



The  
Disabilities Trust  
Foundation

The Disabilities Trust

# BRAIN INJURY LINKWORKER SERVICE

2016 EDITION

Supporting people in prison  
and young offender institutions



## The report

This report provides a comprehensive overview of the Foundation's specialist brain injury Linkworker service and its achievements in supporting young people, young adults and adults in prison with brain injury in 2015. It draws together findings from three age groups of prisoners, 15 to 18 year olds, 18 to 21 year olds and adults aged 21 and over, across three locations.



## The Linkworker service:

- Identifies people with a history of brain injury using the Brain Injury Screening Index (BISI®)
- Assesses their brain injury needs
- Develops and delivers support plans, enabling people to identify and achieve personal goals
- Provides effective interventions to address problems relating to brain injury including memory, concentration, behavioural problems and motivation
- Refers where necessary to neurology, physiotherapy, mental health teams, substance misuse support and social services
- Builds a network of support through the development of partnerships with health services, offender management, housing and drug and alcohol services
- Prepares discharge reports for people summarising their identified problems, achievements towards addressing these problems and areas for continued development
- Liaises with agencies and families to provide training and guidance on supporting people with a brain injury
- Aids community integration and transition following release from prison

People's needs were identified using the Brain Injury Screening Index (BISI®) and an integrated care pathway was developed.

- The average length of time supported by Linkworkers was ten weeks
- The number of sessions ranged from 1 to 45, with an average of 8

# 10

...weeks was the average length of time supported

## Young people (15 to 18 year olds)

This section profiles the young people supported, the majority of whom were repeat offenders with a history of violence and drug-related problems.

**58**  
young people  
supported<sup>1</sup>

### Key findings<sup>2</sup>

- 66% had moderate to severe Traumatic Brain Injury (TBI) and 34% mild TBI
- 72% lost consciousness as a result of their injury
- Mean age at first head injury was 11 years old
- Mean number of head injuries was 2.9 injuries
- 47% sustained their head injuries prior to committing their first offence, with 11% sustaining their head injuries at the same age<sup>3</sup> they committed their first offence and 42% after their first offence
- Cause of injury included assault (17 injuries), falls when sober (10 injuries), road traffic accidents (7 injuries), fights (7 injuries), sports injuries (6 injuries) and falls when under the influence (4 injuries)
- 100% of young people supported had drug-related problems<sup>4</sup>
- 86% had a history of violent behaviour
- 17% had a history of self-harm
- 83% were repeat offenders
- 54% had been in custody more than once (mean times in custody = 2)
- 44% had committed a violent offence, 44% non-violent, 4% sexual and 7% multiple offences<sup>5</sup>





66%

...had moderate to  
severe Traumatic  
Brain Injury

86%

...had history of  
violent behaviour

47%

...sustained head  
injury prior to first  
offence

11

...mean age at first  
head injury

83%

...were repeat offenders

Through the assessment, many young people were identified to have 'global cognitive impairment' with a range of problems detected in the following areas:

- memory  
(34% of young people supported)
- attention (34%)
- language (34%)
- anxiety (31%)
- low mood (28%)

Problems in these areas are likely to have a detrimental effect on engagement with education, prison and community rehabilitation programmes.

## Improving life chances

- The Linkworker engages with complex and vulnerable young people, many of whom have been otherwise disengaged from previous support available in prisons. This enables the Linkworker to address some very challenging behaviours and encourages engagement with other services including healthcare and education
- The Linkworker service is designed to complement and enhance, rather than duplicate, other established services such as Clinical Psychology within the young offender institutions
- The Linkworker provides interventions and coping strategies, most commonly to address anger (often violent in nature), impulsivity and memory, with some receiving support to manage their anxiety
- Interventions are tailored to individual needs and include psychoeducation, behaviour management plans and the introduction of diaries
- Psychoeducation and brain injury awareness training enables the young people supported to understand the impact of their brain injury and as a result makes it easier to self-manage their problems

## Ash's story

Ash<sup>6</sup> was referred to the Linkworker service in December 2014 upon his arrival to custody. He had been charged with a number of offences including wounding with intent. It emerged that Ash had sustained multiple head injuries, the first occurring when he was six months old and the most recent occurring in 2013.

