



Her Majesty's
Inspectorate of
Probation



Neurodiversity in the CJS: Call for Evidence

Part 1: About you

Name: Jocelyn Gaynor and Dr Ivan Pitman

Email address (optional): jocelyn.gaynor@thedtgroup.org and ivan.pitman@thedtgroup.org

Telephone number (optional): 01444 237268 and 07764 261738

Job title and organisation (if applicable): Head of Foundation and Consultant Clinical Psychologist (The Disabilities Trust)

If you are submitting evidence on behalf of an organisation, please provide a brief summary of the organisation:

We are a charity that works alongside people with an acquired brain injury, autism, and learning or physical disabilities to help them live as independently as possible. Our high-quality services across the UK support people to move forward with their lives. These include: brain injury assessment and rehabilitation centres, hospitals, care homes, supported living accommodation, care in people's homes and a school.

We also campaign, conduct research and pilot new ideas to amplify the voices of people who can't access our core services.

Our dedicated teams of specialists provide the individual support people need to live as full a life as possible. They work closely with those we care for, their families and friends, local and health authorities, housing associations and others.

Part 2: Questions

This review seeks to identify evidence in the following four areas in relation to adult service users:

1. screening to identify neurodiversity among those involved with the CJS
2. adjustments that have been made to existing provision to support service users with neurodiverse needs
3. programmes and interventions which have been specifically designed or adapted for neurodiverse needs
4. training and support available to staff to help them to support service users with neurodiverse needs.

Please provide any information you may have on the questions below.

1. Screening and identification

If you are able to provide evidence on more than one screening method or tool in this section, please answer it as many times as you need. For example, if you are providing evidence on two screening methods, please answer this part twice, indicating how your work differs in each. If you provide more screening methods than it is feasible to mention here, please indicate if you would be willing for us to contact you to discuss them.

Question

- a) Are you aware of and/or have you used any specific screening or tools that are used to identify people with neurodiverse needs in the CJS?

Answer:

One type of neurodiversity currently being screened for by The Disabilities Trust is Acquired Brain Injury (ABI). ABI is an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. Essentially, this type of brain injury is one that has occurred after birth.

The injury results in a change to the brain's neuronal activity, which affects the physical integrity, metabolic activity, or functional ability of nerve cells in the brain. An ABI is the umbrella term for all brain injuries and there are two types of ABI: *traumatic* and *non-traumatic*.

Traumatic Brain Injury:

A *traumatic brain injury (TBI)* is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force. Examples of a TBI include:

- falls,
- assaults,
- motor vehicle accidents, and;
- sports injuries.

Non-traumatic Brain Injury:

A *non-traumatic brain injury* causes damage to the brain by internal factors, such as lack of oxygen, exposure to toxins or pressure from a tumour. Examples of *nontraumatic brain injury* include stroke, aneurysm, infectious disease that affects the brain (i.e., meningitis) and lack of oxygen supply to the brain (i.e., heart attack).

Comorbidity:

There is significant evidence of comorbidity in neuro-diverse conditions, including a link between brain injury and other forms of Neurodiversity. This may be because the pre-existence of other disorders, such as ADHD, heightens the risk of brain injury due to the types of behaviour or activity that might more readily be engaged in, or because brain injury might increase the risk of developing other disorders¹.

A 'silent epidemic':

Brain injury can also be considered a "*hidden*" disability, as many of these symptoms are difficult to detect or may be misinterpreted as 'challenging' or 'difficult' behaviour. Whilst it is recognised that the causes of criminal behaviour are multi-faceted, it cannot be disputed that an impaired neurocognitive function that affects an individual's behaviour, emotions and / or cognition will be a major factor and should be addressed.

Why we need screening:

The first step in any intervention is the identification of any neurodiversity and the systematic recording of that information, so that it can be shared with others within the wider network of support and intervention. To this end, The Disabilities Trust have been calling for:

1. Screening for neurodiversity at pre-sentencing and on admission to custodial services
2. Greater understanding of the risks of neurodiversity for rehabilitative purposes
3. Recognition that those with executive (& socio-affective) impairments have difficulty changing their behaviour patterns in response to contingencies.
4. The creation of data systems to monitor trends, causes etc. to guide preventative measures and for appropriate resources and service provision.

The Brain Injury Screening Index (BISI):

The current screening tool used by The Disabilities Trust is our [Brain Injury Screening Index](#) (BISI), which is a free, validated screening tool used to establish whether someone has sustained a brain injury. Delivered by The Trust's Linkworkers, it has been utilised as part of our Brain Injury Linkworker (BIL) Service for the assessment of over a thousand men and women in the secure estate and downloaded by over 600 professionals.

