HOUSE OF COMMONS LIBRARY

DEBATE PACK

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Acquired brain injury

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This briefing has been prepared ahead of the general debate on Acquired Brain Injury in the House of Commons Chamber on Monday 18 June.

Contents

1. Summary

A general debate on Acquired Brain Injury will take place in the House of Commons Chamber on Monday 18 June.

A wide range of issues may be raised during this debate such as provision of services for treatment and rehabilitation, head injury in sports and brain injury and the criminal justice system.

This briefing provides some background information on acquired brain injury, highlights some of the issues that may be discussed in the debate and provides links to further reading.

1.1 Acquired brain injury

Acquired brain injury refers to a brain injury of any cause after birth. This includes traumatic injuries such as following a road traffic accident or a fall, or non-traumatic causes such as stroke, tumours and infection.

The effects of a brain injury can be wide ranging, varied in severity and may be temporary or long term. The brain injury association, Headway, groups these potential effects into three groups:

- Physical effects such as fatigue, impaired mobility, weakness/paralysis and speech problems;
- Cognitive effects such as memory problems, impaired reasoning and reducing problem solving ability; and
- Emotional and behavioural effects such as personality changes, depression, anxiety and anger.

More information about these effects is provided in a 2017 Headway leaflet, The effects of brain injury

The UK Acquired Brain Injury Forum (UKABIF) provides the following information about the scale and the costs associated with brain injury in the UK:

> A report by the Centre for Mental Health stated that 1.3 million people live with the effects of brain injury at a cost to the UK economy of £15 billion per annum, based on premature death, the health and social care required as well as lost work contributions and continuing disability. This cost is the equivalent of 10% of the annual National Health Service (NHS) budget.[1]

Number of diagnoses of acquired brain injury

The chart below summarises data on hospital admissions in England due to Acquired Brain Injury (ABI). The data uses the ICD-10 codes advised by Headway to identify admission episodes: ABI Statistics Methodology.

Total ABI admissions increased year on year from 2000/01 to 2011/12 when they reached 301,400. Since then numbers have fluctuated between around 293,000 and 301,500 – the highest ever recorded level in 2015/16. Head injury and stroke account for the majority of cases.

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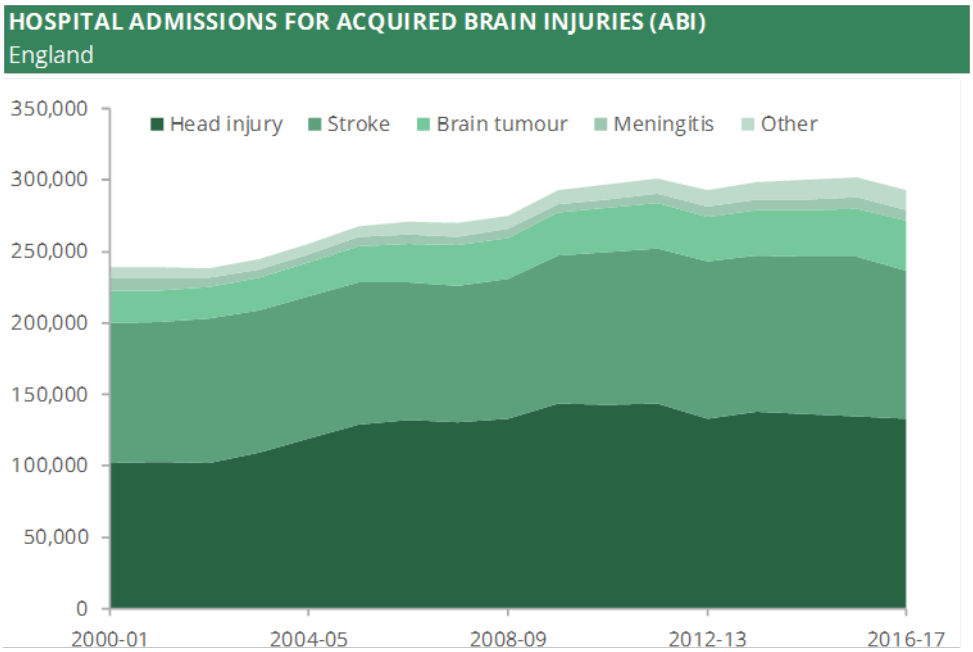
[1] UKABIF, Government debate on brain injury, 7pm -10pm (approx) Monday 18th June 2018, House of Commons chamber, June 2018



Source: NHS Digital Hospital Admitted Patient Care Statistics

1.2 Assessment and Treatment

There are a number of causes of acquired brain injuries (ABIs) including traumatic brain injuries from head injuries, as well as other causes such as strokes, brain tumours and brain haemorrhages. As a result, there is no one single treatment pathway for ABIs.

