



## **Response to the White Paper on Prison Safety and Reform by the Criminal Justice Acquired Brain Injury Interest Group (CJABIIG)**

### **Table of Contents**

<b>Introduction to CJABIIG</b> .....	<b>2</b>
<b>Overview</b> .....	<b>2</b>
<b>Response</b> .....	<b>3</b>
<b>General criticisms of the White Paper</b> .....	<b>4</b>
Effectiveness as a tool for policy improvement .....	4
The whole is greater than the sum of its parts .....	5
Probation .....	5
Staff retention .....	5
Cost & Quality .....	5
Organisational structure .....	5
<b>Shortcomings specific to Acquired Brain Injury</b> .....	<b>6</b>
Use of Published Reports .....	6
Screening for ABI .....	6
Assessment and treatment .....	6
The cost of brain injury .....	7
<b>Positive aspects of the Paper</b> .....	<b>8</b>
<b>Reports</b> .....	<b>8</b>
<b>Training</b> .....	<b>8</b>
<b>References and Key Resources</b> .....	<b>9</b>

## **Introduction to CJABIIG**

The *Criminal Justice Acquired Brain Injury Group* was established in 2011 by a number of organisations wanting to raise awareness of the link between offending behaviour and acquired brain injury within the criminal justice system. This comprised charities - *The Child Brain Injury Trust*, the *United Kingdom Acquired Brain Injury Forum* (UKABIF), *The Disabilities Trust* (encompassing *The Disabilities Trust Foundation* and the *Brain Injury Rehabilitation Trust* (BIRT)), and *Headway* - and academic institutions - The University of Exeter, Warwick University, and Care Provider St Andrews Hospital.

Recent studies from the UK have shown that prevalence of brain injury among prisoners is as high as 60%, and brain injury is a condition that can double the risk of offending. In recent years, repeated calls have been made to improve mental and physical health services to meet the needs of prison populations; not only to improve individual wellbeing, but also to divert those with underlying health problems into appropriate services at multiple stages in the criminal justice process. Such measures would reduce reoffending among this 'revolving doors' population, and, importantly, reduce costs. CJABIIG's aim is to ensure that the government does not neglect brain injury as a factor when striving to improve the criminal justice system.

Beneath is a summary of the White Paper on Prison Safety and Reform, followed by CJABIIG's response to this paper.

## **Overview**

This report looks at how the government can better perform its role in keeping society safe by ensuring prison is a place of reform, giving prisoners the skills they need to become law-abiding citizens upon release. The fact that reoffending can cost up to £15 billion per year demonstrates the significance of these changes. The report recommends passing legislation ensuring greater authority for the frontline, parliamentary accountability, and a more transparent process. It suggests giving governors in all prisons more power and more responsibility for running their prisons, in the hope that this flexibility will help better reform prisoners. It looks at better-equipping frontline staff to do so, in addition to schemes for recruiting more staff, so that every prisoner can have a dedicated mentor. There are aims to employ 2500 more prison officers within the next two years.

Plans are outlined to close dilapidated prisons and invest £1.3 billion in building more modern facilities with reform and rehabilitation in mind. There is a desire to improve education and to rehabilitate prisoners addicted to drugs more effectively, to prevent them from committing further crimes upon release to feed addiction.

The report found a significant rise in violence, self-harm and assaults on staff. There was also increased prevalence of mobile phones, drones dropping contraband over prison walls, and psychoactive substance abuse. It noted a need for increased purposeful activity, court reform, and focus on young adults as a separate category.

## **Response**

Whilst the Prison Safety and Reform white paper addresses some fundamental changes necessary for improving the prison system, it is a missed opportunity on a number of levels. There is overwhelming evidence demonstrating that the health issues prisoners face, including brain injury, have a significant and lasting effect on offending and recidivism; it is disappointing that the proposals fall well short of providing both a thorough/proactive solution for each issue, and a truly realisable blueprint for change. For example, whilst giving governors more independence might foster creativity and innovation for reforming prisoners, to devolve this power without guidance or common goals may be counter-productive. When addressing education, the report does not address *how* to go about ensuring a quality education for prisoners, whilst taking into account those with brain injury or learning difficulties. It is a given that prisoners need a quality education, therefore the paper does not take us forward in this sense. Asserting that measurements of certain aspects will be taken also fails to provide a plan as to how to change and improve these areas.

