Neurodiversity in the CJS: Call for Evidence

Part 1: About you

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Job title and organisation (if applicable): Professor in Clinical Neuropsychology, University of Exeter. Co-chair of CJABIIG. Sending on behalf of the Group and co-chair General Lord Ramsbotham. The Criminal Justice Acquired Brain Injury Interest Group (CJABIIG), established in January 2011, is a consortium of representative groups spanning public, private and third sector organisations with the objective of raising the awareness of the significant number of people in the justice system with an undiagnosed Acquired Brain Injury (ABI). One of the roles of CJABIIG is as a collaborative lobbying group, driving forward the issue of ABI and offending across Government and the Criminal Justice System. The secretariat is provided by the UK Acquired Brain Injury Forum (UKABIF) who organise quarterly meetings. Members update others on the status of their work, joint initiatives and responses are organised and key individuals and organisations in the Criminal Justice System are invited for discussion. A significant volume of research is now available to support action on the issues faced by people with ABI.

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.

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:

To address the issues covered in this review, a brief background to the issues is warranted.

Research Background:

There has been increased awareness of the prevalence of neuro-diverse conditions (NDC) in the CJS. This has led to tools for screening for NDC. However, there are many gaps in provision across CJS. NDCs typically result from neuro-disabilities (NDs). NDs are often due to Acquired Brain Injuries (ABIs) which involve injury (e.g., from a fall or road accident), infection (e.g., Herpes Simplex) or illness of the brain (e.g., stroke). Traumatic Brain Injury (TBI) is the commonest form and is the leading cause of death and disability in those under 40 years of age. It is associated with impulsivity and problems in social reasoning.

In a retrospective cohort study with adult prisoners, Williams et al. (2010) found 17% had suffered moderate to severe TBI and more than 50% had mild TBI. They identified that offenders with a history of TBI exhibited greater rates of violence, increased substance abuse, and repeated offending compared to those without TBI. Williams *et al. (2012)* studied occurrence rates in a cohort of young male offenders, and discovered that over 45% of the juveniles in custody had suffered a loss of consciousness due to a TBI, a rate five-fold higher than the general population. More than 60% of women in prison have TBI and many were suffered in domestic violence. It is estimated that more than 42 000 of the current UK prison population has some form of TBI with up to 25% experiencing significant ongoing problems. Many people in CJS display behaviours such as lack of empathy, impulsivity, and extreme risk taking – including to self by suicide - as a result of a TBI. TBI is associated with greater violence, recidivism, and poorer engagement in treatment.

Williams and Chitsabesan, The Disabilities Trust, and the Offender Health Research Network screened for injuries in inmates to identify rates of TBI and associated behaviours, whilst training prison staff in TBI issues and how to evaluate for TBI. Participants within the pilot confirmed that self-reported problems of "forgetting", "nausea" and "headaches" were found to be associated with TBI, rather than drug use as previously assumed, and rates of suicidality and self-harm were particularly high in incarcerated young people with TBI. The team developed a programme for "Brain Injury Link Workers", who act as key-workers to enable better awareness of TBI and other neuro-disabilities (ND) in juveniles and young adults in prisons which demonstrated it was feasible to intervene whilst individuals were within custodial settings.

Key references:

Williams, W.H., Mewse, A.J., Tonks, J., Mills, S., Burgess, C.N., & Cordan G. (2010). Traumatic Brain injury in a Prison Population: Prevalence, and Risk for Re-Offending. *Brain Injury, 24*(10), 1184-1188. DOI: 10.3109/02699052.2010.495697

Williams, W.H., Cordan, G., Mewse, A.J., Tonks, J., and Burgess, C.N. (2010). Self-Reported Traumatic Brain Injury in Male Young Offenders: A risk factor for re-offending, poor mental health and violence? Neuropsychological Rehabilitation, 20(6), 801-812. DOI: 10.1080/09602011.2010.519613

Chitsabesan, P., Lennox, C., Williams, H.W., Tariq, O., Shaw, J. (2015). Traumatic Brain Injury in Juvenile Offenders: Findings From the Comprehensive Health Assessment Tool Study and the Development of a Specialist Linkworker Service. *J Head Trauma Rehabilitation*, 30(2), 106-115. DOI: 10.1097/HTR.0000000000000129

Williams, W.H., Chitsabesan, P., Fazel, S., McMillan, T., Hughes, N., Parsonage, M., Tonks, J. (2018). Traumatic brain injury: A potential cause of violent crime? *The Lancet Psychiatry,* 5(10), 836-844.

