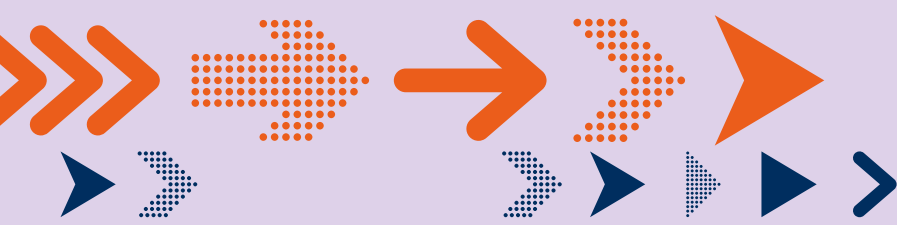


TIME FOR CHANGE

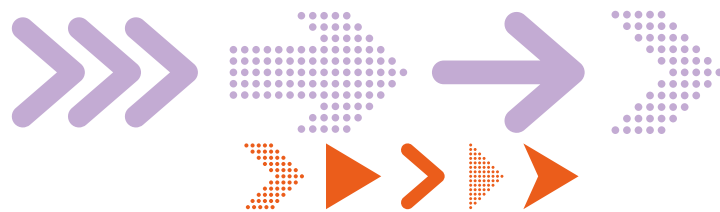
Acquired Brain Injury and
Young Adults involved in
the Criminal Justice System
in England





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SUMMARY

Brain injury is known to be a major factor in impacting maturational development and affecting outcomes for young adults. As Barrow Cadbury Trust's evidence has carefully documented, neuroscientific research identifies that the typical adult male brain is not fully formed until at least their mid-20s. Over the last three years, since the then Secretary of State for Justice commissioned a review, there has been increased awareness of the prevalence of neurodiverse conditions and their impact on policy and practice in the criminal justice system (CJS).

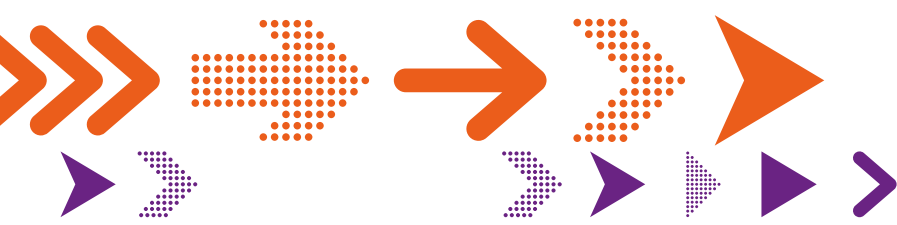
UKABIF received support from Barrow Cadbury Trust under the Transition to Adulthood (T2A) programme to review what policies and practices are in place for young adults (aged 17-25 years) which recognise both Acquired Brain Injury (ABI) and maturity. The review also considered what needs to happen to ensure that practice for this cohort is as effective as possible taking into account available resources and policy priorities.

The project has included:

- Conducting research involving Freedom of Information (FoI) requests which highlighted the limitations of the existing response by the police and liaison and diversion services to young adults with brain injury in terms of awareness of both ABI and maturity
- Disseminating the results at a national and an international conference
- Establishing evaluation sites for The Disabilities Trust (now Brainkind) Ask, Understand, Adapt programme (online training modules on ABI), evaluation in four prisons holding young adults, designing evaluation tools and commencing the evaluation. The evaluation was part of an agreement that enabled The Disabilities Trust to make available to His Majesty's Prison and Probation Service (HMPPS) the training which had been commissioned by National Health Service (NHS) England to all people with a justice.gov.uk email address
- Co-creating with young adults a leaflet for criminal justice agencies working with young adults with brain injury to signpost them to sources of support
- Engaging with NHS England to ensure that guidance for Community Sentence Treatment Requirements and Reconnect included content on ABI
- Developing a policy levers matrix to illustrate the range of touchpoints with the CJS where there is potential to better support young adults with ABI and an accompanying chart with examples of existing initiatives.

We conclude that there is significant scope for further work by the T2A Alliance, UKABIF and other members of the ABI Justice Network to continue to promote a distinct approach to young adults with ABI. While there is some recognition of ABI and awareness is rising, how ABI affects the maturity of young adults is not yet considered in the early stages of the CJS (in police custody suites and liaison and diversion schemes). For example, data held in police custody suites and by liaison and diversion services is not yet strong enough to understand the needs of this important cohort or the extent to which they are met. There are also currently not many support pathways specifically for people with ABI, let alone those which are specifically for young adults.

This report is for commissioners, senior leaders and practitioners working in criminal justice, health and social care with young adults who are in contact with the CJS.



1. BACKGROUND TO THIS REPORT

ABOUT THE UKABIF ABI JUSTICE NETWORK

The UKABIF ABI Justice Network is the rebranded Criminal Justice Acquired Brain Injury Interest Group originally established in January 2011. It 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 ABI.

We are very grateful to members of the group who supported this work. We would like to give particular thanks to:

- Laurie Hunte and the Barrow Cadbury Trust for funding this project and supporting adaptations as it evolved
- The Project Reference Group: Chloe Hayward from UKABIF, Professor Huw Williams and Hope Kent from the University of Exeter, Professor Nathan Hughes from the University of Sheffield, Nadine White from Leaders Unlocked, representatives of Brainkind (formerly The Disabilities Trust), Whitney Iles from Project 507, Jo Rance and Neisha Betts from NHS England, and Stephanie Gibb from the Ministry of Justice (MoJ), for their invaluable advice to steer the project
- Research assistants: Karene Taylor and Jordan Ball for their insights, enthusiasm and exceptional work supporting various aspects of the project.

WHAT IS ACQUIRED BRAIN INJURY?

ABI is a term describing any brain injury that occurs during or after birth. Common causes include infection, a lack of oxygen (e.g. through strangulation), or a trauma to the head – i.e. a blunt force or penetrating blow to the head, such as in a road traffic accident, a sporting injury, or physical assault.

ABI is a condition has a spectrum of impacts. Lasting effects can range from mild symptoms (such as headaches, nausea, and confusion) to profound disability. The specific symptoms vary depending on the severity of the injury, and the location of the neuronal damage. Those who lose consciousness for less than five minutes, or remain conscious at the time of injury, may largely recover in hours or days. With more moderate to severe forms (e.g. which might arise from over 20-30 minutes loss of consciousness) symptoms may be long-lasting – even lifelong. The impact of ABI is also cumulative. Multiple ABIs (including mild ABIs) often result in more complex and severe symptom profiles than single injuries.



Generally, ABI leads to functional difficulties across cognition, memory, social communication, and self-regulation of emotions and behaviours. This frequently leads to problems with increased irritability, frustration, and agitation, and can cause stress and anxiety, and mean that de-escalating potentially confrontational situations can be difficult. Additionally, completing a series of tasks or remembering appointments and instructions may be challenging.

The hidden nature of ABI means that there may be no obvious presentation of vulnerability and behaviours related to the effects can be easily misunderstood by criminal justice and health practitioners.

UKABIF AND NETWORK MEMBERS' PRIOR WORK ON ABI IN THE CRIMINAL JUSTICE SYSTEM

The [*Time for Change*](#) report, published by the All-Party Parliamentary Group (APPG) on ABI in 2018, made a series of recommendations on criminal justice which the ABI Justice Network is taking forwards:

- 1.** Criminal justice procedures, practices and processes need to be reformed to take into account the needs of individuals with ABI
- 2.** Training and information about ABI is required across all services including the police, court, probation and prison services
- 3.** Brain injury screening for children, young people and adults is required on entry to the CJS and, if identified, an assessment of the effects, deficits, severity and impact is required with the appropriate interventions planned and implemented by a trained team
- 4.** All agencies working with young people in the CJS, schools, psychologists, psychiatrists, general practitioners and youth offending teams should work together to ensure that all the needs of the individual are addressed.

The APPG outlined a model for identifying optimal points for identification and support – known as the sequential intercept model – which illustrates the range of opportunities there are across the CJS for improving practice with people with ABI.

