

# **Brain Injury Linkworker Service Evaluation Study**

## **Technical Report**

**for The Disabilities Trust and  
Barrow Cadbury Trust**

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## **Declarations**

Dr Emily Glorney was part of a research team that included The Disabilities Trust, exploring the prevalence of traumatic brain injury among women prisoners and the utility of the Brain Injury Screening Index with women prisoners (cited in this report).

Dr Emily Glorney and Professor Huw Williams authored a British Psychological Society response to the Justice Committee Inquiry on Prison Reform, which included reference to brain injury.

## Executive summary

This report focuses on women in prison who have a neurodisability, and the care, treatment and support of this population. Brain injuries can be acquired through virus, stroke, or head injuries, sometimes including a loss of consciousness. Traumatic brain injury (TBI), typically resultant from an injury to the head, is the most common form of acquired brain injury. People with a history of TBI have been found to have poorer quality of life, a greater likelihood of suffering from a mental health problem and an increased likelihood of suicidality in comparison to people without a TBI<sup>1</sup>. There is consensus in the field that TBI is over-represented in prison populations internationally, with potential implications including increased risk of violence, earlier age of first incarceration, a greater number of convictions, institutional infractions, reconviction, abuse histories, alcohol and drug use, mental health problems<sup>2</sup> and a greater number of attempts at suicide<sup>1,3</sup>. The presentations of TBI and associated needs in prison are likely to be complex, the treatment and management of which are of relevance to the service aims of prison to reduce risk of reoffending.

There is a clear link between life trauma, offending and poor health outcomes for women in prison<sup>4</sup>, and this is reflected in the histories of women with TBI in prison<sup>6</sup>. Women in prison have a higher frequency of repeated TBIs than men<sup>7, 15</sup> and the fact that these are most commonly sustained through violence victimisation<sup>6, 8</sup> suggests that this is a clear point of differentiation in the causes of TBI between men and women. Little is known about the potential impact of a TBI on women's ability to adjust to, negotiate, and cope with prison life, and work towards risk reduction in the absence of neurorehabilitation or specialist support but there is a clear need to consider requirements for gendered approaches within neurorehabilitation in women's prisons.

In 2016, The Disabilities Trust introduced a Brain Injury Linkworker Service in one prison in England to provide specialist support to women with a history of acquired and traumatic brain injury. Linkworkers aim to work with people with a brain injury to develop a sustainable pathway of support so as to optimise prisoner engagement with sentence plan requirements and rehabilitation, and help prisoners to manage the transition between custody and the community. In doing so, Linkworkers deliver a best-practice through-the-gate service. The Brain Injury Linkworker service was implemented for 18 months, between October 2016 and March 2018.

The mixed-method, multi-disciplinary study was designed to explore the efficacy and efficiency of a specialist brain injury Linkworker service at HMP Drake Hall, a closed training and resettlement prison for women in the Midlands of England. In order to provide a rich understanding of the impact of the Linkworker service and the experiences of staff and women in prison who were engaged with the service

during its implementation, a series of semi-structured interviews took place with 14 women prisoners and 11 staff, and were analysed thematically. To gain context of service users during the 18-month implementation period, aggregated, anonymised, secondary quantitative data for women referred were provided by the Linkworker service to the evaluation team.

Up to a third of the women in HMP Drake Hall had a brain injury, with 89% of reported injuries being traumatic, most commonly sustained through domestic violence, and of mild and moderate severity. The sequelae of TBI among the women referred to the Linkworker service were in line with previous research that indicated problems with memory, attention, anxiety and depression<sup>7</sup>, adding further support to the profile of self-reported sequelae among women with a brain injury as differing from that of men. This raises a gendered consideration to approaches to assessment of women with TBI, additionally given that the injury severities and frequencies seem to differ by gender and might have an impact on presenting sequelae.

In addition to cognitive skills and education on brain injury, women who were seen on a one-to-one basis experienced the support of the Linkworker as having improved their mood and self-esteem, as well as enhancing their confidence and positivity, some of which was also reflected in pre-post intervention assessment outcomes in terms of reductions in symptoms of depression and anxiety. These are key factors that have been previously identified as being essential for a woman to engage in rehabilitative programmes<sup>9, 10, 11</sup>, and enable skills to be developed for a woman to enhance their problem solving<sup>12</sup>.

The trauma in the lives of the women with TBI is evident in the accounts provided by interview participants. Some of the accounts and case studies presented in this report are distressing to read; they illustrate the extent of adversity and severe violence victimisation for these women. The female Linkworker was identified as being someone who was sensitive to the gender-specific needs of the service users. There has been a long-standing recognition that in order to support women effectively within the criminal justice system, systemic change is required in terms of a 'gender responsive' framework. The findings of this Brain Injury Linkworker service evaluation identify in great detail the utility of specific provision within the women's prison estate centred on screening for and supporting (either through intensive support or appropriate signposting) those with traumatic brain injury, with gender-responsive and trauma-informed approaches in mind. Beyond the immediate Brain Injury Linkworker service provision, prison staff training in trauma-informed practice and brain injury supports both the work of the Linkworker and the women in prison with TBI.

There is evidence that the Linkworker service developed care pathways and offered individualised support to women prisoners with a brain injury in this 18-month implementation phase. The Linkworker service seemed to support women's engagement in their sentence plan, offered practical guidance for staff working with women with a brain injury, and alleviated pressure from other service provision (e.g. mental health). However, constraints on the Linkworker and prison service resources meant that there were limits on the depth of training provision and the number of prison staff who engaged in brain injury awareness training. This shortfall might have contributed to barriers to information sharing and flow about outcomes of Linkworker referrals and limits on the contribution of the Linkworker service to sentence planning documentation.

Recommendations are made for future Brain Injury Linkworker services for women, as well as the prisons within which they are situated. Gender is a key consideration in the development of future Brain Injury Linkworker services for women, as is alignment with gender-responsive and trauma-informed practice. Women with brain injury in prison present with a high level of complex need and there are links between TBI, poor mental health, suicidality and increased risk of violence. It is likely to be in the interests of the prison service (an aim of which is risk reduction) to support a whole-systems approach to the identification, intervention, and management of brain injury<sup>13</sup>. A Brain Injury Linkworker service provides a strong framework on which to base such an approach.

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## Introduction

Neurodisability is a general term to describe brain injuries, developmental and degenerative brain conditions. Acquired brain injuries might result from a virus, stroke, or head injury sometimes including a loss of consciousness. Traumatic brain injury (TBI), typically resultant from an injury to the head, is the most common form of acquired brain injury. This report sits in a national context of campaign for increased awareness of brain injury across domains such as education, sports, and the criminal justice system<sup>14</sup>, and calls for improved resourcing for assessment and neurorehabilitation.

This report focuses on women in prison who have a neurodisability, and the care, treatment and support of this population. The high prevalence of TBI among prisoners is well established<sup>15</sup>, including for women in prison. Services to support neurorehabilitation of women in prison are situated in a context of the *Prison health*<sup>13</sup> agenda and the *Female Offender Strategy*<sup>16</sup>, calling for a whole systems approach to the treatment and management of women in the Criminal Justice System, following the *Corston Report*<sup>17</sup> call for gender-sensitive approaches to working with women in prison.

The development, organisation and evaluation of a service designed to address the needs of women in prison with a neurodisability is discussed. The report draws conclusions and makes recommendations that will enhance the quality of life and outcomes for women in prison with a neurodisability.



## **Section 1: Background**

Traumatic brain injury (TBI) is the most common form of acquired brain injury, typically sustained through road traffic accidents, as a result of violence, blows to the head, and falls<sup>18</sup>. Across the differing levels of severity, the prevalence of TBI among the general population is thought to be around 10%, with an epidemiological study and meta-analysis estimating prevalence of 8.5%<sup>1</sup> and 12%<sup>19</sup>, respectively, with about twice as many men than women sustaining a TBI<sup>19, 20</sup>. People with a history of TBI have been found to have poorer quality of life, a greater likelihood of suffering from a mental health problem and an increased likelihood of suicidality in comparison to people without a TBI<sup>1</sup>. One method of assessing the severity of a TBI is by whether and for how long loss of consciousness (LOC) was consequent to the injury. For example, no LOC or LOC for less than 30 minutes indicates a mild TBI; LOC between 31 minutes and six hours indicates a moderate TBI; LOC over six hours indicates a severe TBI<sup>21</sup>. The likelihood of changes in brain function and behaviour increases typically in line with severity of TBI. Consequences can include loss of memory and concentration, difficulties with identifying mental and emotional states of oneself and other people, confusion, poor social judgment, reduced impulse control and increased aggression.

The estimated general population prevalence of TBI (8.5%-12%) stands in clear contrast to that in prisons. Mean prevalence rates for relevant studies including men and women in prison were established at 60.25% in a meta-analysis<sup>15</sup> and at 46% in a systematic review<sup>22</sup>, with differences in prevalence rates probably reflecting a range of definitions of TBI, methods of assessment, and types and functions of prisons internationally. There is consensus in the field that TBI is over-represented in prison populations internationally, with potential implications including increased risk of violence, earlier age of first incarceration, a greater number of convictions, institutional infractions, reconviction, abuse histories, alcohol and drug use, mental health problems<sup>2</sup> and a greater number of attempts at suicide<sup>1, 3</sup>. However, the extent to which TBI is a causal factor in offending behaviour is unclear. For example, a TBI could be sustained in the context of perpetrating an offence and the consequences of the TBI might make someone more vulnerable to engaging in risky or impulse behaviours that bring them closer to further offending behaviour. Therefore, the presence of a TBI might be a risk factor for violent crime<sup>2</sup>. What is clear, is that presentations of TBI and associated needs in prison are likely to be complex, the treatment and management of which are of relevance to the service aims of prison to reduce risk of reoffending.

### **Women in prison: prevalence, causes and sequelae of TBI**

Few studies have explored the prevalence and causes of TBI among women in prison. An international meta-analysis<sup>15</sup> established a prevalence rate of 69.98%, a

figure higher than among men in prison (64.41% in the same meta-analysis<sup>15</sup>) and very much in contrast to the trend in the general population. When loss of consciousness defined a TBI then the estimated prevalence rate for women in prison, 55.28%, was lower than the comparable male prevalence estimates of 59.31%<sup>15</sup>; the direction of these findings was replicated in a later study comparing men and women in prison in the United States<sup>7</sup>. This suggests that women in prison have a more extensive history of lower severity TBIs than their male counterparts, in line with reports from women in prison in the United States in which most TBIs were minor<sup>6</sup>, and findings from a UK prison study that found half of women prisoners with a TBI sustained a mild injury<sup>5</sup>. However, the effects of cumulative lower-level TBIs should not be discounted, particularly in light of evidence that repeated low-level TBIs could have serious consequences<sup>23</sup>. Women in prison have been found to have sustained a higher frequency of repeated TBIs than men, but with less frequent loss of consciousness<sup>5, 7</sup>. Such differences are indicative of the need to consider whether pathways to TBI are gender-specific, with differing presenting symptoms and treatment needs between men and women.

There is a consistent theme in the nascent literature on women in prison that TBIs are most commonly sustained through violence victimisation<sup>6, 8</sup> and perhaps at a greater prevalence than among men in prison<sup>8</sup>. Other common causes of TBI among women include road traffic accidents<sup>8</sup> and consequent to substance abuse<sup>6</sup>. Women are at a greater risk than men of repeated TBI from domestic or intimate partner violence victimisation<sup>7</sup> and it is likely that this is a clear point of differentiation in the causes of TBI between men and women. This finding sits in a context of recognition that women victims of intimate partner violence and abuse are over-represented in the criminal justice system<sup>17</sup>, with estimates of between 57%<sup>24</sup> and 79%<sup>25</sup> of women in prison having been a victim. Therefore, violence victimisation is likely to be a critical consideration in neurorehabilitation and risk (to self and others) reduction interventions.

There is some evidence that the sequelae of TBI differ between men and women in prison; however, as yet no studies concerning women have included neuropsychological assessment. Self-report studies have indicated that while both women and men with TBI in prison report common problems with headaches, trouble remembering things or solving problems, and losing a train of thought, marked differences in presentation exist beyond this. For instance, women more frequently reported problems with mood changes (such as feeling anxious or depressed) and trouble going to or staying asleep, whereas men more frequently reported trouble concentrating or paying attention, and feeling irritable, easily annoyed or grouchy<sup>7</sup>. Women reported significantly greater problems with sleeping and dizziness or balance problems, whereas men reported significantly greater problems with vision and reacting slowly<sup>7</sup>. Whether the self-reported differences in

sequelae are a function of differing injuries (e.g. lower severity, repeated injuries among women; higher severity injuries among men) or reflect differences in how men and women present with sequelae of brain injury is unclear, and warrants further exploration with a view to informing assessment and neurorehabilitation. Furthermore, the impact of TBI for women in prison was felt in terms of poorer perceptions of their own health, and greater alcohol and drug use than their non-TBI counterparts<sup>8</sup>. Understanding the pathways to and sequelae of TBI among women in prison also has clear implications for risk reduction and management.

### **Women in prison: correlates of TBI and violent behaviour**

There is evidence in the general literature of an association between TBI and violence<sup>2</sup>, but the relationship between these constructs for women in prison is less clear<sup>26</sup>. Although there is some suggestion that repeated, moderate to severe TBIs incrementally increase the likelihood of violence perpetration among women<sup>6</sup>, further exploration is required. Additional correlates included abuse victimisation (across the lifespan) and a history of suicidality<sup>6</sup> - a pattern reflected among women in a UK prison<sup>5</sup> - highlighting not only the complexity of presentations and needs among this population but also the possible role of adversity in increasing vulnerability to TBI, both in terms of sustaining an injury and being less resistant to the consequences<sup>5</sup>.

### **Women in prison: understanding brain injury and access to neurorehabilitation**

Awareness of TBI among the general population<sup>27</sup> and correctional healthcare staff<sup>28</sup> is limited. In one study comparing women in prison and a non-incarcerated control group of university students who had sustained a TBI, none of the students and just over a quarter (28.5%) of the prisoners believed they had experienced a TBI; this was the case even though two thirds of all participants who had a TBI had received hospital treatment following injury<sup>5</sup>. There are clear implications here for communication by health professionals to people who sustain a TBI for seeking and accessing neurorehabilitation, and the possible negative impact of sequelae on engagement in risk reduction interventions and future recidivism. Among women in prison with a TBI, there is evidence of very limited access to or engagement with neurorehabilitation. In one study in the United States, of the 47 women with a TBI, just four had received neurorehabilitation, two of whom had engaged in behaviour modification or cognitive retraining<sup>6</sup>. In a study in France, 75% of women did not receive neurorehabilitation following their TBI, even though 25% were in a coma following a brain injury, 55% of the women had been hospitalised as a consequence of their brain injury and 50% had sustained more than one TBI<sup>8</sup>.

In addition to lack of awareness limiting opportunities for neurorehabilitation within the carceral estate, misconceptions by prison staff can have a negative impact on engagement with women in prison. There is some evidence that women in prison with a TBI receive a greater number of recorded within-prison infractions for violence than women without a TBI<sup>29</sup>. The reasons for this are unclear and there is no simple link between behaviour in prison and TBI, but this might indicate a TBI management issue. For example, this finding might be explained by women with a TBI experiencing frustration in communication with prison staff, negative consequences of forgetting appointments, and prison staff dismissing such experiences as the women being oppositional and non-compliant<sup>7</sup>. Therefore, in addition to supporting women in understanding their brain injury and supporting appropriate intervention, awareness training for staff in prison might be an important component of a neurorehabilitation intervention within prisons and would support movement towards a whole systems approach<sup>16</sup>.

### **The need for a gender-responsive approach to working with women in prison**

Since at least the early 1990s<sup>30, 31, 32</sup> there has been recognition in criminological work that gender shapes women's specific pathways into, through and out of the criminal justice system. Such work identified, for example, the role played by women's experiences of addiction, 'harm', and 'hidden' (i.e. intimate partner and familial) violence and sexual abuse in their pathways to the courtroom<sup>30</sup>, charting a clear path "from victims to survivors to offenders" among criminalised women<sup>31</sup>. In this sense, women's multiple experiences of victimisation across the life course were shown to play a significant role in their pathways to prison, particularly in terms of acting as a catalyst for the onset of substance use and offending.

In both policy and practice, this has translated into the acknowledgement that women and men require different penal strategies in order to achieve parity of outcome, and that this is particularly relevant within custodial settings<sup>17, 33, 34, 35, 36, 37, 38</sup>. This body of work highlights the disproportionately damaging effects of short prison sentences for women, as well as addressing the absence of privacy, safety, and equality in hostel accommodation for criminalised women, and drawing attention to the broad lacuna in specialised support services for women in the community. It highlights also the detrimental impact on potential support efficacy for initiatives that fail to take into account the role played by violence victimisation in the offending pathways of young women<sup>83</sup>. Indeed, core to a nine-stage model of providing for women in the community who are criminalised, or at risk of being such, was the promotion of safety, a sense of community, and self-esteem<sup>40</sup>. Furthermore, gender differences have been identified in motivations to desist from offending<sup>41</sup>. Chiefly, that women's reasons for embarking on pathways out of offending are relational and based on existing commitments (e.g. children),

whereas those of men are agentic, with personal choice and future possibilities in mind<sup>41</sup>.

The core message here is that what 'works' for men does not necessarily 'work' for women, and vice versa. The importance of gender-responsive awareness among criminal justice practitioners is well-established<sup>42</sup>. Central to these ideas, and of particular relevance here, is the acknowledgement that women's life course experiences mean that their pathways to and through prison are *substantively different* to that of their male counterparts. In practice, this means that women's criminalisation – and possibly sequelae of neurodisability - is more likely to represent an "outgrowth of histories of violence, trauma, and addiction"<sup>43</sup> (p. 137), with women's sexual victimisation and experience of violence "emerg[ing] as life-shaping events" in women's pathways to prison<sup>44</sup> (p. 474). There is a clear link between life trauma, offending and poor health outcomes for women in prison<sup>45</sup>, and this is reflected in the histories of women with TBI in prison<sup>5, 6</sup>. Further, gender is also likely to shape their specific experiences of the 'pains of imprisonment', which differ in several ways from those of imprisoned men. Previous studies have shown this to be particularly evident in terms of relatively higher severity scores for women than men regarding the absence of privacy, trust, autonomy and control, and the significant distress of women (more frequently primary carers than male prisoners) separated from their children<sup>46, 47</sup>. These distinct differences and needs are further evidence of the need to differentiate service provision for women in prison.

There is a high prevalence of adversity and abuse in the histories of women in prison<sup>48, 49</sup>. As many as 84% of a sample of 214 life-sentenced women prisoners in North America reported a history of physical, sexual, or emotional abuse victimisation, and this was significantly associated with suicidality<sup>49</sup>. The prevalence of adversity and abuse is disproportionately high in comparison to male counterparts<sup>48</sup>, and this is in part due to the context of the lives of women prior to custody, marred by socioeconomic and familial dysfunction<sup>50</sup>. However, implementation of the woman-centred pathways across England and Wales has been slow in practice, particularly within the women's prison estate<sup>37</sup>. Although the government's recent *Female Offender Strategy*<sup>16</sup> explicitly "acknowledges the role of gender" (p. 5) in terms of tackling the disproportionately negative effects of short sentences for women (particularly in terms of self-injury in prison, recidivism, and role in sustaining intergenerational cycles of offending) it remains unclear how successfully this recognition will translate into funding, resources and practice. Further, and of particular relevance here, the *Female Offender Strategy* makes no specific mention of the additional difficulties experienced by women in prison with a TBI, in comparison to their non-TBI counterparts<sup>22</sup>. It is most likely that this is not a case of wilful neglect of such issues but, rather, a reflection of the limited awareness and research regarding women within this context. As noted above, little is known

about the potential impact of a TBI on women's ability to adjust to, negotiate, and cope with prison life, and work towards risk reduction in the absence of neurorehabilitation or specialist support. The net results, however, remains the same; a failure to provide for specific and effective support for women with brain injuries within criminal justice settings.

