

The Contents are created by Sarah Walters, Dimensions Charity in collaboration with Martin Tangen, Nottingham Trent University, 2024.

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Session Title	Learning Disability & Autism Hate Crime

Notes:

The content and associated slide pack for this session have been developed and validated jointly by Dimensions charity and Nottingham Trent University. Use of these materials for training purposes is granted under an Open Licence arrangement for non-commercial purposes.

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Requirements:

Training delivery is recommended in conjunction with a local disability advocate in order to provide ‘lived experience’. Contacts for local advocates can be arranged via Dimensions charity at: *(contact email required)*

Safe Learning Environment. Emphasise that the session is a ‘safe learning environment’ individuals must not be not be spotlighted or castigated for voicing views and opinions. The aim of the session is to enlighten participants and broaden their awareness

Duration	2 - 3 Hours
Aims	<ul style="list-style-type: none"> To increase awareness of disability and neurodiversity hate crime To improve interactions with individuals who have learning disabilities and neurodiversity conditions
Objectives	<ul style="list-style-type: none"> To increase understanding of disability hate crime & the impact upon police, victims and witnesses To increase understanding of neurodiversity and how it affects interactions with police and public services To enable better communication and interaction strategies

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| | <ul style="list-style-type: none">• To provide a greater understanding of learning disabilities and neurodiverse conditions |
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ADVISORY – It is strongly advised that facilitators for this session provide a warning to students and participants that the contents and discussions may be a trigger to underlying issues around learning disabilities and neurodiversity conditions. A significant number of people in society may have an undiagnosed condition, or may be diagnosed but have chosen not to declare such to their employer or peer group.

This is intended to be an andragogic (student centred) session facilitated by an experienced trainer or educator with assistance from a disability advocate.

Introduction - Slide 1 & 2:

Introduce the topic for the session and outline rationale for the session.

Consider general levels of knowledge around learning disabilities and neurodiversity. Provide a gestalte of the over all session and the aims and objectives.

Slide 3 –

Facilitator: Introduce and give background context to Dimensions charity. More information about the charity can be found here: <https://dimensions-uk.org/>

Suggested Narrative: The charity is one of UK’s largest NFP’s supporting people with learning disabilities, autism and related issues. As well as providing direct support, Dimensions carries out a significant amount of work in raising awareness around LD’s (Learning Disability) and Autism, and how to improve interactions with this group of people.

Dimensions campaign in relation to hate crime has been ongoing since 2013, highlighting that there is still a serious deficit in understanding of this issue. The #ImWithSam campaign seeks to highlight the issues faced by victims, and potential victims of such crimes and to improve the understanding and responses of organisations such as the police, the justice system and others. In this respect, Dimensions work with a number of organisations such as the National Police Chiefs Council, the Crown Prosecution Service, the Law Commission, and others.

The contents of the package were originally developed by Dimensions for Avon & Somerset Police. The package has been further developed and validated through research in conjunction with Nottingham Trent University.

Slide 4 –

Facilitator: Outline some of the key issues faced by individuals with LD’s and autism. Utilise the experiences of your disability advocate to provide lived experience of issues faced. Consider attitudes and opinions towards this group of people by the public generally. Engage the students/participants to elicit their thoughts and views.

Suggested Narrative: Research carried out by Dimensions suggests that 73% of individuals with an LD or ND (neurodiverse) condition have experienced hate crime, and that less than half of those people reported the crimes committed against them.

This is further supported by Home Office research from 2022/23 showing that 9% of all hate crime was directed at people with disabilities, and that this level of targeting has not changed significantly over an extended period where other categories of hate crime have reduced. The research further shows that in terms of ‘outcomes’, disability hate crime has the lowest number of punitive outcomes.

A lack of understanding by individuals across the CJS of how to interact, communicate and support victims and witnesses who have disabilities, exacerbates any such incidences for those victims and witnesses, and is conducive to the poor outcome ratio.

Facilitator: Use the link to play the video (run time 5 mins 10 secs). Allow a short period of time for reflection, then engage with the participants:

Suggested questions for discussion

- How did Reece’s account make them feel?
- How is this different from other types of hate crime?
- What is the impact upon Reece?
- What might they do differently to support Reece?

Slide 5 & 6 –

Facilitator: Outline the definition of a hate crime (UK CPS and Police definitions). Use slide 6 to highlight key offences. Elaborate as required on specific points.

Additional information can be found at: <https://www.legislation.gov.uk/> in relation to legislation and sentencing, <https://www.cps.gov.uk/crime-info/hate-crime> in relation to CPS guidelines and policy, and <https://www.college.police.uk/app/major-investigation-and-public-protection/hate-crime> in relation to policing guidelines and requirements.