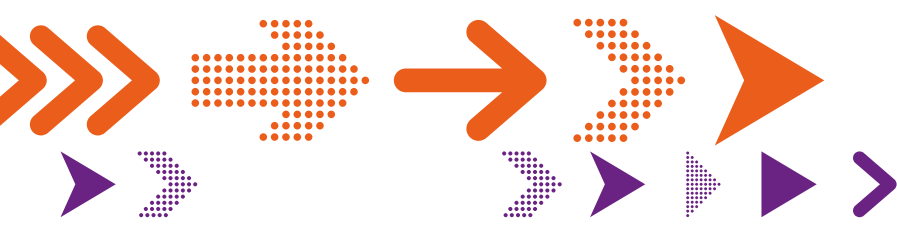
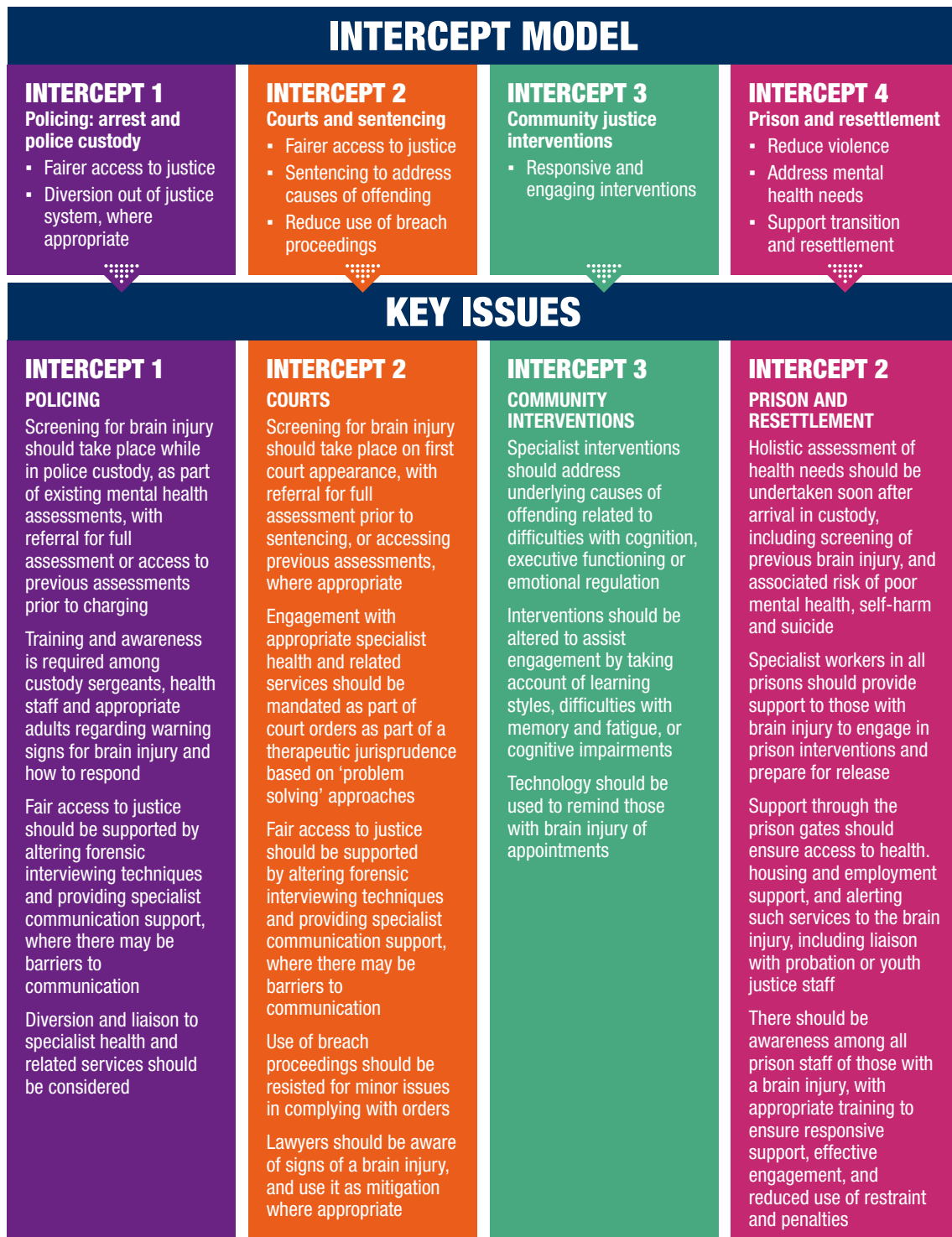
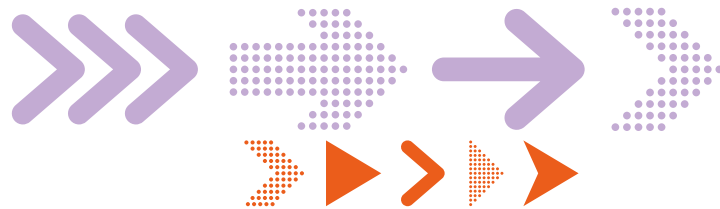


Figure 1: The sequential intercept model

The following 'sequential intercept model' identifies key points in the system where specific challenges can be addressed and outcomes therefore improved.



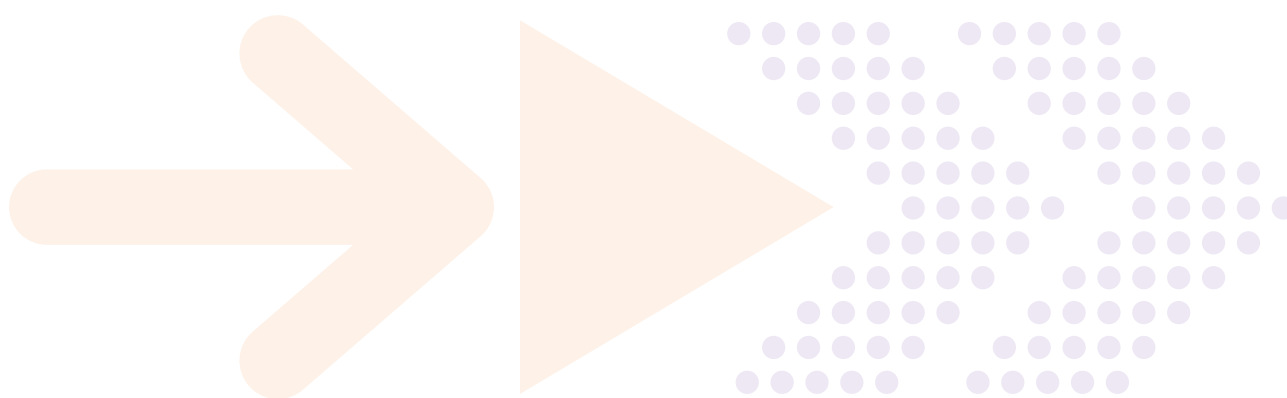


HOW DOES ABI RELATE TO MATURITY AND YOUNG ADULTS?

Brain injury is known to be a major factor affecting maturational development and outcomes for young adults. As Barrow Cadbury Trust's evidence has carefully documented, neuroscientific research identifies that the typical adult male brain is not fully formed until at least the mid 20s. The Trust has previously funded members of the ABI Justice Network, including Professor Huw Williams, Professor Nathan Hughes and The Disabilities Trust to set out the research evidence on the impact of ABI on criminality for young adults and to evaluate promising practices for addressing the needs of this cohort.

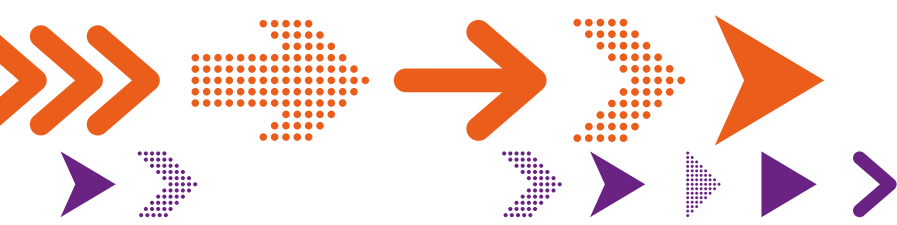
SUMMARY OF EVIDENCE

- Brain injury is known to be a major factor hindering maturational development, affecting outcomes for young adults who have committed crime (Williams, 2012)¹
- The prevalence of ABI in young adults aged 18-25 is not fully understood but is estimated to comprise 49-72% of young people in custody
- Where ABI occurs during childhood and adolescence, it can severely impact normal brain development (Kent and Williams, 2021)²
- Of all the neurodisabilities, brain injury, because of its high prevalence, needs to be addressed by the CJS at an early stage. Early intervention makes long-term violence and suicidal behaviours less likely
- The evidence also suggests that young adults would particularly benefit from improvements in policy and practice outlined in the above model if both their maturity and neurodiversity were dealt with appropriately. This would minimise longer-term detrimental impact on their future and support the development of pro-social adult identities



¹ Williams, W.H. (2012) *Repairing Shattered Lives: Brain injury and its implications for criminal justice*, London, Transition to Adulthood Alliance.

² Kent H and Williams H (August 2021). Her Majesty's Inspectorate of Probation. *Traumatic Brain Injury*. Academic Insights 2021/09.