Additionally, no costs are presented, making it difficult to envision changes within the given means. There is therefore no guarantee or clarity as to whether certain improvements can be achieved, and within what timeframe the funds would allow for these changes.

Although reference is made to other reports such as *The treatment of young adults in the criminal justice system*, they do not seem to have been utilised for this report. This is a pity, because their consultation would have enabled more informed, and therefore more effective, recommendations when creating this White Paper, particularly in setting some structural guidance for prison governors. For example, no reference is made to neurodisability or screening for its diagnosis in the White Paper.

There is, in fact, very little mention of prisoner health throughout the entire document. When there is reference to health, focus is limited to drug abuse within prison. The paper does not address existing needs/conditions prior to entering the prison system, something that can aid in crime prevention. We are falling at the first hurdle if we work on the assumption that we cannot prevent crime.

Also ignored are: ADHD, learning difficulties, and neuro-disabilities, and there is almost no reference to disability in general. There are significant links between ABI

and mental health, and this must be acknowledged to ensure effective treatment. General 'mental health issues,' and 'rehabilitation' are also touched upon only once, and it is not made clear who is accountable for prisoner health.

It would have been beneficial to refer to the recent NICE guidelines on both physical and mental health in the prison system. The mental health guidelines in particular made repeated reference to the prevalence of acquired brain injury within the prison system. They emphasise the effect that neurodisability has on an individual's ability to engage with prison-oriented rehabilitation, and the knock-on effects on reoffending rates. Equally, use could have been made of the Scottish Parliament's Inquiry into purposeful activity when suggesting improvements for the purposeful activity of prisoners.

The National Prisoner Healthcare Network on Brain Injury and Offending has published a report, which gives a detailed insight into how to tackle issues through screening, assessment, intervention and training. The full report is available here:

<http://www.nphn.scot.nhs.uk/wp-content/uploads/sites/9/2016/07/Brain-Injury-OffendingFinal-Report-21March2016.pdf>

## **General criticism of the White Paper**

### **Effectiveness as a tool for policy improvement**

- There is no clear policy direction
- There is no clear outline of how to achieve goals – there is no specific blueprint that can be systematically enacted. The proposed new 'prison league tables' will not contain anything to monitor health either in prison or at the point of entry into prison (p.3).
- It is extremely concerning that preventative healthcare may be addressed 'in future years' (p.24). Poor health will affect a prisoner's ability to successfully undergo prison-oriented rehabilitation.
- There is no detail about which changes should be made to support women children, young adults, the elderly, foreign nationals, those in prison for life and those with indeterminate sentences, nor the mentally ill or those with disabilities.
- There is reference to the potential of developing a prison officer specialist role (p.56). The list includes vulnerable groups: young offenders, women, and elderly prisoners, but not those with disability.
- The white paper states overcrowding should be dealt with but doesn't give a timeframe or immediate action to resolve this inhumane state of affairs (p.59).

### **The whole is greater than the sum of its parts**

- The dynamics of the Criminal Justice System must not be reviewed just in part, for each area affects the system's function as a whole.

### **Probation**

- More resources should go to probation services. If they are central to rehabilitating prisoners and protecting civilians, support for probation services should be an issue central to this paper.

### **Staff retention**

- Programmes of care and support, such as those instigated by the voluntary sector should require minimum-length contracts to allow for development and encourage investment.
- Providing appropriate training and access to specialist expertise for prison staff should improve staff wellbeing and retention; they will be able to better manage and support prisoners with health related behavioural issues, such as those resulting from brain injury.

### **Cost & Quality**

- Every aspect of change needs a clear cost evaluation, and to be ordered according to priority.
- The paper mentions prisons judged on performance against fixed criteria set out by governors (p.25). These criteria should be standardised where appropriate, and should address qualitative as well as quantitative issues.