Whereas tools to identify and screen for neurodiversity are sometimes lengthy and complex to administer and score, the BISI is a straightforward tool, which can be used in prisons, probation services, in the community and rehabilitation settings and can be administered by practitioners of all levels. In response to the needs of the prison regime, The Disabilities Trust have also utilised a 'mini BISI' within the mandatory induction assessment, which consists of two gateway questions. This 'mini-BISI' enabled Prison Staff to quickly screen men and provide a minimal increase to the assessment duration.

Once an individual with a brain injury has been identified, personalised and therapeutic interventions to manage health, cognitive, behavioural and emotional consequences of brain injury are offered by our Linkworkers. As part of a wider remit, the BIL also provides information and supports referrals to other services for further assessment or treatment.

Currently, however, within the adult offender's pathway there is no structured process to screen for Neurodiversity. As such the opportunity to identify an individual's deficits and have that information available subsequently to those involved in their management, support and rehabilitation is lost. Without a systematic and embedded process to identify offenders with a Neurodiversity, effective intervention strategies cannot be fully implemented.

The Cost of Neurodiversity within the CJS:

This current failure to recognise the impact of neurodiversity on crime by the social, health-and forensic systems results in a situation where offender management plans routinely fail, resulting in repeated patterns of re-offending with increasing number of victims².

Recent crime statistics highlight that crime rates have dropped, although the fear of crime remains high. As such the overriding political consensus is that society wants to be '*tough on crime*'. Consequentially the prison population in England and Wales has doubled in the past two decades. During this time there persists a major problem with the CJS given its repeated failure to reduce the rate of reoffending.

In England and Wales, 47% of ex-prisoners reoffend within a year of release and it is estimated that the cost alone of ex-prisoners who reoffend costs the UK taxpayer up to £13 billion per annum³. Effective identification, understanding and rehabilitation of

neurodivergent offenders will significantly reduce both the societal and economic burden of the CJS.

References:

¹ Thompson, H. J., McCormick, W. C. and Kagan, S. H. (2006), Traumatic brain injury in older adults: epidemiology, outcomes, and future implications. *Journal of the American Geriatrics Society*, 54, 1590– 1595.

² The Disabilities Trust. (2019). *Making the Link: Female Offending and Brain Injury*. Available at: <https://www.thedtgroup.org/media/163462/making-the-link-female-offending-and-brain-injury-final.pdf>

³ National Audit Office (2010) *Managing offenders on short custodial sentences*, London: The Stationery Office.

Please provide any relevant information about the screening process, including the following details:

- aims and purpose of the screening
- how and when the screening is delivered (i.e. at what point in the CJS journey)
- who the screening is delivered by (i.e. specialist practitioners, operational staff)
- what happens with any screening information (i.e. onward referral, sharing of information, specific adjustments)
- prevalence of neurodiversity among those screened (i.e. of those being screened, how many receive a diagnosis)

Answer:

The identification of an individual's needs in the Criminal Justice System (CJS) is seen as the first step to changing their lives. Having a consistent way of recording information and ensuring this information travels with the person through their custodial pathway could enhance their rehabilitation and compliance, as well as promoting physical and mental wellbeing.

Administering the BISI:

The Brain Injury Screening Index (BISI) was designed by The Disabilities Trust to identify a potential brain injury, alongside indicating injury severity. Currently, as part of our Brain Injury Linkworker Service in HMP Swansea and HMP Cardiff it is delivered as part of the mandatory induction assessment. Whilst it is usually administered by a Band 4 Healthcare Practitioner, it can be delivered and interpreted by all members of staff. Once a positive score (indicating a potential brain injury) is recorded, a referral is passed on to a Disabilities Trust Brain Injury Linkworker (BIL). This information, with consent from the individual, can also be shared with other professionals who are supporting their care needs.

Prevalence of brain injury in the secure estate:

Whilst rates of traumatic brain injury (TBI) amongst the general population have been identified as being between 2% and 38%^{4,5,6}, research suggests prevalence rates within offender populations is disproportionately higher, varying from 25% to 87%^{6,7,8,9,10}.

Contributing to this international research, findings from The Disabilities Trust indicated 47% of men and 64% of women at HMP Leeds and HMP/YOI Drake Hall, respectively, reported a history indicative of a brain injury^{7,2}.

Brain Injury Screening for Domestic Abuse (as of April 2021):

As part of a recent campaign, The Trust secured the introduction of a standard question on brain injury sustained through violence to the mandatory induction assessment, across the secure estate in England from April 2021 onwards. This was reinforced by additional research conducted by The Trust which found that the leading cause of brain injury amongst 100 women at HMP/YOI Drake Hall was domestic violence².

The introduction of the new screening question follows amendments to the Domestic Abuse Bill, informed by The Disabilities Trust research and put forward by Chris Bryant MP, who has long campaigned for recognition of the needs of those with a brain injury.