WIDER POLICY CONTEXT

Over the last few years there has been increased awareness of the prevalence of neurodiverse conditions and their impact on criminal justice policy and practice. Importantly, in December 2020 the then Lord Chancellor and Secretary of State for Justice, Robert Buckland MP KC, commissioned the Criminal Justice Inspectorates to undertake an independent review of neurodiversity across the CJS.³ This followed a recognition in the 2020 White Paper A Smarter Approach to Sentencing of the importance of understanding neurodiversity:

Neurodivergent offenders are likely to need additional support to undertake Community Order requirements and effectively engage with rehabilitation programmes normed to the needs of neurotypical offenders. [...] Too many orders will fail if these conditions are not recognised at the outset.

A broad definition of neurodivergence was adopted by the MoJ which included ‘cognitive impairments due to ABI’. The review focused on similar themes to those identified in the APPG’s Time for Change report. The need for:

- Screening to identify neurodivergence in CJS service users
- Adjustments to support those with neurodivergent needs
- Programmes and interventions that are specifically designed or adapted for neurodivergent needs
- Training and support for staff to help them support people with neurodivergent needs.

The Inspectorates found that the experience of most service users with neurodivergence is that criminal justice professionals do not understand their needs (76%) and do not use screening (66%).⁴ They found that ABI is included in probation screening questions (i.e. OASys, but the prevalence was not identified in their report) yet is not included in screening by commissioned prison education providers. The Do-It Profiler, designed to identify neurodivergent traits, including ABI, is being used in some parts of the probation service and in some prisons and could provide a useful source of data about young adults in future but its use was not a focus of this project. The ABI Justice Network is advocating separately for changes to the ABI questions currently included in the assessment of adults, OASys.

³ Ministry of Justice (2022) *A Response to the Criminal Justice Joint Inspection: Neurodiversity in the Criminal Justice System, A Review of Evidence*, London: Ministry of Justice.

⁴ Criminal Justice Joint Inspectorates (2021) *Neurodiversity in the criminal justice system: a review of evidence*



2. INTRODUCTION TO OUR RESEARCH

UKABIF received support from Barrow Cadbury Trust under the T2A programme to review what policies and practices are in place for young adults (aged 17-25) which recognise both ABI and maturity and to consider what more might need to happen to help ensure that practice for this cohort is as effective as possible within the context of available resources and policy priorities.

The primary aim of the project was to improve support for young adults with ABI moving to adult justice services.

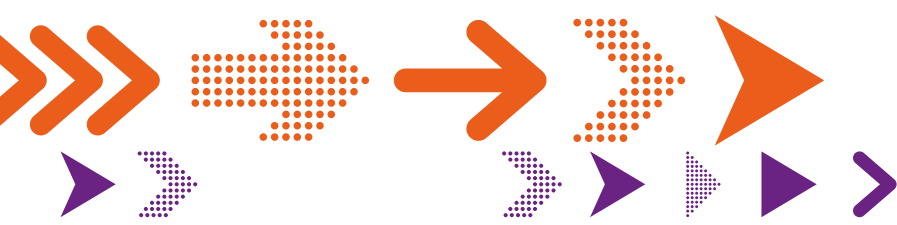
Other objectives were to:

- Provide space for greater collaboration between members of the group to change practice for young adults with ABI
- Fill gaps in research evidence related to the treatment of young adults with ABI involved in the CJS
- Further raise awareness of the needs of this cohort by promoting training for practitioners and understanding how best to embed it in subsequent practice
- Ensure that learning which is taking place in silos in some parts of the CJS is disseminated across the whole system.

There were three strands of the project, which took place between the summers of 2021 and 2023, at the same time as work scoping opportunities to promote ABI and maturity to criminal justice audiences. These opportunities could enable UKABIF to act nimbly to influence policy and practice:

- A.** Examining practice at the early stages of the CJS
- B.** Reviewing the training available to people working in HMPPS
- C.** Co-creating a tool for young adults with ABI who are involved in the CJS.

We describe our activity on each of these in the following chapters.



3. THE EARLY STAGES OF THE CRIMINAL JUSTICE SYSTEM

UKABIF planned to examine practices at the early stages of the justice system, such as police custody suites, and to examine why the prevalence of ABI data collected by Liaison and Diversion (L&D) services are much lower than research evidence suggest they should be.⁵ L&D services are designed to identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the CJS as suspects, defendants or people with convictions.

In 2018 NHS England Health and Justice conducted an internal deep dive into those with learning disabilities accessing L&D services. It found lower than expected numbers of people with learning disabilities using L&D services, particularly children and young people (when compared to the wider research evidence on prevalence).

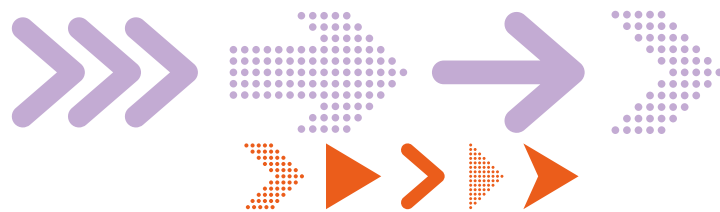
The exercise identified a range of factors which would ideally facilitate optimal identification rates of people with learning disabilities using L&D services. These included, for example, awareness, training, screening, knowledge and use of guidance and quality of data recording. While ABI is not a learning disability, it could reasonably be assumed that similar issues and recommendations might apply to capturing and supporting those with ABI when accessing these same services.

UKABIF sought to understand whether that was the case and why the prevalence rates for ABI being shared with NHS England from its health and justice commissioned services were unexpectedly low, given the research on relatively high suspected prevalence in the CJS. Recent research commissioned by NHS England, carried out by the Centre for Mental Health has also found unexpectedly low rates of known ABI within prison healthcare services.⁶

Also in 2018, the NHS England national L&D programme and Headway held two ‘train the trainer’ workshops on brain injury for practitioners working within liaison and diversion services, with the aim that the information shared would be cascaded back to teams. The workshops covered how to identify people with a brain injury, the effects of brain injury and where to refer for further support. The Disabilities Trust had also delivered awareness training to commissioners in the early stages of the roll-out of L&D services and all services were made aware of the Brain Injury Screening Index (BISI) ABI screening tool, a short series of questions designed to identify whether someone might have a brain injury. Our project also provided an opportunity to review the extent to which there was ongoing awareness of brain injury within these services and how the needs of those with identified ABI were being addressed.

⁵ See: [NHS England Liaison and Diversion service website and operating model](#); NHS England and NHS Improvement, (2019) *Case identification, screening and assessment Liaison and Diversion Manager and Practitioner Resources* [online] NHS England and NHS Improvement.

⁶ Durcan, G. (2023) *Prison Mental Health Services in England*, London: Centre for Mental Health



3.1 PRACTICES RELATED TO ABI AND MATURITY IN POLICE CUSTODY SUITES

The police have a crucial role in identifying and supporting people with neurodiverse needs. UKABIF sent out requests under the FoI Act 2000 to all police forces in England and Wales in January 2022 asking them about their practice and procedure regarding young adult detainees with ABI in their custody suites. Forces were asked to respond to 15 questions which focused on screening for ABI and other neurodiverse conditions, the prevalence of ABI amongst those screened, particularly amongst young adults, what approaches were taken towards those identified, and the nature of training on ABI. Questions included:

- Whether they screened for ABI or other neurodiverse conditions?
- What the prevalence of ABI was amongst those 18-25 year olds who had been screened?
- Who carried out the screening?
- What pathways were there for those identified?
- Had custody or other frontline officers had received training on ABI?

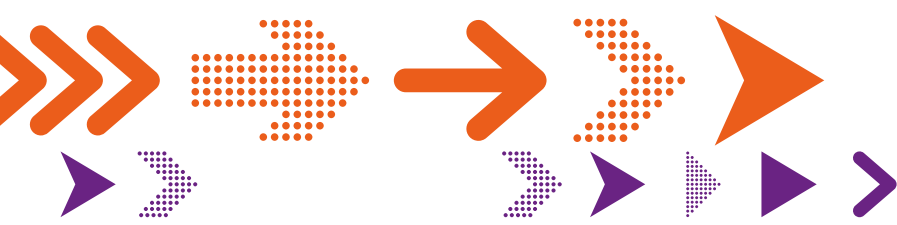
RESEARCH FINDINGS

The FoI responses were collated by one of our research assistants and recorded on a spreadsheet with support from UKABIF. Our analysis showed that while there is some awareness amongst police custody officers, police healthcare practitioners and L&D services in over three-quarters of police force areas, there is wide variance in existing practice and most areas are yet to develop appropriate assessment processes, adjustments and referral pathways.