As a result of these injuries Ash suffered seizures and struggled with memory problems, processing information and dealing with multiple tasks. In addition, Ash reported episodes of uncontrollable anger during which he was unaware of what he was doing.

The Linkworker secured a referral to neurology and attended the appointment with Ash and shared information with the consultant. The Linkworker contributed to a pre-sentence report, explaining Ash's cognitive, emotional and behavioural problems following his brain injuries and provided advice and guidance to his family on how to support Ash day-to-day.

As a result Ash received support and strategies to manage his anger and memory problems. Ash now independently uses the techniques learnt to improve his memory; he writes lists of things he needs to do and leaves these lists on his shoes so that he remembers to take them when he leaves the house. Ash is now attending college and believes these new skills have improved his ability to independently manage his memory impairments on a day-to-day basis.

To date, he has not re-offended.



## Young adults (18 to 21 year olds)

During the last eight months of a two-year pilot at HMYOI Hindley, 23 young adults were supported by the brain injury Linkworker.<sup>7</sup>

Young adults are a particularly vulnerable group. On turning 18 they are no longer eligible for the more intense level of support they may have received under the age of 18 and are treated as adults despite their relative youth. The vast majority of the young adults supported were repeat offenders with moderate to severe brain injuries and drug related problems, whilst over half were in custody for a violent offence. Over one fifth (22%) had a history of self-harm.

### Key findings<sup>8</sup>

- 83% had moderate to severe Traumatic Brain Injury (TBI) and 17% mild TBI
- Mean age at first head injury was 10 years old
- Mean number of head injuries: 4 injuries<sup>9</sup>
- 60% sustained their head injuries prior to committing their first offence, with 5% sustained at the same age<sup>10</sup> they committed their first offence and 35% sustained after
- Cause of injury included fights (15 injuries), falls when sober (14 injuries), road traffic accidents (8 injuries), assaults (7 injuries), falls when under the influence (2 injuries) and bike accidents (2 injuries)<sup>11</sup>
- 91% of young adults supported had drug-related problems<sup>12</sup>
- One third (33%) had a history of violent behaviour
- 89% were repeat offenders
- 45% had been in custody more than once (mean times in custody = 3)
- 52% were in custody for a violent offence, 33% non-violent, 5% sexual and 10% for multiple offences

10

...mean age at first head injury

4

...average number of head injuries



**83%**

...had moderate to severe injury

**52%**

...in custody for a violent offence

**60%**

...sustained injury prior to first offence

**89%**

...were repeat offenders

**CAUSE OF INJURY**

**15**

FIGHTS

**14**

FALLS WHEN SOBER

**8**

ROAD TRAFFIC ACCIDENTS

**7**

ASSAULTS

**2**

FALLS UNDER THE INFLUENCE

**2**

BIKE ACCIDENTS



Many young adults were identified, through assessment, to have 'global cognitive impairment' with a range of problems identified. Problems in these areas are likely to have a detrimental effect on engagement with education and prison or community based rehabilitation programmes.

Of these young adults<sup>13</sup>...

65%

...had anxiety

9%

...had attention impairment

61%

...had low mood

17%

...had memory impairment

13%

...had language impairment



## Improving life chances

- The personalised and therapeutic support the Linkworker provides has a significant impact on the lives of this vulnerable group. The Linkworker helps them understand the difficulties relating to their brain injury and helps them make practical adjustments to better cope with their injury, life in prison and the transition into the community
- The Linkworker provides interventions and strategies, most commonly to address anxiety and low mood, with some receiving support to manage their memory and attention
- Interventions are tailored to individual needs and include psychoeducation, behaviour management plans and the introduction of diaries
- Brain injury awareness training for staff enabled them to understand the impact of brain injury and as a result made it easier to manage the young adults' problems

## David's story

David<sup>14</sup> was referred to the Linkworker service shortly after entering prison in January 2015. When the BISI<sup>®</sup> was completed with David, he reported sustaining three significant head injuries, all with a loss of consciousness, from the age of nine onwards; two of these were noted in his medical history. David reported problems with concentration and the BISI<sup>®</sup> results indicated that David had sustained a moderate to severe traumatic brain injury.

On further investigation, David reported numerous ongoing problems including: memory, concentration, planning, decision-making, impulsivity, behaviour and controlling emotions (including anxiety). It was evident during initial support sessions that David was experiencing severe symptoms of anxiety.