Whilst these amendments were not accepted by the Government, Minister Victoria Atkins MP has committed to this practical step to better address the needs of domestic abuse survivors with a brain injury within the prison estate. The Disabilities Trust are currently campaigning to ensure the questions utilised by the CJS are nuanced enough to pick up on the behavioural, cognitive and emotional consequences of brain injury and the appropriate care pathways are put in place to ensure individuals are adequately supported and their needs met.

References:

² The Disabilities Trust. (2019). *Making the Link: Female Offending and Brain Injury*. Available at: <https://www.thedtgroup.org/media/163462/making-the-link-female-offending-and-brain-injury-final.pdf>

⁴ Farrer, T.J. & Hedges, D.W. (2011). Prevalence of traumatic brain injury in incarcerated groups compared to the general population: a meta-analysis. *Progress in Neuro-Psychopharmacology and Biological Psychiatry* 35(2), 390–94. doi:10.1016/j.pnpbp. 2011.01.007

⁵ Shiroma, E.J., Ferguson, P.L., Pickelsimer, E.E. (2010) Prevalence of traumatic brain injury in an offender population: a meta-analysis. *Journal of Correctional Health Care*, 16(2), 147–159

⁶ Ferguson, P. L., Pickelsimer, E. E., Corrigan, J. D., Boger, J., & Wald, M. (2012). Prevalence of traumatic brain injury among prisoners in South Carolina. *Journal of Head Trauma Rehabilitation*, 27(3), E11–E20.

⁷ Pitman, I., Haddlesey, C., Ramos, S., Oddy, M., & Fortescue, D. (2015). The association between neuropsychological performance and self-reported traumatic brain injury in a sample of adult male prisoners in the UK." *Neuropsychological Rehabilitation* 25(5), 763–779, doi:10.1080/09602011.2014.973887.

⁸ Morrell, R. F., Merbitz, C. T., Jain, S., & Jain, S. (1998). Traumatic brain injury in prisoners. *Journal of Offender Rehabilitation*, 27(3–4), 1–8, doi:10.1300/J076v27n03_01

⁹ Schofield, P. W., Butler, T., Hollis, S. J., Smith, N. E., Lee, S. J., & Kelso, W. M. (2006). Traumatic brain injury among Australian prisoners: rates, recurrence and sequelae. *Brain Injury*, 20(5), 499–506. doi:10.1080/02699050600664749

¹⁰ Slaughter, B., Fann, J. R., & Ehde, D. (2003). Traumatic brain injury in a county jail population: prevalence, neuropsychological functioning and psychiatric disorders. *Brain Injury*, 17(9), 731–741. doi:10.1080/0269905031000088649

b) Does the screening focus on a particular neurodevelopmental disorder or condition? (See information sheet for definition of neurodiversity.) *Delete as necessary*

i. ~~No~~

ii. Yes

If yes, please specify which disorders: Brain injury

Could this screening tool be used to identify other neurodevelopmental disorders covered within the definition?

Answer:

Our Brain Injury Screening Index is designed to identify those who have experienced a brain injury. Whilst it does ask about other developmental disorders, such as ADHD, this is incidental, with results focused on brain injury incidence and severity.

Recognition of neuro-diversity, however, is critical as it remains a “hidden” disability within the Criminal Justice System (CJS). Understanding and awareness of the impact of neurodiversity is a fundamental step in providing adaptations to custodial regimes, which could enable individuals to comply with their custodial regulations and effectively access education and rehabilitation.

c) What setting(s) does your evidence relate to? *Please indicate all that apply.*

- ~~i. Police~~
- ~~ii. Courts~~
- iii. **Prison**
- iv. **Probation supervision**
 - a. **National Probation Service (NPS)**
 - ~~b. Community Rehabilitation Company (CRC)~~
- v. ~~Other (please specify)~~

Brain injury in the secure estate:

The Brain Injury Linkworker (BIL) service has operated in a number of prison and probation services across England and Wales, including HMP Leeds, HMP/YOI Drake Hall, HMP Deerbolt and HMP Durham. We currently have two BILs operating in HMP Cardiff and HMP Swansea to support men who screen positive for brain injury.

Brain injury and sentencing:

In 2019, we responded to the Sentencing Council’s consultation: Overarching Principles: Sentencing Offenders with Mental Health Conditions or Disorders. For this consultation, The Disabilities Trust raised the following issues:

- The need for sentencing guidance to acknowledge neurodiverse conditions, such as brain injuries
- To ensure mild brain injuries are highlighted in any brain injury guidance, as even mild injuries can result in behavioural, cognitive and emotional consequences which are persistent and life changing
- To ensure any guidance featuring brain injury explains individuals may also experience lack of insight, wherein they may not be aware of the extent of their symptoms
- Awareness that short custodial sentences may not be appropriate for those who have experienced a brain injury as they may not allow sufficient time for individuals to engage with rehabilitation processes necessary to reduce chances of reoffending.
- The Trust stressed the presence of a brain injury should be taken into account when judging the appropriate level of culpability, as some of the symptoms of brain injury (e.g. inability to modify behaviour, risk-taking, impulsivity, irritability and impairments in attention and memory) may diminish culpability¹¹.