Of the 44 police forces which responded and were able to provide information, ten did not have any screening or training in place, or any identified pathways for those detained who identified as having an ABI. Few forces were explicitly looking for historic ABI in risk and healthcare assessments. Exceptions were two areas which had a specific screening tool in place, and one had a risk assessment which explicitly addressed ABI. In other areas, it was possible that ABI might be picked up should the person detained mention it or professionals see any obvious presentation of brain injury. For example, forces reported that ABI may be identified initially through either the police custody risk assessment or triage by a police healthcare practitioner. Should ABI be identified through either route there would be a referral to L&D services for screening and appropriate support.

Over half (27) of areas had received some training on neurodiversity, but this was generally not specific to ABI and mostly limited to first aid for recently acquired head trauma or more well-known neurodiverse conditions such as Attention Deficit Hyperactivity Disorder (ADHD) and autism.

Only one force was able to provide statistics on the prevalence of ABI identified in risk assessments and numbers were very small. It was not possible to examine the intersectionality of race and gender as these factors were not recorded in the data.



Our findings suggest that there is likely to be a significant cohort of young adults who have ABI, coming into contact with police custody suites, their condition going undetected, and not being offered appropriate help:

- Police forces typically did not have dedicated screening in place for ABI such as the BISI developed by The Disabilities Trust (now Brainkind). In the absence of specific screening carried out for ABI or guidance on risk assessment questions which refer directly to brain injury, custody officers or healthcare staff appear to be reliant on self-report or obvious presentation of brain injury, including currently visible injury or injury that happened immediately prior to admission to police custody⁷
- Generic risk assessments undertaken by custody officers or police healthcare assistants may not pick up brain injury. They are largely focused on head injuries which have recently occurred either in relation to the offence or in police custody suites in which case the pathways are a first aid response, a referral to accident and emergency (A&E), or an emergency services response
- L&D schemes deal with a wide range of neurodiverse needs, mental health conditions and mental illness within police custody suites and may not routinely consider ABI
- Training initiatives for the police, custody healthcare practitioners, and L&D services which raise awareness of neurodiversity do not typically include ABI or include relatively little information on ABI, alongside other, more commonly known, neurodisabilities such as ADHD and autism spectrum condition (ASC).

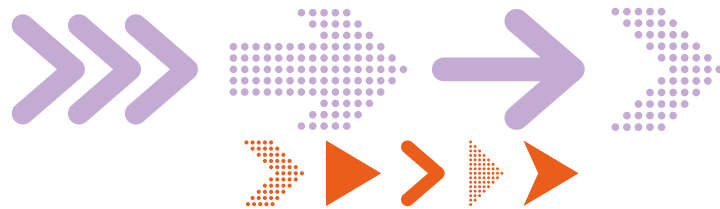
There was some emerging good practice in a small number of areas which could provide models for other areas to adopt. There were four force areas that stood out in terms of their practice regarding those detained who have ABI. In force area 1, there was no specific screening tool for ABI but appropriate adults in custody were used for those detained who were found to have an ABI through the initial risk assessment. Force area 2 used a risk assessment produced in partnership with the local NHS Trust which flagged ABI. Force area 3 had a specific screening tool, the BISI, which was provided to them by The Disabilities Trust. Lastly, force area 4 had the most adjustments in place for dealing with people in custody with ABI. For example, they screened for ABI among other vulnerabilities. Furthermore, custody sergeants produced letters for the courts for people who have ABI and neurodiversity to ensure that they received appropriate support to understand the court process from court officials should they enter the judicial system.

RECOMMENDATIONS

.....

While recent government interest in neurodiversity in the CJS is welcome, our research illustrates the scale of change required to identify the impact of ABI on young adults in police custody and to understand how needs arising from neurodisabilities intersect with maturity, gender and race needs. Accordingly, if the Government wishes to meet its recent commitment to improving the treatment of people with neurodiversity in the CJS, improving awareness of ABI within police forces and developing clear pathways for young adults and others affected by ABI who come into contact with custody suites are priorities.

.....
⁷ See: College of Policing (2013, revised 2021) *Detention and custody risk assessment*, London: College of Policing



WE RECOMMEND:

SCREENING

- The MoJ and Home Office are considering the need and feasibility of rolling out a common screening tool and the practicality, use, affordability and value for money for each criminal justice setting. In the meantime, health services and the police should work together to ensure that a history of ABI is routinely identified in police custody by relevant practitioners

GREATER AWARENESS OF ABI AND UNDERSTANDING ABOUT ITS IMPACT ON MATURITY

- Reviewing the College of Policing guidance on police risk assessments to ensure there is clarity about the treatment of **brain injury**, as distinct from **head injury**. While specific reference is made in the National Decision Model (which includes guidance to forces on risk assessments) about autism and learning disabilities or communication difficulties, where head injury is mentioned, it is described as a physical illness rather than a neurodisability. There is a risk that this might result in misconceptions on the part of officers that an ABI might present as an obvious or visible injury to the head
- Reviewing the College of Policing glossary⁸ – ABI (and traumatic brain injury (TBI) are welcome inclusions in the glossary but unlike other conditions there is relatively little detail about them. There is scope to strengthen that section and add an overarching section on the intersection of maturity, neurodiversity and neurodisabilities like ABI
- Ensuring that training initiatives for the police, custody healthcare practitioners, and L&D services cover ABI. Training should also cover the link between maturational development and neurodisabilities

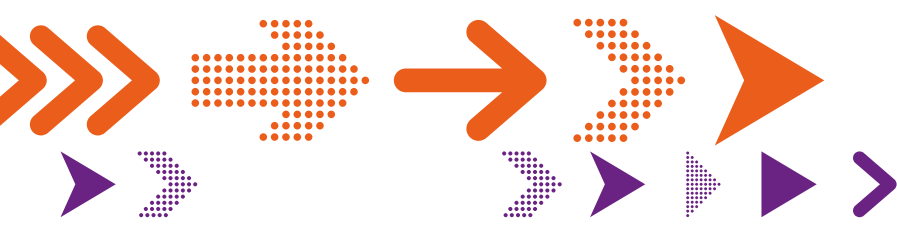
ENSURING ACCESS TO APPROPRIATE ADJUSTMENTS

- Where young adults are found to have an ABI, adjustments should routinely be made to their treatment and interviewing in police custody suites, including access to appropriate adults and registered intermediaries, as well as referrals to L&D schemes or other support where necessary

COORDINATED DEVELOPMENT OF APPROPRIATE PATHWAYS

- Health commissioners, health and justice commissioners, and police and crime commissioners should develop and fund clear pathways for young adults with ABI who have contact with the police

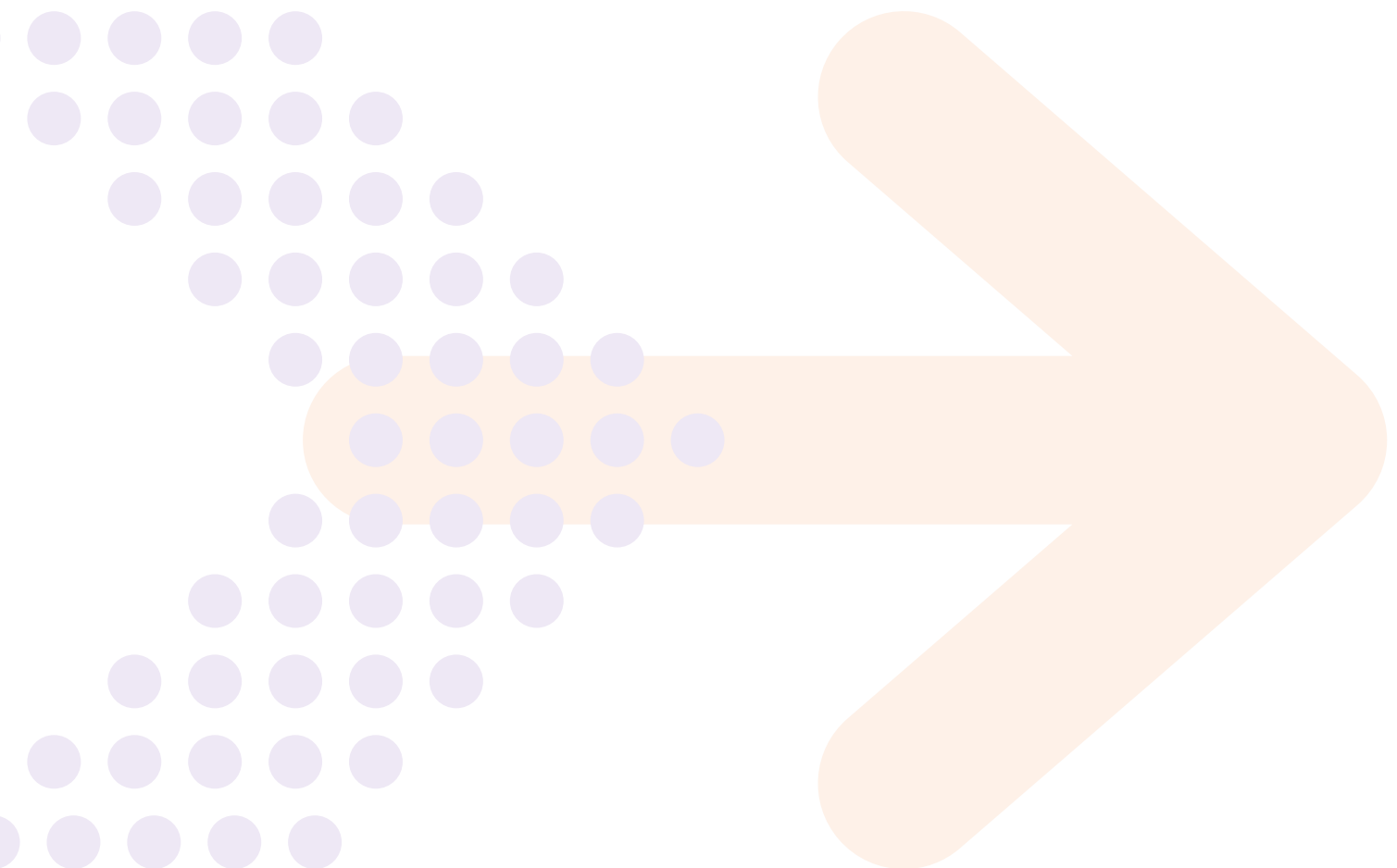
⁸ College of Policing (2022) [Neurodiversity Glossary of terms](#), online College of Policing Neurodiversity Working Group