Kirby, A., Williams, W.H., Clasby, B., Hughes, N. and Cleaton, M.A.M. (2020), "Understanding the complexity of neurodevelopmental profiles of females in prison", *International Journal of Prisoner Health*, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/IJPH-12-2019-0067

Policy & Practice Background:

Children and Young people in custody: NHS England's Justice team has adopted a 'Secure Stairs Model' for Young Offender Institutions to provide therapeutic resources for those who are classified as vulnerable, including those with ND and TBI. The model was launched by NHS England in 2018 and represented a move towards integrated healthcare and rehabilitation in the youth prison system that creates a better environment for rehabilitation success. England's Director of Health and Justice confirmed the paradigm shift it represented, stating that the programme is being implemented across England *"to replace traditional incarceration…to ensure that children and young people are provided with therapeutic community approaches informed by evidence base on trauma and neuro-disability"*. The model is being evaluated but research to date has not been published.
Children and Young people in Custody. See:
https://web.archive.org/web/20201201090412/https://www.england.nhs.uk/commissioning/health-just/children-and-young-people/

Young adults (18-25): The UK parliament's Justice Select Committee concluded in 2016 the need for reform of the justice system to address young adults' maturational development, both for those who are neuro-typical and neuro-atypical, reduce violence and manage suicide risk. Their recommendations focused on person-led and trauma-informed approaches, which included accounting for TBI and the development of appropriate support systems such as specialised link workers. In response to the recommendations from the Justice Select Committee, the Ministry of Justice implemented measures to ensure '[a]ll civil, remand and sentenced people in prison will have a dedicated prison key worker' by March 2019. This is known as the Offender Management in Custody model which has now been rolled out across the Prison estate. It is not clear how the Ministry's commitment to additional support for young adults and other vulnerable prisoners has impacted on outcomes for these cohorts or how the model is operating under restricted prison regimes that have been adopted due to Covid-19.

All age groups: The All-Party Parliamentary Group on Acquired Brain Injury (Chair, Chris Bryant MP) published the Time for Change Report in September 2018. Their recommendations led to all prisons conducting mandatory screening for TBI, confirmed in Autumn 2020 by Alex Chalk MP and Victoria Atkins MP. This change impacts 83 000[1] currently sentenced prisoners and approximately 60,000 entrants into the criminal justice system each year. In addition to a custody reception screening, an advanced secondary health screen as been established to determine more detail about brain injuries.

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)

Aims & Purpose:
To identify presence and severity of TBI in context of any other ND and mental health issues. To inform treatment regimes in prison, in particular, should there be a possibility of referral on to relevant workers with training in TBI/ND for advice/support.

How and when the screening is delivered & who the screening is delivered by:

There are some forms of "short" screening at entry into custody (e.g. use of 2-3 questions on whether there has been a loss of consciousness); then there are more detailed screening systems with 2 weeks of entry and within different context of the prisons systems (e.g. in education). There are a range of approaches that are being adopted for assessment across age groups.

These include (by age):
Youth: "Comprehensive Health Assessment Tool (CHAT)": Young People in the Secure Estate uses standardised assessments in physical health, substance misuse, mental health and neurodisability. A Neurodisability Assessment is carried out by RMN or Registered Learning Disability Nurse within 10 days of admission to the secure settings, highlighting the difficulty of carrying out assessment for ADHD and autism in one initial meeting especially within a high-stress environment, such as the secure estate or prison. Which indicates a need to also consider a shorter screener for more immediate issues of concern (related to suicidality risk, for example).