It is important to note here that while the focus of this evaluation is on working with women with brain injury in a custodial setting, we acknowledge the larger issue regarding the "particularly damaging" effects of imprisonment for women. Indeed, both the Corston Report and the *Female Offender Strategy* have advocated for the use of custody only as a "last resort" for criminalised women<sup>16</sup> (p. 6). Adhering to this vision is crucial, given the wide-ranging collateral consequences of imprisonment for women. Strip searches and solitary confinement<sup>54, 42</sup>, bullying and intimidation by staff and other prisoners<sup>52</sup>, as well as separation from children and family<sup>53, 54, 55, 56</sup>, means that prison can become a place of re-victimisation for women, and a space where it is difficult to engage with rehabilitative programmes with no form of reprise to overcome these issues due to powerlessness<sup>50, 57</sup>. During imprisonment, dependence on staff for basic needs, the removal of control and the necessity to comply with the rules of the regime, along with isolation, mean that the experience can infantilise women<sup>58</sup>; this experience is anticipated to be even more pronounced among women with sequelae of TBI. In addition, the trauma that women have experienced prior to imprisonment is likely to have left them with little confidence or trust in officials<sup>58, 59</sup> meaning that they are less likely to seek help when experiencing trauma in prison. Not only does trauma link to offending behaviour<sup>60</sup>, but it is also clear that trauma creates health needs - and the prison environment can exacerbate trauma. Consequently, it is important to consider how the environment can impact on women's health and wellbeing during their incarceration and how this relates to trauma.

In sum, since women in prison with TBI share many of the life events and mental health characteristics as their non-TBI counterparts – particularly in terms of experiences of intimate partner violence, sexual violence victimisation, substance addiction, and suicidality - this adds emphasis to the need to consider requirements for gendered approaches within neurorehabilitation in women's prisons.

## Section 2: The Brain Injury Linkworker service

In 2016, The Disabilities Trust introduced a Brain Injury Linkworker Service in one prison in England to provide specialist support to women with a history of acquired and traumatic brain injury. Linkworkers aim to work with people with a brain injury to develop a sustainable pathway of support so as to optimise prisoner engagement with sentence plan requirements and rehabilitation, and help prisoners to manage the transition between custody and the community. In doing so, Linkworkers deliver a best-practice through-the-gate service.

Drawing on the Brain Injury Linkworker model in pilot projects in one male prison (2012-16)<sup>61, 62, 63</sup> and two Young Offender Institutions (2013-15)<sup>64</sup>, the Brain Injury Linkworker was incorporated into a service pathway and based on an intervention model for adult offenders with brain injury in an adult custodial secure facility. Following positive outcomes in the male and young offender prisons<sup>63</sup>, the Brain Injury Linkworker service was modified to meet the anticipated needs of women prisoners.

The body of work documenting the trauma women have experienced prior to custody has not gone unnoticed by policy makers. Discussions on prison reform taking place in 2016 reflected an androcentric penal policy. For example, in November 2016 the White Paper *Prison Safety and Reform*<sup>65</sup> acknowledged that a 'specific' penal approach towards women was required but said little of substance about what this might mean in practice. The development of the Brain Injury Linkworker service for women was informed by the recommendations of the 2007 Corston Report<sup>17</sup>, which pushed heavily for systemic change in the women's penal estate and a move away from custodial punishments for women. For example, recommendations included expansion and sustained funding for women's centres/'one stop shops' in the community, sentencing reform, and specialist community support (particularly for mental health and accommodation). The 2017 report *Women in Prison*<sup>38</sup> argued that these key areas for systemic change had been consistently overlooked in the decade since the publication of the Corston Report. Furthermore, *Women Offenders: After the Corston Report*<sup>25</sup> called for trauma informed services in acknowledgement of trauma histories among women in prison. These initiatives to acknowledge trauma in the lives of women prior to custody and develop best practice approaches to ensure sensitivity to this during custody have also been called for in the youth estate<sup>66, 67, 68</sup>. These changes signal a shift across the criminal justice system to understanding trauma both from adversity of life experiences and its impact on development, as well as how brain injury can impact behaviour.

The possibility of gender-specific pathways to TBIs was an important consideration in Brain Injury Linkworker service delivery because referral pathways might require adaptation to meet the needs of and enhance provision to female service users. This consideration was in the context of it being neither appropriate nor sufficient to simply assume that interventions based on an androcentric evidence base will directly translate to services for women<sup>69</sup>.

### **Service organisation**

The Brain Injury Linkworker service was led by a Project Manager, who was instrumental in setting up the service at the establishment and liaising with prison authorities. The Project Manager line managed the Linkworker. The Linkworker received weekly supervision from a Consultant Clinical Psychologist employed by The Disabilities Trust. An aim of supervision was to support the Linkworker in developing individualised formulation-based support plans and interventions for each service user.

The core team consisted of the Linkworker, Consultant Clinical Psychologist, Project Manager and support services were provided by staff at The Disabilities Trust Foundation. This had originally included an expert in brain injury who delivered awareness training to prison staff but due to changes in the staff structure of the Trust, at later stages of the project, the Linkworker undertook the training.

### **Initial screening and referral**

The Brain Injury Linkworker service embedded the Brain Injury Screening Index (BISI<sup>70</sup>) into the initial general healthcare screening for all women on reception into the establishment. A positive indication on the BISI initiated a referral to the Brain Injury Linkworker service. The first appointment with the Linkworker provided additional information about brain injury, consent procedures, and reassessment of the BISI and any on-going needs in relation to brain injury. A positive indication on the repeat BISI and consent from the service user led to triage of the individual according to their identified needs. Triage of positive referrals was completed by the Linkworker and clinical supervisor and categorised as either 1) appropriate for 1:1 support, 2) appropriate for indirect support 3) no on-going identified brain injury needs (discharge with information) 4) referral & signposting and 5) not suitable for support at this time.

Prisoners who were located in the establishment at the implementation of the Brain Injury Linkworker service self-referred or were referred by staff for completion of a BISI. A positive indication prompted referral to the Brain Injury Linkworker service, as described above.



The BISI<sup>71, 72</sup> is an 11-item self-report screening tool to help with the identification of people with a brain injury and the associated level of severity. Initial exploration of the reliability and validity of the use of the BISI in identifying brain injury among female prisoners in England indicated value of the tool, but with recommendations for further exploration among a larger sample<sup>26</sup>. There was good convergent validity with a battery of neuropsychological assessment measures, which suggests that the BISI holds utility in identifying female prisoners who might present with consequences of TBI – such as cognitive and behavioural difficulties – and which might interfere with efforts for rehabilitation. As such, there is some indication that the BISI is a good tool for prioritisation of allocation of resources to female prisoners most in need of TBI-related interventions, contributing to efficient use of resources.

### **Assessment**

Assessment was completed over two or three sessions using a semi-structured clinical interview focussing on background history, forensic history, brain injury and medical history (including mental health and drug and alcohol use), current prison regime and circumstances, employment and education, brain injury needs and goals, and future ambitions. Assessments led to the development of an individualised intervention plan and goals were set, where appropriate. For women for whom indirect support was appropriate, the assessment process was completed through liaison with professionals, observations and review of appropriate records.

### **Intervention**

#### *One-to-one support*

One-to-one support was individualised and covered a wide range of interventions including psychoeducation, cognitive assessment and remediation, emotional management (e.g. anxiety, aggression), with a focus on the impact of brain injury, behavioural management, advocacy (in relation to brain injury and the impact on presentation and functioning), and health and well being (e.g. sleep and epilepsy).

When working with individuals who were approaching their release date, the Linkworker would guide the women through a pre-release workbook that focussed on managing the impact of their brain injury on release. This included generic issues such as 'what do I need to do on my release day?', 'understanding the conditions of my licence', problem solving and planning (to ensure women could adhere to the conditions of their licence), developing meaningful occupation to reduce the risk of engaging in risky behaviours, and compensatory systems to support cognitive functioning.

Some sessions were completed jointly by the Linkworker and probation to support engagement in sentence planning, where barriers had been identified in relation to brain injury. In addition, joint sessions were conducted with other healthcare professionals, where appropriate; for example, to prepare for court hearings or to support women at difficult appointments where cognition was likely further reduced due to high levels of anxiety.

### *Staff liaison*

The Linkworker would ensure that staff supporting women with brain injury were informed regarding the impact of their brain injury on their functioning, and provide advice and guidelines to support staff. This would include a review of medical information and details regarding the nature of the brain injury (where available), how to support women with cognitive deficits, and increase awareness and understanding of behaviours considered unhelpful or obstructive in progressing with their sentence planning.

### *Multi-agency work*

Where appropriate, the Linkworker attended multi-agency meetings to support the women engaged with the service and act as an educator or advocate in relation to the women's specialist brain injury needs.

### *Staff training*

The Linkworker provided training to prison staff, probation and health staff in basic brain injury awareness. Due to the constraints on staff resources this was offered in a flexible way, from group to one-to-one. In addition, staff training was provided to the key officers to support the implementation of any staff guidelines or behavioural management plans.

At commencement of service delivery, a brain injury training programme was delivered by a specialist trainer in brain injury to the senior management team and prison officers. The main aim of the programme was to increase understanding and prepare staff to work with brain injured individuals. Drawing on the experience of the Brain Injury Rehabilitation Trust model of rehabilitation<sup>73</sup>, the programme provides frontline professionals with the tools to support service users with the complex needs that are often associated with brain injury.

### *Discharge planning and community interventions*

The Linkworker engaged with women to plan for release and develop strategies to enhance their coping skills and management of their brain injury needs on release from prison. This was guided through the use of a pre-release workbook.

Discharge planning would involve, where appropriate, referral for social care assessment, referral to community neurorehabilitation teams, support with housing and increasing support for women on release.

Women were offered support up to eight weeks post-release and engaged in reviews at three, six and twelve months post-release where contact was still viable at these stages. The Linkworker supported women to access appropriate support in the community, develop a structured routine to support cognitive deficits and problem solve with them in relation to difficulties encountered on release.

### **Section 3: Service evaluation process**

The mixed-method study was designed to provide a process and impact evaluation, exploring the efficacy and efficiency, of a specialist brain injury Linkworker service at HMP Drake Hall, a closed training and resettlement prison for women in the Midlands of England with an operational capacity of 340; there is an open unit for 25 women outside the secure perimeter of the prison.

The most recent report of Her Majesty's Inspectorate of Prisons (HMIP) for HMP Drake Hall was in July 2016<sup>74</sup>, three months prior to the implementation of the Linkworker service. At that time, levels of self-harm were lower than in other women's prisons, standards of care were good, and the prison had recently won the first Enabling Environments award from the Royal College of Psychiatrists. The award, for promoting positive staff-prisoner relationships and wellbeing, was the first to a prison in England and Wales. Resettlement opportunities and purposeful activity were good. However, the HMIP report noted a lack of interventions to support women who experienced trauma and abuse prior to their custodial sentence, and that health care provision was poor, with many women experiencing lengthy delays for physical and mental health care (both talking therapies and medication). The trend in the women's estate between July 2016 and the end of March 2018 (the end of the Linkworker implementation period) was for an increase in incidents of self-harm and assaults<sup>75</sup>.

As recorded in the HMIP report<sup>74</sup>, demographic characteristics of the population of HMP Drake Hall in July 2016 are presented in Table 1. In comparison to a women's training prison, the population of HMP Drake Hall was not as diverse (there were fewer women foreign nationals and women from minority ethnic backgrounds) and there were fewer women serving indeterminate sentences. In comparison to other women's training prisons, the women at HMP Drake Hall self-reported that on arrival in the prison they had a higher proportion of mental health problems, depression and suicidal ideation, and fewer women thought that they had sufficient

resource to meet their emotional and support needs (e.g. access to Listeners, making applications, staff checks, personal officer, help with mental health problems, sentence planning). At the time of the survey they continued to report higher levels of emotional wellbeing and mental health problems and less access to help and support with these problems than women in similar prisons. They generally reported negatively on health services and access to doctors or nurses. Women at HMP Drake Hall self-reported more bullying and violence victimisation by other prisoners than women at comparator training prisons but reported better relationships with staff. In most other respects, the women at HMP Drake Hall in July 2016 were comparable in demographic characteristics and experience of prison as women in a comparator establishment.

The HMIP report<sup>74</sup> commended HMP Drake Hall for rolling out staff training on trauma and the possible impact of trauma history on presenting behaviour among women in prison. It was reported that there were plans in July 2016 to roll out the training to prisoners. The HMIP report<sup>74</sup> recommended that staff in the Offender Management Unit received training in gender sensitive practices to complement the trauma-informed approach adopted in the establishment and to increase staff confidence in offering support to women.

### **Evaluation Objectives**

This evaluation addressed the following objectives:

- Investigate the value of identifying women with a brain injury who enter custody.
- Evaluate the extent to which the Linkworker service can develop a care pathway and provide dedicated support to women with a brain injury.
- Provide suggestions as to how the Linkworker service can be made more effective?
- Explore the added value of a brain injury Linkworker service alongside other prison health and rehabilitation services.
- Explore any particular issues that arise when the model is applied to the women's estate.
- Evaluate the value of brain injury training to staff alongside or separate from the Linkworker service.

**Table 1.** Demographic characteristics of HMP Drake Hall population of 334 women, July 2016<sup>74</sup>

Characteristic	Frequencies
<b>Age (years)</b>	
18-20	3.9%
21-29	24.3%
30-39	32.9%
40-49	22.8%
50-59	12.6%
60-69	3.6%
<b>Ethnicity</b>	
White British	71.6%
White Irish, Gypsy/Irish Traveller, Other	7.8%
Mixed White and Black Caribbean	4.2%
Mixed White and Asian	0.3%
Other mixed	0.3%
Asian/Asian British Indian	0.6%
Asian/Asian British Pakistani	1.5%
Asian/Asian British Other	1.2%
Black/Black British Caribbean	9.9%
Black/Black British African	0.6%
Black/Black British Other	1.5%
Arab	0.3%
Other ethnic group	0.3%
<b>Nationality</b>	
British	90.1%
Foreign national	9.9%
<b>Sentence length</b>	
< Six months	0.9%
Six months to < 12 months	1.8%
12 months to < 2 years	9.6%
2 years to < 4 years	28.5%
4 years to < 10 years	42.8%
10 years and over (not life)	10.5%
Indeterminate sentence	0.9%
Life	5.0%
<b>Self-reported emotional or mental health problem (n=127)</b>	
Yes	54%
No	46%

## Study design

In order to provide a rich understanding of the impact of the Linkworker service and the experiences of staff and women in prison who were engaged with the service during its implementation, the research adopted a mixed methodological and multi-disciplinary approach.

A series of semi-structured interviews took place with key stakeholders and women prisoners who engaged with the Linkworker service. As described in Section 2, there were two support pathways for women who screened positive for a brain injury. Women who were considered in need of support to better cope and engage with programmes and services within the prison were seen by the Linkworker on a one-to-one basis, usually weekly. Not all women who screened positive for a brain injury were considered in need of this support. For example, if the brain injury was not their most prominent need, and they could be supported more appropriately by other services within the prison, then these women were signposted to alternative services in the prison by the Linkworker. There were also women who screened positive, received information, and were discharged from the Linkworker service. All interviews with female prisoners explored their experiences of the Linkworker service, including what worked well and suggestions to enhance the service provision. The same topics were also explored with a third sample of women who had received one-to-one support from the Linkworker, but had subsequently been released from prison and were still receiving support from the Linkworker in the community. This allowed for understanding of the experiences of women who received one-to-one support, women who were signposted by the Linkworker onto other services in the prison, as relevant, and the through-the-gate support provided by the Linkworker service. The staff interviews explored the effectiveness of communication and information sharing process of the Linkworker service, the value of brain injury training, as well as opportunities for enhancing service provision.

With the permission of the interview participants, sentence planning documents and adjudication history were audited to explore the integration of the Linkworker service across the prison. The sentence planning documents are typically completed by an Offender Supervisor or an Offender Manager; the Linkworker service does not have facility for written access and contributions to the sentence planning documents. The rationale for the audit of the sentence planning documents was to ascertain whether brain injury was an integral part of the care and management of women who were – or had been - a part of the Linkworker service.

The interview participants were also asked for their consent to allow the research team to access quantitative data held by the Linkworker service. This included their socio-demographic characteristics, details of their head injury, details of their offence and the outcomes of cognitive tests.

To gain context of service users during the 18-month implementation period, aggregated, anonymised, secondary quantitative data were provided by the Linkworker service to the evaluation team. Data were generated from the Linkworker service initial screening assessment.

### **Sampling, procedure, materials**

Qualitative data collection commenced one month after the ending of the implementation period of the Linkworker service in March 2018. The research team were provided with a list of 17 service users who screened positive for a brain injury and were still in the prison at the point of the research being undertaken. This included eight women who had received one-to-one support from the Linkworker and nine women who had been signposted by the Linkworker onto other services within the prison for support, if relevant. Although there were over 100 referrals to the Linkworker service during the 18-month implementation period, most service users had been transferred to other prisons, open conditions, or moved on to the community at the point of qualitative data collection for this evaluation.

HMP Drake Hall requires all women to be in education or work during the core day so, with the support of staff, the research team contacted each of the Linkworker service users during their working hours and visited them at their area of activity. Women were provided with details of the evaluation and the interview process and had an opportunity to ask questions prior to providing consent to the interview. The women were given a movement slip (a standard prison note of permission to attend a non-timetabled event, typically a meeting) to attend a scheduled appointment with the researcher.

Prior to conducting interviews, further verbal details of the evaluation process were provided and were reiterated in a typed information sheet. Each participant was given the opportunity to ask any questions and gave written consent to take part in the interview, and for the research team to access their Linkworker records, sentence planning documents, and adjudication history. The interviews took place in the Programmes unit in a confidential space (either a staff member's office or a group facilitation room), lasted between thirty minutes to one hour and were audio recorded. All participants were made aware that they could withdraw from the project at any time and were given the details of a member of staff who could contact the research team on their behalf.

All eight women who remained in HMP Drake Hall at the time of qualitative data collection and who received one-to-one support from the Linkworker engaged in evaluation interview. See Table 2 for sample description.

Of the nine women who remained in HMP Drake Hall at the time of qualitative data collection and who had been signposted on to other services for support by the Linkworker, as relevant, a total of five engaged in evaluation interview. Of the remaining four who did not take part, reasons for non-participation were as follows: one woman had been transferred into an open unit outside of the prison and was not available to be interviewed during the period of time the research team undertook the evaluation; one woman could not recall her experience of seeing the Linkworker and declined participation; and two women were not available to be interviewed during the data collection period due to illness. See Table 2 for sample description.

With their consent, the telephone contact details of five women who received support from the Linkworker on a one-to-one basis, but who were resident in the community at the time of qualitative data collection, were given to the research team. Three attempts were made on alternate days to contact these women and, where possible, telephone messages were left with details of how to contact the research team. It was possible to speak with two women who agreed to take part in a telephone interview. Prior to conducting the interview the researcher provided details of the evaluation process and gave the opportunity for the participant to ask any questions. Verbal consent of participants interviewed over the telephone was audio recorded.

The Linkworker facilitated introductions with staff members who had experience of referring women to the service and/or worked with women who had a brain injury. These staff members had a variety of roles within the prison and included managerial staff. The staff members were contacted by email with details of the evaluation process and the information sheet and, if they were willing to take part, were asked to respond with suitable times for an interview. To maximise the opportunity for the interviews to go ahead around their busy and demanding work schedule, it was explained that the interviews could take place at their place of work and at their desk if necessary; eleven staff took part. At their request, three of the staff interviews were carried out over the telephone, as it was not possible to conduct interviews during the data collection phase on site at HMP Drake Hall. Prior to conducting the interview, the staff members were reminded that they had received the information sheet via email, but were also given a hard copy of the information if the interview was being conducted face to face. Prior to giving consent for participation, staff were given the opportunity to ask any questions. Interviews lasted between twenty to thirty minutes and were audio recorded.



**Table 2. Descriptive characteristics of women interviewed\***

Pseudonym	Age (years)	Ethnicity	Marital status	Previous custody	Mental health diagnosis	Referral source	Age of first head injury (years)	Cause of brain injury **	Severity of brain injury	Length of time supported by Linkworker
<b>One-to-one</b>										
Wendy	54	White	Single	No	PTSD	Mental health	40	DV	Moderate-severe	8 months
Sarah	50	White	Widowed	No	Depression	Self	39	RTA	Severe	3 months
Keri	31	White	Single	No	Depression	BISI screen	26	RTA, DV	Severe	3.5 months
Olivia	46	White	Civil partnership	Yes	Anxiety	BISI screen	25	Hypoxic BI/coma	Moderate- severe	5 months
Eve	40	White	Civil partnership	No	Depression, PTSD	BISI screen	38	RTA, DV	Moderate- severe	9 months
Sandra	41	White	Single	No	Bipolar	Self	34	DV	Moderate -severe	5 months
Helen	33	White	Single	Yes	Emotionally Unstable PD	Self	8	ABI/DV	Moderate- severe	1 month
Daisy	47	White	Single	Yes	Depression	BISI screen	35	RTA	Severe	8 months
<b>Signposted</b>										
Karla	55	White	Single	No	PTSD	Education	16	DV	Moderate- severe	
Sophie	26	Mixed	Single	No	None	Education	24	Fall	Mild	
Paula	49	Mixed	Single	Yes	None	Self	24	DV	Moderate- severe	
Mary	33	White	Single	Yes	PTSD	Self	--	Fall	Mild	
Yolanda	35	White	Single	Yes	Depression	BISI screen	--	Fall	Moderate- severe	

\* Data were missing for two women interviewed on the telephone and resident in the community.