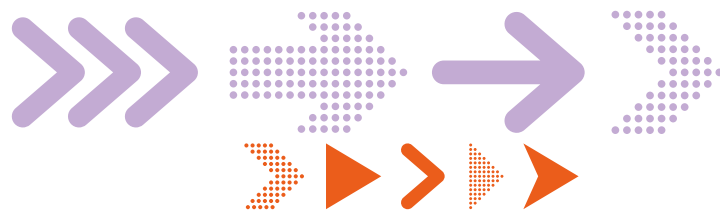


The findings of our research have been shared with the National Police Chiefs' Council (NPCC) lead for neurodiversity, the College of Policing lead for Mental Health, and NHS England health and justice team. The research was also presented at the Howard League conference in September 2022, UKABIF Annual Summit in November 2022, the International Brain Injury Association conference in March 2023 and HMPPS Insights Festival 2023 in October 2023. An article summarising the results of the FoI requests was drafted for the special neurodiversity issue of a journal. Key stakeholders were given the right to reply but we decided not to submit it as no responses were received. Instead, the paper will be modified and submitted to a relevant youth justice publication in 2024.

UKABIF also worked more widely with the NPCC to advise on the inclusion of questions on ABI on a checklist for mental health conditions which is now being piloted for Crown Prosecution Service referrals.

Since our research, the justice system has continued to respond to the Joint Criminal Justice Inspectorates Report on neurodiversity. For example, guidance on neurodiversity in health and justice initiatives such as Mental Health Treatment Requirements and RECONNECT has increased awareness of ABI within local criminal justice, health and justice partnerships. On the other hand, the police appear to have been slower to act on ABI practices compared to other neurodiverse conditions where staff networks represent people with ADHD and ASC and champion change.





3.2 PRACTICES RELATED TO ABI AND DEVELOPMENTAL MATURITY IN LIAISON AND DIVERSION SCHEMES

With the support of NHS England, UKABIF twice tried to contact Regional Health and Justice Commissioners of L&D services – in February and July 2022. We wanted to understand how, if at all, brain injury is considered by the L&D services in their regions and what challenges there might be for the agencies involved in assessing this and taking action to address any needs.

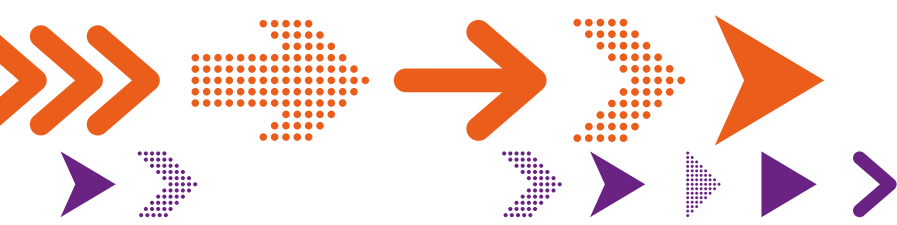
We also wanted to examine how the needs of young adults with ABI were being met by health and justice services during young adults' maturational development. We only received a response from one region which had conducted a wider review on neurodiversity in health and justice services. Whilst this included ABI, it had not considered the intersection of maturity and neurodisabilities amongst young adults.

RESEARCH FINDINGS

The research team used existing contacts in a small number of local L&D services to identify opportunities and challenges in assessing and signposting young adults with ABI. The evidence we were able to gather indicated that screening for ABI remains limited, maturity is not typically considered in police custody suites or L&D service practice, and brain injury is not yet as well recognised as ADHD, ASC and learning disabilities.

The key finding was that **ABI is one priority amongst many** for these services. There are several reasons for this:

- **Assessments are standardised and cannot cover everything** – while some L&D services have access to brain injury screening tools, general assessments are intended to help foster engagement and it is not possible for specific screening questions to be asked about all potential presenting conditions for everyone. Additional screening for conditions is at the discretion of the healthcare practitioner. It is not the role of L&D services to do mental health or other clinical assessments
- **A focus on the primary presenting issue** – which may not be ABI or may not be identified as ABI because it is such a hidden condition. In addition, resolving immediate, practical issues e.g. housing, might be a greater priority
- **People (clients) themselves may be unlikely to identify ABI as a problem** – which reduces the likelihood that it will arise in a general assessment even when specific questions are asked about neurodisabilities
- **The value of staff champions** – some L&D schemes have identified champions for particular conditions, including ABI, as a means of promoting awareness within staff teams and fostering links with local community-based support providers, where they exist



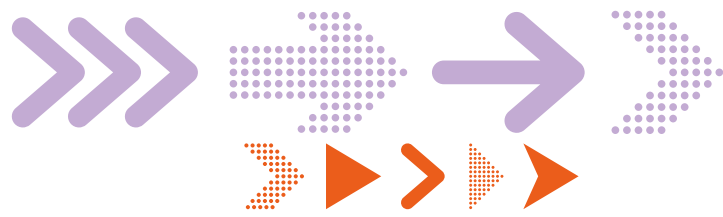
- **Local pathways are limited but developing** – where L&D services have developed ABI pathways, for example, through Headway and local hospital neurological teams, these are one of 30-40 pathways available designed to address the wide range of potential needs
- **Practitioners may be more familiar with other neurodiverse needs** – some health practitioners involved with health and justice services seem to lack confidence in understanding brain injury and adjusting engagement and interventions accordingly, compared with awareness of other conditions
- **Young adults are not a distinct group** – L&D schemes are required to see all under 18s. They should be seeing 17-year olds, but may miss young adults (18-25 year olds), particularly at busy times in the custody suite if they are not referred to L&D services.

THE PREVALENCE OF BRAIN INJURY AND INTERSECTIONAL NEEDS

We had hoped to identify, through L&D services, data on the extent to which gender and race is being considered for providing appropriate services to young adults with an ABI in the CJS. This could have been used to underpin specific recommendations about how best to meet gender-specific and racially diverse needs. Similarly, we wanted to consider the intersection between ABI and other neurodiverse conditions. This in-depth data collection was considered at the outset of the project to be a 'nice to have' if possible. It did not prove feasible because of the challenges in engaging with L&D services and the currently small numbers of people identified with ABI. It would not have been possible to draw meaningful conclusions at all, let alone any specifically for young adults.

We instead focused our time on scoping where there is potential for development of community pathways for young adults with ABI across the CJS.





EXAMPLES OF PROMISING PRACTICE

We identified some examples of promising local practice, which were focused more broadly on ABI, without a specific young adult focus. These are detailed in the boxes below.

THE CAPRICORN FRAMEWORK – COLLABORATIVE APPROACHES TO PREVENTING OFFENDING AND RE-OFFENDING BY CHILDREN

The Framework⁹ recognises that children and young people who are in contact with the justice system have worse health outcomes than children in the general population and provides guidance to encourage a range of organisations in local areas to work together to stop young people committing crime recognising that the justice system has very little influence on almost all the causes of childhood crime.