References:

¹¹ The Disabilities Trust. (2019). *Overarching Principles: Sentencing Offenders with Mental Health Conditions or Disorders Consultation – The Disabilities Trust’s Response*. Available at: <https://www.thedtgroup.org/media/163637/the-disabilities-trust-sentencing-council-consultation-response-0719-pdf.pdf>

d) Where is this process or system being used? (e.g. name of prison/CRC, region, England and/or Wales)

Answer:

The Trust’s Brain Injury Linkworker service is currently operating in HMP Swansea and HMP Cardiff, however, we have operated in 13 prisons and probation services across England and Wales.

2. Adjustments to existing services and support

If you are able to provide evidence on more than one adjustment in this section, please answer it as many times as you need. For example, if you are providing evidence on two adjustments, please answer this part twice, indicating how your work differs in each. If you provide more adjustments than it is feasible to mention here, please indicate if you would be willing for us to contact you to discuss them.

Question

- a) Are you aware of and/or have you put in place any adjustments to existing practice with service users to provide additional support to individuals with neurodevelopmental disorders in the CJS? These adjustments could be local or individual.

Please provide any relevant information about the adjustments. This might include:

- what adjustments have been made (e.g. provision of Easy Read materials)
- impact on service provided
- impact on service user
- any specific areas of good practice
- level of service user engagement and uptake

Answer:

It is our assertion that without a more appropriate response to this hidden disability, based upon sound neuropsychologically informed principles, then the forensic risk of these individuals will continue and may increase overtime. If we improve the outcome for *neurodivergent* offenders within the Criminal Justice System (CJS) then, in turn, we will reduce the number of victims and the cost of crime to the wider society.

Raising awareness of the needs and providing effective support for adults with neurodiversity at every stage of the criminal justice pathway is vital.

Adapting procedures as part of The Trust's Brain Injury Linkworker (BIL) Service:

Currently operating in two locations in Wales and historically having supported men and women in over ten prisons across England and Wales, our Linkworkers recommend and support adaptations to assist in ensuring effective and accessible management, education and rehabilitation of neurodivergent offenders.

Whilst traditionally, the focus of change was aimed at altering the attitude and behaviour of the individual, simple but effective adaptations have been utilised to support those with an acquired brain injury, including:

- Encouraging the use of a diary to support memory difficulties
- Structured planners to support problems with executive functioning
- Advising staff to reduce the amount of information being provided in any one moment
- Or holding conversations in an environment without too many distractions
- Relocating men and women to quieter wings or locations within the prison

These adaptations are encouraged alongside the triage of support provided by our Linkworker service, including 1:1 intervention, referring/signposting and providing brain injury awareness training. Such programmes and interventions can be 'cognitively' intense for individuals; therefore, interventions must consist of validated programmes for neuro-diverse conditions.

HMPPS Brain Injury Guidance:

The need to consider Traumatic Brain Injury (TBI) was also recognised by HMPPS, with guidance on how we can help those with TBI within the secure estate published in 2019¹². Adjustments included in this guidance, which were informed by The Disabilities Trust include:

- providing extra support and help with court proceedings, prison rules, and completing forms
- not expecting people to understand complex instructions or remember an instruction next time - explain things in clear, simple language and be prepared to repeat what you say.
- where possible, give simple written guidance, as well as verbal
- to focus on short-term goals and break down objectives into steps to achieve - people with TBI may not be able to think about multiple long-term goals
- provide extra time for decision-making and for taking instructions on board
- speaking calmly - shouting instructions or orders to someone with a TBI may cause confusion or panic
- talking about their TBI and its effects can help people understand their own behaviour - seek guidance on how to do this from professionals like G.P.'s, Clinical and/or Forensic Psychologists

Tips & Tricks:

The Disabilities Trust has also created a series of [Tips & Tricks](#), which provide practical and helpful information for individuals with a brain injury, professionals, family members and friends to understand and support a wide range of brain injury symptoms. These Tips & Tricks feature as part of the aforementioned Government guidance but are also provided to prisons as part of our BIL service.

Enactment of Disability Discrimination Legislation:

The Disabilities Trust is also calling for the enactment of disability discrimination legislation to ensure equal rights for neurodivergent offenders who, as a result of their difficulties face discrimination within all stages of the CJS, including:

- Need for a conceptual shift in our care and management of neurodivergent individuals
- Move our concern away from diagnosis and aetiology, towards understanding the underlying nature and impact of any neuro-diverse conditions

The impact of these adaptations (Case Study: RP):

After a brain injury, RP, who was serving time in HMP Cardiff, suffered from problems controlling his emotions, particularly anger. In order to support RP, a BIL focused on exploring the meaning behind these anger outbursts. She encouraged him to keep a diary of what had upset him and how he had reacted each time. By reflecting on each incident with his Linkworker, RP was able to see better ways of handling conflict. RP left HMP Cardiff in September, equipped with life skills to control his emotions. He continues to do well in the community.

