither consistent or universal. These screenings often function as a trigger for further screening, referrals to mental health practitioners or safer custody. Recently, the HMMPS introduced a system of self-completed rapid screens which leads to an in-depth screening if multiple complex needs are identified. However, these screens are not mandatory in privately contracted or Welsh prisons. It has also been commented that the HMPPS screens are rudimentary when compared to the Do-It profiler.

The 'This is me' (TIM) is a new screening tool adapted in prisons with specialist units or wings, used to identify neurodivergent traits. The Mulberry Unit at Wakefield is said to have an autism-specific version of the TIM called the Mulberry One Page Plan (MOPP). HMP Parc is the only prison to implement Do-it Profiler for all new arrivals, to identify neurodivergent needs.

3.3 Assessment

According to NHS (2021) guidance, the results of screening together with NICE's list of considerations are considered by the consultant psychologist/psychiatrist when making referrals for assessments. Diagnostic assessment for a learning disability typically involves a combination of assessment appraising social skills and emotional behaviours, an 'IQ' test using Wechsler Adult Intelligence Scale (WAIS) or and an assessment of adaptive behaviour, such as the adaptive behaviour assessment system (ABAS). Diagnostic assessment tools for autism are difficult to administer in CJS as early developmental history is required. Alternatively, Diagnostic Interview for Social and Communication Disorders (DISCO) can be used in this context as it evaluates the current presentation of an individual's behaviour, skills, and difficulties. This enables clinicians to draw conclusions on presenting behavioural patterns typical of autism. It is to be noted that, if an individual arrives in prison with an existing diagnosis of learning disability or autism even if they were under the age of 18, no additional screening or diagnostic assessments are carried out.

The CJJI (2021) advises that long term engagement with the CJS requires formal diagnosis to inform and support rehabilitation. Multidisciplinary approaches with local projects, partnerships or pathways are found to be promising in this regard. Neurodevelopmental Pathway by HMP Brixton, undertakes specialist assessments under the guidance of a specialist clinical psychology and a small support team. In a 'whole person' approach, Integrated Intensive Risk Management Service (IIRMS) Kent, an offender personality disorder (OPD) pathway screens for personality disorder traits while also considering neurodivergent conditions as part of an individual's personal history and cognitive functioning. Northampton, probation staff co-locate with the Northamptonshire NHS Healthcare Foundation Trust (NHFT) as part of their personality disorder pathway psychologically informed planned environment (PDP PIPE) team to screen for ASD/ADHD, referring to clinical nurse if further diagnosis is required. Lancashire NPS and the National Autistic Society (NAS) formed a partnership headed by the Lancashire Autism Partnership Board (LAPB) Justice Subgroup having representatives from NPS, police, health, local authority and the third sector; ensuring the availability of various screening tools like OASys IQ screening, AQ10, Calderstones Communication Reflection Tool.

3.4 Specific Tools

Underwood et al. (2013) obtained only four articles on ASD and other developmental disorders in the context of prisons through his review. Though studies identified a range of opportunities at diverse levels of the CJS to identify prisoners with ASD, they were often missed and do not form part of any policy for screening in UK prisons. A reason cited for this was the unsuitability of assessment tools, because although NICE guidelines recommend the use of AQ-10, it has not been systematically validated within prison setting. Further studies attempting to screen for ASD using newly developed tools were found to be lacking in specificity and sensitivity. While standardised ASD assessments tools require adaptations to be safely administered in prisons.

Young et al. (2013) investigated the use of LSDQ to identify ID in custodial settings. Having been validated for forensic setting, the LSDQ is a 7-item scale having high validity with the full-scale IQ score (FSIQ) of Wechsler Adult Intelligence Scale (WAIS IV), and over 80% specificity and sensitivity. The self-reported version of LSDQ provides greater accuracy in providing prevalence consistent with the Bradley Report, than the Custody Officers' evaluation. This indicates a greater need for Custody Officers and HPC staff to be enhance awareness of IDs. Regardless, the study does not account for other components required for the clinical diagnosis of ID, as such the authenticity of the prevalence rate is questionable.