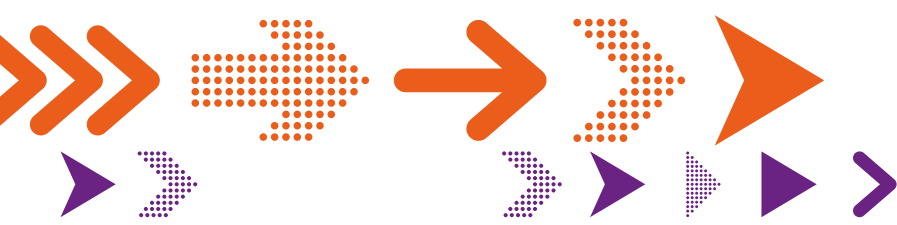
PATHFINDER SCHEME (DEFERRED CAUTION AND DEFERRED PROSECUTIONS), DEVON AND CORNWALL POLICE

The Scheme is a voluntary option for people who would otherwise receive a caution or court fine. Instead, they are given two mandatory conditions (one rehabilitative and a conversation about restorative justice) as part of a reparative contract. If the Pathfinder is completed no further action will be taken in relation to the offence and the person subject to the conditions will not get a criminal record. Linked to the Deferred Prosecution scheme there is an enhanced support service for 18–25 year olds which includes voluntary ongoing engagement after the end of the intervention. Generic screening for all participants includes screening for ABI using the BISI. A more in-depth screener, Do-It-Profiler, is used for young adults.

In a separate study, not specifically on young adults, the University of Exeter analysed the results of the use of the BISI in the deferred caution scheme and integrated offender management team (IOM) in Devon and Cornwall Police.¹⁰ 59.3% of those screened reported a lifetime TBI. Those in contact with the scheme had higher levels of TBI categorised as mild than those in contact with the IOM whereas more people with moderate TBI were in contact with IOM.

⁹ Public Health England (2019) *The CAPRICORN Framework*, HM Government

¹⁰ University of Exeter (n.d.) *Traumatic Brain Injury in individuals in contact with Devon & Cornwall Police Initial Report*, unpublished



SYSTEM MAPPING

Our project, along with UKABIF's wider work through the ABI Justice Network, has enabled us to look across the CJS to identify and map opportunities to operationalise the sequential intercept model and the CAPRICORN framework for young adults with an ABI. The following services and roles have been identified as potential community pathways in addition to criminal justice agencies.

APPROPRIATE ADULTS

Appropriate adults provide support and assistance to vulnerable individuals during police interviews or legal proceedings. This could include young adults with brain injuries. Appropriate adults ensure the individual understands their rights, provide emotional support, and help facilitate communication between the individual and the legal process.

FORENSIC CAMHS

Forensic Child and Adolescent Mental Health Services (CAMHS) provide specialised mental health services for children and adolescents who are involved in or at risk of becoming involved in the CJS. The extent to which forensic CAMHS services identify ABI or support those affected as they transition to adult mental health services is not yet known.

FORENSIC LEARNING DISABILITIES SERVICES

Forensic Learning Disabilities Services provide specialist forensic assessment and treatment of forensic patients who have a learning disability. They focus on addressing the unique challenges faced by those affected, providing support to enhance their mental well-being and facilitate rehabilitation. They are not intended for people with an ABI but could represent a model for a similar approach.

HEALTH AND JUSTICE COORDINATORS (PROBATION)

Health and Justice Coordinators within probation services play a crucial role in integrating healthcare and justice initiatives. Their primary responsibilities involve bridging the gap between the healthcare system and the CJS to address the health needs of individuals under probation supervision. There is scope for working with coordinators in local areas or regions to support them to develop strategic approaches towards young adults with ABI.

INTEGRATED CARE VANGUARDS 0-25

Models for community-based integrated care for children involved in the CJS, build on the Secure Stairs programme in the youth secure estate and the NHS England connected care programme. Supported by NHS England, the Vanguard are focused on children and the transition to the adult mental health system. There is potential in future for this or similar approaches to be adopted for young adults up to the age of 25. ABI is included in the data set so there is potential to examine the role this could play.

NEURODIVERSITY SUPPORT MANAGERS (PRISON)

Some neurodiversity support managers (NSMs) are considering how best to support neurodiverse needs in preparation for leaving custody and through the gate. ABI Justice Network members, Headway and Brainkind, are working with HMPPS to review the training needs of NSMs with respect to brain injury. Individual or groups of prisons may be interested in developing strategic approaches towards ABI. There is no specific focus on young adults or maturity.



OUT OF COURT DISPOSALS/PRE-COURT DIVERSION SCHEME

The extent to which such schemes are picking up ABI and/or focus on young adults is not yet known. There is some dedicated diversionary provision for young adults, including examples which are screening for ABI e.g. Devon and Cornwall (described on p17).

PUBLIC DEFENDER SERVICE

The Public Defender Service is a government-funded agency that provides legal representation to individuals who cannot afford to hire a private solicitor and are facing criminal charges. The aim is to safeguard the rights of the accused and ensure a fair and just legal process. The MoJ has sought to raise awareness of neurodiversity with the Service. The extent to which this has included a focus on ABI or young adults is not yet known.

REGISTERED INTERMEDIARIES

Registered Intermediaries are professionals trained to facilitate communication between vulnerable witnesses, which could include young adults with brain injury, and the CJS. They help ensure accurate and complete information is conveyed during investigations and legal proceedings, acting as a bridge between the individual and the legal professionals involved. The extent to which they currently support people with an ABI or young adults is not yet known.

SOCIAL CARE AND LEAVING CARE SERVICES

There is emerging research on the role that social work can play in the assessment and treatment of people with an ABI.¹¹ Encouragingly, this was recognised by HMPPS at a recent Insights Festival event. The extent to which local authority services for young adults with care experience or for people with other vulnerabilities are identifying ABI and/or focus on young adults is not yet known.

VOLUNTARY SECTOR ORGANISATION

Some national and local charities, including members of the ABI Justice Network such as The Brain Charity, Brainkind, Child Brain Injury Trust and Headway, support people with brain injuries by offering training, guidance and services to people involved in the CJS. The extent to which they are working with young adults with an ABI is unknown.

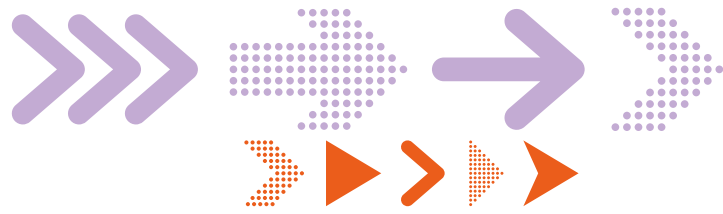
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¹¹ See: Linden MA, Holloway M, Cooper C, Amadiogwu A, Bald C, Clark M, et al. (2023) *Social workers and acquired brain injury: A systematic review of the current evidence-base*. PLoS ONE 18(11): e0292128.

THE POLICY LEVERS CHART

The chart below highlights a range of touchpoints we have identified during our research where there is scope for further work to raise awareness through guidance and training, identify, implement adjustments, and develop appropriate services across health, justice, social care and voluntary sector provision.