David's history of criminal activity started at the age of 12 and was all related to burglary and theft; he has received five convictions leading to custodial sentences. He has a history of substance abuse dating from the age of 11 including cannabis, cocaine and ecstasy.

David's anxiety symptoms were the immediate priority and the Linkworker referred David to the Mental Health Team where he worked with the 'Managing Anxiety' group. The Linkworker also worked with David once a week.



David was prescribed anxiety medication by the GP, and the Linkworker provided interventions including relaxation techniques and an 'anxiety diary'. The Linkworker liaised with David's Personal Officer who arranged for David to share his cell with someone he knew, which reduced his daytime anxiety by improving his sleep patterns. In addition, the Linkworker also referred David to the Substance Misuse Nurse.

Once David received his medication his progress was substantial. David was then provided with psychoeducation regarding brain injury and its effects. David said he may have suffered in silence were it not for the support of the Linkworker, and was extremely grateful.

**David requested a course change within the prison and now works in the restaurant. This highlights how far David has progressed in five months, managing his anxiety and building his confidence. He now works well with customers and within a team. He has expressed his positivity about his progress with the Linkworker and thinks this experience will benefit him following release in the community. David says he no longer has a feeling of 'worry' and is able to sleep well at night. He knows he still has a long way to go in terms of coping with life outside of prison, however, he is more equipped to manage and remains positive and hopeful.**

## Adults (21 years and over)

The Disabilities Trust Foundation has supported adults with brain injuries at HMP Leeds for 2½ years. 87 adults have been supported to date.<sup>15</sup>

**87**  
adults supported  
to date

Previous research<sup>16</sup> showed the high prevalence (47%) of brain injury among the adult prison population and this is reflected in the high demand for the service. HMP Leeds routinely screens prisoners for brain injury using the BISI® in first night reception. Consequently, between one and three new referrals are received by the Linkworker per day, with 331 referrals in 5½ months in 2015.

### Key findings<sup>17</sup>

- Age range of adults supported was 21 to 73 years old
- 80% had moderate to severe Traumatic Brain Injury (TBI), 16% mild TBI and 4% Acquired Brain Injury (ABI)
- 92% had lost consciousness as a result of their injury
- Mean age at first head injury: 28 years
- Mean number of head injuries: 2 injuries
- 41% sustained their head injuries prior to committing their first offence,<sup>18</sup> with 5% sustaining their head injuries at the same age they committed their first offence
- Cause of injury included road traffic accident (12 injuries), fights (8 injuries), falls when under the influence (5 injuries) and falls when sober (2 injuries)<sup>19</sup>
- 50% of adults supported had drug-related problems<sup>20</sup>
- 48% had been in custody more than once
- 65% were in custody for a non-violent offence, 30% violent and 4% sexual<sup>21</sup>



**80%**

...moderate to  
severe Traumatic  
Brain Injury

**48%**

...had been in  
custody more than  
once

**30%**

...were in custody for  
a violent offence

**41%**

...sustained head  
injury prior to first  
offence

**CAUSE OF INJURY**

**12**

ROAD TRAFFIC  
ACCIDENTS

**8**

FIGHTS

**5**

FALLS UNDER  
THE INFLUENCE

**2**

FALLS WHEN  
SOBER

## Improving life chances<sup>26</sup>

Gareth's change in behaviour and subsequent repeat offending was directly related to his significant brain injury. The Linkworker conducted cognitive assessments for him and the resulting report was presented to court. This action prevented Gareth being remanded back into custody and he is currently awaiting specialist brain injury rehabilitation.

The Linkworker facilitated a ground floor cell for Josh, a man whose brain injury had led to significant mobility issues prior to him entering prison, and the continuation of physiotherapy within prison. The Linkworker liaised with work and education staff to inform them of his difficulties with fatigue and how to tailor support to maximise engagement in programmes and success for him.

Charlie was placed on Assessment, Care in Custody and Teamwork (ACCT)<sup>22</sup> monitoring as a result of his emotional distress and inability to regulate emotions resulting from his brain injury. At times he threatened other prisoners, therefore the Linkworker worked closely with him on aggression management. This helped him to develop skills to control his thoughts and behaviours and decrease his aggressive behaviour. The ACCT monitoring was removed, he obtained 'enhanced' status in prison and he is looking to be placed on a Tag with an expected early release date.