A review by Silva et al. (2015) found that there was a significant body of literature propounding the need for LD screening in CJS across UK. Despite this, the tools LSDQ and HASI have not been vigorously tested in the forensic setting. LSDQ demonstrates validity, reliability, sensitivity, and specificity as a tool, making it a highly acceptable measure for LD. However, although LSDQ has been validated in CJS setting, the findings have not been replicated nor adapted to the setting. Further the standardisation measure of LSDQ in CJS relied on existing case notes and not interviews. This limits the consideration of psychosocial factors associated with forensic setting such as time and stress. Which has the potential to affect performance and impact specificity, resulting in numerous unnecessary referrals. If the standardisation data had included interviews, the cut-off point would need to be adapted to counteract this. HASI was an LD screen devised and validate specifically for the forensic setting in Australia. While standardisation of HASI shows high sensitivity and specificity in addition to validity, the administration of HASI in UK showed 49% false positive screenings. As such these results would lead to far too many unnecessary referrals which would not meet standards of specificity even when adaptive function was considered.

Kennedy et al. (2019) validated the Social Communication Questionnaire (SCQ), in a secure children's home. The SCQ is a 40-item tool completed by parents or caregivers, it has two forms the lifetime and current version. The use of current form of SCQs found that using a lower cut-off of 12 rather than the standardised 15 can increase accuracy in the identification of individual who require a full assessment for ASD. Although the SCQ is found to have high specificity and sensitivity with a cut-off score of 15, further exploration of the cut-off scores would be required due to its propensity to vary with population. A major drawback of this study was that it did not allow for a complete diagnosis of ASD using NICE guidelines. Additionally, the study made use of residential workers who are unaware of the childhood presentations of the youth. Further 13.8% females with history of childhood sexual exploitations had scores above the cut-off point, as such the complex presentations of CSE could mimic symptoms of ASD leading to misdiagnosis.

Wakeling (2018) studied the development of a screen using OASys to identify learning disabilities or learning challenges in prison or community sentences. It was identified that 7 -items of the OASys

could be used to refer individuals for further assessment. The items identified were: learning difficulties, having no fixed abode, (lack of) work skills, (no) qualifications, problems with reading, writing and numeracy, specific problems with reading, and specific problems with numeracy. The tool was found to have good predictive validity, and a cut off score of 5 was indicative of IQ below 70 with comparison to WAIS IV. However, despite the large sample size for validation the sample only consisted of adult males convicted of sexual offences, as such validation for other populations would be required. Furthermore, the tool does not consider all the diagnostic criteria for ID, solely focusing of IQ.

Ali and Galloway (2016) attempted to develop a screening tool for ID called the rapid assessment of potential intellectual disability (RAPID). It was a 15-item tool self-report questionnaire to identify adult offenders having difficulties with intellect and social and independent living skills. The screening tool was designed to assess the three criteria used for a diagnosis of ID: significant impairment in cognitive functioning as measured by an IQ of less than 70; significant impairment in two or more areas of adaptive and social functioning; and onset before the age of 18 years. A cut-off score of 3 was found to reflect the current prevalence of ID in adult offender population. It also aligned with below 70 to borderline ranges in full scale IQ (FSIQ) of the Wechsler Adult Intelligence Scale-UK Fourth Edition (WAIS IV). A clinical interview and administration of HASI was included to form the second stage of the RAPID screening pathway to holistically understand the individual's daily life difficulties. Although the tools were intended to be used by all professionals regardless of professional training, reports indicated that consistency of administration would require training. The small sample size of the report reflects the need for formal statistical validation in different populations of the CJS to assess sensitivity, specificity, and overall effectiveness.

Board et al., (2015) evaluated a service pathway design and devised an initial screening tool for women prisoners. The pathway has three major steps, the initial being screening at prison reception using K-Centre 15-item ID screening tool. The questions in the tool address day-to-day difficulties of functional impairment instead of directly alluding to ID. A score of 3 or more would result in a secondary assessment involving HASI and a clinical interview exploring clinical and educational history. A cut-off score of 65, below the standardised 85 was shown to indicate a functional disability. The tertiary formal diagnosis would involve WAIS – IV and ABAS. The K-Centre screening tool was found to provide comprehensive referral for further assessments. Notably very few participants persisted in the prison till the final stage of the research, as such the results are inconclusive. It also indicates the practical difficulty in providing comprehensive assessment of ID in the CJS. Further validation of the study to test the specificity and sensitivity is of the initial K-centre screen is necessary.