The impact of these adaptations (Case Study: CP):

CP, who was also living in HMP Cardiff, worked with his BIL towards anxiety management, anger management and to help with sleeping. In order to facilitate this, CP implemented strategies himself, including using a diary which recorded his emotions and practised anxiety management tactics. CP reported he was noticeably calmer prior to phone calls with his family and was better able to calm himself when he felt stressed. The anxiety management strategies also helped him to gain a better sleep routine and he noted a couple of occasions when he was able to stay calm and remove himself from a situation

where he would previously become angry and reactive. He feels he is now more sociable on the wing.

References:

¹² Gov.UK. (2019). *Guidance: Traumatic brain injury in the Prison Population*. Available at: <https://www.gov.uk/guidance/traumatic-brain-injury-in-the-prison-population#what-does-tbi-mean-for-people-in-prison>

b) Do you have or are you aware of any evaluation or impact? This could be informal or anecdotal evidence.

i. Yes

If yes, please provide any evidence of outcomes.

Answer:

Impact Data from HMP Cardiff:

Impact data taken from one of our current Brain Injury Linkworker (BIL) Services, in HMP Cardiff found significant reductions in Assessment Care in Custody and Teamwork (ACCT) care pathways and adjudications following the Linkworker intervention.

Those receiving support were also more likely to be moved on to standard or enhanced regimes and none of those who received support from a BIL and have been released have returned to HMP Cardiff.

Quotes from those we worked with at HMP/YOI Deerbolt and HMP Durham (between 2017 and 2018):

- “It kept me out of trouble and taught me how to concentrate.”
- “It has helped with remember what to do weekly and keeping my anger under control.”
- “It has helped me with stress.”
- “Nice to have a service like this in prison because what I find hard now isn’t all because of my mental health.”
- “It has helped me realised what has changed. I am more self-awareness of my difficulties. It really helped me.”

An independent evaluation by Royal Holloway, University of London:

The Disabilities Trust’s BIL Service at HMP/YOI Drake Hall, which operated from 2016 to 2018 was independently evaluated by Royal Holloway, University of London¹³. Results of a qualitative evaluation demonstrated that the support provided by the BIL improved mood and self-esteem, as well as enhancing self-confidence and positivity.

Royal Holloway also found the service was able 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 provisions (e.g. mental health).

References:

¹³ Glorney, E., Jablonska, A., Wright, S., Meek, R., Hardwick, N., & Williams, H. W. (2018). *Brain injury linkworker service evaluation study: technical report*. Royal Holloway, University of London (as the publisher).

c) Do the adjustments focus on a particular neurodevelopmental disorder or condition? (See information sheet for those that fall within the scope of this call for evidence).

- ~~i. No~~
ii. Yes

If yes, please specify which disorder(s):

Answer: *Brain Injury*

Could this adjustment to be applied to other neurodevelopmental disorders covered within the definition?

Answer:

The adjustments recommended by The Disabilities Trust and featured in our Brain Injury Linkworker service are specific to brain injury and are recommended to support and alleviate the behavioural, cognitive and emotional consequences of this injury.

d) What setting does this evidence relate to?

- ~~i. Police~~
~~ii. Courts~~
iii. Prison
iv. Probation supervision
 a. National Probation Service (NPS)
 ~~b. Community Rehabilitation Company (CRC)~~
~~v. Other (please specify)~~

e) Where are these adjustments being used? (e.g. name of prison/CRC, region, England and/or Wales)

As part of the Brain Injury Linkworker service, these adjustments are currently in practice in HMP Cardiff and HMP Swansea.

A number of The Trust's resources, including our Tips and Tricks (please see question 2a) and Brain Injury Screening Index (please see question 1a) are available for free and used across the secure estate.

3. Programmes and interventions

If you are able to provide evidence on more than one programme or adaptation in this section, please answer it as many times as you need. For example, if you are providing evidence on two programmes, please answer this part twice, indicating how your work differs in each. If you provide more programmes than it is feasible to mention here, please indicate if you would be willing for us to contact you to discuss them.

Question

a) Are you aware of and/or have you used any specific offending behaviour programmes or interventions that are delivered for people who have neurodevelopmental disorders as defined in the information sheet?