Franco entered prison with a prescribed neuropathic painkiller, which was not permitted within the prison. Removal of his medication resulted in his levels of distress increasing; his behaviour quickly deteriorated and he was placed on 'basic' regime. With support from the Linkworker, which included collecting an appropriate medical history from his Neurologist and sharing this information with the prison GP during a neurology meeting the specialist medication was reinstated. Franco's distress decreased, his behaviour improved, he was successfully reinstated to 'standard' regime and started to engage with work and education services within the prison.

Christopher was referred to the Linkworker service by staff who had identified his difficulties following staff training. The Linkworker conducted a specialist cognitive assessment which confirmed global difficulties with executive functioning, memory and a lack of insight into his difficulties. As a result he was transferred to the healthcare wing, however staff struggled to manage his difficulties. The results of the assessment were later used by the Linkworker to support a funding application to a more suitable placement in a secure unit following release, where he is now able to receive the support he needs.

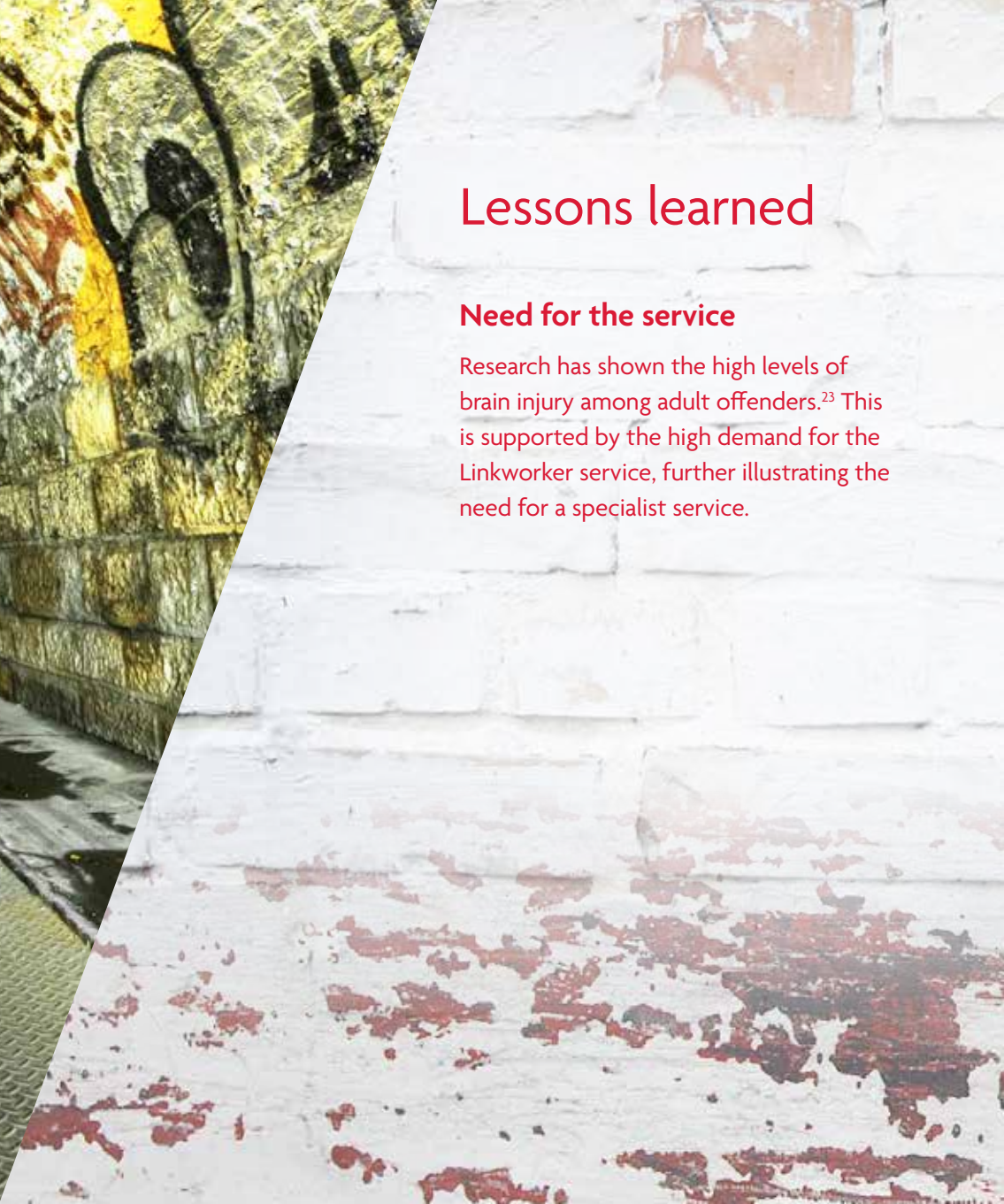




## Lessons learned

### **Need for the service**

Research has shown the high levels of brain injury among adult offenders.<sup>23</sup> This is supported by the high demand for the Linkworker service, further illustrating the need for a specialist service.





## Enhancing not duplicating services

Within young offenders institutions with a wider range of effective support available, the service was designed to bridge a gap in the provision within the prison system. The Linkworker service did not duplicate that of any other healthcare or psychology services available. The Linkworker was able to address some of the more challenging behaviours linked to brain injury and encourage engagement with other services. Working with other agencies maximised the chance of the prisoners' success following release.

## Evidencing outcomes

Throughout the pilots the Foundation has tested appropriate data collection techniques in order to evidence the success of a unique service, beyond the use of case studies. We have now launched an online service solution and case management system for all our Linkworkers which enables them to manage high volumes of referrals effectively, better support individuals thanks to an extensive resource library, and easily collect and report robust quantitative outcome data.

## Where next?

2015 saw the end of the youth pilot projects; the adult male service remains until 2016. In 2016 we are scheduled to launch the service in an adult female prison.