Slide 7 –

Facilitator: Ensure that you are familiar with the two cases illustrated. Outline a brief summary of each case and why it is relevant. Contextualise and link to police failings through poor working practices and a lack of understanding and awareness of the key issues.

Suggested Narrative: On the 23rd October 2007, Fiona Pilkington took her own life and that of her disabled daughter following years of abuse. Over a ten year period, Fiona and her family were repeatedly targeted by local youths and subjected to incidences of anti social behaviour and assaults. The subsequent IPCC enquiry highlighted a number of failings and issues by Leicestershire Police, including a failure to recognise the incidences as Hate Crime. Finding 70 also identified that there was “a national lack of awareness by police forces in recognising people with disabilities, particularly learning disabilities and people with mental health issues

as targets for hate crime.” This lack of awareness played a part in the tragic outcome in this case. https://www.report-it.org.uk/files/ipcc_report-fiona-pilkington-leicestershire.pdf

Steven Hoskin’s body was found on 6 July 2006 at the base of the St Austell railway viaduct. In addition to the catastrophic injuries associated with falling 30 metres, a post-mortem examination found that Steven’s body bore evidence of torture: cigarette burns, neck bruises from the dog collar and leash he had been dragged around in, a lethal dose of Paracetamol and alcohol, and footprints on his hands which finally caused him to fall to his death. Steven was a vulnerable adult, whose needs were well known to the local NHS, council adult care services and housing services.

The subsequent serious case review identified failings by a number of agencies including Devon & Cornwall Police, Cornwall Partnership NHS Trust and Department of Adult Social Care, Cornwall County Council. <https://www.hampshiresab.org.uk/wp-content/uploads/2007-December-Serious-Case-Review-regarding-Steven-Hoskin-Cornwall.pdf>

Slide 8 & 9 –

Facilitator: Introduce the topic of labels and labelling. It would be useful to have a rudimentary knowledge and understanding of labelling theory (Becker 1963). Highlight how labels can be useful within the correct context, but can also be incredibly harmful if used out of context.

Suggested Narrative: Within the LD and LD support community, certain labels can assist the individual, the family and the support team to understand and provide for the needs of the individual and the aforementioned family. It can be critical to understanding the specific level of LD and the needs that the individual has. Terms such as ‘Profound’, ‘Severe’, ‘Moderate’ and ‘Mild’ assist practitioners in determining the level of LD, but do not define the specifics of the LD itself. Just because an individual presents with certain conditions such as language and speech difficulties, does not mean that the individual is lacking in intelligence, or capabilities in memory recall etc.

By neglecting individual needs and using a label in a generalised way, it is easy to underestimate that persons capability and thus disenfranchise them. It is critical to understand the term being used, but at the same time understand that the person is an individual with individual needs and capabilities. By engaging with the individual and their carer (where relevant), better service and outcomes will result.

- People with PMLD require a high level of support with most aspects of daily life and many people have additional sensory and physical disabilities, complex health needs and/or mental health needs.
Most people with PMLD express themselves and understand communication through means alternative to verbal communication, which we’ll cover later.
- Many people with severe learning disabilities can look after some of their own personal care needs and need a high level of support with everyday activities, such as cooking and shopping. People with a severe learning disability often use basic words and gestures to communicate and understand information.
- People with a moderate learning disability may need some support with caring for themselves, but many will be able to carry out day-to-day tasks with support. They are

likely to have some verbal language skills that mean they can communicate about their day-to-day needs and wishes.

- Often people with a mild learning disability are independent in caring for themselves and doing many everyday tasks independently, they may need some support with more complex tasks such as budgeting and completing forms. A person who has a mild learning disability usually has some reading and writing skills.

Slide 10 –

Facilitator: Engage with participants. Ask them what Autism means to them and what sort of image or person springs to mind. REMEMBER: Safe Learning Environment. Participants should not be criticised for their views or suggestions.

Highlight how autism is often used as a label in a negative context by media and others, and can often be linked to certain behaviours, activities or even crimes.

Suggested Narrative: Autism (in common with other ND conditions) is a ‘Spectrum Condition’ and varies in severity. Many people who are on the ASC spectrum are highly intelligent and high functioning. They may not ‘present’ as autistic in what may seem the ‘traditional’ sense.

Autistic people can have difficulties with...

- Social imaging and prediction.
- Understanding social rules and cues.
- Processing information.
- Interpreting language both with and without words.
- Recognising or understanding beliefs and views.
- Understanding and interpreting body language.
- Social interaction.

This doesn’t mean they are bad at these things, it just means the world isn’t designed for how their brain works and some simple changes can make things much easier for them. This also applies to other ND conditions such as Dyslexia, ADHD and ADD.

Everyone experiences autism differently and no two people are the same.

They (and where relevant, their carer) are an expert in their own experiences and what reasonable adjustments need to be made to maximise their engagement and inclusion.