Please provide any relevant information about the provision, including the following details:

- aims of the programme or intervention
- whether the programme or intervention has been developed specifically for people with neurodiverse needs or is an adjustment to an existing programme or intervention
- how and when delivered (i.e. at what stage in the process)

- who it is delivered by (i.e. specialist practitioners, operational staff, third sector provider, educational provider)
- level of service user engagement and uptake

Answer:

The Brain Injury Linkworker Service:

The Brain Injury Linkworker (BIL) service is an example of an intervention programme created and run by The Disabilities Trust to support those with brain injuries throughout the Criminal Justice System (CJS).

Following the identification of an individual with a brain injury, using our Brain Injury Screening Index (BISI) and once an individual is accepted onto our caseload, personalised and therapeutic interventions to manage the health, cognitive, behavioural and emotional consequences of brain injury are offered by a BIL. This forms part of the Brain Injury Linkworker Care Pathway, including: Identify, Assessment, Interventions and Post-release support.

The provision of specialist brain injury support has several functions:

- To prevent neurodiversity from remaining a “hidden disability” within the CJS, by identifying any brain injury and its impact upon a person’s behaviour and functioning
- To provide a comprehensive assessment of those identified with a history of brain injury
- Provide effective interventions to address problems relating to brain injury, including memory, concentration, aggression and motivation, whilst acknowledging that these symptoms are distinct from other mental and physical health issues
- Develop support plans that enable an individual to identify and achieve their personal goals and shifting the emphasis from a focus on needing to change the individual to ways in which the system needs to change
- Build a network through the development of partnerships with offender management, health services, drug and alcohol teams and housing
- Refer when necessary to neurology, physiotherapy, mental health teams, substance misuse support and social services
- Prepare discharge reports summarising any identified problems, achievements towards addressing those problems and areas for continued support, which also acknowledges that often these are life-long effects
- Liaise with agencies and families to provide education and guidance for future support of the person with a brain injury upon their release

The core team comprises of a Consultant Clinical Neuropsychologist, a Project Manager and a BIL who provides one-to-one support. The interventions include:

- Education about brain injury and its effects
- Cognitive strategies involving functional compensatory aids (e.g. a diary to support memory difficulties and structured planners to support problems with executive functioning)
- Behavioural management plans and guidelines
- Support provided with psychological approaches to better manage emotional regulation

To date, The Trust has supported over 500 men and women with bespoke support as part of its BIL Service in locations across England and Wales and evidence for its effectiveness have been included in question 3b.

b) Do you have or are you aware of any evaluation or impact? This could be informal or anecdotal evidence.

i. Yes

If yes, please provide any evidence of outcomes:

HMP Swansea Case Study (JS):

Following a car accident, JS was suffering from low mood, memory loss and had poor executive functioning. Once at HMP Swansea, he was placed on an Assessment, Care in Custody and Teamwork (ACCT) care plan and placed in a high-risk single cell. Following support with one of our Brain Injury Linkworkers (BIL), JS focused on recognising cognitive distortions and was helped by practical strategies to improve his wellbeing. Since then, JS has been taken off the ACCT care plan, gained employment and reported having developed a more positive outlook on his future.

Impact Data from HMP Cardiff:

As noted in question 2b, The Disabilities Trust is currently operating a BIL Service in HMP Cardiff. Since a BIL has been in post, there has been a significant reduction in ACCT care plans for those on our caseload and a reduction in adjudications.

Those who received interventions with the BIL were also more likely to be moved onto a standard or enhanced regime and none of those who received Linkworker intervention and were released have returned to HMP Cardiff.

Independent Evaluation by Royal Holloway, University of London:

As mentioned in Question 2b, The Disabilities Trust's BIL Service at HMP/YOI Drake Hall, was independently evaluated by Royal Holloway, University of London¹³. Results of a qualitative evaluation demonstrated that the support provided by the Brain Injury Linkworker improved mood and self-esteem, as well as enhancing self-confidence and positivity.

Results from The Disabilities Trust also found incidents of severe anxiety dropped from 62% at assessment to 20% at service discharge. Severe and moderately severe depression also dropped from 55% at assessment to 20% at discharge².

Quotes collected from Royal Holloway (University of London) as part of their qualitative evaluation of the service include:

*"I did get a lot of help and I did start feeling better ...and I was managing to cope a bit more ...I felt more confident after seeing her, and more positive."*²

*"[The Brain Injury Linkworker] helped me to create a weekly chart to remember my appointments and when to call home to speak to my mum..."*²

References:

¹³ Glorney, E., Jablonska, A., Wright, S., Meek, R., Hardwick, N., & Williams, H. W. (2018). *Brain injury linkworker service evaluation study: technical report*. Royal Holloway, University of London (as the publisher).

² The Disabilities Trust. (2019). *Making the Link: Female Offending and Brain Injury*. Available at: <https://www.thedtgroup.org/media/163462/making-the-link-female-offending-and-brain-injury-final.pdf>

c) Does the programme or intervention focus on a specific neurodevelopmental disorder or condition? (See information sheet for those that fall within the scope of this call for evidence).