# What people say about our services

*“Joint working with the brain injury link worker service provided by The Disabilities Trust Foundation was effective. The full-time worker used SystmOne to record her interventions with boys, demonstrating a proactive joint approach with health services. Important issues were addressed, including sleep, memory, anger and the behaviours that may have led to criminal activity. Engagement with existing rehabilitation programmes within the prison such as education and training was encouraged.”*

Keppel Unit HMYOI Wetherby Inspection Report by HM Chief Inspector of Prisons, 2015

*“The service provides prisoners with a previously undiagnosed brain injury effective support to cope and better comply with their sentence plan.”*

HMP Leeds Inspection Report by HM Chief Inspector of Prisons, January 2013

*“It’s motivated me to start making necessary changes to my life.”*

Adult prisoner supported by Linkworker service

*“I feel like I’m now in a much better place than what I was when I came into prison – each session we have had has prepared me better for the outside.”*

Adult prisoner supported by Linkworker service

*“We saw an impressive guidance note the researcher (Linkworker) had prepared explaining how wing staff should support a young person with behavioural problems arising from a brain injury.”*

HMYOI Hindley Inspection report by HM Chief Inspector of Prisons, March 2014



All respondents<sup>24</sup> believed a Linkworker service would be of benefit to other prisons

All respondents believed the involvement of the Linkworker service led to better outcomes for their client(s)

All respondents found the Linkworker service to be “very valuable”

## Promoting change

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*Impact of Linkworker service on organisations engaged with:*

*“Invaluable service to young people whilst in custody (with a) great impact.”*

Linkworker contact, HMYOI Wetherby

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*“(The service) enabled us to put together a comprehensive picture of the effects of these brain injuries on this young person... helped us shape the way we work with him.”*

Linkworker contact, HMYOI Wetherby

## Resources

The Foundation has produced a series of Tips and Tricks leaflets for people with mild to moderate brain injuries, and the families and professionals who support them. These leaflets answer frequently asked questions following brain injury and offer practical advice for both young people and adults. Topics include alcohol after a brain injury, dealing with emotions, getting organised, remembering and tips on relating to others.

## Action needed

### Screening

Do you know if the people you are supporting have a history of brain injury? Our free Brain Injury Screening Index (BISI®) is available to download from: [www.thedtgroup.org/bisi](http://www.thedtgroup.org/bisi)

### Training

Our engaging and informative brain injury awareness training continues to be in high demand among professionals working with prisoners. At the end of 2015 we had provided training to 1,000 professional including prison staff, health care professionals, probation and youth offending teams, police and Her Majesty's Inspectorate of Prisons staff.