McCarthy et al., (2015) administered screening tools LSDQ and AQ – 20 as well as diagnostic assessments Quick Test, Autism Diagnostic Observation Schedule (ADOS)and Autism Diagnostic Interview (ADI) where practicable to a sample of male prisoners in Category C prison. It was observed that of the 67% of individuals who screened positive for ASD did not meet diagnostic criteria. However, only 25% of individuals who screened positively for ID did not meet criteria for ID diagnosis. Thus, screening for ASD seems to generate many false positives, bringing into question the appropriateness of AQ-20 in the CJS setting. Nevertheless, the validity of these results must be considered with caution as adaptations were made to ADOS to meet security guidelines, leading to omission of various tools required for various parts of the assessment. Further the developmental history of individuals was not considered when making diagnosis due to lack of access to this information. The results also indicated a higher number of white prisoners with ND, despite lack of sampling bias, suggesting that the tools may not be culturally sensitive.

Markham (2018) made use of a case study to investigate possible misdiagnosis of ASD in women in secure and forensic hospitals. The staff rating and patient self-report scores for a range of ASD assessments such as autism quotient and empathy quotient, Cambridge behavioural scale, adult autism spectrum quotient (AQ) and mind in the eyes test revealed a consistent discrepancy. The staff persistently scored the patient higher on all rating, often resulting in contradictions between patient's self-report and views of treatment team. The patient attributes this disparity to epistemic prejudice and injustice, recollecting that her opinions would always be disregarded when they were in conflict with that of the staff. This reflects the need for further consideration of assessments that are not self-reports within the context of CJS.

Kirby and Gibbon (2018) also suggested the development of computer based modular and accessible screening and assessment system to be produced in partnership with the prisons. The modular system of Do-IT Profiler has been trialled in 16 prisons across the UK. This would allow for integration of the service as well as improve accessibility due the translatability to different languages. An information management platform could be created for the analysis of data, individualised feedback, and staff guidance.

4. Discussion

4.1 Limitations of the Evidence

Over 2000 results were found through the initial searches of the review. However, it was noted that evidence pertaining specifically to assessment and screening of autism and LD within the criminal justice system is severely deficient. This highlights the large gap in the research in this area, even existing literature fails provide quality overview of the subject.

The review also revealed that many assessments and screenings in this field are fairly new or in the process of development, lacking validation. Additionally existing tools to assess LD and ASD were validated within community setting, making them inappropriate for use in the criminal justice setting. As there is insufficient evidence of their effectiveness in this context. Though few academic sources make an attempt to validate tools, they cannot be generally administered in the criminal justice system. This is because current literature validates screening tools or assessments in only certain sections of the criminal justice system and only among specialised population. Thus, it becomes difficult to validate them in the wider context of the criminal justice system.

The systematic reviews within the purview of this rapid evidence review reflect the dearth in literature and fail to provide greater detailed understanding. Furthermore, additional documents sourced through the public domain fail to support their claims through cited evidence. They also fall short in providing detailed understanding on the use of specific assessments or tools. Rather they superficially address the need for screening and assessment, mentioning several tools, often overlooking their validation in the criminal justice system.

Another major gap in literature is the negligence to capture gender, language, and cultural differences, that could influence scores and result in misdiagnosis. Much of the existing standardisation of tools was done predominantly in white male population. The non-English speaking population is also omitted in the context of the review, validated studies of non-verbal tools are essentially non-existent.

4.2 Broader Considerations

The broader future consideration for policy makers would be:

- The development of an integrated criminal justice system where different departments co-produce to create a database which will enhance the efficiency of screening and assessment resulting in better outcomes.
- The development of a common definition or diagnostic criteria for classification of disability, could also aid in enhancing the efficiency of interagency communication.
- The development of a consistent screening and assessments procedure for all sections of the criminal justice system.

5. Conclusion and Recommendations

The rapid evidence review of assessments and screenings for individuals with learning disability or autism within the criminal justice system identified relevant evidence consisting of 8 academic literature and 8 relevant documents in the public domain. While there are mentions of assessments in numerous literatures, they simply focus on assessing the prevalence and forgo the validation and evaluation of the tools within the criminal justice system. While some empirical evidence exists on tools validated within the criminal justice system, far greater detail and research is required to make a conclusive decision on the optimal choice.

Major recommendations would be for the development of future research in this area, including the development of new assessments of screening tools validated in the criminal justice system. It would also involve the validation of existing community setting tools and assessments for the criminal justice system. Furthermore, the development of integrated system of information sharing between various sections of the criminal justice system would ensure greater efficiency in communication and subsequently better outcomes for neurodivergent individuals. Finally, the consideration of individual differences like gender, culture, race, etc., when standardising assessments and tools would be most beneficial to promote inclusivity.

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