\*\* DV – domestic violence/violence within intimate relationships (mixed and same gender relationships); RTA – road traffic accident; ABI – acquired brain injury.

## **Analyses**

Interviews were transcribed verbatim. The data for the three samples – service users of individual support, service users who were signposted elsewhere, staff – were analysed discretely using thematic analysis by one member of the evaluation team.

Twenty percent of the transcripts were coded independently by two other members of the research team, and themes across the three data analysers were cross-checked for reliability of analysis and interpretation by a fourth member of the research team. The analytic process followed an established protocol<sup>76</sup> and adopted an inductive, semantic approach.

Frequencies of quantitative data were generated. Statistical analyses were not relevant to address the evaluation objectives, but inferential comparisons to data in published studies are presented where available and relevant to do so, by way of information.

## **Ethical considerations in the evaluation process**

Ethical and procedural permissions for the evaluation were obtained in advance from the National Offender Management Service<sup>i</sup> (NOMS) and the Governor of the prison. The project was of particular relevance to NOMS priorities at the time in that the evaluation report was expected to facilitate a better understanding of best practice approaches to working with women in prison and enhance delivery of future services. Once approvals were secured, the specifics of the project with the Governor of the prison were discussed, who then notified the relevant staff to facilitate the research process. The researcher who undertook the interviews completed security training to minimise the resource implications on the establishment and ease movement around the prison during the research.

The research process was designed in order to ensure that all participants gave informed consent and were aware of how their data would be used should they agree to participate. Participants were given verbal and written confirmation on how their data would be used, and were reminded that any data obtained during the interviews would be collected and stored securely at Royal Holloway, University of London.

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<sup>i</sup> In April 2017 NOMS was replaced by Her Majesty's Prison and Probation Service (HMPPS), a new service focused on reforming offenders both in custody and in the community.

The women interviewed as part of this evaluation were informed that all names, places or distinguishing characteristics would be anonymised in the evaluation process in order to uphold confidentiality and anonymity. Pseudonyms were applied to all participants to facilitate anonymised representation of qualitative data.

It was acknowledged that staff job roles might be considered a distinguishing factor and, therefore, their roles are not indicated as part of the sample characteristics. Job roles are referred to in Section 4: Findings only when it was necessary to do so by way of contextualising themes from the data. Additionally, any reference to prisoner names during interview was replaced with pseudonyms.

Data collection required strict ethical protocols to be adhered to in order to maintain data security of the sentence planning documents, adjudication history and Brain Injury Linkworker service records. Confidential documents were transferred electronically using secure email accounts and were accessible only to two members of the evaluation team. Codes were used to identify each individual and all files were stored on secure systems and password protected.

The aim of the study was to evaluate the Brain Injury Linkworker service. However, considerable attention was paid to what was thought to be known about women with brain injury in prison; Section 1 of this report presents complexity of need, experience of lifetime adversity, and a high prevalence of abuse and domestic violence victimisation. Furthermore, the evaluation team was mindful of what was thought to be known about women in prison (not specific to brain injury), particularly in relation to a high prevalence of mental health problems, self-harm and suicidality, and a call for women's penal reform including trauma-informed approaches. The approach of the evaluation team took these considerations into account. Interviews with women elicited distressing and emotional memories of past experiences of abuse and trauma. The approach to these interviews was as sensitive as possible. The interview schedule was developed to begin with questions relating to their experiences of prison and their experiences of the Linkworker service. Questions relating to their history of brain injury were towards the middle of the interview schedule to allow for rapport to be built and for the words or phrases they used to describe their injury to be mirrored. The depth of information related to the events that led to their brain injury was guided by the interviewee and not further prompted by the researcher. The interview ended with more general questions on their suggestions for improvements to the service. The interviewer had extensive experience qualitative research with women in prison, and this was critical to the ethical management and experience of the interviews. When necessary, the researcher ensured the wellbeing of the participant through follow-up or speaking with staff to inform that the participant had experienced distress during the interview and might require additional monitoring or support as a consequence.

## Section 4: Findings

### 4.1 Description of women referred to the Brain Injury Linkworker service

#### *Referral source*

Information about referral source was recorded by the Linkworker service for 98 out of 127 (77%) referrals, as shown in Table 3. There was breadth of referrals across screening on reception into the prison and a more general prison-wide and self-referrals process.

**Table 3.** Sources of referral to the Brain Injury Linkworker service at HMP Drake Hall

Referral Source	N	Percentage
BISI Screen	36	37%
Drug and alcohol support	13	13%
Education	12	12%
Self	11	11%
Primary Health Care	9	9%
Prison	7	7%
Primary Care Mental Health Team	5	5%
Other (e. g. Prison Advice and Care Trust - PACT; Probation, etc.)	5	5%
<b>Total</b>	<b>98</b>	<b>100%</b>

Demographic and clinical characteristics of the women referred to the Linkworker service can be found in Table 4. Not all variables were complete for all women, so sample sizes are presented for each variable. The mean age of women referred to the Linkworker service was 38 years (with a standard deviation of 10 years).

Although there is no comparator statistic, this is perhaps higher than the mean age of women in HMP Drake Hall in July 2016 (80% of women were aged between 21 and 49 years, with a modal age of 30-39 years). Most of the women referred to the Linkworker service were White British (80%), in comparison to 71.6% of women at HMP Drake Hall in July 2016 who were White British. This might reflect an over-representation of White British women in the Linkworker service and a reluctance among Black and Minority Ethnic groups to seek support for their mental health<sup>77</sup>, particularly given that there was less ethnic diversity among women at HMP Drake Hall in July 2016 in comparison to the women's estate in general.

Among women referred to the Linkworker service, the most common index offence was for violence, and most women had multiple mental health problems (32% reported a previous diagnosis of personality disorder), and histories of sexual abuse

and domestic violence victimisation. The self-reported prevalence of mental health problems among women referred to the Linkworker service (75%) is notably high in comparison to the self-reported prevalence of 54% among women surveyed in the July 2016 HMIP report<sup>74</sup>.

**Table 4.** Demographic and clinical characteristics of women referred to the Brain Injury Linkworker service

Variable (n for available data)	Frequency
Age (n=100; mean, SD)	38 years, SD 10 years
<b>Ethnicity (n=100)</b>	
White British	80 (80%)
White (Gypsy or Irish Traveller)	5 (5%)
Mixed (White and Asian)	5 (5%)
Other*	10 (10%)
<b>Marital status (n=71)</b>	
Single	53 (76%)
Married	10 (14%)
Civil partnership	7 (10%)
Widowed	1 (1%)
<b>Accommodation prior to custody (n=31)</b>	
Living independently alone, or with partner	14 (45%)
Homeless/living in a hostel (for ex-offenders, homeless)	7 (23%)
Sofa surfing	5 (16%)
Living in a shared home (e. g. with friends)	5 (16%)
<b>Caring for children &lt;16 years prior to custody (n=37)</b>	
Yes	7 (19%)
No	30 (81%)
<b>Occupation prior to custody (n=31)</b>	
No work-related activity	26 (84%)
Academic or vocational training	5 (16%)
<b>Prior Custody in a Young Offenders Institution (n=36)</b>	
Yes	7 (19%)
No	29 (81%)
<b>Previous adult custody (n=71)</b>	
No	32 (45%)
Yes	39 (55%)
<b>Frequency of prior custody (youth, adult: n=39)</b>	
1	0 (0%)
2	13 (33%)
3	8 (21%)
4	4 (10%)
5 or more	14 (36%)

<b>Index offence (n=68)</b>		
	<b>Violence</b>	30 (44%)
	<b>Acquisitive</b>	17 (25%)
	<b>Drug related</b>	14 (21%)
	<b>Other</b>	7 (10%)
<b>Expected remaining sentence length at point of referral (n=97)</b>		
	<b>Determinate sentenced prisoners (n=93)</b>	Mean 13 months, SD 11 months, Range 13 days to six years
	<b>Indeterminate sentenced prisoners (n=4)</b>	Unknown
<b>Incentives and earned privileges status (n=59)</b>		
	<b>Basic</b>	12 (20%)
	<b>Standard</b>	20 (34%)
	<b>Enhanced</b>	27 (46%)
<b>Prior mental health diagnosis (n=87)</b>		
	<b>No</b>	22 (25%)
	<b>Yes</b>	65 (75%)
<b>Further information about mental health (n=72)</b>		
	<b>Multiple diagnoses**</b>	28 (39%)
	<b>Depression</b>	15 (21%)
	<b>Depression with anxiety</b>	10 (14%)
	<b>Personality Disorder**</b>	9 (12%)
	<b>Bipolar Disorder or Psychosis</b>	8 (11%)
	<b>Post-Traumatic Stress Disorder</b>	2 (3%)
<b>Volunteered information about sexual abuse history (n=43)</b>		
	<b>Prior sexual abuse victimisation</b>	29 (67%)
	<b>No sexual abuse victimisation</b>	14 (33%)
<b>Volunteered information about domestic abuse history (n=79)</b>		
	<b>Prior domestic abuse victimisation</b>	76 (96%)
	<b>No domestic abuse victimisation</b>	3 (4%)

\* Including: Any other White background; Black, Black British (Caribbean); Mixed (White and Black African); Mixed (White and Black Caribbean); Any other Mixed or Multiple ethnic background.

\*\* 32% of women for whom data were available had a present/past diagnosis of personality disorder, across single and multiple diagnoses.

Among women referred to the Linkworker service, 100<sup>ii</sup> had a brain injury, the majority of which were traumatic (89% of reported incidents), most commonly sustained through domestic violence (45%) and road traffic accidents (21%), and of mild and moderate severity (76%). As indicated in Table 5, the average age at which women sustained their first brain injury was 25 years (with a standard deviation of 12 years), higher than the average age of 18 years (standard deviation of 10 years) of men referred to a Linkworker service in an English prison<sup>71</sup>. This might indicate differing pathways to brain injury among men and women referred to Linkworker services.

Women were typically engaged with the Linkworker service for between one and up to six months. Assessment of anxiety, depression, alcohol and drug use were completed for women at the beginning of their engagement with the 1:1 support in the Linkworker service and again at the end of the intervention. Table 6 indicates positive pre-post shifts in self-reported symptoms, with fewer women reporting severe difficulties with anxiety and depression at discharge from the Linkworker service in comparison to admission, with modest reductions in alcohol and drug use symptomatology.

The Linkworker recorded observations of clinical difficulties for 28 women referred to the service. No difficulties were observed for 21 women (75%) and positive recordings were made for seven women (25%). These included memory and attention difficulties in six out of seven (86%), and low self-esteem for one. For these seven women with observed clinical difficulties, full neuropsychological assessments, including effort tests, were completed. Cognitive impairments were identified in six (86%) of the women tested.

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<sup>ii</sup> The number of women at HMP Drake Hall during the Brain Injury Linkworker service implementation period is not available because the population is not static. The population in July 2016, as indicated in the HMIP report, was 334 women. Therefore, over the 18-month implementation of the Brain Injury Linkworker service, it is estimated that a maximum of a third of the women in HMP Drake Hall had a brain injury.

**Table 5.** Brain injury characteristics of women referred to the Linkworker service

Variable (n for available data)	Frequency
Age at first injury (n=99; mean, SD, range)	25 years, SD 12 years, range 5-57 years
Sustained first injury < 16 years age	24, (24%)
<b>Nature and cause of head and brain injury (n=100)</b>	
Reports of severe blow to the head	196
Brain injury incidents	154
Acquired brain injury incidents (e. g. stroke)	17 (11% of 154)
Traumatic brain injury incidents	137 (89% of 154)
Domestic violence	62 (45%)
Road traffic accident	29 (21%)
Unprovoked attacks	21 (15%)
Falls when sober	8 (6%)
Falls when using drugs/alcohol*	7 (5%)
Sports injuries	6 (4%)
Fights	4 (3%)
<b>Longest loss of consciousness (n=34)</b>	
None	13 (38%)
< 15 minutes	12 (35%)
15 minutes to six hours	9 (27%)
<b>Severity of traumatic brain injury** (n=30)</b>	
Mild (1-10)	13 (43%)
Moderate (11-30)	10 (33%)
Severe (31-60)	4 (13%)
Very severe (61-300)	3 (10%)
<b>Support from the Linkworker service (n=100)</b>	
Frequency of clinic attendance (mean, SD)	4 days (SD 5 days)
Intervention received	76 women (76%)
Brain injury education and self-help skills	60 women (60%)
Brain injury education, self-help skills and goals set by Linkworker	16 women (16%)
No intervention***	24 women (24%)
Duration of support (mean, SD – data available for 90 women only)	63 days (SD 76 days)

\* n=99. Percentage based on proportion of 154 traumatic brain injury incidents.

\*\* Injury severity of traumatic brain injuries (TBI) was estimated from the TBI Index, which was obtained by multiplying the number of injuries by the length of unconsciousness (in minutes), and ranged between 0 and 120. This measure has been shown to be correlated with neuropsychological impairment<sup>71</sup> however the index based on minutes of unconsciousness is yet to be fully validated.

\*\*\* Common reasons for no intervention were poor engagement, transfer to another prison or early release, the primary need would be addressed more appropriately through another service (e.g. severe mental health need).



**Table 6.** Anxiety, depression, and substance use outcomes pre- and post- support from the Brain Injury Linkworker service

Health need	Admission to Linkworker service	Discharge from Linkworker service
<b>Generalised Anxiety Disorder-7 (n=29, n=25)*</b>		
Mild	4 (14%)	7 (28%)
Moderate	4 (14%)	5 (20%)
Moderately Severe	3 (10%)	8 (32%)
Severe	18 (62%)	5 (20%)
<b>Patient Health Questionnaire-9 (n=29, n=25) – depression**</b>		
No indication of depression	2 (7%)	3 (12%)
Mild	8 (28%)	10 (40%)
Moderate	3 (10%)	7 (28%)
Moderately Severe	7 (24%)	2 (8%)
Severe	9 (31%)	3 (12%)
<b>Alcohol Use Disorders Identification Test (n=29, n=25) ***</b>		
Low	14 (48%)	13 (52%)
Hazardous	1 (3%)	1 (4%)
Harmful	3 (10%)	3 (12%)
High-risk	11 (38%)	8 (32%)
<b>Drug Use Disorders Identification Test (n=29, n=26) ****</b>		
No drug-related problem	7 (24%)	8 (31%)
Probable drug-related problem	22 (76%)	18 (69%)
Probable heavy dependence on drugs	14 (48%)	11 (42%)

\* n=29 at admission, n=25 on discharge. On discharge, anxiety levels had significantly reduced by six points on average, from a median of 16 (severe) to a median of 10 (moderate) (Z=-3.01, p<0.01).

\*\*n=29 at admission, n=25 on discharge. On discharge, depression levels had significantly reduced by six points on average, from a median of 15 (moderately severe) to a median on 9 (moderate) (Z=-3.12, p<0.01).

\*\*\* n=29 at admission, n=25 on discharge. On discharge, scores had reduced by eight points on average, from a median of 15 (hazardous) to a median of seven (low).

\*\*\*\* n=29 at admission, n=26 on discharge. On discharge, scores had reduced by three points on average, from a median of 24 to a median of 21.

## **4.2 Analysis of service user perceptions and experiences of the Brain Injury Linkworker service**

This section begins with analysis of the perceptions and experiences of service users who were supported directly by the Linkworker through one-to-one sessions. It is then followed by analysis of service users who screened positive for a brain injury, but whose needs were not primarily related to this issue and could be signposted on to other services within the prison for support.

### **4.2.1 Women supported one-to-one**

Perspectives of the process and impact of the Linkworker service were reflected across the following fourteen themes: referral pathway; initial assessment; cause of brain injury; terminology; needs of service users; relationship with the Linkworker; improved self-esteem; tactics for remembering; mediating between staff and prisoners; advocating for prisoners; understanding injury; safeguarding; further embedding the service into the prison estate; through the gate. Each theme is discussed in turn, with illustrative excerpts across the participants.

#### ***Referral pathway***

Once the service had been set up, women who entered the prison were screened by a healthcare professional on induction using the BISI.<sup>iii</sup> The outcome of a positive BISI assessment was recorded on C-NOMIS, the computer system used by NOMS, and this would send a message to the Linkworker to schedule and complete an initial assessment. However, one element that The Trust needed to ensure, was that staff and women already in the prison knew about the service, so that women who might have a brain injury could be referred for an initial assessment via other mechanisms than the initial screening using the BISI. The participants in the evaluation found out about the service and were referred to the Linkworker for screening through a variety of staff in the prison that worked in different areas of the establishment. This included the chaplaincy, mental health services and education. This demonstrated that staff working in a variety of roles in the prison had received communication about the implementation of the service and how to refer a prisoner to the Linkworker. Additionally, some of the participants found out about the service through other women who had been supported by the Linkworker:

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<sup>iii</sup> BISI screening was not a mandatory part of the induction process and was not always completed.

*I was speaking to one of the other ladies that was already under her supervision, and she was telling me what a good thing it is and how she'd helped that lady, and how positive she was feeling, she said you must go and try see what you can do. [Sarah]*

This highlighted that potential source of referrals could also come from women within the prison discussing their experiences of the support from the Linkworker, as following this conversation Sarah explained that she decided to fill in the application to refer herself for an initial assessment. Another way that the participants found out about the service was through information sheets about the Linkworker service that were circulated around the prison. These proved effective in generating self-referrals to the service:

*I was reading about it right in the prison, erm and I just thought I might as well go and see about it and explain what's happened to me and see if there can be anything done. [Sandra]*

Overall the implementation of the service within the prison appeared effective in generating referrals from both women who were screened using the BISI on reception to the prison, but also from women who were already in the prison and, therefore, needed to rely on other sources of information to know about the Linkworker service. This demonstrated that the service had become well embedded within the prison with both staff and prisoners referring individuals to the service, as well as prisoner's self-referring themselves for screening. This would suggest that there were no barriers to initially accessing the service within the prison for screening.

### ***Initial Assessment***

Due to the number of questions and the depth of detail needed about their history of brain injury, a number of participants spoke about the initial assessment being a lengthy process. It appeared as though the approach to the assessment changed during the implementation period and adaptations were made. Sandra remarked that she remembered:

*... really long questions ... I suffer with anxiety and I just wanted to get out of the room ... She was good she made me feel so welcome ... It would have been better for me if it were shorter and done more. [Sandra]*

However, this was dissimilar to the experience of Wendy:

*It was just too much, but [the Linkworker] was brilliant 'cause she'd never let the appointments be longer than half hour. We just do it in my own time and took a few weeks to do it. [Wendy]*

The approach of carrying out the initial assessment across sessions appeared to be beneficial to the participants to cope with the number of questions asked during the process, and probably support the management of cognitive impairment. However, the session structure also helped women to engage with emotionally challenging material. During the initial assessment the participants were required to recall their history of how they acquired a brain injury and telling the Linkworker about these experiences was difficult and emotional:

*It was very draining I must say, because it was a lot of thoughts and a lot of digging and delving into things. [Sarah]*

For some of the participants this impacted their mood for the rest of the day:

*... it just messed up my day and I couldn't be around people, and I couldn't do this and I couldn't do that - just had to just stay in my room. [Kerri]*

Kerri's account of her experience of the initial assessment highlights the importance of ensuring the emotional wellbeing of women screened for brain injury by the Linkworker service. This can be aided through reducing the length of the sessions and, therefore, the number of questions asked which might reduce the intensity of the amount of past history that has to be recalled in one session. This also highlights that an element of the Linkworker's role is to ensure that at the end of each session the women are given time to re-focus on the present before the end of the appointment. It might also be relevant to consider the timing of the appointment, within the constraints of the prison regime and work schedules of the women, because there might be fewer staff available for support over a weekend so women with appointments on a Friday might have fewer opportunities for support than those assessed earlier in the working week.

