

# Brain Injury Linkworker Service Evaluation Study

## Executive Summary

This report focuses on women in prison who have a neurodisability, and the care, treatment and support of this population.

Brain injuries can be acquired through virus, stroke, or head injuries, sometimes including a loss of consciousness.

Traumatic brain injury (TBI), typically resultant from an injury to the head, is the most common form of acquired brain injury. People with a history of TBI have been found to have poorer quality of life, a greater likelihood of suffering from a mental health problem and an increased likelihood of suicidality in comparison to people without a TBI. There is consensus in the field that TBI is over-represented in prison populations internationally, with potential implications including increased risk of violence, earlier age of first incarceration, a greater number of convictions, institutional infractions, reconviction, abuse histories, alcohol and drug use, mental health problems and a greater number of attempts at suicide. The presentations of TBI and associated needs in prison are likely to be complex, the treatment and management of which are of relevance to the service aims of prison to reduce risk of reoffending.

There is a clear link between life trauma, offending and poor health outcomes for women in prison, and this is reflected in the histories of women with TBI in prison. Women in prison have a higher frequency of repeated TBIs than men and the fact that these are most commonly sustained through violence victimisation, suggests that this is a clear point of differentiation in the causes of TBI between men and women. Little is known about the potential impact of

a TBI on women's ability to adjust to, negotiate, and cope with prison life, and work towards risk reduction in the absence of neurorehabilitation or specialist support but there is a clear need to consider requirements for gendered approaches within neurorehabilitation in women's prisons.

In 2016, The Disabilities Trust introduced a Brain Injury Linkworker Service in one prison in England to provide specialist support to women with a history of acquired and traumatic brain injury. Linkworkers aim to work with people with a brain injury to develop a sustainable pathway of support so as to optimise prisoner engagement with sentence plan requirements and rehabilitation, and help prisoners to manage the transition between custody and the community. In doing so, Linkworkers deliver a best-practice through-the-gate service. The Brain Injury Linkworker service was implemented for 18 months, between October 2016 and March 2018.

The mixed-method, multi-disciplinary study was designed to explore the efficacy and efficiency of a specialist brain injury Linkworker service at HMP Drake Hall, a closed training and resettlement prison for women in the Midlands of England. In order to provide a rich understanding of the impact of the Linkworker service and the experiences of staff and women in prison who were engaged with the service during its implementation, a series of semi-structured interviews took place with 14 women prisoners and 11 staff, and were analysed thematically. To gain context of service users during the 18-month implementation period, aggregated, anonymised, secondary quantitative data for women referred were provided by the Linkworker service to the evaluation team.

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Up to a third of the women in HMP Drake Hall had a brain injury, with 89% of reported injuries being traumatic, most commonly sustained through domestic violence, and of mild and moderate severity. The sequelae of TBI among the women referred to the Linkworker service were in line with previous research that indicated problems with memory, attention, anxiety and depression, adding further support to the profile of self-reported sequelae among women with a brain injury as differing from that of men. This raises a gendered consideration to approaches to assessment of women with TBI, additionally given that the injury severities and frequencies seem to differ by gender and might have an impact on presenting sequelae.

In addition to cognitive skills and education on brain injury, women who were seen on a one-to-one basis experienced the support of the Linkworker as having improved their mood and self-esteem, as well as enhancing their confidence and positivity, some of which was also reflected in pre-post intervention assessment outcomes in terms of reductions in symptoms of depression and anxiety. These are key factors that have been previously identified as being essential for a woman to engage in rehabilitative programmes and enable skills to be developed for a woman to enhance their problem solving.

The trauma in the lives of the women with TBI is evident in the accounts provided by interview participants. Some of the accounts and case studies presented in this report are distressing to read; they illustrate the extent of adversity and severe violence victimisation for these women. The female Linkworker was identified as being someone who was sensitive to the gender-specific needs of the service users. There has been a long-standing recognition that in order to support women effectively within the criminal justice system, systemic change is required in terms of a 'gender responsive' framework. The findings of this Brain Injury Linkworker service evaluation identify in great detail the

utility of specific provision within the women's prison estate centred on screening for and supporting (either through intensive support or appropriate signposting) those with traumatic brain injury, with gender-responsive and trauma-informed approaches in mind. Beyond the immediate Brain Injury Linkworker service provision, prison staff training in trauma-informed practice and brain injury supports both the work of the Linkworker and the women in prison with TBI. There is evidence that the Linkworker service developed care pathways and offered individualised support to women prisoners with a brain injury in this 18-month implementation phase. The Linkworker service seemed to support women's engagement in their sentence plan, offered practical guidance for staff working with women with a brain injury, and alleviated pressure from other service provision (e.g. mental health). However, constraints on the Linkworker and prison service resources meant that there were limits on the depth of training provision and the number of prison staff who engaged in brain injury awareness training. This shortfall might have contributed to barriers to information sharing and flow about outcomes of Linkworker referrals and limits on the contribution of the Linkworker service to sentence planning documentation.

Recommendations are made for future Brain Injury Linkworker services for women, as well as the prisons within which they are situated. Gender is a key consideration in the development of future Brain Injury Linkworker services for women, as is alignment with gender-responsive and trauma-informed practice. Women with brain injury in prison present with a high level of complex need and there are links between TBI, poor mental health, suicidality and increased risk of violence. It is likely to be in the interests of the prison service (an aim of which is risk reduction) to support a whole-systems approach to the identification, intervention, and management of brain injury. A Brain Injury Linkworker service provides a strong framework on which to base such an approach.

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