~~i. No~~

ii. Yes

If yes, please specify which disorder(s): *Answer:*

Brain Injury

Is there the potential for these programmes or interventions to be used or adapted for other neurodevelopmental disorders? *Answer:*

Whilst the Brain Injury Linkworker service was designed to identify and support those with a brain injury, it could potentially be modified to accommodate other forms of neurodevelopmental disorders.

d) What setting does this evidence relate to?

i. Police

ii. Courts

iii. Prison

iv. Probation supervision

a. National Probation Service (NPS)

b. Community Rehabilitation Company (CRC)

v. Other (please specify)

e) Where are these programmes or interventions being used? (e.g. name of prison/CRC, region, England and/or Wales)

The Brain Injury Linkworker Service is currently operating in HMP Swansea and HMP Cardiff. As part of previous Linkworker projects, guidance from Government and brain injury awareness training provided by The Disabilities Trust, these adjustments are hoped to be in operation across the secure estate in England and Wales.

4. Training and support for staff

If you are able to provide evidence on more than one training course in this section, please answer it as many times as you need. For example, if you are providing evidence on two training courses, please answer this part twice, indicating how your work differs. If you can provide evidence on more training than it is feasible to mention here, please indicate if you would be willing for us to contact you to discuss.

Question

a) What training are you aware of and/or have received for staff working with neurodivergent individuals or service users?

Please include details of:

- what the training is for (please include the name of the programme)
- who the training is for
- who the training is provided by
- what issues the training addresses
- how useful or effective it is

Answer:

The Disabilities Trust is concerned that without regulated and dedicated training for those involved at all levels of the Criminal Justice System (CJS) to increase understanding and promote effective engagement with neurodiverse individuals, knowledge of these conditions will remain poor. Moreover, misinterpretation of behaviour may occur, resulting in an inability to provide the right support, at the right time.

The Disabilities Trust's Brain Injury Awareness Training:

As part of our Brain Injury Linkworker (BIL), The Disabilities Trust has also provided a 3-tiered training programme, delivered by our BIL or a Consultant Clinical Neuropsychologist.

These training programmes include:

1. Basic Brain Injury Awareness Training:
 - Delivered by a Linkworker
 - 30-60 minutes duration
 - Induction / new starters / all staff
 - To understand brain injury
 - To know more about the high rates of brain injury amongst men and women in the secure estate
2. Intermediary:
 - Delivered by a Consultant Clinical Psychological and/or Brain Injury Linkworker
 - 2 hours
 - Key staff / offender managers / healthcare
 - Support identification of a brain injury
 - Encourage a different way of working
3. Advanced:
 - Delivered by a Consultant Clinical Neuropsychologist
 - 4 day full (1-day brief)
 - Forensic Psychologists
 - Neuropsychologically informed rehabilitation

:

HMPPS Wales

Within our services at HMP Swansea and HMP Cardiff we provide a webinar-based training course, providing effective skills in the identification and improved ways of working with individuals with cognitive, behavioural and / or emotional difficulties due to impaired neurofunction. The course meets the following learning objectives:

- Recognise and identify the link between injury to the brain and its impact upon cognition, emotional regulation and behaviour.
- Understand and acknowledge the difference between mild, moderate and severe injuries to the brain.
- Appreciate the importance of identifying and supporting those with brain injury in the criminal justice system.
- Explain the range of diverse deficits and impairments that are caused by a brain injury and their impact upon day-to-day functioning.
- Identify the four most common areas of impairment (i.e., memory, communication and language, emotional lability and executive dysfunction) and know what practical steps can be taken to reduce the impact of and overcome those difficulties.

- Understand the use of compensatory strategies in everyday practice with individuals with brain injury.
- Understand the use and importance of environmental management within a neurorehabilitation paradigm.
- Be confident to identify, define and meet those diverse needs that are caused by injury to the brain.
- State how you will change your everyday approach to overcome and reduce the impact of any neuro disability on the individual's engagement with physical and / or mental healthcare services.
- Provide an individual care plan that describes both the practical steps of those working with an individual and those self-help tools used by the individual to reduce and overcome the impact of any brain injury.
- Identify any onward referral pathways that may be of value.

Evidence for our Brain Injury Awareness Training:

As part of a project providing brain injury support in three localities (Wales, Thames Valley and North East) between 2017-2018, 422 staff were given brain injury awareness training, including:

- 208 prison officers
- 58 psychologists
- 24 healthcare staff
- 22 mental health staff
- 42 probation staff
- 68 from other professions

Results showed 98% of staff recommended the training and 88% reported increased knowledge and understanding.