Adult: "Brain Injuries Screening Index (BISI)" the Brain Injury Screening Index (BISI) 7 is an 11-question screening tool to help identify people with a brain injury and provide an indication of injury severity. The BISI is not a diagnostic tool, nor a medical diagnosis, but records an individual's self-reported history of brain injury. The Disabilities Trust Foundation developed the Index for use by all levels of practitioners. The BISI is a free resource available online and guidelines are included.

All ages: "Do-It Profiler": Do-IT Profiler enables online screening and **person-centred** assessment and support for all neurodiverse individuals, typically within an education context. It provides a screen for e.g. dyslexia, ADHD, Autism and TBI etc. This is a self-paced tool, computerised system in 20+ languages (and in forms available for those with literacy issues).

What happens with any screening information (i.e. onward referral, sharing of information, specific adjustments)
The screening systems noted above typically provides data for use by Healthcare staff and can be shared with Prison staff. There are concerns over the lack of sharing of relevant information that can be vital in best treatment and support of individuals. In some prisons there are keyworker systems set up to enable integration of information from various sources (e.g. HMP YOI Isis). These can also support inmates to achieve individualised goals (e.g. to manage mood, behaviour and develop work skills). There has been no evaluation of the impact of these schemes on outcomes, to our knowledge.

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

i. Yes
If yes, please specify which disorders:

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

Answer: The tools noted above address either TBI and or TBI in context of other NDs.

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)

The screening systems noted above are typically utilised within the secure system. However, to address ND more effectively in a timely manner in terms of judicial processes - and in the life of the person - there are attempts to bring screening systems in to Police and Courts systems.

Police:
In some Police Forces (e.g. Thames Valley Police (TVP) and Devon and Cornwall Police) there are officers trained in the use of screening (e.g. BISI) to identify TBI (and other ND) in some groups of offenders. (see CAPRICORN report – Commander Stan Gilmour, TVP).
Collaborative approaches to preventing offending and re-offending by children (CAPRICORN): summary - GOV.UK (www.gov.uk)

Courts: The Sentencing Council advocates for the identification of TBI in those coming into court. The latest Sentencing Guidelines have added Acquired Brain Injury to the list of mental health disorders to consider in sentencing, confirming recognition of ABI and TBI in the criminal Justice system as an issue to address. In some areas the BISI is being used to assist in screening for TBI. Sentencers are dependent on being provided with screening and assessment by liaison and diversion services and probation services in order to reflect the presence of neuro-disabilities in their sentencing decisions. The extent to which they receive advice based on robust screening and assessment is unclear. See training section for proposal on related research,

Sentencing Council. (2020). Sentencing offenders with mental disorders, developmental disorders, or neurological impairments – Sentencing (sentencingcouncil.org.uk)

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

Answer: Nationally – but with examples of good practice in some areas, as noted.

ii. 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:*
b) Do you have or are you aware of any evaluation or impact? This could be informal or anecdotal evidence. i. Yes ii. No If yes, please provide any evidence of outcomes. *Answer:*
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:* Could this adjustment to be applied to other neurodevelopmental disorders covered within the definition? *Answer:*
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)

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 specifcailly 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:* **<u>The Disabilities Trust – Linkworker Services</u>** To date the Trust has provided direct support and training in 13 prisons across England and Wales, using it expertise and interventions to support offenders with a brain injury. The Brain Injury Linkworker service was designed to identify, assess and enable those prisoners, who have a history of brain injury of a significant severity that impacted on their daily functioning. Following an initial assessment, a process of triage identifies those specific actions to be undertaken by the Linkworker. In those cases where individualised support is required a comprehensive clinical assessment of the person's brain injury and their associated needs is undertaken with subsequent goal-oriented interventions designed and implemented. The service has received over 1000 referrals and provided intensive bespoke support to 514 brain injured offenders across the country. In young offenders and in adult prisons, with males and females. 2016 Linkworker Report - https://www.thedtgroup.org/media/159358/foundation-outcome-report_web.pdf https://t2a.org.uk/wp-content/uploads/2016/08/Disabilities-Trust-Foundation-Young-people-with-traumatic-brain-injuries-July-2016.pdf