POLICE APCC/NPCC/Home Office/NHS E&I	COURTS HMCTS/NHS E&I/CPS	PROBATION HMPPS/NHS E&I	PRISON HMPPS/NHS E&I	POST-RELEASE HMPPS/NHS E&I
SCREENING AND ASSESSMENT				
<ul style="list-style-type: none"> • Custody suite (police risk and health assessments) • CPS (mental illness checklist) • L&D screening & referrals for clinical assessment • Commissioned services for OOCs 	<ul style="list-style-type: none"> • Probation screening (OASys) • Suitability for registered intermediary • L&D screening and referrals for assessment • Commissioning psychiatric or other medical report for sentencing purposes 	<ul style="list-style-type: none"> • Probation screening (NB OASys has no specific questions on ABI but new assessment soon to be scoped) 	<ul style="list-style-type: none"> • Prison induction screening • Healthcare assessment • Education assessment • Neurodiversity support managers 	<ul style="list-style-type: none"> • Probation induction post-release • Probation screening (OASys) • Parole directions • Approved Premises (AP)
TRAINING AND GUIDANCE				
<ul style="list-style-type: none"> • Custody suite staff • Healthcare practitioners • Liaison and diversion schemes • Integrated offender management teams • Violence Reduction Units • College of Policing glossary • Registered intermediaries • Commissioned services for OOCs 	<ul style="list-style-type: none"> • Crown prosecutors; CPS diversity strategy • Defence advocates and Public Defender Service • Magistracy/judiciary/legal advisors • Social workers • YOT and probation staff • Liaison and diversion schemes 	<ul style="list-style-type: none"> • YOT and probation staff • VCS partners • Forensic psychologists • Health and Justice coordinators in probation services • Headway brain injury champions • HMPPS commissioned neurodiversity services • HMIP Academic Insights paper 	<ul style="list-style-type: none"> • Ask, Understand, Adapt online modules (available to prison staff, forensic psychologists, nurses, GPs, psychiatrists, clinical psychologists, healthcare, education) • Parole Board members • HMPPS Neurodiversity Support managers local training and guidance • Social workers 	<ul style="list-style-type: none"> • Probation, including APs (Ask, Understand, Adapt online modules) • VCS partners • Social workers • Violence Reduction Units (e.g. Thames Valley) • RECONNECT (post-release support for short prison sentences where additional health needs)
SUPPORT AND TREATMENT				
<ul style="list-style-type: none"> Liaison and diversion support schemes Forensic CAMHS Community forensic learning disability services Out of court disposals and pre-court diversion schemes Peer support schemes Signposting/referral to community neurorehabilitation support services/treatment Appropriate adults Registered intermediaries (if identified by police) 	<ul style="list-style-type: none"> Sentencing guidelines and culpability/mitigating factors. Sentencing options: <ul style="list-style-type: none"> • community sentence treatment requirements (CSTRs e.g. mental health treatment requirement); rehabilitation activity requirement Registered intermediaries (if identified by police) 	<ul style="list-style-type: none"> Transition from youth offending teams Commissioning support service pathways and delivery of CSTRs Signposting/referral to community neurorehabilitation support services/treatment Community forensic L&D services Peer support schemes Interventions/offender behaviour programme adjustments Linkworker schemes Leaving care services Appropriate adults 	<ul style="list-style-type: none"> Neurodiversity support managers NHS secure services, including pathways from prison Commissioning support service pathways/treatment Peer support schemes Interventions/offender behaviour programme adjustments Linkworker schemes Leaving care services 	<ul style="list-style-type: none"> Commissioning support service pathways through the gate Signposting/referral to mainstream support services and/or treatment, including community neurorehabilitation support Community forensic L&D services Peer support schemes RECONNECT Resettlement passports Disabilities Trust Minds Me App Interventions/programme adjustments Leaving care services
Data on prevalence, co-morbidities, needs and outcomes				
Lived experience voice, engagement, and co-production				
Forthcoming Government ABI strategy				
Strategic needs assessments for health and wellbeing/integrated care systems				
Serious Violence Duty and Violence Reduction Units; Domestic Abuse Strategy; Suicide Strategy				
Headway identity card				

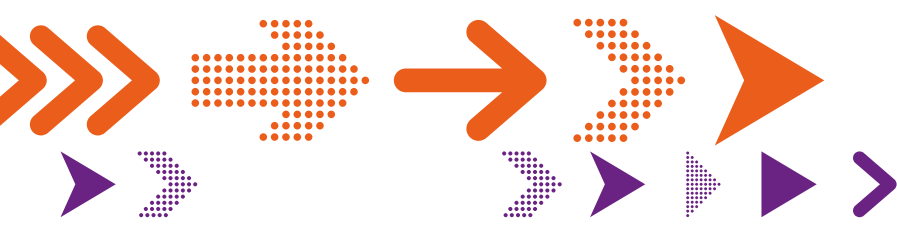
Purple text illustrates CJS provisions, pink text health and health and justice provision, and orange text VCS provision



RECOMMENDATIONS

- UKABIF and the ABI Justice Network welcomes NHS England's commitment to improve awareness of neurodiversity, including the particular effort it has made to highlight brain injury. There is an opportunity to diversify and personalise practice further by ensuring that practitioners are aware of the distinct needs of young adults and the intersection between neurodisabilities and maturational development
- There is significant scope for the ABI Justice Network, NHS England and criminal justice agencies to continue to improve awareness, promote access to high quality training, and develop appropriate pathways for young adults experiencing ABI including to get a clinical diagnosis where necessary
- The ABI Justice Network is well placed to offer advice and strategic support to practitioners and commissioners who wish to develop pathways, including needs assessment, service mapping, and co-creation of new or adapted services with people affected by ABI, to ensure that tailored approaches can be adopted which meet the needs of particular local criminal justice agencies, areas or regions, including Wales





4. REVIEW OF ABI TRAINING FOR PRISON AND PROBATION PROFESSIONALS

UKABIF planned to assess the nature and impact of ABI training which currently existed or was planned for development in HMPPS, and review the extent to which it met the needs of criminal justice practitioners and service users.

At the start of the project, various initiatives were underway, including the development of online training on ABI developed by The Disabilities Trust, commissioned by NHS England, and face to face ‘train the trainer’ training developed by Headway, commissioned by HMPPS. The latter had been commissioned prior to the onset of the Covid-19 pandemic and its delivery had been hindered both due to the restrictions and operational impact. These did not extend across the youth and adult prison estate, entry and graduate level prison officer training and probation services.

The project team consulted with NHS England and HMPPS and were able to ensure that the online training on ABI developed by The Disabilities Trust (now called Brainkind) was made available on the young adult section of HMPPS’ MyLearning platform to anyone with a justice.gov.uk email address as part of the wider work the HMPPS team were doing to collate learning materials on young adults.

ASK, UNDERSTAND, ADAPT

The *Ask, Understand, Adapt* programme provides justice practitioners with skills in identifying ABI 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 by providing them with tools to support service users with the complex needs that are often associated with brain injury.

It was agreed within the ABI Justice Network that we would not seek to get brain injury training included in entry training for prison officers, as this would not provide sufficient scope for the depth of training which would be required. Headway had had some input into the syllabus and a one-page document was made available on the HMPPS young adults platform drafted by Professor Williams and Hope Kent. HM Inspectorate of Probation also commissioned from them a more in-depth paper which includes reference to the particular needs of young people with ABI.¹² The importance of raising awareness of ABI in the context of training on neurodisabilities was also raised with the team developing training for trainee probation professionals, the Professional Qualification in Probation (PQiP).

¹² Kent H and Williams H (August 2021). Her Majesty’s Inspectorate of Probation. *Traumatic Brain Injury. Academic Insights 2021/09.*



Another aim of our project was to identify how training is used in practice, including how it is monitored and the extent to which it is embedded in keyworking, management supervision and wider culture. The idea of adopting reflective practice for practitioners working with young adults with ABI was considered by HMPPS and NHS England and was developed independently of UKABIF. For example, a practice guide has been developed on reflective practice in prisons working with young adults as part of the Greater Manchester, Merseyside and Cheshire Young Adult pilot, though this is not specific to ABI.

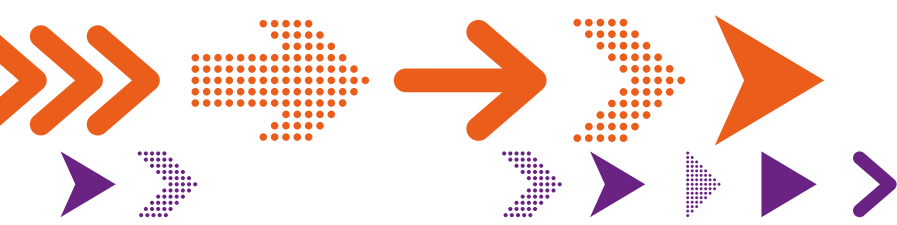
EVALUATION OF ASK, UNDERSTAND, ADAPT IN SOME PRISONS SUPPORTING YOUNG ADULTS

As the project evolved, the focus of the work changed to UKABIF delivering an evaluation of the online *Ask, Understand, Adapt* training programme. This was brokered as part of the agreement with the MoJ and HMPPS for The Disabilities Trust to extend access to the programme to people working in HMPPS rather than justice-related healthcare practitioners for whom it was originally commissioned.

The plan was for two prisons – HMPs Nottingham and Hull, which opted to participate in training as part of their involvement in the HMPPS Young Adult Programme – to be used as pilot sites to test the usefulness of the online training modules.

The aim of the evaluation was to examine the impact of the training on the awareness of ABI and participants' confidence in recognising it and applying adaptations for prison practitioners in those establishments by conducting pre- and post-training questionnaires for those who completed the training. A consent form, research information sheet and pre- and post-questionnaires were designed by UKABIF. Once research clearance was granted, four prisons involved in the HMPPS Young Adult Programme kindly offered to promote the training to 30 staff in each establishment and coordinate the completion of the questionnaires.

Work is ongoing to complete the evaluation and UKABIF looks forward to analysing the responses and reporting on the outcomes. HMPPS has continued to monitor the research sites to ensure that completion rates are on track.



5. DEVELOPING A YOUNG ADULT TOOLKIT

Members of the ABI Justice Network wished to address a gap in the limited supporting information which was available for young adults with a brain injury to enable them to manage the day-to-day challenges they face when in contact with the CJS and to support them to advocate for their own needs with criminal justice and healthcare professionals.

Two young adult research assistants with lived experience were recruited, one through Leader Unlocked and another through UKABIF, who undertook the following activities:

- Reviewing existing support materials available to young adults with ABI
- Researching the experiences and information needs of young adults with ABI navigating the CJS, including designing the consultation questions, information sheet and consent form
- Developing a co-produced toolkit.