### **Organisational structure**

- There needs to be a rigorous organisational structure that ensures screening, assessment and treatment are stringently adhered to.
- The 1991 White Paper suggests that prisons should be organised on a regional basis, each prison of necessary size for that region. The governor should report to a regional manager, who reports to the director of that type of prison. The director outlines what should be done, and the governor decides how to enact it. Thus there is guided flexibility with a degree of congruence across the country.
- A nominated minister should preside over an Executive board comprised of the Directors General of the Prison and Probation Services, plus the Chairmen of the existing Youth Justice Board, and, hopefully, a Women's Justice Board.

- The report acknowledges the dangers of a 1:6 staff to prisoner ratio, and we hope that reducing this ratio will indeed be a priority (p.42).

## **Shortcomings specific to Acquired Brain Injury**

### **Use of Published Reports**

- Underuse of relevant reports. Suggested reports:  
*The treatment of young adults in the criminal justice system*  
*National Prisoner Healthcare Network: Brain Injury and Offending*  
*The Disabilities Trust Linkworker Scheme: Outcome Reports*

### **Screening for ABI**

- No reference is made to screening for diagnosis of neurodisability, or to the very high rates of brain injury amongst offenders.
- Increasing rates of violence and poor self-control are addressed, but seemingly no thought is given to their causes, for example ABI. Reform cannot be achieved without identifying underlying problems that may be causing offending and recidivism.
- Rehabilitation must have a context and must be related to screening.
- Staff need specific neurodisability training in order to carry out screening for ABI. This will enable provision of appropriate rehabilitation for prisoners with a brain injury.

### **Assessment and treatment**

- The link between ABI and ongoing reoffending, violent reoffending, suicidality, and ongoing mental health problems with infraction, needs to be explicitly addressed; if “the system” does not manage individuals with, for example, executive dysfunction, then violence and suicide will continue to increase. Also consider the extreme effects of drugs and alcohol (including new psychoactive substances) on people who have a brain injury.

- There needs to be a clearer assessment of what has brought an individual into the criminal justice system in the first place.
- The paper focuses on life after release, but many elements (timekeeping, focus, managing money) are much more challenging for prisoners with undiagnosed and unsupported ABI (p.32). There should be a clear treatment plan drawn up and implemented for the individual, which should also cover their transition to the community, and aftercare arrangements.
- Examples of this in practice can be taken from The Disabilities Trust specialist brain injury linkworker service, which is currently operating in two adult prisons, and has previously been delivered within a further prison and two YOIs.
- As an extension to that service, the Trust also operates a Forensic Brain Injury Inreach Service (FIBIS), which includes neuropsychology assessments and reports/recommendations for individuals including those within highly secure settings.

### **The cost of brain injury**

- The paper mentions the high cost of re-offending in general. (p.5) Neurodisability like a TBI can markedly increase the risk of crime, particularly violent forms of crime. Analysis by the Centre for Mental Health shows that the long-term cost of TBI is estimated at around £155,000 per case among 15 year olds in the general population. Around £ 65,000 of this is due to crime costs. This figure sits at around £345,000 per case among young offenders. There is evidently a substantial increased cost due to risk of crime, the higher risk being among those who have already embarked on a criminal career.

<https://www.centreformentalhealth.org.uk/traumatic-brain-injury>

- The Disabilities Trust case study included in the first Linkworker outcome report estimates a saving of £80,000 wherein a prisoner attended inpatient brain injury rehabilitation rather than going to prison. This may not be appropriate in every case, but clearly demonstrates the possibility for savings to be made.

<http://www.thedtgroup.org/foundation/about-the-foundation/brain-injury-linkworker-report/>

- The paper mentions ‘tailored approaches to reforming offenders’ - this must take into consideration someone’s disability (P.7).

## Positive aspects of the Paper

- Positive aspects identified were the use of technology/apps to help prisoners know what to do when, prison officers as caseworkers (subject to appropriate training and links with other services), appropriate screening, and NICE guidelines.

