APPG Women in the Penal System – Inquiry into women's health and well-being in prisons

The Disabilities Trust's Response

We are a charity that works alongside people with an acquired brain injury, autism, and/or 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 support, their families and friends, funding authorities, housing associations and others.

Introduction:

Last year nearly 3,500 women were incarcerated across the UK and whilst this represented a decrease of nearly 11% from the year before[1], 80% had been sentenced for non-violent offences, women are five times more likely to have a mental illness and seven out of ten have experienced domestic abuse[2].

To add to this complexity, having provided a Brain Injury Linkworker (BIL) at HMP/YOI Drake Hall, in the first study of its kind on the UK, the Disabilities Trust found nearly two-thirds (64%) of women reported a history which indicated a brain injury. Distressingly, the leading cause of brain injury amongst women was domestic abuse (62%)[3]. Brain injuries can result in a range of potentially life-changing consequences from physical, behavioural, cognitive to emotional.

We are keen to see increased awareness and support for brain injury within the Criminal Justice System (CJS) for women who may of experienced this type of injury and that training is available for staff to provide them with the confidence to identify and support those affected.

The Disabilities Trust calls for:

- Assurance that brain injury screening questions are being asked as part of the induction health assessment on entry to prison or probation services.
- All prison and probation staff to receive basic brain injury awareness training, which is sensitive to the physical, but also the behavioural, cognitive and emotional consequences of brain injury.
- Brain injury support for those identified as potentially having a brain injury and assurance that this support would be aligned with gender and trauma informed practices.
- Further research to examine the prevalence of brain injury within the wider domestic abuse population.

What are brain injuries?

An Acquired Brain Injury (ABI) is an umbrella term for all brain injuries, which result in changes to the brain's functioning. There are two types of ABI: traumatic and non-traumatic.

Traumatic Brain Injury:
A traumatic brain injury (TBI) is 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).

Symptoms of brain injury:
Brain injuries, whether mild, moderate or severe can result in a range of potentially life-changing consequences. Brain injuries are also considered an 'silent epidemic' as many of the non-physical symptoms, in particular, can be difficult to identify and are often over-looked or misconstrued for bad behaviour. Women in the CJS with a TBI may experience any of the following, all of which could impede their ability to engage with rehabilitation programmes:

- Poor memory
- Lack of concentration, inability to multi-task, becoming distracted during tasks and activities
- Slowness to process information or make decisions
- Poor impulse control and risk-taking
- Emotion dysregulation, such as inability to control anger or aggression
- Problems sleeping or fatigue
- Anxiety and depression
- Lack of insight, so the person might not realise they have a problem or the extent to which it affects them[3]

Whilst the rates of TBI amongst the general population has been identified as being between 2 and 38%, research has suggested the prevalence of TBI amongst those in the CJS might be as high as 87%[4,5].

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 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 a brain injury 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 brain injury at pre-sentencing and on admission to custodial services
2. Greater understanding of the risks of brain injury 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 brain injury. As such the opportunity to identify an individual's difficulties 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 brain injury, effective intervention strategies cannot be fully implemented.

Evidence from the Disabilities Trust:

In the first study of its kind in the UK, The Disabilities Trust provided a Brain Injury Linkworker at HMP/YOI Drake Hall from 2016 to 2018 to support the women there who screened positive for a brain injury[3]. A prevalence study within the prison found 64% of women reported a history which indicated they have experienced a brain injury and amongst those supported by the BIL:

- 62% reported they had sustained a TBI due to domestic violence
- 75% had a prior mental health diagnosis
- 67% reported sexual abuse
- 33% had sustained their injury before committing their first offence

Due to the distressing finding that the leading cause of TBI amongst women was due to domestic abuse, we undertook further analysis and found:

- 74% of women (both with and without a history of brain injury) had experienced domestic abuse
- 33% of those with a brain injury reported not having sought treatment for their brain injury
- Of those with a TBI, 40% had a mental health diagnosis, and women with a brain injury were seven times more likely to have a mental health diagnosis compared to those without[6]

An independent evaluation of our service conducted by Royal Holloway, University of London[7] highlights some of the trauma the women we worked with experienced:

"I was in a [relationship involving] domestic abuse for four years. He beat me bad, bad bad… my head's got… it's like a patchwork quilt under all there - and I was just knocked out unconscious loads of times, so many times..." (Wendy)[*]

The findings from their independent evaluation detailed how the support of the BIL improved the women's mood and self-esteem, as well as enhancing their confidence and positivity. The evaluation also found that the 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 provisions (e.g. mental health)[7].

"I did get alot 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." (Sarah)[*]

"She helped me to create a weekly chart to remember my appointments and when to call home to speak to my mum…" (Olivia)[*]

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 adaptions 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

[*] The names of the women featured in the quotes in this document, are not their real names and are taken from the independent evaluation conducted by Royal Holloway, University of London.

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 2019[8]. 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 serious 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.

The need to recognise and support TBI was acknowledged by Her Majesty's Prison and Probation Service (HMPPS), with guidance published towards the end of 2019 describing TBI as a potentially key factor in crime and providing information on how to help these individuals. This guidance was supported by the Trust's previous research, with links to our free resources to assist those working with adults who present with a TBI[8].

For further information, please contact foundation@thedtgroup.org

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