### ***Cause of brain injury***

Within this evaluation it was relevant to pay particular attention to the sources of brain injury in order to understand how women acquire an injury and whether they have received any support for this prior to custody. Participants described that they had not received any support for their injury in the community and not at any point in their sentence until they had met the Linkworker at HMP Drake Hall. The sources of injury were predominantly through domestic violence or a car accident, or sometimes both. The accounts of the participants who had experienced domestic violence as the source of their injury described prolonged periods of intense violence that was often directed towards their head while they were unconscious:

*I was in a [relationship involving] domestic abuse for four years. He beat me bad, bad bad. My head's got it's like a patchwork quilt under all there, and but I was just knocked out unconscious loads of times, so many times. When he fractured my skull fucking hell it was like a blood bath, it was pissing out, he'd literally my head had just opened up. My head, always, fucking always. But my head it used to swell up, the amount of times my head swelled up massive, couldn't see cause my face. I'd sort of remember the first punch, and then but when I come to, but my head was, it so he'd carried on kicking two shits out of me when I was unconscious. I had black eyes for so long I thought I looked funny without 'em, it's like any time I'd not had a black eye he'd fucking do it again 'cause he, he knew I wouldn't step outside, cause obviously my family and all that. [Wendy]*

*I was drunk at the time I thought I'd fallen over but it was actually him who'd smacked me round the back of head and I'd actually fallen, he'd kicked me round the room apparently. [Eve]*

Prior to experiencing domestic violence Kerri had been in a car accident that required her to have various surgical procedures and left her with scarring around her head. She described this as a targeted area of the abuse she experienced:

*... he'd punched the life out my scars as well when I was knocked out from drinking and and some drugs ... banging the life out of them, and I was gonna die. [Kerri]*

Important to recognise through these accounts are histories of intense trauma and abuse. This was especially evident through Sarah's account:

*I was involved in a car accident and also I've had two hits on my head. I've been battered before but he hit my head and I had a big hole I had a lump come up and a hole and I was rushed into hospital and they operated on me. The next time he tried to kill both of us, and erm, we were involved in a car accident. I sustained a crack over here into my skull. [Sarah]*

The Linkworker service provides support to women to cope with their brain injury in prison, but it is also important to recognise the source of the injury and how this might affect their emotional wellbeing. Therefore, continued links with the mental health service to engage women in trauma focused work would be an important complement to the Linkworker service.

### **Terminology**

The cause of the brain injury was also a factor in how the participants in the evaluation chose to describe their injury and its impact on them. For some of the participants there was resistance to the use of the term brain injury because it could lead to further questions on the cause:

*I wouldn't use the term. I don't want to explain or go through the scenario. [Olivia]*

There was also resistance to having to describe incidents of domestic violence:

*People that know me know, but I never tell anyone I just say I've got bad memory. I'd never go as detailed as why but normally if you tell people you've had a fractured skull they think car crash anyway for some reason (laughs). I don't wanna converse about it. It ends with you end up having to talk about [the abuse]. [Wendy]*

This was also a factor for Sarah, in addition to how she thought other people would respond to her:

*Well I just say it's due to old age or due to my medication do you know things like that, so. Because if people say brain injury they think that you, are like erm, you can't do anything. That you're totally incapacitated, whereby if I say to them it's just old age maybe it's like just something that's, just like something small that they can just overlook like dementia or, or something like that. People think "brain injury, ooh what happened?" and then you just go and tell them the whole story. [Sarah]*

There appeared to be a need to be able to explain the impact of brain injury through other causes in order to hide the real cause of injury. The possible explanations for memory loss, such as medication or dementia, were used for their self-explanatory nature and, therefore, preventing any further inquiry from other prisoners. The need to ensure that other prisoners did not know of their brain injury was further highlighted through Sandra's account:

*I just felt embarrassed ... I don't know 'cause in here they sort of like take the mickey; I mean, I have told like my personal officer that I suffer with a brain injury and then straight away [they] treat me differently ... in here it's like you're not all there, so they take the mickey, really take the piss ... I'm classed as vulnerable in here and they do take the mickey and you just get ripped all the way for everything, you know. [Sandra]*

Disclosing a brain injury was experienced as revealing a vulnerability, which could then lead to differential treatment by staff and fellow prisoners. Some women experienced taunts and bullying behaviour by fellow prisoners, as in Emma's account:

*I kept myself to myself 'cause I felt vulnerable and I mean that a lot of women there took advantage of like the ones who were vulnerable ... basically, they would've used to their advantage, you know, especially with my memory. [Emma, community sample]*

It is therefore important that the Linkworker service is mindful of this potential negative impact of the label within the prison environment and how this may add to the vulnerability of those involved with the service. This would also be relevant to staff in the prison that know of a prisoner with a brain injury and the need for this information to be shared with other staff sensitively, to ensure that a prisoner's private information is not shared without their consent.

### ***Needs of service users***

Prior to their engagement with the service the participants of the evaluation expressed two prominent issues in how their brain injury impacted their daily life. The first was their forgetfulness and lack of ability to retain information:

*I was still walking round, erm lost for about two months (laughs) ... I've only just probably just recently found my bearings now with the prison. [Kerri]*

Kerri explained that her lack of ability to retain information caused her to not be able to remember where certain places within the prison were and she felt lost for about two months. Another problem of being forgetful was not being able to recall fellow prisoner's names, which as Sarah highlights could create anxiety and also inhibit her ability to express her feelings as she was not able to hold her train of thought:

*I was becoming very anxious about these problems that I was seeing happening by not remembering the names of the people I'd spoken to or not being able to express myself properly 'cause I'm forgetting what I'm saying. [Sarah]*

The experience of the participants reveals that their brain injury could impact their interpersonal relationships with other women in prison through not being able to recall their names or retain information about them to build a relationship. Additionally, women involved with the Linkworker service expressed how their brain injury impacted their ability to perform tasks at work:

*When I was counting screws up in [work area] I had to count them like three times ... it gets me very stressed 'cause like when people tell me say 'oh Helen, go tell this person'... two weeks later I'm like forgetting it, do you know. [Helen]*

The second prominent issue expressed by women in prison with a brain injury was how their brain injury affected their ability to comply with the prison regime:

*I was struggling a little bit - the officers thought I was being, I dunno, like bad behaved or like forgetting my appointments and so I was getting a lot of erm IEPs. [Daisy]*

Not only did the participants express that their brain injury could lead them to forget their appointments, but in forgetting their appointments they would also be reprimanded by staff and receive negative comments in their prison record. This could lead to downgrading of their Incentives and Earned Privileges scheme (IEP) status and removal of privileges, such as spending time with other prisoners in communal areas, access to a television and the gym.

These accounts from women in prison with a brain injury suggests that they have needs in terms of how to better remember information so that they are able to maintain relationships with other prisoners and undertake tasks at work. Addressing these difficulties would help prisoners to better comply with the prison regime and avoid unnecessary negative consequences to prison experience and progression.

### ***Relationship with the Linkworker***

The relationship the service users developed with the Linkworker held salience for participants. In particular, the Linkworker gender, empathy and professionalism were key to their ability to form a relationship with her and to share their personal information about their brain injury.

*She was like very down to earth and also the things that we discussed was lady like related, it wasn't like talking about lifting up big balls or things like that or or heavy gym equipment that I didn't use - it was more like remembering telephone numbers. We were able to discuss everything together and she treated me as a human, not as a prisoner like. I kind of look forward to the appointments because, as I say I found- I found I was like more positive and confident when I came out from seeing her. [Sarah]*

In Sarah's account she emphasised how it was important to her that the Linkworker was female as this meant that she was able to discuss aspects of her needs as a female and that the Linkworker understood this. Additionally, Sarah highlighted that the Linkworker treated her differently to how she was normally treated in the prison. Being treated like a "human" signalled that the service offered something that Sarah had not readily accessed before in the prison environment. She explained that she wanted to attend her appointments and she felt "positive and confident" afterwards. Therefore, the service was promoting her mental wellbeing and an important aspect of this was the development of a relationship with the Linkworker.

Eve similarly expressed how the Linkworker was "someone to talk to about your injuries" and she was comfortable to do this with her:

*She was very easy going ... someone you know you can talk to about your injuries, you felt comfortable. [Eve]*



This highlights the effectiveness of the Linkworker in developing a relationship with the women during their initial appointments to put them at ease and to discuss their history of brain injury. This is crucial as without this background information the Linkworker is unable to understand the women's needs and develop a personalised programme.

Sandra's account further emphasises the importance of the Linkworker's approach to the women right from the initial meeting:

*She was understanding, you could say anything to her ... at first I was like a bit standoff-ish and I was trying to figure her out ... by the end of the first session I thought "well I'll go back" and then by the second session it's like I'd known her for ages ... she was there for me ... nobody understands what you're going through – [the Linkworker] understands. [Sandra]*

Sandra explained that at first, she was not too keen to get involved with the service, but by the end of their first meeting she felt she wanted to go back for a second session and after that she had built a good relationship with the Linkworker. A critical element for Sandra was the Linkworker's ability to empathise with her situation and provide support through this understanding. This was also important to Daisy and Wendy, who described the Linkworker as her "lifeline" in prison:

*Well she's friendly I can go and tell her stuff ... just somebody to talk to that understands like what's up with me. [Daisy]*

*She's changed my life in here. This sentence has been a lot easier cause of [the Linkworker]. I was seeing her the once a week and it was like my lifeline. Sometimes I couldn't wait to see her because it was I you've just a way of talking to someone that believes you for starters and someone that wants to listen to you 'cause you don't get that in prison you talk to an officer who thinks you're just a number, but she was my lifeline and I used to say to her "fucking hell!" by the time it got to me seeing her I was a wreck, but then an hour with her and she'd sort of bring me back down to yeah yeah she was yeah. Well every time I see her now, I'm just always so pleased to see her. [Wendy]*

The understanding of the Linkworker was also crucial to Wendy's experience of imprisonments and she explained how this had "changed her life". Her account demonstrates the importance of the service to women with a brain injury to enable them to cope with imprisonment and to have someone that listens, empathises and believes how their injury was impacting their sentence.

The ability for the Linkworker to develop rapport and build trust with the women was key to enabling the women to feel comfortable to open up to her and facilitate a full assessment of their history of brain injury and development of a service to meet their needs. It was also crucial that this relationship was maintained to allow the Linkworker to develop a caseload of women to support in the prison to ensure that the service was achieving its operational aims. Through these accounts of the participants in the evaluation, it is also apparent that the service being offered by the Linkworker had not been experienced before and women with a brain injury had not been able to discuss their history that led to their injury with someone who understood its impact and therefore provide support to them. This adds to the uniqueness of this service within the penal estate and of its importance to women with a brain injury in prison.

### ***Improved self-esteem***

The participants explained how the service and the appointments with the Linkworker had improved their self-esteem through feeling more confident and positive:

*With meeting [the Linkworker], that was the only time I had started feeling a bit reassured and a bit better. [Jessica, community sample]*

*I did get a lot of help and I did start feeling better, and I felt a lot better and I was managing to cope a bit more and so on ... I felt more confident after seeing her, and more positive. [Sarah]*

*[I became] a lot more confident, clear headed, which is great, something I haven't felt for a long time. [Eve]*

Sarah identified that she felt "better" and was "managing to cope a bit more". This suggests that the Linkworker service was enabling her to better cope with imprisonment. Eve explained that she felt "clear headed" which would also suggest that she was better able to adapt to prison life and get on with her sentence. The service can be seen as improving women's mental wellbeing through the positive relationship they built with the Linkworker and how the service was able to meet a need they had not had support for in the past.

### ***Tactics for remembering***

Another impact of the Linkworker service was learning and using practical techniques to aid memory or prompts as a reminder of appointments or things to do. These were simple techniques of using a notepad, post-it-notes or a diary:

*She showed me ways of remembering things like writing things down having a notepad all the time. [Eve]*

*She give me a load of post-its and I've still got some, so. I had to put them on my cupboard door when I'm making coffee. I see it first thing in the morning. [Daisy]*

*I must always keep a pen and paper nearby so I can just write little notes and to try and remember, and I've got my pen and paper. She gave me a diary and I've got my diary that I write things in, 'cause every now and again I forget appointments and so on, so. [Sarah]*

The participants' use of different tools to aid memory identified that the Linkworker was delivering an individualised service that was tailored towards the everyday objects the participants might use. Wendy explained how it was not only the Linkworker who was helping her with her memory problems, but also the manager of her work party in the prison. This demonstrates how the service was further embedding within the prison, as staff were adapting their practice to also support women with a brain injury in the prison.

*She got me sticky notes and my boss highlights my timetable for me ... Terry's [work party manager] brilliant because he understands and when I get my timetable they highlight, you know, like things for me, but little things like that, see, can make a massive difference to someone with bad memory. [Wendy]*

While these steps may seem trivial to an individual without a brain injury, Wendy's account also demonstrates the clear positive impact this could have on their life. Additionally, Olivia explained how the service helped her to remember to call her Mum and, therefore, maintain her relationship with her family in the community:

*She helped me to create a weekly chart to remember my appointments and when to call home to speak to my Mum ... Since I stopped seeing her, I haven't really continued with it. [Olivia]*

However, Olivia's account also signifies the importance of the service following up on the tactics for remembering, as it would appear that these are not always used once the service user no longer has regular appointments with the Linkworker. The tools for aiding memory were also used by Eve to progress with her sentence plan and achieve in an education course:

*My business admin course I've passed erm and that was a lot of remembering ... since engaging with my Linkworker I've been able to remember things and actually been able to concentrate more, whereas I never did before, before I came in here ... I'm chuffed and I'm now just going on to do my IT course, so yeah. [Eve]*

It was clear that the progress Eve had made through the service was key to her success and this led her to feel more confident and sign up for a further course. The tactics through the sessions with the Linkworker better enabled the service users to recall information and remember things they needed to do. This demonstrates a clear practical impact of the Linkworker service. Furthermore, the impact of this better enabled the women to progress with their sentence plan through better engaging with work, education and their families.

### ***Mediating between staff and prisoners***

In describing she would get into trouble for forgetting appointments, Daisy explained that one of the effects of the service was how the Linkworker acted as a mediator between herself and the residential staff, in order for them to better understand how her brain injury would impact her behaviour:

*[The Linkworker] gave me er a letter for what she sent around to all the res- staff and so most of them make a joke of it, not, not nastily but erm they say "oh yeah, alright you've forgot"... They all know now so they're loads better with me now. [Daisy]*

Similarly, Wendy's account highlights why it was important for the Linkworker to act as the mediator as she felt if she tried to explain the impact of her injury to staff members they would not take her seriously:

*I think people think I'm lying ... It's why I keep getting in trouble because for some [officers] "shit I forgot" - they've heard that one before, and of course they have millions of times, but this is why [the Linkworker] did print out a sheet, which I wasn't too bothered about 'cause I don't want special treatment, but she said "You've got to because you are forgetting, you're not forgetting because you're naughty"... if I just let them know they'll never believe me anyway, but yeah maybe it would look a bit more official if [the Linkworker] did it. [Wendy]*

In both Wendy and Daisy's account the importance of staff recognising the impact of brain injury and the impact it has on behaviour are highlighted. There is a perception from the participants that staff will not take seriously the impact of their brain injury on their memory and, consequently, will not accept that part of their injury is memory loss. This identifies that while there is some evidence of the Linkworker service embedding within the prison, there is still work to be done on changing staff perceptions of how a brain injury can affect behaviour. This is not something that should be taken lightly or treated less seriously because it relates to memory loss, which at points is experienced by everyone. It is commonplace to forget, but in the case of a woman with a brain injury this is part of their daily experience and, therefore, should not be trivialised through humour. In explaining this treatment by staff, it is understandable that Wendy did not feel confident enough to speak with staff and to show them the letter from the Linkworker, which

explained how her injury might impact her behaviour. It is therefore important that the Linkworker acts as the mediator between prisoners with a brain injury and staff within the prison. There also appeared to be occasions where the Linkworker was not taken seriously by staff and, even with their input, they were not able to ensure that staff adapted their practice to better support women with a brain injury. Sandra explained how she had been placed in the segregation unit for six days for fighting with another prisoner. Even though she considered this to be part of the impact of her brain injury, she was still punished in the same way a prisoner without a brain injury would have been:

*I got erm into trouble and was put down the seg [segregation unit] for six days ... but [the Linkworker] wasn't happy with some of the things that they did to me. I was still treated like a normal prisoner with a normal head I suppose. [Sandra]*

This highlights a tension between the Linkworker service and the prison regime and there is a need to consider how best to approach situations where a prisoner has broken the prison rules, but might have done so as a result of their brain injury. Perhaps a key requirement here is for the staff involved in disciplinary processes to be made aware of the individual circumstances relating to brain injury and the possible impact of sequelae on the behaviour under consideration.

### ***Advocating for prisoners***

There were accounts of how the Linkworker had advocated on behalf of prisoners with a brain injury to ensure that staff better understood how their brain injury might affect them. Kerri explained how the Linkworker had spoken with the staff members who ran her work party:

*Yeah, I think they're not so hard on - they're not so worky-worky on me they're like, I have to do the same but I can just take my time. [Kerri]*

Additionally, Wendy explained how she had spoken with the Linkworker about the number of times she had been punished through IEPs for failing to attend her appointments. The Linkworker advocated on her behalf by speaking with other staff members to enable them to understand that she had a problem with her memory and, therefore, was not intentionally forgetting her appointments:

*I'd get an IEP for not going to appointments, so when I first started I told her "I keep getting these IEPs and I don't know what to do", and she'd say "right", and she got all the IEPs thrown away. They were all taken back off my record because she'd say "Look, you can't; this girl has memory issues". [Wendy]*

These accounts demonstrated that there were occasions where the Linkworker intervened in the prison regime to remind staff of how a brain injury might affect a woman's behaviour and may seem to knowingly break rules, when in reality this was not intentional. In these cases, the Linkworker was able to support the women with a brain injury through speaking up for them and advocating on their behalf.

### ***Understanding injury***

Through the accounts of the participants in the evaluation, it was apparent that the Linkworker service provided a support mechanism they had not experienced in prison or in the community. One particular element highlighted about the service was how it enabled them to better understand their injury and reconcile how it was affecting them. Daisy explained how she did not know, prior to meeting the Linkworker, that she had a brain injury:

*I was shocked when she said I've got a brain injury. She got all my stuff, what about my accident and whatever and, I just didn't realise the damage ... I thought I was getting erm, dementia, erm I was panicking.* [Daisy]

Through being able to discuss and understand her medical history, Daisy was able to come to terms with her brain injury, which eased her anxiety. Prior to her experience of the service Daisy tried to explain her behaviour and memory loss through thinking she had dementia. Similarly, Wendy was concerned that she was mentally unwell, but through her medical history was able to understand how it was her brain injury that was affecting her:

*She's had hospital records. Yeah, made me realise I'm not going mental (laughs).* [Wendy]

The ability to meet a specialist and understand more about the injury was also important to Eve. This insight into her injury and how it could impact her behaviour enabled her to better cope and rationalise how her behaviour was linked to her history of trauma:

*Just her explaining exactly what my injury was and where it was, what damage it actually did ... I can get on with things better now, I can cope with things better. I can take a step back and say, "well look, this has happened, because of this I need", and if I need to, you know, voice my opinion.* [Eve]

Eve's account also demonstrates how knowing and understanding more about the impact of her brain injury empowered her to ask for support services to better meet her needs. While it has been explored that in the context of the prison environment women with a brain injury did not feel confident to ask staff to be mindful of how their brain injury might affect them, Eve's account identifies that there is the

potential that increased insight into the impact of their brain injury, through the Linkworker service, can help women to feel more confident to express to others how their injury affects them and the support they need.

### ***Safeguarding***

Another impact of the Linkworker service was improved safeguarding of women in prison with a brain injury. Daisy explained how the Linkworker helped to get her moved onto a quieter house block, but also away from prisoners who appeared to be bullying her due to her vulnerabilities.

*I was on a really noisy house at first and, it was just a nightmare ... a couple of girls in there they started taking the, you know, taking the banter with me and I was doing like a lot of things for them ... [The Linkworker] did loads for me really ... She got me on a quiet house and yeah ... I would have struggled a lot yeah. I would have just been shifted round the prison on houses where I was getting bullied. [Daisy]*

In Sandra's account she said that women she worked with would bully her due to her memory difficulties:

*People are like "oh you've, you've read it so many times now you should know it off by heart", and it's like they're taking the mickey, and I'm like "no I need it" you know? People steal my papers and rip them up, so I have to write it down again and I can't do it without reading the paper ...*

Interviewer: Has your manager been helpful or mindful of the fact you have a brain injury?