Royal Holloway Evaluation of HMP Drake Hall Linkworker - https://barrowcadbury.org.uk/wp-content/uploads/2019/02/Brain_Injury_Linkworker_Service_Evaluation_Study_Technical_Report-1.pdf

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

i. Yes
ii. No

If yes, please provide any evidence of outcomes:

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:*

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

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)

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:

Sentencers:
The Judicial College has produced some training resources as part of their eDiversity elearning, and there is also guidance for sentencers in the Equal Treatment Bench Book. Another useful resource used by magistrates is online learning on mental health, autism and learning disabilities produced by Rethink and the Prison Reform Trust for magistrates, district judges and court staff. This requires refreshing. Professor Williams drafted an article for The Magistrate magazine and a further article by Amanda Kirby entitled 'Magistrates guide to neurodiversity' was published in the December 2020/Jan 2021 issue.

The Magistrates Association commissioned one-off training for its members from Professor Huw Williams & Hope Kent. Local Branches have also organised their own training events on the topic. We understand that there are plans to produce training on the new Sentencing Guideline, but this may have been delayed due to Covid-19.

Cross-system:
The Disabilities Trust has trained over 2000 professionals on the impact of brain injury for offenders and homeless populations. This training has been consistently evaluated by learners to show that it has increased their knowledge and understanding; over 90% of participants stated that following the training they would change their approach when working with offenders with a brain injury. The "Ask, Understand, Adapt" programme provides effective skills in identification and improved ways of working with individuals with cognitive, behavioural and/or emotional difficulties due to impaired neurofunction. The main aim of the programme is to increase understanding and support staff to work effectively with those individuals with a history of brain injury. This draws on the Trust's 25 years of experience of providing neurorehabilitation in both hospital and community settings and seeks to transfer and apply well established and recognised principles of brain injury rehab to the Criminal Justice System. Frontline professionals are provided with the knowledge and tools to support service users with the complex needs that are often associated with brain injury. Within this programme specifically, delegates are asked to examine the relationship between offending and brain injury and consider the impact on their everyday practice.

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:

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)

Could this support or training to be applied to identify other 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 is this training or support being delivered? (e.g. name of prison/CRC, region, England and/or Wales)

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:
There is a need for an understanding of the impact of available learning resources and training on sentencers and sentencing decision, as well as of the extent to which magistrates are seeing liaison and diversion or pre-sentence reports which identify maturity and neurodisabilities, and what conditions they are covering. There is an opportunity for this to be done in collaboration with the Magistrates Association, for example, through a survey of their members. There is a need to make use of training to enable better systems to be developed to sensure systems are "linked up" (ie, Police, Prison, Probation and Sentencers) to identify and manage a known ND/TBI so as to reduce crime.

5. Final questions

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

There is a risk that by focusing on assessment, adjustments, interventions, and training to individual parts of the criminal justice system the need for end-to-end evidence-based preventative and resettlement strategies may be overlooked. We believe this can be achieved through strengthening cross-departmental planning and strategy, alongside greater inter-agency collaboration and research. In particular, there is a need for education services (including alternative (behavioural) and Special Educational (neuro-disability)) to meaningfully collaborate with social care services both to provide early intervention and lifetime support. To this end, there is scope for cross-agency learning during qualification training in the collateral consequences of neuro-disability, including on the accessibility of community services and additional needs resulting from this being a 'hidden' disability., reform and resettlement practices established by prisons and probation services would benefit from closer collaboration across adult social care, housing, and work and pensions. For example, the new ReConnect program, by NHS justice

provides keyworkers to link up justice and social/health systems for in-mates returning into the community – who may often have a ND which can be therefore more readily managed. A pathfinder is in progress in Thames Valley (contact Commander Stan Gilmour & Prof. Huw Williams for more details).

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, HMI Probation or HM Inspectorates of Constabulary and Fire & Rescue Services in connection with your submission? i. Yes

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