Slide 11 –

Facilitator: Highlight the history of treatment in relation to people with LD’s and autism. The slide provides a bullet list of key timeline events. Elaborate on these to illustrate how long it has taken to become accepting of people with LD and ND conditions and how even in recent times, these individuals are subject to abuse.

Suggested Narrative: The term ‘Eugenics’ derives from the Greek and loosely translates to ‘Good in Birth’ or Good in Stock’. The subject in modern terms can be traced to Francis Galton in 1883. The negative side of eugenic theory came to prominence in the 1930’s and 40’s when adopted by the Nazi party in Germany as part of their program for racial superiority. Supporters of eugenics supported the euthanasia of what were deemed ‘untermensch’, people deemed defective or racially inferior. Even outside of the Nazi movement, suggestions that people with genetic defects and LD’s be prevented from having children were prevalent in some societies including parts of the USA. <https://www.genome.gov/about-genomics/educational-resources/timelines/eugenics>

In the 1960’s, following a number of public scandals, the custom of confining people to ‘mental asylums’ came to an end. Often people with LD’s were considered mentally deficient, and were consigned to these institutions which were not suited to their needs or to their care. Allegations of experimentation and abuse led to changes in the law and closure of these institutions. <https://www.bbc.co.uk/news/magazine-36803067>

Legislation such as the Community care act 1990 and the disability discrimination act wrought significant changes. The community care act placed responsibility upon local councils for care, and the disability discrimination act brought legislation making it unlawful to discriminate against an individual on the basis of their disability. The Equalities act 2010 has since supplanted much of this act.

Despite this legislation scandals and evidence of abuse still existed. In 2012, the BBC’s Panorama program revealed the shocking abuse that individuals with LD’s were subjected to in a privately run care home. This led to significant changes in the commissioning of services and care for people with LD’s and autism. <https://www.bbc.co.uk/news/uk-england-bristol-20084254> <https://www.england.nhs.uk/wp-content/uploads/2014/11/transforming-commissioning-services.pdf>

Even in the wake of such revelations and steps taken to engender change, scandals continue to come to light in relation to the care and treatment of individuals with LD’s and ND’s. The Whorlton Hall scandal, again uncovered by BBC’s Panorama in 2019 resulted in four convictions, but no jail sentences. <https://www.bbc.co.uk/news/uk-england-tees-68021858>

Slide 12 & 13 –

Facilitator: If appropriate (and ideally) utilise and highlight the ‘lived experience’ of your disability advocate. The slides provided highlight the experiences of Dr Mark BROOKES MBE who helped to design this content.

Suggested Narrative: The research and experience of Dr BROOKES and others show some disturbing trends:

“It isn’t that long since institutions closed and people with learning disabilities were moved into smaller facilities. They were seen and treated as less than human and those negative perceptions still exist today”

Some 45% of victims profess to be scared of people, and as such do not like to leave their own homes.

“Ignorance makes people nasty. They don’t understand that we’re people. Some research I was involved in found that around 90% of victims of crime and abuse feel they were targeted because they’re different or an easy target.”

Such experiences are in many cases life limiting and impactful upon LD and ND individuals. In many cases, they will turn down an opportunity if it involves travelling alone, or staying out after dark. LD’s and ND’s are often hyper aware of their surroundings and perceive risk differently and far more succinctly than other individuals. This often limits their freedom and movements.

Slide 14 – 17 –

Facilitator: This is an interactive quiz to assist with myth busting and removing stereotypical views. Each slide has animation allowing you to display the question, check for responses and then to reveal the answer. Time allowing, discuss each of the slide themes and responses.

Suggested questions:

- Why did the participant(s) think that
- What information sources were used to derive that theory or thought?
- What experiences have they had?

Slide 18 –

Facilitator: This slide is designed to engender discussion within your group of participants. Show the video clip. **WARNING**, the clip can be triggering or disturbing. Please advise participants beforehand.

Give participants a short time to reflect and then pose the following discussion questions:

- Do you think the officer responded in the right way or the wrong way? Why?
- Why do YOU think the officer reacted in the way they did?
- Was the victim deliberately antagonising the officer?
- Discuss how the situation could have been de-escalated.

Slides 19 & 20 –

Facilitator: These slides provide suggestions for communication strategies that may be useful when interacting with individuals with LD’s and ND’s. Use the narrative to discuss with your

participants. If appropriate, ask your disability advocate to give examples from their lived experience that they find helpful.

Suggested Narrative: Everyone, irrespective of the level of their learning disability, wants to and does communicate. Here are some behaviours you can be aware of, which will help you identify a need to adapt communication. Discuss how these behaviours can affect police support...