*Sandra: No 'cause I didn't tell her ... she's a nice lady but I - she probably wouldn't believe me.*

Although it would appear that the manager of her work party should have recognised this and stopped it from happening, it is possible that she did not know that Sandra has a brain injury or was not paying particular attention to how Sandra could have been bullied because of her brain injury. This highlights the vulnerability of women in prison with a brain injury and how this can be a reason other women in prison bully others. Furthermore, this signifies the importance of the Linkworker acting as a mediator between the prisoner and staff to ensure staff believe women who have a brain injury and the need to develop effective safeguards to prevent bullying of this population within the prison.

### ***Further embedding the service into the prison estate***

The participants in the evaluation of the Linkworker service expressed the need for the service to continue and to provide support to other women with a brain injury:

*Don't stop the service, that's the only thing. It's fantastic and a lot of the girls that I speak to here praise it something chronic, and I know there's a couple of new girls that have come in and I've told them about it and but obviously they can't see her and it's, they could really do with it. [Eve]*

Similarly, Sarah also highlighted the need for the service in other women's prisons and suggested group sessions to further embed the service within the prison and continue support after the one-to-one sessions had stopped:

*We need somebody here; well we need more people within the women's prison 'cause obviously there's a lot more women that actually need it and, erm, it would be nice to maybe have a group discussion as well ... yeah, if people are prepared to go on groups and things,' cause I could learn how to cope with something from somebody else, and do you know if we exchange knowledge and experiences do you know you can learn that way. [Sarah]*

The need for the continuation of the service was also highlighted by women who remained in the prison, who wanted continued support for their brain injury during their sentence:

*I cried when she said I wasn't seeing her anymore. 'Cause it, it's like (sighs), you know, you know, on your own again aren't you. [Daisy].*

*When you've got a brain injury there's nowhere to go ... now there's nowhere to go. [Sandra].*

The uniqueness of the Linkworker service meant that for the first time women with a brain injury were being provided with focused support to help cope with its impact. Once the service had ceased within the prison, the need for the service remained and for those women who had had one-to-one support from the Linkworker they were left feeling as though there was no other service within the prison they could go to for continued help.

### ***Through the gate***

There were also accounts from women who had received one to one support from the Linkworker but had since been released into the community, where the Linkworker was continuing to provide support:

*It's a bit daunting coming out and like, I'd see her every week or even twice a week ... I got a big folder here as well ... and she's made the time to send all this information to my probation, my doctor, my Mom, 'cause my Mom's my carer ... She's bloody amazing ... But like she had taken the time to say things to my probation officer, because*



*obviously my probation officer didn't know, do you know what I mean. She's got a really better understanding of me now ... it's a bit comforting.* [Jessica, community sample]

Jessica's concern about not having access to direct support on her release demonstrates the value of the Linkworker to her during her imprisonment. To support Jessica's progression into the community, the Linkworker compiled an information pack for professionals that she would work with, so that they might better meet her needs. Jessica expressed that this was "*comforting*", which highlights the importance of continuing support in the community to women who have a brain injury. Similarly, Emma expressed the importance of the Linkworker sharing information with professionals who would provide support to her in the community. Emma's account also demonstrates how she was able to use the tactics for remembering that the Linkworker had taught her to better cope with life on release, which promoted her confidence:

*It felt like I had to do things differently ... applying what she'd basically told me that could help me being on the outside world, ahm, to make it a lot easier for me, it gave me a lot more confidence ...* [Emma, community sample]

These insights from women in the community evidence that the support offered by the Linkworker had meaning during their imprisonment, but also on their release, through the ability to use learned tactics and strategies to better cope with life in the community. Furthermore, the ability of the Linkworker to promote staff working in the community to better understand the needs of women with a brain injury illustrates the value added by this service through the gate.

#### **4.2.2 Women signposted on to other services**

Perspectives of the process and impact of the Brain Injury Linkworker service were reflected across the following seven themes: identifying brain injury; cause of brain injury; referral pathway; initial assessment; support and signposting; needs of women who were signposted to other services; improvements to the service. Each theme is discussed in turn, with illustrative excerpts across the participants.

##### ***Identifying brain injury***

Some of the participants in the evaluation who had been signposted to other services by the Linkworker appeared to be unaware that they may have a brain injury:

*I didn't know it was my brain but obviously I have taken quite a few hits and fits to my head.* [Mary]

*Not until she said ... I felt there was something wrong, yeah because of my memory.*  
[Karla]

*I just feel like ... when you say brain injury ... it makes me feel like there's something wrong with my brain, you know what I mean. I know that there's nothing wrong with it. So I wouldn't necessarily call it a brain injury.* [Sophie]

However, despite not initially identifying that they may have a brain injury, these participants did attend an appointment with the Linkworker to understand more about how aspects of their history may have led to a brain injury. This highlights the need for referral mechanisms within the prison to make referrals even when women do not self-identify with having a brain injury. It would appear that this mechanism is working within the prison, as these women were referred, but also identifies why it is important that it continues.

### ***Cause of brain injury***

The majority of women who were signposted on to other services by the Linkworker acquired their brain injury through domestic violence:

*Terrible hidings to my head, oh God, terrible hidings full stop ... had beaten me with brushes, you know, a cane brush in the head ... bang, bang. I was on the bed screwed up, absolutely terrified. He was beating me with the brush. I was thinking "I'm going to jump out the window", but it was the upstairs flat.* [Karla]

*I've had a few head injuries from relationships that I had, yeah, loads of cuts to my head. I used to be a street worker, so I've been attacked quite a lot. I've been attacked with like truncheons, like, things the police used to carry. I can remember being hit with that. I've been hit with bottles in my head. With some heavy pots, like pressure cookers.* [Paula]

In the accounts of both Paula and Karla of their history of trauma, the use of objects to hit their head was apparent and marks the level of intense violence they experienced. Mary had also experienced being hit over the head with an object by a former partner. Additionally, she discussed how she had hit her head when having epileptic fits:

*I've got epilepsy, obviously, so I've had quite a few fits where I've smashed my head and stuff like that, but I've also had my head cracked open as well ... I have had that from partners, from partners as well ... I got whacked over the head. I think probably the worst, and I've got a big scar here from it, is um I got like whacked in the head with a big Dutch pot.* [Mary]

Yolanda too had experienced domestic violence, but also saw the source of her brain injury as consequent to hitting her head while falling unconscious due to a drug overdose:

*I had an um an overdose and was knocked unconscious and bumped my head during the accident. I fell over numerous times drunk and that and since then I've had about three or four nasty bangs. I've fallen over, been hit and that. [Yolanda]*

One of the participants described how her brain injury was acquired through an accident of hitting her head on the bath:

*I banged my head in the bath ... I nearly lost consciousness because of it. [Sophie]*

The accounts of the participants demonstrate that the predominant cause of brain injury in the sample was through domestic violence. This violence includes the use of objects to hit the head.

### **Referral pathway**

The referral pathways varied for women signposted to other services for support in the prison. Paula described how she came to find out about the service through another service user that lived on her house block:

*There's a lady on my house that sees [the Linkworker]. She was in my house, she's left now. And my friend, she told me about it. [Paula]*

Sophie recalled that she was referred to the service through a staff member in education:

*Through [a staff member] in education ... it was doing some assessment thing for education, like do you lose concentration or like do you forget things? And I was like "yeah, I do"... So then I filled up a form on a paper... So he referred me to [the Linkworker]. [Sophie]*

This further highlights how the service had become well embedded within the prison, through ensuring that staff members were aware of the service and how to make referrals. Additionally, it is clear that women who were being supported by the Linkworker (and might have held a positive experience of the service) spoke about this to other women in the prison and therefore were spreading awareness of the service by word of mouth.

### **Initial Assessment**

Although some of the women could recall how they came to know about the service, remembering their initial appointment and the elements discussed with the

Linkworker was challenging due to the length of time that had passed since the meeting, and possible difficulties with memory:

*You know what, I can't really remember, I am sure she came to the work ... what did she come to see me for? I honestly don't remember. I must have seen her.* [Karla]

It was difficult for the participants to recall what was specifically discussed, however, Yolanda offered an insight into how she felt about the appointment:

*Very anxious. It was just nervous really. I don't know why [laughter] because I thought there probably isn't a problem. So I'm not sure what it is because nobody's ever erm noticed anything er wrong with me. But I can't remember, yeah. Can't really remember that much.* [Yolanda]

Yolanda's account highlights the anxiety that a meeting relating to something that had not been identified as a problem before can cause.

### ***Support and signposting***

The support the participants felt they needed differed. Some of the participants felt that they did not require support from the Linkworker, so decided that they would not continue with the appointments:

*She just said that I could carry on with the appointments, but I decided not to err because there was no evidence of a brain injury, so I thought it would've been pointless.* [Yolanda].

Whereas some of the participants felt that they needed support and would have wanted to continue to see the Linkworker:

*I thought she might be able to help me, but she said that she couldn't so I was a bit disappointed. But if she can't help, she can't help. But I went in, thinking that I'm gonna get some help because I've been to the doctor, I've had a MRI, so I expected help from her. But, I'm gonna be honest, I probably expected too much. So, I'm not angry, not annoyed, but she wasn't able to help me, you know. She can't help, she tried to help.* [Paula]

Paula's account highlights how being referred to a service can lead to false hope of support and in her case, because she had had some screening for a brain injury, she thought she would get the support that she believed she needed.

Part of the service offered to women who screened positive for a brain injury, but were functioning within the prison and, therefore, were not considered in need of one-to-one support from the Linkworker, was signposting onto other services. Further information was given for the women to understand more about their brain injury. Some of the participants did recall getting this information:

*[The Linkworker] gave me a leaflet about brain injury. That explained things. [Paula]*

*[The Linkworker] did mention about those exercises or something that I can do ... she put something through my door that I could work on, do myself in my room ... um, yeah, I think I might of got a leaflet ... funny enough, this afternoon I'm going through all my paper work because I'm going to [another prison] in the next couple of weeks. [Mary]*

Mary's account highlights the volume of paperwork women receive in prison and how this information could get lost and therefore forgotten. This would suggest that, whilst a written record would likely to be helpful, providing information in this way might not be effective in providing ongoing support to women with a brain injury.

### ***Needs of women who were signposted to other services***

The needs of women with a brain injury were expressed as not being able to retain information and forgetfulness:

*One of the main problems I have is that I forget a lot, like I cannot, like long term things and stuff like that. I forget like one week to the next, or I can also forget like half of every conversation, it's that bad, or what the conversation is even about. [Mary]*

*I would literally forget what that person said like 5 minutes later and I'm asking "what did you say?", kind of thing. People looking at me like I'm, like I'm literally crazy. [Sophie].*

*I always report reading a book because I know one of these, they can read the book and pick it up the day after, remember what I've read, terrible. [Karla]*

### ***Improvements to the service***

The participants in the evaluation who were signposted on to other services in the prison offered suggestions of how the Linkworker service could be improved. These were varied, but included the need for the Linkworker to be clearer about what would happen after the initial meeting and whether there were particular exercises that would reduce the impact on them of their brain injury:

*I think like if she'd of just, you know, explained what happens next or what doesn't happen next, you know, or like I said let me know what the exercises what I should do are ... so if you were in a room with other women who needed support or some coping strategies or, you know, a sheet talking about things ... yeah, it would be nice to know that you're not the only one sometimes, isn't it? [Mary]*

Mary also suggested group sessions to facilitate discussions on coping strategies and as a source of support. Sophie asserted that it was important that the Linkworker remain in contact with women that had screened positive for a brain injury. She also said that details of brain injuries should be recorded on C-NOMIS so that staff were aware of the issues and could take this into account when a woman with a brain injury was reporting being unwell and could not attend work:

*She needed to have regular contact with anybody who has had a brain injury. She needs to maintain that that one to one contact. You can't just see that one time and then you never see her again. And I think it needs to be like put down on your C-NOMIS, you know what this person suffers with brain injuries, so when she's self certifying [self-certifying sickness and, therefore, not going into work] or she generally can't come to work it's related because of their brain injury, 'cause there are still some lasting effects when people do have brain injuries. You can't just put it on, they can't just say 'well, you know, you're fine, go back to work'. [Sophie]*

Sophie's account suggests that the C-NOMIS records for women with a brain injury not considered in need of direct support from the Linkworker were not updated to reflect this information. Although entries were always made on C-NOMIS by the Linkworker, the relevance of this information did not seem to reach some staff and, therefore, did not allow staff to take into account a brain injury and the potential impact it may have on women.

#### **4.3 Analysis of staff perceptions and experiences of the Brain Injury Linkworker service**

Analysis of the interviews with staff members revealed that the Linkworker service was fulfilling an unmet service need within the prison and that staff saw the service as offering a meaningful support to women with a brain injury. The impact of the service within the prison promoted awareness of the prevalence of brain injury amongst women in prison and how this might manifest in women's presentation. It will be shown through the staff accounts that the service was embedded well within the prison and the Linkworker was well received and called upon by staff, to provide support to them when working with a woman with a brain injury. There were, however, perceived challenges to supporting women with a brain injury, including navigating aspects of the regime, a demand for more training to enhance knowledge and a need to better understand the role of the Linkworker. The process and impact of the Linkworker service is reflected in the following twelve themes, which are presented in turn with illustrative excerpts across participants: need for the service; recognising the impact of brain injury; awareness of brain injury; awareness of the service; barriers to supporting women with a brain injury;

supporting women with a brain injury; barriers to the service; support from the Linkworker in their role; need for more training; staff supporting their team; understanding the role of the Linkworker; through the gate.

### ***Need for the service***

Prior to the implementation of the Linkworker service, it was evident that screening for head or brain injury did occur in some departments and there was an attempt to discuss an approach to these issues with other members of staff who were also supporting the same person:

*Whereas now, if it's a 'yes' then we ask "Do you know [the Linkworker]?" and they'd be like "yes and she does this, this and this" with them, we can have more questions, more information from each other. Whereas, we were just like "Yes, okay, next question. Moving on!". It would be just a conversation between us two, like me and the other woman. What do you know about it, what helps you, what would help you, what can we do to help you on the course? If maybe they said or engaged with a nurse or mental health, then I'll probably pick up the phone and be "did you know anything about this? How do you manage her/it"... we always like do diversity questionnaires and this is when all this kind of stuff comes out ... 9 times out of 10 they're the ones who tells us "If you give me this, or you do this for me". [Jennifer]*

This did, however, indicate that prior to the implementation of the Linkworker service the onus was on the individual to report their brain injury and make suggestions of how they could best be supported. The assessments carried out by staff were varied and were not necessarily about a brain injury, but focused on the implications of the injury:

*From our point of view, it's probably quite a lot easier to identify things, 'cause we do quite in depth assessments with our ladies. The initial one, we do mental health so we'll look at their concentration and their memory, communication, their appearance ... Whereas, a lot of the staff here, they don't have the luxury of that, they might just be picking things up from conversations held in the corridor. [Julie]*

*My role is additional learning support, so I have to identify if there are any additional learning needs, and part of my questionnaire that I've got on induction with the prisoners is "do you have any sort of memory issues?", short and long term memory issues, and through conversation with them, most of the time it does come up that they've had an accident, they've had a head injury, or domestic violence. [Jack]*

However, it was clear that the service offered by the Linkworker offered a specialist dedicated service that allowed some staff to discharge women from their caseload:

*Yeah, and even sometimes it's like I could discharge people 'cause [the Linkworker] was fulfilling their needs. [Julie]*

The dedicated support that the Linkworker service offered also appeared a simpler referral pathway, compared to the experience women who reported a head or brain injury might have had in the past in terms of accessing support services:

*We'd probably refer to the GP or they may see the psychologist. Sometimes it's really difficult to - you might think of always this stress, anxiety, depression-related or is this head injury related, in which case we probably would say to the psychiatrist "can you see them", and then the psychiatrist would make a decision on what their thoughts were or who to refer to, or ask the GP "can we have this, can we have head scan, CT scan" or whatever ... but if there's any problems with day-to-day living, you know, functioning, that is part of our role to help with that anyway whatever the cause is. [Julie]*

Since the end of the implementation period of the service, staff have continued to identify women who may need support for their brain injury, but expressed concern as to where they should be referred to:

*I know that now [the Linkworker] is not taking referrals we don't know where to, where to refer them to ... There wouldn't be a specific pathway of treatment options for those women. [Brenda]*

*I think there is, there is a gap, and it has been felt. [Jack]*

Staff also perceived that the appointments women had with the Linkworker were meaningful and noticed an improvement in their mood:

*Well, they all seem very happy when they spoke speak to her. I must say, when they come back ... nobody's ever come back and grumbled - they like to talk to her and they're quite open with [the Linkworker]. [Teresa]*

*Well, they were just more positive ... I think they felt just as though somebody was listening, which makes a big difference. [Jack]*

*When she went to her first meeting, she come back, she was, she was a lot happier, 'cause she was like, "oh, it's not me, it's me brain, it's- it's- it's not my fault that I do this and I do that"... I think she was quite happy that somebody had identified that it wasn't, she wasn't just being, you know, that it was, there was something wrong. [Mike]*

### **Recognising the impact of brain injury**

The staff interviewed for the evaluation recognised that the cause of brain injury was likely to be domestic violence, car accidents and some staff suggested that a



history of drug use could also be a factor in women's brain injury. When discussing how women with a brain injury presented in prison, three key issues were identified. The first was that women with a brain injury often found it difficult to cope with imprisonment and were often perceived as confused and lacked focus compared to other women in prison.

*They get a little bit confused, their concentration sometimes isn't like mine would be.* [Teresa].

*She struggled with some aspects of normal day-to-day life. Sort of - she was more - she was very disorganised, couldn't follow anything through - confused by quite simple processes and the way we were work here. So, she was obviously struggling with, with prison life ... I think the difficulties that they have are more evident ... a lot, a lot of the women we see will get through life on the wits, for want of a better word. Whereas a lot of women [the Linkworker] has worked with, they haven't got that kind of ability to get around things.* [Robert].

The second issue identified by staff was issues related to memory and forgetfulness:

*Well, she's very forgetful.* [Mike].

*Mostly it was memory.* [Jack].

*She couldn't remember that she knew [the Linkworker], she wouldn't remember, she won't really remember me until I started saying "We did TSP" [Thinking Skills Programme].* [Jennifer].

Finally, staff also highlighted how the temperament of women with a brain injury could quickly change:

*So they're more likely, or they could be more quick to temper or become more agitated and aggressive* [Brenda].

*I think she can quite quickly lose her temper over things that you probably, I mean a lot of people in prison lose their temper over things that me and you would think "that's ridiculous to lose your temper over", but I think this individual herself can lose it over things that are totally trivial ... she can fly off the handle.* [Mike].

### **Awareness of brain injury**

The staff discussed how the implementation of the service had raised awareness of brain injury. There were varying degrees of prior knowledge of the impact of brain injury that appeared related to the role of the staff member:

*I think it definitely raised awareness and that there are women in here with brain injuries 'cause of, like I said, nobody knew about it before, nobody knew what that meant for a woman and what kind of things they need so I definitely think that having somebody in here helped us a lot and put an awareness out there really. [Jennifer]*

*I think I've always kind of identified it, but it's just, it's made me more aware, definitely made me more aware. I think that's the big thing for me because, as I say, in my role, I kind of needed to ask those anyway. Whereas before, I'd just look at the memory, and I wouldn't really explore the head injury as much. I think it, yeah, it just made me a lot more aware. [Jack]*

Although staff were able to recognise how women may have experienced a brain injury there appeared to be less awareness of the impact of the brain injury in terms of perceived vulnerability of the women in the prison. Only one staff member, who worked in an area where there was a woman who received one-to-one support from the Linkworker, recognised that the women were vulnerable to bullying. She also described her perception of part of her role in a discrete work area as being to protect the individual and to ensure their safety:

*And they're safe, they're dead safe in here, nothing would ... there'd be no bullying. So somebody, say like Catherine [pseudonym] could get bullied for her vulnerability, but she won't in here, so she's dead safe in here. I know their characters. I know 'em, I can look out there and tell you which ones. I just could, 'cause I just get to know them, I make it my business to get to know them. 'Cause you've gotta work with them all day! You've got to work with them all day. I know the one who'd start an argument, and I know the one that'll finish it ... But girls can be cruel, the women can be cruel, they will see Catherine as very very vulnerable. [Teresa].*

Therefore, although Catherine might have been safe within this work area due to the awareness, diligence and care of this one staff member, the lack of explicit acknowledgement among the staff group of the vulnerability of women in prison with a brain injury raises questions as to how safe Catherine might be in other areas of the prison and how staff might ensure the safety of these women as part of their role.