The training is highly regarded with 99% of attendees satisfied or very satisfied and 100% saying they would recommend the training to other professionals.<sup>25</sup>

For more information or to book training for your organisation please contact: [foundation@thedtgroup.org](mailto:foundation@thedtgroup.org)

### Service

If you are looking at how to support people with brain injury to address potentially high self-harm, violent behaviour and reoffending rates and are interested in hosting a specialist brain injury Linkworker in your custodial setting please contact the Foundation on 01444 239 123 or [foundation@thedtgroup.org](mailto:foundation@thedtgroup.org)

**100%** would recommend training to others



## References

1. The Linkworker service was delivered from 1st October 2013 to 31st May 2014 supporting 26 young people and November 2014 to September 2015 supporting 32 young people in HMYOI Wetherby. A total of 58 young people were supported in an 18 month period
2. Findings presented here are based on the 32 young people supported in the second year of the pilot. Incomplete or unknown data was excluded from the analysis so individual bases range from 19 to 32 young people unless stated otherwise
3. The injury and offence were within a 12 month period but we cannot state which came first
4. As rated by the DUDIT. Base: 7 young people
5. Does not sum to 100% due to rounding
6. Not his real name
7. The Linkworker service was delivered from 1st October 2013 to 31st May 2014 supporting 46 young people aged 15-18 and November 2014 to October 2015 supporting 10 young people (15 to 18 year olds) and 23 young adults (18-21 year olds). A total of 79 people were supported over the 19 month period
8. The findings presented here are based on the 23 young adults (18 to 21 year olds) supported in the second year of the pilot following the decommissioning of the YOI (15 to 18 year olds). Incomplete or unknown data was excluded from the analysis so individual bases range from 18 to 23 young adults unless stated otherwise
9. Two outliers removed so as not to skew results
10. The injury and offence were within a 12 month period but we cannot state which came first
11. Base: 23 young adults with multiple brain injuries. A further two injuries had 'other' causes
12. As rated by the DUDIT. Base: 11 young adults
13. Base: 23 young adults
14. Not his real name
15. 62 adults were supported between October 2012 and September 2014 and a further 25 from 30th March to 13th November 2015.
16. Pitman, I. et al (2015) The association between neuropsychological performance and self reported traumatic brain injury in a sample of adult male prisoners in the UK. *Neuropsychological Rehabilitation* 2015 29;25 (5): 763 - 79
17. The findings presented here are based on the most recent 25 people to have received support. Missing data has been excluded from the analysis, therefore the findings presented here are based on 22 to 25 adults unless otherwise specified
18. 55% sustained their first head injury after their first offence. Does not sum to 100% due to rounding
19. Base: 24 adults with one or more brain injuries. A further seven injuries had 'other' causes not listed above including unprovoked assault, encephalitis, attempted suicide, banged head during seizure, unsure if sober or not (adult cannot remember) and sports injury
20. As rated by the DUDIT. Base: 8 adults. Of the four adults who 'have drug-related problems' two adults had been involved with community drug and alcohol teams prior to custody
21. Does not sum to 100% due to rounding
22. Assessment, Care in Custody and Teamwork (ACCT) monitoring is the National Offender Management Service's current self-harm and suicide prevention procedure
23. [www.thedtgroup.org/media/4061/prison\\_research\\_briefing\\_paper\\_16022015.pdf](http://www.thedtgroup.org/media/4061/prison_research_briefing_paper_16022015.pdf)
24. Feedback from 18 respondents we worked with across all three prison Linkworker locations (August 2015)
25. Base: 71 training attendees
26. Not their real names.



## The Disabilities Trust Foundation

The Disabilities Trust is a leading national charity, providing innovative services, rehabilitation and support for people with complex physical impairments, acquired brain injury and learning disabilities as well as children and adults with autism. The Foundation is the division within the Trust that aims to make a difference to the lives of those who are unable to access our core services. The Foundation enables the Trust to share its expertise and knowledge through research and the piloting of new ideas. Our project work is designed to initiate and enhance good practice and direct or influence policy within our areas of expertise – brain injury, learning disabilities, autism and physical disabilities.

## Contact us

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