- Use plain English and avoid jargon and idioms to help make sure they understand.
- Explain who you are and why you're there to reassure them you're there to help.
- Ask them if they would like anyone with them to make sure they're supported in a way that's best for them.
- Ask them if they would like to talk to you about what happened so they know they have a choice and are in control.
- Be reassuring and patient so they can process what's happening and don't feel rushed or panicked.
- Offer to record audio statements so they don't have to repeat information and you can remind them what they have said.
- Ask them to walk you through their experience and point out any distinguishing factors because sometimes recalling chronologically can help with memory and recall.
- Guide them through making their statement by asking prompting questions so they know what you need from them and don't get confused or overwhelmed.
- Give them time to think about their answers and don't pressure them to help ensure they aren't telling you what they think you want them to.
- Offer and support alternative forms of communication to help make sure they are in control and their needs are met.

Professionals will often have a vocabulary and process of their own which correlates to the role they carry out. This will often carry over to the way they interact and communicate with others. It is essential to be aware of this and to avoid this when interacting with members of the public (and particularly those with LD and ND conditions) as they do not have the same understanding or context.

Some ND's will very literally take the literal meaning of your words. They are not being pedantic or obstructive, it is just the way that their brain is wired!

In some professions (particularly within the CJS) lack of eye contact is seen as a sign of deception or avoidance. This is often not the case with some ND individuals. They may just be uncomfortable with direct eye contact. Sometimes they can become distracted (or seem to), but they may well still be hearing what you say and processing it.

ND's will often need time to process what is being said or what is happening. It is not conducive to pressurise or rush individuals for an answer. This can lead to issues such as overwhelm, shutdown, or even meltdown. Be patient and give the individual the time they need to process what you have told them.

Many individuals with ND's (particularly those with autism or ADHD) will show signs of 'stimming'. This can be a sign of stress, but may also be a coping mechanism. Sometimes this can be a sign of 'overwhelm' and a precursor to shutdown or meltdown. Be observant of these kinds of telltale signs and be prepared to take a break or change the approach you are using.

Slide 21 –

Facilitator: This slide re-emphasises that under the Equalities Act 2010, reasonable adjustments are a legal right.

Suggested Narrative: Reasonable adjustments are an individual's legal right to improve inclusion and accessibility. There are hundreds of types of reasonable adjustments but if you are adaptable, creative and open-minded you will find what works for the victim. Most important of all, you can ask and discuss options with the victim and/or their carers, support workers and/or loved ones.

When thinking about reasonable adjustments, it can be easier to think about the problem you're trying to solve then work on the solution; thus giving you the reasonable adjustment and a clear benefit.

Some victims or witnesses who have learning disabilities and/or autism may or may not have capacity to make statements and decisions independently. They may have the right to an Appropriate Adult. Support Workers should not be asked to be the Appropriate Adult. An individual does not need an Appropriate Adult present to report a crime.

Even if they have someone supporting them and/or high support needs, always speak to the individual. It shows respect and that they are your priority. The person supporting them might respond on their behalf, but you should hold the conversation with the individual.

Don't be afraid to ask how they would prefer you communicate with each other, and ask each time (it might change). Lead by their example and be adaptable.

Always try to use plain English, avoid jargon and give them time to process. Some people might stay silent for longer than you expect before acknowledging you've said something, whereas others might repeat what you're saying.

Both of these are ways of processing what you're saying, so be patient and confirm when they have got it right and clarify if they have misunderstood. Be clear when you need information from them and what information you need. Remember, they might not tell you what happened in chronological order and they might need prompts to provide more details.

Don't overthink your interactions; the more you have the easier they will become and you can adapt how you communicate, just like you do subconsciously with different people every day. Each interaction you have is a learning opportunity and, remember, you have been adapting your communication style to suit the person you're talking to for years. This isn't different, it's just conscious instead of subconscious.

Slide 22 –

Facilitator: This slide illustrates differing communication methods and tactics that exist for individuals with LD's and ND's. Each category should be self explanatory, but be prepared to

provide more detailed explanation. Examples are given for eye gaze tech. Other examples include Dragon Software (speech to text) for people with Dyslexia. Where individuals have more complex needs, always consult with their carer for advice.

Slide 23 –

Facilitator: This slide is designed to consolidate the learning and to check understanding of the content. The case study is a real event and the experiences are voiced by the victim (Jordan). Show the first two clips (runtime 14 secs & 50 secs).

Discuss the responses and actions from the police with your participants. Where appropriate, involve your disability advocate to explore if they have had similar experience.

Suggested Questions:

- Why did the police actions cause an escalation?
- Who is responsible for Jordan's safety?
- Would Jordan have received a different response if he were not disabled?

Once you have discussed this with your participants, show clip three (runtime 3 mins 46 secs).

Discuss with your participants how this officer made a difference to Jordan.

Slide 24 –

This slide provides signposting to websites for more information.