### ***Awareness of the service***

The staff interviewed for the evaluation spoke of how they gained knowledge of the Linkworker service. They spoke of staff briefings and regularly seeing the Linkworker at multidisciplinary meetings.

*They did do a staff briefing when they first arrived. So we were aware that the service was there and anybody can refer to her and the ladies can self-refer. [Hannah]*

*I think there was a few times when she did some publicising. [Julie]*

*I'll be honest when [the Linkworker] first came in I didn't really know her; I didn't know what she was doing or anything. She was the one who got herself out there a lot, to be honest. She was sending e-mails out, she was coming to the meeting every Monday and she used to come to that every single time and come to morning briefings and giving out information on the women. So she made herself very approachable really for staff, yeah. Whereas, if there was somebody who didn't really show their face around the prison, kinda use the name but didn't know what they did, I think I wouldn't be as comfortable to do it. [Jennifer]*

The approachability of the Linkworker for staff appeared to be an important factor in whether they would draw on the service for support in their role when working with women with a brain injury. The accounts of staff demonstrate that the service implementation and increasing awareness of the role of the Linkworker was successful within the prison. However, there were further suggestions of how to increase awareness of the Linkworker and their role in supporting women with a brain injury through making the Linkworker more visible and available to prison officers:

*She's sort of isolated on her own, although she's visible and saying "this is what it's about". It might be more prudent to actually sit someone like that amongst the residential unit. To actually sit with the residential staff and engage with them every day. So that you're not isolated or it's this specialist versus us ... more in with the staff that would help. [Roger]*

### ***Barriers to supporting women with a brain injury***

The barriers expressed by staff in providing support to women with a brain injury pertained to the prison regime. A particular issue expressed was the length of sessions, particularly in educational settings where women lacked concentration:

*Our lessons are three hours long which is a long time for anyone to concentrate, let alone somebody with a brain injury, so we really have to consider that, and, and as I say, things like chunking the lessons up so they're more manageable. [Jack]*

However, through this account it was clear that staff were able to adapt their approach to enable women with a brain injury to engage as fully as possible. An element of the regime that was more complex for staff to navigate was non-compliance with the rules by women who had a brain injury. From a staff perspective, recognising how the impact of brain injury might manifest in

behaviour, but also needing to enforce the rules of the regime was articulated as conflicting and presenting a challenge to their role:

*I think within all our roles within a prison we're always torn between understanding brain injury, but also trying to control the discipline of the people that are in custody. So you're always going to have that conflict and you've got to try and understand where you draw the line. So, someone is constantly misbehaving, it might be due to a brain trauma - somehow, you've gotta get through that ... are we doing them any danger really, keep trying to enforce rules and regulations that they're possibly not gonna understand. So there's always a conflict between what we see as discipline as opposed to psychological trauma. [Roger]*

Additionally, staff emphasised that there was a need to share information about women who had a brain injury, so that they were able to be more aware and adapt their approach when working with individuals with a brain injury:

*It gives us another facet and it give us more understanding ... If we can't understand the women, we can't help them quite as well ... I think it's impossible. [Robert].*

This highlighted the need for information sharing around the prison. From a staff perspective it was important that the information sharing was with multiple departments in the prison to ensure that they were able to adapt their approach. This was particularly important to the member of gym staff interviewed for the evaluation, through recognition that any women in the prison could attend the gym without them knowing of their brain injury:

*So there's a number of girls within the establishment that have got brain injuries I should imagine. They could come to the gym on a regular basis ... but because they don't work here and it's a medical issue, we wouldn't necessarily know that they've got a brain injury. [Mike].*

The need for information sharing was also understood to be essential to being able to provide appropriate support to women with a brain injury. However, staff were aware that this was a medical condition and therefore it was not always possible for the information to be shared:

*But obviously you've got to be careful to what's disclosed to us because of medical confidence. And that's a big thing ... Now [the Linkworker] does tell us when someone has brain injury ... So we are aware ... She told me of one lady I had no idea, no idea, but she doesn't, doesn't go into specifics. [Hannah].*

Therefore, it would seem that the information sharing agreement between the Linkworker service, the prison, and providers of health care that was used during this implementation phase had not effected the positive outcomes that it was

perhaps designed to achieve and would benefit from review in any subsequent implementation. This is particularly important in relation to how staff are able to use information to understand a woman's presentation. During the interviews staff discussed how, without this knowledge, a woman's behaviour due to her brain injury could be interpreted incorrectly:

*'Cause in the past, that type of presentation of confusion, not knowing what was going on, getting frustrated, they'd have ended up on an ACCT [Assessment, Care in Custody and Teamwork] document, which is not appropriate. Or they would be on adjudication so, we used to have support documents or challenging antisocial behaviour documents. Through no fault of their own that behaviour has manifested itself, but when we know they've got a brain injury then staff are more aware. [Hannah].*

*But if we didn't know and someone suddenly flies off the handle, we're as bad as everybody else, we'd just place 'em on report or ban 'em from [coming here]. [Mike].*

As already described through 'Awareness of brain injury', staff were able to articulate how women with a brain injury might present; however, there did appear to be reliance on the Linkworker to affirm which women had a brain injury through medical evidence:

*I think one of the bigger areas of challenge has been working with some of the prison officers, to change their approach and their perspective of women's difficulties and often that is done by providing medical information or a, you know, a summary of somebody's medical history, um, and how that relates to their presentation, so that it isn't just somebody being aggressive or rude or, um, non-compliant because they're not attending, or they're late. [Meghan]*

*Sometimes with staff, it was sometimes met with a bit of resistance. So like, with brain injury being sort of invisible disability, it's hard for officers to understand that this person isn't actually doing it on purpose. I've put together like a, a short document about - with the person's consent - about their medical history and what that means to that person now and they went down really well. It felt like we were, sort of meeting in the middle, in the end. But, I suppose if somebody gives somebody, a prisoner, an adjudication, and then the prisoner turns up with an advocate and they get rid of the adjudication, that officer sort of feels like "well that was waste, that's wasted my time" and sort of like, that, that their decision's been overridden. There was sometimes sort of disagreements where the officer would be like "but how d-, how do you know that this behaviour's down to this?". I said "well there's no way of particularly telling, but these assessments show that this person isn't as able as the average person to do this". [Kate]*

The role of the Linkworker is important in advocating for women with a brain injury, particularly when the women's behaviour was interpreted by staff less aware of their medical problem. It is clear through the staff accounts that despite understanding how the impact of a brain injury might manifest in a women's presentation, there is still a need for the Linkworker to present medical evidence in order for these circumstances to be taken into account, particularly in relation to rule breaking and subsequent punishment. The approach of the Linkworker in developing support documents about the individual and how they might present, represents a proactive way of allowing staff to be aware of the circumstances of an individual before formalising their rule breaking through an adjudication. This approach would be better than a reactive approach of needing to advocate for the individual once adjudication proceedings had begun. This would protect the individual from the stress and anxiety of these processes. However, in order for the Linkworker to be able to share this information with staff and develop a support document, the individual must consent for this to be shared. This highlights the importance of the Linkworker's ongoing communication with each woman engaged with the service about how their information could be used and ensuring that they are clear about this when deciding whether to consent to providing it.

### ***Supporting women with a brain injury***

The staff described the ways in which they were able to support a woman with a brain injury through adapting their approach to better meet their needs. A particular need that they identified in women who needed support was retaining and recalling information due to difficulties remembering. In the accounts of the staff, it was clear that they were able to repeat information and provide examples or tools for women to record information and better enable women with a brain injury to cope and progress with their sentence:

*So, if a lady's been struggling with her memory, if I know that she has a memory deficit ... I will call their work party and ask them to release them ... I'd make an appointment to the most comfortable time for them. [Brenda]*

*So in terms of like Fay [pseudonym] who had a lot of memory problems or was a little bit confused at times - when we're running sessions with her there was a lot of repeating things to her, so she got things to go away with rather than just being on her flipchart. [Jennifer].*

*I mean there's simple things like just providing a notepad if they wanna make notes and then take that away and refer to it in their own time. Recapping is really important at the end of the lesson, at the beginning of the next lesson ... chunking things up so it's manageable for them ... providing time out, see if they need time out from the session. [Jack].*

*'Cause sometimes she'll forget what she's doing like, I have to keep putting a little example out for her, and then she's fine, but somebody moves that example. And she'll get quite upset about that, she likes to do, she has her own little systems, and, it's how she's survived, I suppose. [Teresa].*

Staff also explained how they approached appointments where the information discussed was complex by adapting their language and their expectations of the women to ensure that that they did not unfairly discriminate against a woman with a brain injury:

*It's pitching the information in a way they can understand. Because obviously some of the stuff we have to talk about it's quite complex and emotionally difficult, so pitching that at their level rather than ours. [Robert].*

*We can tailor the approach and we can tailor the sentence plan to be at their level. So, instead of saying you've got to do this - you can say alright for, for the next six months we need just to try, try to do that, you obviously wouldn't fail them on their sentence plan because it's not something in their control. [Hannah].*

### **Barriers to the service**

Barriers to accessing support from the Linkworker were articulated as dependent on staff's perception of the meaningfulness of the service:

*Not all staff buy into it. So if you are fortunate to get a group of staff or for back up your personal officer's really engaged then the doors wide open ... If you come across someone that's not as much engaged or thinks it's fluffy ... then you, it must be really difficult for them, because they come across that door and it's slammed and potentially then, because of trauma they will not know how to get around it. [Roger]*

While the attitude of prison officers is outside of the control of the Linkworker service, this highlights the need for the service and the prison to work together to embed the Linkworker's role and to highlight the support the service can provide; both to staff and to prisoners. Another barrier foreseen about accessing the Linkworker was being able to leave work to attend appointments, as there were some employers within the prison where this was considered more difficult:

*With prisoners who were working either in the DHL warehouse or Halfords and, erm, I was ringing to say "this person's got an appointment" and they were saying like "well we're too busy, we can't, we can't release this person because they're at work". [Kate]*

Staff were also aware of the number of referrals the Linkworker had received and expressed concern about whether there would be space for her to take on further referrals. While it was clear that the Linkworker communicated that there may be a

delay in seeing a new referral, this may lead staff to avoid referring in the longer term to avoid adding pressure to the Linkworker's workload:

*Other than the fact that [the Linkworker] was absolutely overloaded with referrals ... For example, there was a couple of times I did refer, she would let me know how, you know, "just to let you know I have got a backlog of people I'm waiting to see". [Jack]*

*I would think it's just time, to be honest, erm, because again, once you've identified who, who's got a problem, has [the Linkworker] got enough time to see everybody? [Mike].*

### ***Support from the Linkworker in their role***

Staff discussed the role of the Linkworker as a point of contact for support with women they worked with who had a brain injury. They also drew on the Linkworker's expertise to develop their practice and approach when working with women with a brain injury:

*I've phoned [the Linkworker] a few times and said "you work with her and what do you think, what might help her?" [Jennifer]*

*So you've got a professional working alongside you to say maybe you could try this; something we haven't thought of. [Roger]*

*I work well really, with [the Linkworker]. She's good, um, and I chat to her if I have concerns about Harriet [pseudonym]. [Teresa]*

The accounts from these staff suggest that they would go to the Linkworker directly in a consultancy capacity and for support. While it is encouraging that there were clear open lines of communication between the Linkworker and staff, it is important that this individual demand from staff did not detract from the work the Linkworker was able to do with the women directly, particularly given the high number of cases they had referred to the service. This suggests a resource implication of the Linkworker service, balancing the high level of need among the women prisoners with the provision of consultancy to staff to better enable them in their roles and offer ongoing support to women outside of the discrete Linkworker provision. Where there were staff that had more experience of working with women with a brain injury, it was evident that the service offered a way to reaffirm their approach and offer new strategies to supporting women with a brain injury:

*The literature that we've had to use to support the women has been really useful as well ... I think they, they've mostly been reinforced, actually I was kind of doing the right thing ... potentially at the end and beginning of the session I probably didn't do as much, and I now realise how important that can be. [Jack]*



Additionally, there was evidence that the development of support documents by the Linkworker for each individual working with the service, where they agreed to this, was well received by staff:

*What [the Linkworker] gave her, which was really useful, she gave her a sheet, with like, a lot of information on it that she gave to all the employers. So, so that was, that was really helpful, so it's things like, 'cause we just thought she was forgetful. But then we got this sheet saying that, you know, we, you do need to help her and support her, so that's why we now mark off on her timetable weekly if she's got any meetings and things like that. [Mike]*

Through this staff member's account, it is clear to see that the advice of the Linkworker in the individual support document allowed them to develop an insight into the women they worked with, and how the Linkworker could support them in their role. These accounts by staff, using literature developed by the Linkworker and The Disabilities Trust, highlight the importance of these materials to develop staff confidence of how to support women with a brain injury as part of their role within the prison.

### ***Need for more training***

Staff expressed a need for and a desire to engage in training to better equip them with the skills needed to identify a woman with a brain injury:

*I believe so because it enlightens ... we're not experts in any of the this ... we're not medically trained ... whereas [the Linkworker] knows what to look for. We don't, we have mental health awareness, we have dementia awareness, we have trauma informed awareness, we have brain injury 'awareness' - we have lots of 'awarenesses' - but we're not trained in any of them and that makes it difficult to identify unless the lady tells us. [Hannah]*

*You don't always pick up on it because, you haven't had that training to kinda like, what to look for. [Teresa]*

*From a medical point of view and things like that, we haven't been having training on brain injuries. Obviously we're all first aid trained, we do first aid instructors and things like that, so, a bit more training would be useful. [Mike]*

While it might be expected that some staff, particularly medical staff, have more insight into the impact of a brain injury than others prior to any training, there is a need to ensure that all staff receive training:

*There was a training session which was really interesting ... That was really good. A lot of staff attended that and actually, I still use like a little bit of what he, he was talking about ... So it was definitely ... a learning experience because in Mental Health you would expect us to have more pathways to head trauma and that kind of thing, but we haven't really because it's kind of a bit of a separate kind of, it's more like if there's if the psychiatrist saw anyone than he'd refer it to a different department. [Julie]*

It was also highlighted that although some staff did have a better insight into brain injury, it was important to them that a diverse staffing group attended as this facilitated better communication across staffing teams:

*It wasn't anything that I didn't know ... it was just, just brilliant and it was good to have mental health nurses and healthcare nurses in the same room as officers - it breaks down that barrier, doesn't it, 'cause we're all here to do our job for that lady. [Brenda]*

### ***Staff supporting their team***

As part of the evaluation, two of the staff interviewed were managers of teams within the prison. These staff expressed the need for them to support their team members in how to best support women with a brain injury:

*When we like had Fay [pseudonym] I think we, we were all kind of very experienced facilitators, whereas now I've got two new staff who aren't aware of these kind of things, brand new into the job, brand new into role, prison service etc. So yeah it will be about giving them awareness, some support of things they can do. [Jennifer].*

*But it's keep endorsing that it's like talks we've had from [the Linkworker]. She's come and been invited to do several talks for staff meetings to keep endorsing it. So, we've endorsed that by bringing her in and explaining again and showing them how they can put people forward for her help. And actually supporting staff ... It's going round and being visible and speaking to them about it, just being open about trauma ... whereas before, perhaps it wasn't very open and not understood. [Roger]*

This evidenced that managerial staff within the prison were engaged and receptive to the Linkworker service. It was clear that they wanted their staff to better meet the needs of women with a brain injury through receiving support and training from the Linkworker, as well as supporting their team members through their knowledge.

### ***Understanding the role of the Linkworker***

While the staff could discuss their understanding of how women acquire a brain injury, how they could refer a woman for screening by the Linkworker, and how they adapted their approach to support women, an element that they were less able to describe was the specific role of the Linkworker. At HMP Drake Hall there was one female Linkworker who was more commonly referred to by the staff using her first

name rather than her job role. This is evident throughout the interviews as reference to her first name has been replaced with *[the Linkworker]*. It was pointed out that the word "Linkworker" was difficult to understand in relation to the work being undertaken:

*I don't think it's readily known as Linkworker, 'cause when you asked me informally the other day I was confused as to what you meant. So I wouldn't be able to say what I know about it ... I think it's been channelled towards her but with the view that there's a bigger team behind it. [Roger]*

There was also a lack of understanding about the work the Linkworker did when meeting with women with a brain injury and what needs they were addressing. While particular needs would be confidential to each individual, there is perhaps a need to better describe the role of the Linkworker after screening to enable staff to have a better understanding of the service.

*[I'm] not really sure what's behind the scenes of it if I'm honest. [Roger]*

*Obviously I know that Sally [pseudonym] goes and sees [the Linkworker], or has been seeing her and apart from that I don't really know how it works. [Mike]*

*I obviously know what [the Linkworker] did and she met with the women, but I didn't know what their actual needs were and what work was going on there. [Jennifer]*

This is particularly relevant, given that some staff were aware that there were misunderstandings about what the role of the Linkworker was:

*At first they were a bit unsure of what it was, a bit of a misunderstanding of whether [the service] might affect their, sort of, ability to get their children back. 'Cause a lot of them were like, "well I don't wanna, erm, sort of, be deemed as disabled, because that could affect whether I could get my kids back in the future". But other than that, it like, it was just sort of, not, not knowing what the service was about. [Kate]*

It is therefore important that staff can articulate the support the Linkworker service offers in order to explain this to women who maybe unsure of whether to self-refer to the service, or whether to attend an appointment with the Linkworker if referred by another member of staff. The lack of staff able to explain this might lead women to not engage with the service and consequently not access the support they may need. Staff members also appeared to be less aware of the two different pathways of support for women with a brain injury; that is, that the women who screened positive and were considered in need of direct support from the Linkworker, in order to better cope and engage with their sentence, and those women who technically screened positive but whose needs were not primarily related to their brain injury. As noted above, this second group were signposted to other services within the

prison that were considered better able to meet their needs. There was concern from a staff perspective that seeing the Linkworker might lead other staff to perceive that women had a brain injury, when this may not be the case:

*It might suggest that everybody has got a brain injury, but that's not always the case. Sometimes they're just being assessed. [Kate]*

Again, this would highlight the need, when embedding the service within the prison, to ensure the parameters of the service and the Linkworker's role are made clear. This could be further demonstrated through some anonymous examples of support the service offers which would better enable the staff working within the prison to understand the work that the Linkworker does.

### ***Through the gate***

For staff who were directly preparing women for release or would continue to be involved with the women once they had left the prison, it was important that they worked to ensure the best possible outcome for the women through the gate. One particular area discussed was confirming that a woman was able to understand what their licence conditions were, in addition to ensuring that they could remember the information:

*There was some concern about she'd ... cope with the structure and her license so [the Linkworker] did her a little book ... we contributed to that ... It was what to do in the case of this, where to go here, and maps, and there was times, the probation officer's number, name ... So there was all the information in one place. [Robert]*

It is also important here to understand the role of the Linkworker in developing these booklets and bridging the gap between services once women are released into the community. For this reason, the role of the Linkworker is identified in this section:

*I was also sort of ringing up the approved premises to send on a portable profile, a written one, and, erm, send in the discharge report to the GP that a person tends to sign up to, er, we also give them a call ... sort of bridging the problems as things come up when they're outside. [Linkworker]*

The follow up period for the Linkworker once women were released was in four stages. The first being two to four weeks after release, the second point of contact would be at eight weeks after release, at twelve weeks they would contact the individual for the third time and the final contact would be at six months after the release. This work was done with women that the Linkworker had been directly working with at the point of their release. The purpose of this support was described by the Linkworker:

*So I just call them and sort of, erm, ask them how they're doing, if there's anything that's not going so well and just see if they're still living in the place where they were originally, and just sort of catching up with that person and see how they're doing. And I've been out and seen one of the prisoners in an approved premises to sort of look at, erm, how she was organising herself and, and like, what services she was engaging with, and just trying to sort of, help her be a bit more organised. [Linkworker]*

This highlighted the very individual nature of the support service to women on their release. However, this follow up support through the gate was not available to all women, only to women who had received one-to-one support from the Linkworker and it was dependent on their sentence length. This was explained by the Consultant Clinical Supervisor to the Linkworker:

*Basically we were identifying people within prison who were struggling, but they may have a long sentence. It didn't feel ethically okay to screen them to say "yes, they're struggling, yes they've got a brain injury, but we can't work with them until eight weeks prior to release". We changed the pathway, which just means that sometimes, um, we discharge people who may remain in prison for quite some time. So, we can't actually- the follow-up into the community doesn't really happen for us ... or they've been dispersed to a different prison for whatever reason. [Consultant Clinical Supervisor to the Linkworker]*

#### **4.4 Audit of sentence planning documentation**

##### ***Women who received on-going one-to-one support from the Linkworker service***

Of the eight women prisoners who received one-to-one Linkworker support, and who were interviewed, and gave consent for review of case material, six had a completed OASyS whilst at HMP Drake Hall and one had an OASyS completed prior to arrival at HMP Drake Hall. One other woman had a basic custody screening review but on OASyS. Therefore, six OASyS documents were examined because it would not be expected that the Linkworker service would be reflected in sentence planning documentation prior to arrival at HMP Drake Hall and there was limited information in the basic custody screening.

