Worldwide studies show that the incidence of brain injuries amongst young offenders in custody is significant (Williams 2012). The 2012 Children’s Commission report ‘Nobody made the connection’ stated that the prevalence of Traumatic Brain Injury (TBI) among the general population was between 5% and 24%, compared with rates of 65% to 76% amongst populations in youth custody (Hughes et al 2012). In a systematic review Hughes et al (2015) found the prevalence of TBI among incarcerated youths ranged from 49% to 72%, and there was consistent evidence of a higher prevalence of TBI among incarcerated youths; this disparity was more pronounced as the injury severity increased.

Because of the hidden elements of Acquired Brain Injury (ABI), young offenders entering the Youth Justice System (YJS) receive little or no treatment. Their differing needs and difficulties are not diagnosed or acknowledged, not understood or not taken into account when professionals are preparing cases and considering sentencing. The overall number of young people re-offending is decreasing annually, however in 2013/14 the re-offending rate increased 36.1% (Youth Justice Statistics 2013/14). In 2012/13 approximately £247 million was spent on the detention of young offenders by the Ministry of Justice and Youth Justice Board. Detention of these individuals results in a huge cost, personally, socially and financially.

The United Kingdom Acquired Brain Injury Forum (UKABIF) launched its latest Manifesto ‘Life After Brain Injury Manifesto for Children, Young People and Offending Behaviour’ to highlight the urgent requirement to identify brain injury problems early, ideally before children and young people enter the YJS. If children and young people can be identified as being ‘at-risk’ and are then supported, this may then prevent any offending behaviour occurring and/or reduce the likelihood of re-offending.

Consequences of brain injury in children and young people
Loss of memory, loss of concentration, decreased awareness of one’s own or others emotional state, poor impulse control and particularly poor social judgment are all consequences of brain injury. It is also associated with greater mental health problems, higher rates of depression or mood disorder and/or childhood developmental disorders.

Key messages:
- Brain injury is a significant variable in offending behaviour. Long-term brain injury in childhood and young adulthood is associated with an increased tendency of offending behaviour and, relative to the general population, there is a high prevalence of brain injury amongst young offenders in custody. Acquired Brain Injury is linked to earlier, repeated offences, a greater total time spent in custody and more violent offending
- Children and young people with Acquired Brain Injury are often failed by the health service, social care, education system and the youth and criminal justice system
- Acquired Brain Injury in children and young people should be considered a chronic health condition with associated ongoing, often life-long symptoms. It must be managed early to avoid long-term disability and to ensure rehabilitation is at its most effective. It must also be monitored long-term for problems arising post-injury
- Young people are not screened routinely for an Acquired Brain Injury until they enter a secure estate, by which time a cycle of re-offending may be triggered
- Children and young people in the Youth Justice System results in major personal, social and economic consequences

Brain injury is potentially more damaging in younger people because of the potential to disrupt cognitive development which can lead to an increased tendency for offending behaviour.

Early identification, intervention and management
Early identification, intervention and management of brain injury is key to reducing offending behaviour and re-offending and/or help to manage the factors that contribute to the criminal behaviour.

There are two tools available for assessing brain injury; the Comprehensive Health Assessment Tool (CHAT) and the Brain Injury Screening Index (BISI®), the latter developed by The Disabilities Trust Foundation (DTF). A specialist brain injury Linkworker Service has been established by the DTF for prisoners in HMP Leeds and piloted with young offenders in Young Offender Institutions. The service works with those individuals identified using the BISI as having a brain injury, to address their problems, assist in their engagement with rehabilitation programmes and generally improve re-offending outcomes. The Linkworker provides one to one interventions for a caseload of young people with brain injury using psychoeducation and goal setting. The Linkworker works with agencies and staff to enable the young person to engage with services and rehabilitation programmes inside the prison and in the community. Brain injury awareness training is also provided to prison staff and Young Offending Teams to aid engagement in their programmes and achieve better outcomes. Support literature is provided to staff and young people on the effects of brain injury and ‘tips and tricks’ on support and self-management (http://www.thedtgroup.org/about-us/publications/the-foundation)
Ash (not the patient’s real name) was referred to the Linkworker service on being admitted into custody.

He was identified as a vulnerable prisoner due to ongoing investigation into historic head injuries which led to impulsive and erratic behaviour. It emerged that Ash had sustained multiple head injuries, the first occurring when he was very young and the second more recently. As a result of these injuries Ash suffered seizures and struggled with memory problems, processing information and dealing with multiple tasks. He also experienced episodes of uncontrollable anger during which he was unaware of what he was doing.

The Linkworker secured an appointment with an NHS Neurology team and accompanied him to support and share information with the consultant. The Linkworker subsequently contributed to a pre-sentence report, explaining the link between Ash’s cognitive, emotional and behavioural problems and his brain injuries. As a result Ash received anger and memory interventions support.

Ash now independently uses techniques learnt to improve his memory; he writes lists of things he needs to do, leaving them on his shoes so that he remembers to take them with him. Ash feels this has improved his independence and ability to manage his memory impairments on a day to day basis (http://www.thedtgroup.org/media/134598/annual-review-2015.pdf).

The recent position paper from the British Psychological Society (2015) proposes six ‘Calls to Action’ including early intervention, screening and rehabilitation, training and guidance, commissioning, data sharing and further research. UKABIF would like to see increased awareness and training about the prevalence of ABI amongst children and young offenders throughout the youth and criminal justice system, and an acceptance and understanding of the need for assessment and management in hcommunity e.g. Youth Offending and Probation Teams and custodial settings. An easy-to-use assessment tool e.g. BSI should be used to facilitate the identification of those children and young people with ABI who are ‘at-risk’ of offending. Having identified the relevant individuals, guidelines for the management of children and young people with an ABI who are ‘at-risk’ of offending should be developed for use in the health and education system and social services.

UKABIF MANIFESTO RECOMMENDATIONS

• Increased awareness and training is required about the prevalence of Acquired Brain Injury amongst children and young offenders throughout the youth and criminal justice system, together with an understanding and acceptance of the need for early assessment and management. Brain injury should be a key consideration when making decisions about children and young people on arrest

• Long-term, ongoing monitoring of children and young people with an Acquired Brain Injury is required. Early intervention is essential, by trained professionals within the school and healthcare environments, when problems arise that highlight individuals who may be ‘at-risk’ of offending behaviour

• An assessment tool should be used in schools to facilitate the identification of those children and young people with Acquired Brain Injury who are ‘at-risk’ of offending

• Practical guidelines are required for the management of children and young people with an Acquired Brain Injury who are ‘at-risk’ of offending for use across all sectors; health, education and social services

For further information or copies of the Manifesto, please contact:
Chloé Hayward, UKABIF
E: info@ukabif.org.uk
www.ukabif.org.uk

REFERENCES