REVIEW OF EXISTING SUPPORT MATERIALS

The research assistants, supported by UKABIF, identified what support materials there were for young adults with ABI involved in the CJS. Their research generated no examples which were specific to young adults. Examples specific to ABI included The Disabilities Trust in-cell self-help tools for people in prison, and other materials identified were more generic, designed for a range of neurodisabilities. None of these tools appeared to have been created by people who have ABI.

SUMMARY OF EXISTING TOOLS

The Brain Book – the book, developed in secure settings by psychologist Dr Rachel Worthington, is designed to enable practitioners to better understand neurodiverse conditions, including the strengths and needs of those affected where access to clinical assessment is not available or where there are co-morbidities. It includes activities that can be completed with practitioners by people with neurodisabilities.

The Disabilities Trust in-cell self-help intervention packs¹³ – tools for adults in prison with ABI which were developed in response to concerns about increased risk of mental health issues during the extended Covid-19 'lockdown' in prisons. The packs include neurorehabilitation exercises designed to address some of the cognitive, behavioural, emotional, and psychological symptoms of brain injury and to provide activity and distraction.

¹³ See: UKABIF news (2020) [The Disabilities Trust provides self-help tools for prisoners with ABI during covid-19](#)



Empowerment Passport¹⁴ – a digital platform enabling individuals with long-term health conditions or disabilities to think about and communicate their unique adjustment needs in education (school/college/university), employment (part-time/full-time, temporary, or permanent), and any transition (between education to employment, or one job to another).

Stroke recovery passport¹⁵ – a document describing how a stroke has affected the adult passport holder, providing introductory information about the person affected and explaining how they prefer others to communicate with them and how they can best be supported.

Separate to this project but running in parallel, The Disabilities Trust was supported with funding by HMPPS to develop and test a web-based app, Minds Me, designed to help people leaving prison to identify whether they have an ABI and offer self-guided support to them. The App gathered data to provide tools to address functional difficulties related to ABI, including interactive animations, self-help, meditation and memory games.

RESEARCHING THE EXPERIENCES OF YOUNG ADULTS WITH ABI

Our aim was for the toolkit to be co-created with young adults with an ABI centred around their ideas. The research assistants therefore decided to undertake scoping work with people with lived experience of ABI and the CJS. They co-created with UKABIF a consent form, information form, and questions for young adults who may have brain injury which could be used either directly or through third party support staff.

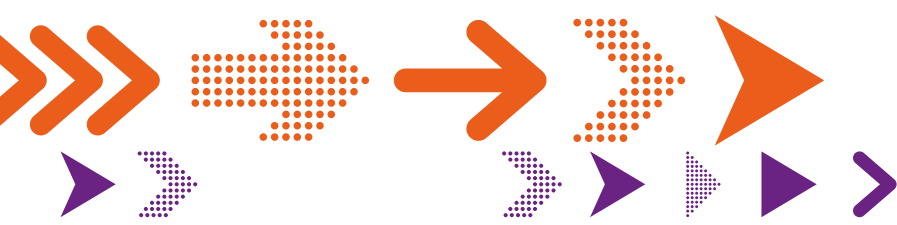
The research assistants were supported by Leaders Unlocked and UKABIF who trained and advised them on getting the most out of participants in interviews and focus groups and provided advice on the development of helpful and engaging questions.

In practice, it proved very challenging to find young adults with brain injury, despite the suspected prevalence, again highlighting the hidden nature of ABI. Another challenge was that some young adults did not themselves recognise that they may have a brain injury which meant that caution needed to be exercised in the research methods used. Interviews were conducted by the research assistants in a male prison with three young men with suspected ABI, in November 2022. Arrangements were also made with The Disabilities Trust, Guild Lodge (an NHS secure care establishment for people with ABI in Lancashire) and other members of the Network who kindly offered to ask consultation questions on the research assistants' behalf. Clinks also supported UKABIF in seeking participants through requests in the Health and Justice Bulletin. This resulted in a further nine responses, making a total of 12.

Those young adults who the assistant researchers were able to interview or who completed questionnaires with partners provided valuable insights into their experiences. They spoke of having received either no support or very limited support for their brain injury and highlighted the need to both get more support and for people with a brain injury to be better empowered to get the assistance they need. Although a few research participants were able to identify a medical or criminal justice professional or a social worker who they could ask for help from, they also spoke of

14 Proactive Applications Limited (2021) *The Empowerment Passport*

15 Stroke Association (n.d.) *Stroke Recovery Passport*



the importance of family involvement and support from peers. A few respondents also called for proper assessment of their injury and highlighted the lack of medical treatment and social care they had received in prison, even when they had a diagnosis.

Some of the words they used to describe being in the CJS with a brain injury included:

“vulnerable”, “overawed”, “too much”, “difficult”, “lonely” and “afraid”.

They also found the system difficult to understand and to navigate:

“Not understanding the system and not being able to ask for help.”

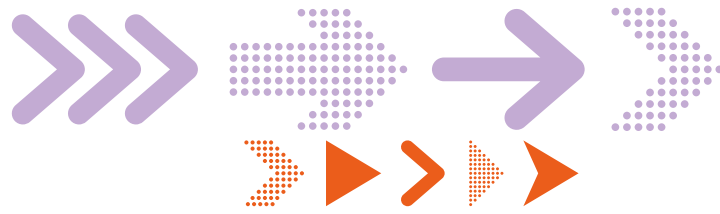
“I don’t understand the protocol [of the system] and the outcomes. Up until now no-one has ever really explained things in ways I can really understand them.”

“Sometimes I get scared when I don’t understand what is going on.”

DEVELOPING A CO-PRODUCED TOOLKIT

The research assistants reviewed the information they had gathered from examining the existing tools as well as the feedback from people with lived experience. While they liked the idea of a passport type tool, they could not guarantee that young adults would get the support they needed to complete it and use it effectively. They decided instead to develop an explanatory leaflet for young adults with diagnosed and undiagnosed ABI which would help them identify that they may have a brain injury, encourage them to get help, and signpost them to appropriate advice and support at different points within the CJS.

The researchers worked with UKABIF to develop a mood board with images, colours, and text that they wanted included in the leaflet. The aim was to sensitively give young adults information about brain injury to get them to consider whether they might be affected and provide information about the range of services which could improve life for young adults with ABI in the CJS. The team worked closely with an illustrator and designer to create the final product which can either be displayed as a poster or used as a leaflet within criminal justice settings. This has not yet been disseminated.



RECOMMENDATION

- There is an opportunity for UKABIF and other ABI Justice Network members to promote the leaflet in NHS England health and justice commissioned services, health services in Wales, and criminal justice agencies

Brain injury or head injury?

If this sounds like you, don't be afraid or ashamed to ask for help
Help is available
Take a look inside this leaflet...

Brain injury or head injury?

→ **Police custody nurses or emergency health services** if you have just had a head injury.

→ **Your GP** if you think you might have had a brain injury in the past and want to find out how it might have affected you.

→ **A person you trust or a person called an Appropriate Adult** who can help or support you when you are speaking to the police, court or probation. You may need to ask for one.

→ **A probation officer** can do an assessment called a pre-sentence report to help the court to understand your needs if you are convicted.

→ **An NHS service called liaison and diversion** which works in the police station and in courts.

→ **A solicitor** who understands brain injury who can help with your defence.

→ **An NHS service called RECONNECT** for some people leaving prison who have health needs.

→ **A Brain Injury Identity Card** which can help people to understand any support needs you might have. You can get this from the charity Headway.

→ **A prison officer, healthcare or education staff** in prison.

If you would like help or there is anything you have seen here which you don't understand, please contact:

Brainkind: www.brainkind.org Tel: 01444 239123
 Headway: www.headway.org.uk Tel: 0808 800 2244
 The Law Society: www.solicitors.lawsociety.org.uk Tel: 020 7320 5650

Acquired Brain Injury Justice Network

The United Kingdom Acquired Brain Injury Forum

Supported by

CONCLUSION

The various strands of this research project have illustrated that there are significant opportunities to create numerous pathways for young adults with ABI in contact with the CJS which are not yet capitalised upon within existing health and criminal justice initiatives in England and Wales. As a result of this project and the wider work of HMPPS and NHS England there is growing interest in understanding brain injury and developing practices to support those affected. Nevertheless, there is not yet an intersectional approach being taken to ensure that young adults with neurodisabilities like ABI are given distinct consideration by either criminal justice or health professionals in recognition of the potential impact of ABI on delays in maturation. There is therefore scope for the ABI Justice Network, and others to continue to promote training and provide advice to support interested areas to assess local needs and develop strategic plans both to raise awareness of this intersectional need amongst practitioners across criminal justice and health agencies and to scope and create appropriate pathways for young adults with brain injury.



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