An audit of the six OASyS documents identified one very good example of how the Linkworker service provided outreach to key staff working with the service user, contributed to formulation of offending behaviour (for example, the possible impact of brain injury on offending) and strategies for risk management and sentence planning (taking into consideration the specific difficulties that the woman experienced, with a view to support engagement in the sentence plan and management in the community). For another three women, there was reference to

either the Linkworker service or the presence of a brain injury, but this was not clearly embedded within the documentation to enhance formulation of offending behaviour and risk management (i.e. no clearly documented or formulated links between sequelae of brain injury, offending behaviour, and risk management). For the remaining two women, there was no reference to having a brain injury nor to the Linkworker service. Overall then, there is evidence of the Linkworker service supporting women with a brain injury through their sentence plan and beyond prison. However, there is perhaps a need for staff with responsibilities for completion of OASyS and sentence planning documentation to engage with the Linkworker service to support risk reduction and management planning. Furthermore, it would be important for staff to talk to the women for whom they are writing such reports about their brain injury and associated support needs, and to reflect this in sentence planning documentation.

### ***Women who were signposted on to other services***

Of the five women prisoners who were assessed by the Linkworker service and signposted for follow-up support in alternative services, an audit of OASyS documentation did not identify reference to involvement with the Linkworker service. Some of these women were receiving support through the Mental Health In-Reach Team (MHiRT) or through drug and alcohol services but it was not evident whether engagement with these interventions was as a consequence of the Linkworker referral. For these women, there was no explicit reference within the OASyS documentation to difficulties with cognitive functioning. As stated above, for the women who received one-to-one support from the Linkworker, there is a need for staff with responsibilities for completion of sentence planning documentation to engage with the Linkworker service and the women under their management to discuss the nature and impact of brain injury and the relevance of this to sentence planning and management.

## **4.5 Case illustrations**

The following four case studies illustrate the typical issues presented by women in prison with a brain injury. The first two describe the presentation and the range of work carried out by the Linkworker for women who were supported on a one-to-one basis. The final two case studies demonstrate the type of work carried for women whose presentation did not require one-to-one help from the Linkworker and so their role was to signpost the women onto other services in the prison for support.

**Case study one – Wendy. Information sharing.**

Wendy; white, single and aged 54 years. She had a diagnosis of PTSD and had experienced domestic violence over four years. Her first brain injury was sustained at the age of 40 years, with additional moderate to severe injuries resulting from this intimate partner abuse. Wendy had never been to prison before killing this partner. Wendy was seen by the Linkworker weekly over the eight months she was supported by the service and was in prison at the time of interview.

<i>Reason for referral</i>	The referral was made by a mental health nurse following the disclosure of domestic violence and numerous hits to the head, resulting in hospital treatment.
<i>Initial assessment</i>	Wendy described meeting with the Linkworker for the initial assessment in a series of appointments that lasted no longer than thirty minutes. This was important to her in order for her to cope with the emotional impact of recalling difficult life events relating to her brain injury.
<i>Detailed assessment</i>	Neuropsychological impairments were found in relation to memory and attention. When first screened, Wendy had mild anxiety and depression levels with no indication of drug or alcohol misuse. At discharge there was no indication of either anxiety or depression.
<i>Actions and outcomes</i>	<p>With Wendy's consent, the Linkworker gained her medical records so she could understand the impact of the domestic violence on her brain. This allowed her to rationalise her behaviour and gain insight into why she found it very difficult to remember information.</p> <p>The meetings with the Linkworker were meaningful and allowed her to engage with someone who would listen to her issues and to feel like action was being taken to better support her:</p> <ul style="list-style-type: none"><li>• The Linkworker helped Wendy to develop strategies to act as prompts for her memory. One of these was to write on post-it-notes and stick them in her room to remember appointments. This was important as she had received adjudications for missing appointments in the past.</li><li>• With Wendy's consent the Linkworker developed an information sheet to enable staff to better understand her needs. This allowed Wendy's manager to develop new ways of working with her, including highlighting important things to remember on her timetable and to allocate her tasks based on this information.</li><li>• During a difficult period, the Linkworker checked on Wendy outside of appointment times to ensure her wellbeing.</li><li>• The Linkworker discussed Wendy's needs with her support working in the community, prior to her release. This eased her anxiety about this transition and prompted her to think more positively about her release and to set goals of gaining employment in the community.</li></ul>

**Case study two – Eve. Tactics for success.**

Eve; white, in civil partnership and aged 40 years. She had never been to prison before and was sentenced for trafficking a class A substance. She had been diagnosed with depression and PTSD and had experienced a road traffic accident, as well as domestic violence. These occurred within two years of each other and both had contributed to her brain injury. Her injury was moderate to severe and was first sustained aged 38 years. Eve was seen by the Linkworker weekly over the nine months she was supported by the service and was in prison at the time of the interview.

<i>Reason for referral</i>	The referral to the Linkworker was made following a positive screening on the BISI at induction to the prison.
<i>Detailed assessment</i>	Neuropsychological impairments were found in relation to memory and concentration. Eve’s anxiety and depression levels at the initial screening were recorded as severe, and there was indication of abuse of substances. On discharge, Eve’s depression levels had decreased to moderate and there was no indication of anxiety. Additionally, Eve’s dependency on drugs and alcohol had also decreased.
<i>Actions and outcomes</i>	<ul style="list-style-type: none"><li>• The Linkworker taught Eve techniques to better remember appointments and tasks she needed to complete through writing notes to herself. Following the support from the Linkworker, Eve was able to better engage with the education department in the prison and completed a Business Administration course. She described how she had been able to overcome difficulties in remembering information and was better able to concentrate in sessions. This achievement boosted her confidence and she was looking forward to undertaking a new challenge through an IT course.</li><li>• Eve used the note writing and relaxation techniques developed by the Linkworker, as a way of thinking about her feelings before verbalising them. This enabled her to not speak or act rashly and avoid altercations with fellow prisoners or staff, which would lead to disciplinary actions. She described how previously this would have been very difficult for her to do.</li><li>• She described thinking more clearly through developing a plan with the Linkworker and was feeling positive about being able to achieve key milestones in her sentence in preparation for her release.</li></ul>



**Case study three – Karla. Missed opportunities.**

Karla; white, single and aged 55 years. She had never been to prison before and was sentenced for wounding with intent against a neighbour. She had been diagnosed with PTSD and had experienced domestic violence, which was the source of her brain injury. Her injury was moderate to severe and was first sustained aged 16 years. Karla was considered to be functioning in the prison environment and was signposted on to other services in the prison by the Linkworker. She was in the prison at the time of the interview.

<i>Initial assessment</i>	Karla was referred to the Linkworker through a member of staff in the education department.
<i>Detailed assessment</i>	Neuropsychological impairments were found in relation to memory and concentration, however, there was no recorded data for Karla's anxiety or depression levels. Prior to custody, she did report hazardous drinking, but was not dependent on drugs. She also had epilepsy and had suffered seizures as a child and throughout her adult life.
<i>Actions and outcomes</i>	<ul style="list-style-type: none"><li>• Karla could not recall the initial assessment with the Linkworker, but described how she was receiving support from the mental health nurse in the prison.</li><li>• Karla was also regularly seen by the healthcare team, particularly after suffering a seizure.</li><li>• Karla was engaging with the education department in the prison and also worked in a workshop.</li><li>• She did report needing help with her memory, but was not sure how the Linkworker could support her in the prison. She did not discuss goals or plans for her release.</li></ul>

**Case study four – Mary. Information sharing and risks.**

Mary; white, single and aged 33 years. She had been imprisoned before and was sentenced for robbery. She had been diagnosed with PTSD and had experienced a fall which had led to her brain injury. Her injury was mild and she was considered to be functioning in the prison environment and was signposted onto other services in the prison by the Linkworker. Mary was in the prison at the time of the interview.

<i>Reason for referral</i>	Mary referred herself to the Linkworker.
<i>Detailed assessment</i>	Neuropsychological impairments were found in relation to memory, however, there were no recorded data for Mary's anxiety or depression levels, nor dependence on drugs and alcohol. Mary had epilepsy and had suffered falls, which had led to hitting her head. It was not clear whether the epilepsy was present before the brain injury; both the brain injury and epilepsy were formally identified for the first time in prison. Mary had experienced domestic violence.
<i>Actions and outcomes</i>	<ul style="list-style-type: none"><li>• Mary described her needs in relation to better remembering information, but was able to describe how she promoted her memory through writing things down and this had been reinforced through the Linkworker.</li><li>• Mary wanted to better understand how her injuries had impacted her brain and had requested a referral for an MRI, however, she was unsure whether this was to go ahead.</li><li>• Mary suggested that the Linkworker could have supplied her with further information about coping with her brain injury and techniques to help improve her memory, which she could do in her own time.</li><li>• Mary also had experienced a seizure in the toilet and had fallen and hit her head. When staff came to help, she was asked what medication she had taken, with staff perceiving that she had collapsed due to taking a substance. Mary was frustrated at staff for not being aware of her medical condition and felt she was at risk of staff not being able to meet her needs.</li></ul>

### ***Comments on case studies***

Wendy's case illustrates the importance of the Linkworker's role as a source of information and expertise in the prison for women engaged with the service, and also for staff in the prison and through the gate. This information, with the service user's consent, can be shared with relevant persons working with women with a brain injury to ensure that all services in the prison and the community are better able to meet women's needs.

It was clear that the Linkworker was able to have a twofold impact on Eve through teaching tactics for remembering and relaxation. This meant that she was better able to engage with the education department as she was less aggressive to staff and prisoners and, therefore, able to participate in class as a student. These techniques also enabled Eve to achieve better learning outcomes, through completing courses she would have otherwise found very challenging. This promoted her confidence and self-esteem, which enabled her to think about new challenges for herself and, consequently, she was better able to cope with imprisonment.

Karla's case illustrates that although there was no need for direct input from the Linkworker, as Karla appeared to be managing her sentence, there was the potential for the Linkworker to enhance Karla's coping through teaching her strategies for remembering. This case shows that although the work of the Linkworker needed to be prioritised according to need, there were aspects of the service that could have improved the ability of women who were signposted on to other services to better cope with imprisonment. Through the limited availability and the high case load of one Linkworker in the prison, there were perhaps missed opportunities to better enable all women with a brain injury to cope with imprisonment.

Mary's case highlights the importance of information sharing across services in the prison. For example, there would have been a record that Mary screened positive for brain injury and had a history of epilepsy but attending staff were not aware of this information. There is also a concern in this case that there are risks to the individual woman when staff are not aware of medical conditions that have the potential to cause harm, including further brain injuries. Although it was possibly not the role of the Linkworker to share this information, Mary's case highlights the limitations of information flow within the prison establishment, and the significance of the Linkworker's role to enhance dialogue on particular needs within the prison.

## Section 5: Key findings and recommendations

Given the factors associated with brain injury, particularly TBI, including increased risk of violence, earlier age of first incarceration, a greater number of convictions, institutional infractions, reconviction, abuse histories, alcohol and drug use, mental health problems<sup>2</sup> and suicide<sup>1</sup> the importance of identifying brain injury among women in prison and offering neurorehabilitation is clear.

In line with previous studies on the prevalence of TBI among women in prison<sup>5</sup>, almost half of the Linkworker service evaluation sample had a mild TBI, followed by injury of moderate severity. This is in contrast to mild TBIs being identified in almost a third of men referred to a Linkworker service in an English prison<sup>71</sup>, further suggesting that pathways to and presentation of TBI among men and women differ. Furthermore, the self-reported injury cause among women in this evaluation sample is consistent with previous research that identified violence victimisation<sup>6, 8</sup>, road traffic accidents<sup>8</sup> and substance abuse<sup>6</sup> as the key factors, differing from pathways to TBI among men. This perhaps emphasises the need to pay attention to possible repeat victimisation of mild injuries among women with TBI, particularly given the high prevalence of self-reported domestic violence victimisation in the evaluation sample; this is of direct relevance to the UK Government's preventative strategy on domestic abuse<sup>78</sup>.

Although women victims of intimate partner violence and abuse are over-represented in the criminal justice system<sup>17</sup>, the high prevalence of violent and sexual abuse victimisation reported by the women referred to the Linkworker service, in addition to a higher prevalence of mental health problems than might be expected at HMP Drake Hall (in comparison to HMIP report data<sup>74</sup>), suggest that women with a TBI in prison have additionally complex presentations over and above those reflected in the literature on the needs and experiences of women in prison.

There was evidence through the qualitative accounts of women with a brain injury that they did seek help following domestic violence or a road traffic accident, but there was little awareness of how this may have caused a brain injury and how this might impact their behaviour in both the short- and the long-term. It is worth considering that these women may have forgotten such advice or support, as some of the participants struggled to recall details of their initial appointments with the Linkworker service, but this is also important in itself when developing strategies for working with women with a brain injury. This is consistent with previous study findings in the United States<sup>6</sup> and France<sup>8</sup> and highlights an international issue of a lack of support services engaging with people with a TBI in the community. These findings are particularly concerning when considered with the high rates of anxiety and depression reported by women with a brain injury<sup>7</sup> which might be exacerbated further through a lack of understanding of themselves and of the impact of their

brain injury on their behaviour. Amongst the sample of women interviewed for this evaluation, there was a clear lack of understanding of how their behaviour was affected by their brain injury and the services of the Linkworker were particularly key to gaining this insight and to enhancing women's understanding of themselves. There was also a clear linkage between the Linkworker and services in the prison and in the community to better understand the needs of these women with a brain injury which, from the perspective of the women interviewed for this evaluation, were not previously met by other offender rehabilitation services. Although without the remit of this evaluation, it might be that the limited awareness of brain injury within custodial settings extends to other areas of the criminal justice and health systems; increased awareness of brain injury might support women with a brain injury on release from prison and prevent further victimization and recidivism.

The sequelae of TBI among the women referred to the Linkworker service were in line with previous research that indicated problems with memory, attention, anxiety and depression<sup>7</sup>, adding further support to the profile of self-reported sequelae among women with a brain injury as differing from those of men. This raises a gendered consideration to approaches to assessment of women with TBI, additionally given that the injury severities and frequencies seem to differ by gender and might have an impact on presenting sequelae. A gender-informed approach to the screening and assessment of brain injury among women in prison might differ from that in the men's estate, with a view to maximizing opportunities for understanding cognitive impairments and supporting neurorehabilitation of women.

In addition to cognitive skills and education on brain injury, women who were seen on a one-to-one basis experienced the support of the Linkworker as having improved their mood and self-esteem, as well as enhancing their confidence and positivity, some of which was also reflected in pre-post intervention assessment outcomes in terms of reductions in symptoms of depression and anxiety. These are key factors that have been previously identified as being essential for a woman to engage in rehabilitative programmes<sup>9, 10, 11</sup>, and enable skills to be developed for a woman to enhance their problem solving<sup>12</sup>.

For the women who took part in this evaluation, an important aspect of the Linkworker role was to communicate with staff about the events that led to their brain injury, to avoid self-disclosure of their trauma. Staff awareness protects a woman from having to continually disclose traumatic events in order for staff to be mindful of their needs. This has been highlighted by women as important, due to the feelings of hopelessness that arise when nothing changes after disclosure of trauma, the perception of not being listened to<sup>79</sup> and concerns relating to re-traumatisation<sup>80</sup>. In fact, some trauma informed approaches provide advice that

staff should consider that all women have experienced some form of trauma and, therefore, even without disclosure, they should be sensitive to the presentations of women<sup>81</sup>. It is also advocated that trauma informed programmes for women in prison should include a female facilitator<sup>82</sup> and create a mutual, caring and empowering relationship<sup>83</sup>. In this case, it is clear that the female Linkworker developed the trust of the women in order for them to disclose their history of trauma and enabled them to develop a relationship. The view of the women interviewed was that this was not possible with other staff in the prison and there was not a perception of trust, particularly in holding a sense of being believed by staff. Some staff engaged well with the Linkworker and approached women with a brain injury with sensitivity of their needs and provided appropriate support to help them cope with prison life and preparations for their release. Many staff also recognised that the Linkworker had effectively established trusting and meaningful relationships with the women working with her; something which some staff interviewees identified as comparatively lacking in other staff-prisoner relationships. However, some staff appeared more sceptical of the motivations of women with a brain injury, particularly when it was perceived that this was being used to excuse or explain away non-compliance with their sentence plan or the regime, a finding reflected in previous research<sup>7</sup>. This has the potential to undermine the work of the Linkworker to support women with a brain injury and may lead them to experience further trauma in the prison environment.

There was evidence from the women interview participants that the role of the Linkworker offered support to mitigate aspects that might otherwise infantilise them<sup>84</sup>, through empowering them to access services and engage in educational courses in the prison. There was also evidence that the Linkworker enabled them to develop more meaningful relationships with staff, who were better able to provide the support they needed when informed of their brain injury. The role of the Linkworker was particularly important in women overcoming difficulties in remembering and attending appointments, and engaging in rehabilitative programmes and, therefore, progressing positively with their sentence plan and enhancing compliance with the prison regime. However, it is important to consider that access to this support left women reliant on the Linkworker; another member of staff, whose non-permanence clearly left many of the women feeling bereft when the pilot provision of the service came to an end. These feelings might have been exacerbated by difficulties for women at HMP Drake Hall in accessing healthcare services<sup>74</sup>, which renders the Linkworker support to this vulnerable group with complex needs even more pressing. Consequently, there is a need to develop the prison environment and its staff to better meet the needs of women with a brain injury in prison and to complement the services of the Linkworker. This would offer

a holistic approach to working with women with a brain injury, equip prison staff to support women, and avoid overreliance on one service for support.

The situation of a service is an important consideration in evaluation in order to understand the relevance and potential impact if implemented elsewhere. At the time of service implementation (and as recorded by the HMIP report<sup>74</sup>), it is likely that the population of women at HMP Drake Hall was not as diverse as that of the women's estate in England and Wales, and women self-reported more problems with mental health than might be expected in comparison to other women's prisons. There was an over-representation of White British women (in comparison to the population at HMP Drake Hall) referred to the Linkworker service and this might reflect reluctance among Black, Asian and Minority Ethnic groups to seek support for their mental health<sup>77</sup>. There is perhaps a need to pay attention to the needs of women beyond gender, including access to support and consideration of culture and ethnicity in accessing services for mental health. Shortly prior to the Linkworker service implementation, women at HMP Drake Hall felt that their support needs were not met but relationships with staff were positive. The prison had rolled out staff training in trauma and the possible impact of trauma histories on women in prison. There was some recognition that staff working specifically with case management might feel more confident in working with women if they received training in gender-sensitive practices. In many ways, HMP Drake Hall was pioneering positive working with women in prison. Nonetheless, there were clear challenges to the integration of the Linkworker service within the broader prison context, including specific considerations around trauma-informed approaches to working with women and awareness of TBI. Therefore, future implementations would need to develop clear strategies for integration of all services within a prison in order to support to best effect the good work of the Linkworker service. This would be in line with UK Parliament recommendations for a "whole prison approach"<sup>13</sup> (p.4) and the *Female Offender Strategy*<sup>16</sup>.

In terms of representativeness of the women who engaged in interviews for the evaluation, participants seemed to be characteristic of the women referred to the Linkworker service in terms of age, ethnicity, experience of previous custody, mental health, referral source, age of first injury and cause of injury. An exception was severity of brain injury. Most of the participants had moderate-severe or severe brain injuries, which was disproportionately higher than the number of women with such injuries referred more broadly to the Linkworker; conversely, just two women had a mild brain injury. Although it was not possible to explore from the available data, it might be that women with a brain injury of at least moderate severity had fewer opportunities for progression of their sentence plan and movement towards the community (i.e. they were still in the establishment at the time of data collection whilst other women had moved on), or it might be that these women

were serving longer sentences perhaps indicative of more serious – possibly interpersonally violent – offences. Follow-up of women with brain injury within and beyond prison might assist with an understanding of the relationship between offending behaviour, brain injury, engagement in, and compliance with, sentence planning, support and management needs in the community, and desistance.