## Reports

- We encourage reference to brain injury issues in the youth offenders report (p.11) – cross-referencing is vital for a holistic approach towards ameliorating the situation.
- We are happy to read that the committee will ‘consider carefully’ the treatment of young adults in the criminal justice system report. (P.8). We would like to know the outcome of this ‘consideration’ and hope that young adults with brain injury will be prioritised in their considerations, as they are in the report.
- We would also welcome use of the *2016 report on the brain injury linkworker service*, a comprehensive overview of the Disability Trust’s specialist brain injury Linkworker service at HMP Leeds, HMYOI Wetherby and HMYOI Hindley, and its achievements in supporting young people, young adults and adults in prison with brain injury in 2015.

## Training

- Training of staff is key to better support, but recruitment is also very important. So too is specialist training and support.
- CJABIIG have provided specialist brain injury training for NOMS, and are able to deliver training to the 6 reform prisons listed in the report. Members of CJABIIG have also provided training to different staff within the Criminal Justice System, from Police Officers to Diversion and Liaison Officers
- The drive to prepare prisoners for jobs upon release is encouraging; training should be approached from a brain injury perspective, for neurorehabilitation will ensure they are appropriately prepared for the appropriate employment.



## References and Key Resources

BPS, *Children and Young People with Neuro-Disabilities in the Criminal Justice System*, The British Psychological Society (2013)

<<[http://www.bps.org.uk/system/files/Public%20files/cyp\\_with\\_neurodisabilities\\_in\\_the\\_cjs.pdf](http://www.bps.org.uk/system/files/Public%20files/cyp_with_neurodisabilities_in_the_cjs.pdf)>>

Chitsabesan, Prabitha et al , *Traumatic Brain Injury in Juvenile Offenders: Findings From the Comprehensive Health Assessment Tool Study and the Development of a Specialist Linkworker Service*, The Journal of Head Trauma Rehabilitation (2015)

The Disabilities Trust Foundation, *Young People with Traumatic Brain Injury in custody: An evaluation of a Linkworker service*

<<<http://www.thedtgroup.org/foundation/offenders-with-brain-injury/prison-linkworker-service.aspx>>>

The Disabilities Trust Foundation, *Brain Injury Linkworker Report* (2014)

<<[http://www.thedtgroup.org/media/4082/160115\\_linkworker\\_service\\_report.pdf](http://www.thedtgroup.org/media/4082/160115_linkworker_service_report.pdf)>>

The Disabilities Trust Foundation, *Brain Injury Linkworker Report* (2016)

<<[http://www.thedtgroup.org/media/159358/foundation-outcome-report\\_web.pdf](http://www.thedtgroup.org/media/159358/foundation-outcome-report_web.pdf)>>

The Disabilities Trust Foundation, *Press Release on New Linkworker Service at HMP Drake Hall Women's Prison* (2017)

<<<http://www.thedtgroup.org/media/160251/090216-foundation-drake-hall-press-release-final.pdf>>>

The Disabilities Trust Foundation, *Written evidence submission to the Justice Select Committee inquiry into prison reform* (2016)

<<<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/justice-committee/prison-reform/written/39434.html>>>

McMillan, Tom, *National Prisoner Healthcare Network: Brain Injury and Offending, Scottish Prison Service*, (2016) <<<http://www.nphn.scot.nhs.uk/wp-content/uploads/sites/9/2016/07/Brain-Injury-OffendingFinal-Report-21March2016.pdf>>>

NICE, *Mental health of adults in contact with the criminal justice system* (2016) <<<https://www.nice.org.uk/guidance/GID-CGWAVE0726/documents/mental-health-of-adults-in-contact-with-the-criminal-justice-system-final-scope2>>>

Williams, Huw, *Brain maturity and injury and its implications for criminal justice*, University of Exeter (2015)

Williams, Huw, *Neurodevelopmental Maturity and Crime: The Need to Account for Adversity and Brain Injury in the Criminal Justice System* University of Exeter (2016)

Williams, Huw, and Hughes Nathan, *Nobody made the connection: The prevalence of neurodisability in young people who offend*, Children's Commissioner (2012)

Williams, Huw, *Repairing Shattered Lives*, Barrow Cadbury Trust (2012)

Williams, Huw, *Traumatic Brain Injury and Juvenile Offending: Complex Causal Links Offer Multiple Targets to Reduce Crime*, *The Journal of Head Trauma Rehabilitation* (2015)