More recently, we have also provided training as part of our current BIL provision in Wales. Results showed:

- 100% of respondents thought that knowing about moderate to severe traumatic brain injury (TBI) was important for their current role
- However, only 13% had received prior training

And historically, 100% were satisfied with the course

- 100% reported their knowledge and understanding on brain injury have improved after the training
- 100% reported they would recommend the training to others
- 93% reported they would change their approach to working with individuals who had experienced a brain injury.

b) What other support are you aware of and/or have you received for staff working with neurodivergent individuals or service users?

Please include details of:

- how the support is provided
- what resources are available for staff (e.g. mentoring, booklets, posters, website)
- how useful or effective the support is

Answer:

Peer to peer support via brain injury champions is another way in which both staff and men and women in the secure estate can support brain injury awareness.

Implemented by The Disabilities Trust, Brain Injury Champions were able to provide the foundations for supportive neurorehabilitation by:

- Encouraging a clear and structured environment
- Ensuring rules and boundaries were understood
- Improving self-awareness of brain injury symptoms
- Increasing understanding to reduce conflict
- Promoting co-operation
- Supporting the individual with a brain injury to know what to do, when, why and where

c) Does the training or support for staff focus on a specific neurodevelopmental disorder or condition?

- i. ~~No~~
ii. Yes

If yes, please specify which disorder(s)

Brain Injury

Could this support or training to be applied to identify other neurodevelopmental disorders?

Whilst The Trust's Brain Injury Screening Index (BISI) is designed to identify the presence of a brain injury primarily, it does also incidentally pick up on other neurodevelopmental disorders, such as ADHD.

d) What setting does this evidence relate to?

- i. **Prison**
ii. **Probation supervision**
 a. **National Probation Service (NPS)**
 b. Community Rehabilitation Company (CRC)
iii. Other (please specify)

e) Where is this training or support being delivered? (e.g. name of prison/CRC, region, England and/or Wales)

Currently, due to the pandemic, The Disabilities Trust is offering Brain Injury Awareness Training virtually and is investigating new platforms to support this learning.

f) What unmet needs are there among staff who work with people with neurodiverse needs?

Please include details of:

- what these needs are
- how prevalent the need is
- what 'staff level' the unmet need is at (i.e. managerial, operational)
- what do staff need in order to help them work more effectively with neurodivergent service users
- any limitations or barriers to addressing this need

Answer:

Currently, The Disabilities Trust is concerned without dedicated and regulated training for all those involved at every level of the Criminal Justice System (CJS) to increase understanding and promote effective engagement with those with neurodiversity:

- Knowledge and understanding of neuro-diversity may remain poor
- Misinterpretation of behaviour may occur
- There will be an inability to provide the right support at the right time
- There may be unintentionally provoking 'incidences' and as a result many individuals may be 'set up' (albeit inadvertently) to fail

Ultimately, it is hoped that if we improve the outcome for neurodivergent offenders within the CJS, then (in turn) we will reduce the number of victims and the cost of crime to the wider society.

5. Final questions

Has any of the provision you have included in your responses to questions 1 to 4 been affected by the COVID-19 pandemic? (This might be positively or negatively.)

Please summarise how:

Since the pandemic and the initiation of lockdown, The Disabilities Trust has had to adapt its Brain Injury Linkworker (BIL) Service to ensure that despite visiting restrictions (which affect our Linkworkers entry to prisons) support is still available for men and women.

As such, we created [in-cell, self-help tools](#) for men and women with acquired brain injury (ABI) - in response to concerns that they are at increased risk of mental health issues during the extended isolation in prisons.

Research undertaken by The Disabilities Trust found higher rates of anxiety and depression for individuals with an ABI, and there are concerns that this is being further exacerbated by individuals being confined to their cells for up to 23 hours a day, and without access to specialist support or usual visits from friends and family.

The nine individual packs for problems such as anxiety, depression, memory, anger, impulsivity and fatigue packs were distributed in HMP Cardiff and made available nationally to all prisons and other criminal justice settings. Each document contains a summary of the difficulty faced after brain injury and then five-ten interventions that the user can try to implement to reduce this. Each pack also contains a log so that the user can fill in what they tried and whether it worked for them.

As discussed in the previous section, we are also adapting our Brain Injury Awareness Training to ensure training (of all levels) can be delivered remotely.

Please provide any additional information not covered in the previous questions here.

Part 3: Use of information

The information you have provided will be summarised in a published report and passed on in full to Ministry of Justice. If you don't want specific details passing on to Ministry of Justice, please let us know.

Are you happy to be contacted by staff from HMI Prisons or HMI Probation in connection with your submission?

- i. **Yes**
- ii. No

If you have any other information, studies, reviews or statistics which is relevant to this call for evidence please submit it with this form.

If you are unable to use the submission form, please let us know and we will try our best to offer an alternative format.

Thank you for taking the time to respond to this call for evidence. Please email your responses to shannon.sahni@hmiprisons.gov.uk.