A summary of the findings, against evaluation objectives, is presented below.

***Objective 1 – Investigate the value of identifying women with a brain injury who enter custody.***

For the women prisoners who received on-going, one-to-one support through the Linkworker, a high level of personal value was attributed to engagement in the service. Women spoke of the Linkworker as offering a non-judgmental space in which they felt listened to and supported in communicating and negotiating the meeting of needs. Women spoke of their engagement in the Linkworker service as helping to improve self-confidence and self-compassion through understanding of the consequences of their brain injury on day-to-day activities and cognitive functioning. Some women spoke of this process as empowering in the context of living in a prison system experienced as powerful and controlling.

Women who were signposted by the Linkworker to other services spoke about the value of understanding how their previous trauma experiences might have contributed to a brain injury. They highlighted the ways in which their engagement with the Linkworker service helped them to understand and manage their difficulties. The value of multiple referral points (e. g. reception screening, self-referrals) to the service meant that women who thought that they did not have a brain injury, or who had mild impairments, were identified and diverted to appropriate interventions. However, the participants also expressed some anxiety about the assessment process and the implications for them of having a brain injury identified, particularly in terms of stigmatisation and negative reactions and bullying from other prisoners and staff. This group of women prisoners who were signposted on to other services by the Linkworker also spoke of a sense of false hope in obtaining support for difficulties encountered. They held an expectation that in being assessed for the Linkworker service they would also receive an on-going intervention from the Linkworker; for some women, being signposted on to other relevant services did not offer sufficient personal gain for them to continue with follow-up appointments with the Linkworker, even though such sessions would offer a form of indirect support.

Staff spoke about the value of the Linkworker service in helping them to understand how they might best support women with a brain injury, particularly where this was relevant to their sentence plans and daily activities. The value in identifying women



with a brain injury was also acknowledged when planning for release and on-going risk management, for example in consideration of the impact of sequelae on engagement and possible adaptations required to routine risk management plans.

***Objective 2 – Evaluate the extent to which the Linkworker service can develop a care pathway and provide dedicated support to women with a brain injury.***

Positive outcomes in mental health and self-esteem were identified on discharge from the Linkworker service. Women who received on-going one-to-one support through the Linkworker felt that the service was accessible, with value in multiple points of access (induction screening, staff- and self-referrals). The assessment process was experienced as personally meaningful, albeit often emotionally difficult to engage with, due to discussing the traumatic antecedents to their brain injury (primarily intimate partner violence victimisation and road traffic accidents). Women who received one-to-one intervention spoke of an individualised, formulation-based approach and bespoke support (e. g. skills training, education on brain injury, communication strategies) to help service users understand and effectively explain to others their needs relating to the consequences of their brain injury. From the experience and perspectives of these women, there was evidence that the service was fully embedded within the prison system, rather than simply an isolated adjunct, and offered a pathway of integrated care. Examples were offered of the Linkworker reaching out to operational staff in case consultation and behavioural management, supporting women in building confidence in communication of their daily needs with operational staff, and offering practical strategies for managing cognitive difficulties (poor memory was a recurrent theme).

Women who received initial support and signposting to other services were offered follow-up appointments with the Linkworker and bespoke written documentation (for example, psychoeducation, strategies for managing difficulties). However, perhaps due to memory difficulties and/or the length of time passed since engagement with the Linkworker service, some women interviewed in this evaluation found it difficult to recall this support and it was unclear whether there was consistency in service delivery. Support was provided within the scope of the Linkworker service model, but women spoke about having a higher level of need for support from the service than that which was provided. This finding might reflect higher prevalence of perception of unmet support needs among women at HMP Drake Hall (as recorded in the recent HMIP report<sup>74</sup>), or a sense of genuine value of the Linkworker service – for women who received one-to-one support - that the signposted women felt unable to take full advantage of.

Staff with diverse roles in the prison were aware of the Linkworker service and referral processes and had developed knowledge of brain injury. Staff spoke about the service as responsive to the needs of individual service users, and noted that support was provided in a timely manner. The variability in completion of the OASyS documentation (responsibility for which was located outside of the Linkworker service) meant that it was not possible to conclude from documentation whether the Linkworker service was embedded within the prison system (and therefore supporting a care pathway and sentence plan). However, there was evidence that clear efforts were made by the Linkworker service to engage with key staff in supporting the sentence planning of women service users who engaged in one-to-one support. The one good example of integration of the Linkworker service in the OASyS documentation offered an opportunity for continuity of formulation of offending behaviour and presenting needs, as well as practical strategies to support risk management. There is perhaps a need for staff with responsibilities for completion of OASyS and sentence planning documentation to engage with the Linkworker service to support risk reduction and management planning. Furthermore, it would be important for staff to talk to the women for whom they are writing such reports about their brain injury and associated support needs, and to reflect this in sentence planning documentation.

***Objective 3 – Provide suggestions as to how the Linkworker service can be made more effective.***

Women interview participants made recommendations to avoid the use of the term brain injury, irrespective of the level of support received (no alternative terminology was suggested by the women). The reasons for this were stigma and labelling with consequent difficulties with other prisoners and operational staff. This is pertinent in the context of HMP Drake Hall being active in rolling out training on trauma to staff and prisoners, and would be a critical consideration for implementation in areas of the women's prison estate. Women spoke of feeling a sense of relief at the identification of a brain injury because it alleviated anxieties about other potential mental health problems and offered the women a compassionate framework for understanding their difficulties. Therefore, it might be that the Linkworker service could be made more effective by prison system improvements in understanding of mental health problems among operational staff and addressing a prisoner culture of stigma and discrimination against people with mental health problems, and would support a "whole prison approach"<sup>13</sup> to (p.4) to prison reform. In the context of increasing trauma-informed approaches that consider the complexity of needs of women in prison, including their mental health needs, this does not appear to be an unrealistic future progression of the work in this area. Given HMP Drake Hall's ambition to become trauma informed and an enabling environment, this setting

would appear appropriate to build and develop best practice approaches to improving the experience of women with mental health problems in custody.

Women prisoners who received on-going one-to-one support through the Linkworker service made a recommendation for group work to follow on from one-to-one provision, to offer a supportive space and opportunities for skills maintenance and continuing development. This seemed to be important to the women because aspects of the prison culture consistently undermined their abilities to continue with cognitive, communication, and emotion management skills practice beyond the one-to-one support. For example, difficulties in negotiating the meeting of their needs with operational staff or managing day-to-day activities in the context of perceived stigma. A maintenance support group might help to support the confidence of women in managing activities of daily living in prison and increase agency beyond the prison walls. The need for a support group was also raised by the women prisoners who were signposted on to other services. The women spoke about how this might be helpful for skills development and practice, as well as building up a network of peer support and feeling that there were other people who understood and had a shared experience of their difficulties. Women interview participants attributed value to support groups in both Linkworker service pathways. Although there might be challenges to such provision in prisons (for example, support groups would typically require two staff facilitators and this might incur additional resource implications for the Brain Injury Linkworker service), due consideration should be given to this recommendation by women for future service implementation.

Women prisoners who were assessed by the Linkworker and signposted on to other services seemed to hold expectations of the Linkworker service that did not match the service model. These women seemed to want help for their difficulties (reported as problems with retention of information and forgetfulness) but felt frustrated that these specific needs were not met within the Linkworker service and they were required to be active in seeking support elsewhere following signposting to other services. There was a sense from this group of women that they had been let down or rejected, so particular sensitivity might be paid to managing the signposting process. Clarification of process and outcomes of the assessment were recommended by these women. A small, fixed number of one-to-one sessions post-assessment might support women's confidence in communicating with other people about their difficulties, developing and maintaining skills, and negotiating the meeting of their needs.

Furthermore, the audit of the OASyS documentation did not reveal any evidence that the Linkworker service had influenced sentence planning and risk management for women who were subsequently signposted on to other services following initial

assessment. These women spoke about the need for the Linkworker service to engage with key staff involved in their management and care so that the impact of brain injury on their daily activities might be taken into account. Although women service users were provided with a pack about brain injury, including bespoke letters describing sequelae and support needs (some of whom did not recall this intervention), there again seemed to be a higher level of support required by these women than was available within the Linkworker service model. A specific recommendation was made by women to record the outcome of the Linkworker assessment on the C-NOMIS system, so that there might be continuity across services and establishments. Recording of this information was embedded within the Linkworker service but the experience of the women might reflect a lack of awareness of this information as being relevant to staff when reviewing the documentation, so not taking this forward to practice. If Linkworkers were not provided with access to the C-NOMIS system, then additional liaison might be required through the Offender Management Unit of the establishment.

Staff explicitly spoke of the need for the Linkworker service to continue. In terms of improving efficacy, issues around methods of communication were raised during the staff interviews, with a particular focus on the sharing and flow of information. For example, it might be that staff in the mental health service can access the outcome of a referral to the Linkworker service, but this does not hold salience to prison officers and other operational staff, so there is a perception that this information is unavailable. This is possibly a consideration for prison information-sharing protocols, rather than the Linkworker service specifically. Enhancing information sharing and flow could support linkage with sentence planning and formal documentation of the brain injury-related needs of women prisoners. This might also then alleviate the need for women to explain their brain injury and impact on their behaviour to individual staff and, once documented on OASyS and SystemOne, lessen the need for the Linkworker to confirm the brain injury.

Staff were also of the view that meaningful further training and support (rather than just 'awareness raising') in working with women with a brain injury was required. However, it is likely that optimal delivery will require some creative thought by the prison and Linkworker services, so as to achieve meaningful outcomes within the resource constraints of both services. Examples were offered that cognitive difficulties were often interpreted by wing staff as non-compliance or oppositional behaviour but, having received some brief brain injury awareness training from the Linkworker service, the staff participants in this evaluation were aware of how a more compassionate formulation framed around brain injury was of more benefit to the women prisoners and the staff.

Given the commitment to becoming trauma-informed identified in the government's *Female Offender Strategy*<sup>16</sup>, it is likely that work seeking to build upon and progress towards this goal – as the Linkworker service clearly has the potential to do – would be received favourably by the Ministry of Justice. Recommendations for improving effectiveness of the Linkworker service relating to trauma-informed approaches and gender-sensitive practice can be found under Objective 5.

***Objective 4 – Explore the added value of a brain injury Linkworker service alongside other prison health and rehabilitation services.***

The audit of the OASyS documentation for women prisoners who had received ongoing one-to-one support through the Linkworker service indicated that outreach by the Linkworker to key staff involved with the service user supported a shared formulation of offending behaviour, presenting needs, and risk management. There were examples in interviews with these women that the Linkworker supported service users to engage more effectively in their sentence plan through advocacy, enhancing confidence and communication skills, and developing practical strategies to manage problems with memory so that women could maintain commitment to appointments and work areas.

The staff spoke about the importance of the Linkworker service as covering an evident gap in service provision. For example, women with a known head injury and cognitive difficulties might have been referred to a GP but with no clear outcomes for management. In some cases, the Linkworker service was able to alleviate pressure on the Mental Health in Reach Team, which was able to discharge some women whose needs were met in the alternative Linkworker service. Staff spoke of the utility of the Linkworker service in offering practical guidance for service users and staff in management of the consequences of brain injury.

***Objective 5 – Explore any particular issues that arise when the model is applied to the women's estate.***

A key consideration for the application of the Linkworker model to the women's estate is the pathways to brain injury. Among the women interviewed in this evaluation, most had been victims of severe intimate partner violence. Some women had sustained (additional) head and brain injuries through road traffic accidents and falls when under the influence of drugs. The women spoke about the trauma of re-visiting these events in assessment of their brain injury and engagement with the Linkworker service and the lack of support on the wings for managing subsequent emotional distress (although a high level of psychological support was offered through the Linkworker service). Furthermore, women identified the circumstances of their brain injury as a barrier to disclosing this to other people (e.g. operational staff, other prisoners) because they did not want to

be met with the question of how the injury was sustained. It might be that individual trauma-focused work could complement women's engagement in the Linkworker service, in addition to increased operational staff awareness about trauma and training in response to psychological distress.

Women prisoners who received on-going support spoke of the importance of the gender of the Linkworker. The female Linkworker was identified as being someone who was sensitive to the gender-specific needs of the service users. Trauma histories were not referenced in relation to Linkworker gender considerations but given that many women in the evaluation samples had histories of severe violence victimisation by male partners (some women experienced victimisation by female partners), this might be an additional consideration in Linkworker gender.

There has been a long-standing recognition that in order to support women effectively within the criminal justice system, systemic change is required in terms of a 'gender responsive' framework. However, echoing established concerns<sup>85</sup>, our recommendation in this respect is to urge caution when invoking the language of 'gender responsivity' without a clear sense of what this means in practice. For example, the *Becoming Trauma Informed* toolkit<sup>80</sup> outlines a detailed model for creating a 'gender responsive' regime within the realm of custodial provision, and specifically identifies "site selection, staff selection, programme development, content, and material that reflects an understanding of the realities of the lives of women and girls, and addresses and responds to their strengths and challenges" as critical in this endeavour<sup>80</sup> (p. 4). The findings from the Linkworker evaluation have identified in great detail the utility of specific provision within the women's prison estate centred on screening for and supporting (either through intensive support or appropriate signposting) those with traumatic brain injury; however, as proponents of trauma-informed work have found, successfully embedding such initiatives requires permanent committees and "champions" to "generate interest", maintain support, and keep the cultural sea change required in our prisons "on the front burner"<sup>80</sup> (p. 5). We therefore recommend the creation of a similarly specific framework for action which explicitly states *why* the Linkworker service is 'gender responsive', how this is achieved, and to what effect for those women receiving support. Such frameworks also need to take account of the fact that such initiatives often operate against the cultural current in "oppressive disempowering contexts" such as prison<sup>86</sup> (p. 214), and that this consideration - teamed with what we know about the disproportionate pains of imprisonment for women<sup>46</sup> - should raise questions for future research regarding the ways in which we respond to criminalised women with brain injury.

***Objective 6 – Evaluate the value of brain injury training to staff alongside or separate from the Linkworker service.***

Staff spoke about value of the awareness raising training and the continued utility of skills learned. The Linkworker service made substantial efforts to optimise attendance at and engagement with training. However, there was a sense from some staff that brain injury awareness training was perceived in the prison staff group more generally as another training requirement 'to be ticked off' for prison governance and management purposes, and that staff anticipated that they would not feel empowered to take forward skills into practice. While some staff spoke of having some degree of 'awareness' around brain injury and presentation among women in prison, this was clearly limited in nature, and explicitly perceived as being different to being 'trained' in such matters.

Staff recommended refresher training, but also more outreach to operational staff, with hints and tips for considerations for the identification of brain injury and mechanisms of referral. There seems to be value in both psychoeducational training (this could be separate from the Linkworker service) and case consultation (embedded within the Linkworker service). It would also be recommended that staff from different services across the prison are brought together through these training and refresher sessions to encourage cross-department working and a holistic approach to supporting women with a brain injury. This, as evidenced through the staff interviews, would break down the barriers that can be evident across healthcare and prison offer roles in a prison setting.

The on-going work to create a 'trauma-informed' culture in women's prisons across England and Wales – including embedding the 'One Small Thing'/ Becoming Trauma Informed Tool Kit<sup>80</sup> into every day prison practice - is indicative of a growing proactivity in terms of effectively equipping staff in the female prison estate to support recovery from trauma. The five core values contained within the Toolkit – *safety, trustworthiness, choice, collaboration* and *empowerment* (pp. 2 - 3) – clearly map on to the findings of this evaluation, which identify the more positive aspects of the experience of being supported by the Linkworker at HMP Drake Hall. A core recommendation we are therefore making is that The Disabilities Trust consider partnership with One Small Thing to explore whether training on brain injury can be incorporated into existing 'trauma-informed' training practices, in conjunction with the Linkworker service.

## **Conclusion**

There is personal and practical value to women prisoners and staff in identifying brain injury. The women referred to the Brain Injury Linkworker service reflected general characteristics of women with TBI in prisons, as established in published

research. The women interviewed in this evaluation study were broadly representative of the women referred to the Linkworker service. There is evidence that the Linkworker service developed care pathways and offered individualised support to women prisoners with a brain injury in this 18-month implementation phase. Women who received one-to-one support and women who were signposted to other services identified value in the Linkworker service, and this was situated in the context of a high level of unmet support needs outside of the Linkworker service and competing demands on the Linkworker for support. The clear service model, as was evident in this Linkworker implementation, was critical to manage to best effect the demands on the service.

The women engaged with the Brain Injury Linkworker service had histories of adversity and abuse, with the majority of brain injuries being mild or moderate, and repeatedly sustained through intimate partner victimisation. This supports further the argument that there are distinct pathways to TBI for women, and possibly nuanced sequelae and presentations, that warrant gendered considerations in the assessment and neurorehabilitation of women. Disclosure of brain injury sustained in traumatic circumstances (e.g. intimate partner violence victimisation) is distressing and the gender of the Linkworker is likely to be critical to offering a gender-sensitive service for women prisoners. Beyond the immediate Brain Injury Linkworker service provision, prison staff training in trauma-informed practice and brain injury supports both the work of the Linkworker and the women in prison with TBI.

The Brain Injury Linkworker service for women was designed for and delivered in a prison that was making progress in trauma-informed practice but failed to provide sufficient physical and mental health care to address the high level of need among women prisoners; the Linkworker service addressed a gap in prison and Mental Health In-Reach Team provisions. The Linkworker service seemed to support women's engagement in their sentence plan, offered practical guidance for staff working with women with a brain injury, and alleviated pressure from other service provision (e.g. mental health). However, constraints on the Linkworker and prison service resources meant that there were limits on the depth of training provision and the number of prison staff who engaged in brain injury awareness training. This shortfall might have contributed to barriers to information sharing and flow about outcomes of Linkworker referrals and limits on the contribution of the Linkworker service to sentence planning documentation.

### **Recommendations for future Brain Injury Linkworker services for women**

The women who engaged with the Brain Injury Linkworker service made recommendations about how future services might be improved, and these suggestions seem to reflect the needs of the women with brain injury in this



evaluation. Service user experience might be enhanced with clarification of the process and outcomes of assessment, particularly with respect to signposting on from the service. A small, fixed number of one-to-one sessions post-assessment might support women's confidence in communicating with other people about their difficulties, developing and maintaining skills, and negotiating the meeting of their needs. Additionally, a peer support group would support skills development and maintenance. Each of these suggestions would have implications for staffing of a Brain Injury Linkworker service but consideration could be given to whether a group is delivered through or managed by the Linkworker service. Implementation of a peer support group would require evaluation.

There is value in staff training about brain injury and related issues. A Linkworker service might be supported through increased psychoeducational training for staff, and case consultation to support sentence planning, risk reduction and management.

Gender is a key consideration in the development of future Brain Injury Linkworker services for women, as is alignment with gender-responsive and trauma-informed practice. Successful embedding of such initiatives requires the establishment of permanent committees and creating the post of "champions" to generate support and maintain focus over time on creating the cultural sea change required in prisons<sup>80</sup> (p. 5). We therefore recommend the creation of a similarly specific framework for action, which explicitly states *why* the Linkworker service is 'gender responsive', how this is achieved, and to what effect for those women receiving support. Such frameworks also need to take account of the fact that such initiatives often operate against the cultural current in "oppressive disempowering contexts" such as prison<sup>86</sup> (p.214). Such considerations would also need to incorporate race, culture, and class within women-centred programmes. Future Linkworker services for women in prison might consider partnership with One Small Thing to explore whether training on brain injury can be incorporated into existing 'trauma-informed' training practices. Furthermore, availability of individual trauma-focused work would be required, and the Linkworker service would need to liaise with a Mental Health In-Reach Team (or other appropriate trauma-focused provider) to manage the timely sequencing of this intervention to support the needs of women engaged with the Linkworker.

### **Recommendations for the prison service**

Women with brain injury in prison present with a high level of complex need and there are links between TBI, poor mental health, suicidality and increased risk of violence. It is likely to be in the interests of the prison service (an aim of which is risk reduction) to support a whole-systems approach to the identification, intervention,

and management of brain injury<sup>13</sup>. A Brain Injury Linkworker service provides a strong framework on which to base such an approach.

To complement women's engagement in the Linkworker service, consideration might be given to offering operational staff training to manage psychological distress of women prisoners. A prison culture that addresses stigma and discrimination against people with mental health problems would further support the aims of a Linkworker service. Enhancing information sharing and flow is required to support the effectiveness of interventions, not limited to the Linkworker service.

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