Treatment for major trauma is coordinated through regional trauma networks, centred around major trauma centres for the most serious injuries. Networks involve a triage system for assessing injuries prior to hospitalisation.

The National Institute for Health and Care Excellence (NICE) quality standard on Head Injury has the following standards related to rapid assessment:

- People attending an emergency department with a head injury have a CT head scan within 1 hour of a risk factor for brain injury being identified;
- People attending an emergency department with a head injury have a CT head scan within 8 hours of the injury if they are taking anticoagulants but have no other risk factors for brain injury.

The NICE clinical guideline, Head Injury: assessment and early management, also provides guidance on assessing head injuries for ABIs.

Although traumatic injuries are one cause of ABIs, injuries from other causes can often be harder to detect. In 2013, Headway, endorsed by the Royal College of General Practitioners, produced a factsheet for GPs on identifying ABIs, including the following guidance on some of the difficulties in diagnosing it:

> It can be all too easy to miss a previous ABI as the primary cause of a patient's difficulties. In many cases, people with ABI show no external signs of injury, so there are no visual clues to the

> condition. For this reason the condition is often referred to as the 'hidden disability'. This is even true in many cases of traumatic brain injury, when the external wounds have healed well.
>
> Symptoms can overlap with other conditions, such as depression, post-traumatic stress disorder (PTSD) and other mental health problems, and if someone has a complex medical history it can be easy to focus on the wrong thing. The patient may also lack insight and awareness of their own problems and fail to report relevant information, therefore complicating matters further.[2]

1.3 Rehabilitation

Campaigners on the provision of ABI services often point to a lack of sufficient rehabilitation services, both inpatient and community, or a variation in provision depending on locality. In calling for this debate, Chris Bryant, Chair of the APPG on ABI, highlighted concerns with inpatient services:

> Can we have a debate in Government time on acquired brain injury? It is a delight that, thanks to the introduction of major trauma centres across the country, 500 more people are kept alive every year, but unfortunately more than a quarter of those major trauma centres have no rehabilitation consultant, so people are not able to get the important support they need to get back on their feet and able to look after themselves. We can make a real difference to people's lives if only we try hard.[3]

In another contribution, Chris Bryant called for a Bill to guarantee a 'rehabilitation prescription' for anyone with a brain injury following hospital treatment. The rehabilitation prescription is of a rehabilitation clinical record that runs alongside the patient's medical clinical record.[4] Under NHS England's Best Practice Tariff for major trauma, payments are only made to major trauma centre providers where a rehabilitation prescription is completed for each patient above a certain level of severity of injury.[5]

The NICE quality standard on head injury does not refer to the rehabilitation prescription specifically, although it does set out the following standards:

- People who are in hospital with new cognitive, communicative, emotional, behavioural or physical difficulties that continue 72 hours after a traumatic brain injury have an assessment for inpatient rehabilitation.
- Community-based neuro-rehabilitation services provide a range of interventions to help support people (aged 16 and over) with continuing cognitive, communicative, emotional, behavioural or physical difficulties as a result of a traumatic brain injury.

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2 Headway, Management of acquired brain injury: a guide for GPs, 2013
3 HC Deb 8 February 2018, cc1663-4
4 More information can be found in the British Society of Rehabilitative Medicine publications Rehabilitation for patients in the acute care pathway following severe disabling illness or injury: BSRM core standards for specialist rehabilitation (2014) and Implementing the Rehabilitation Prescription (2013)
5 NHS England and NHS Improvement, 2017/18 and 2018/19 National Tariff Payment System, Annex F: Guidance on best practice tariffs, December 2016, para 126

In its briefing for this debate, the UK Acquired Brain Injury Forum (UKABIF) set out the following recommendations with regards to rehabilitation:

- A review of neurorehabilitation is required to ensure service provision is adequate and consistent throughout the UK
- An increased number of neurorehabilitation beds are required and an increase in the number of neurorehabilitation professionals
- Co-operation between the Department of Health and the Department of Work and Pensions is required to review funding for in-patient and community neurorehabilitation services
- Rehabilitation Prescriptions must be made available to all individuals with an ABI post-discharge from acute care[6]

The call for a review of rehabilitation services, to address perceived variations in service, is not a new one. In its 2001 report on Head Injury: Rehabilitation, the Health Committee criticised the community and inpatient rehabilitation services available to patients with ABIs. In 2012, an Early Day Motion referred back to this report, and called for a national audit of rehabilitation.[7]

In July 2017, Ben Bradshaw asked what progress the Government had made on implementing the Committee's recommendations from 2001. The Health Minister, Steve Brine responded that:

> This is a matter for NHS England as the body responsible for commissioning providers of neuro rehabilitation across England.
>
> NHS England's current specification for neuro rehabilitation takes account of research based evidence which shows that:
>
> - Rehabilitation in specialist settings for people with traumatic brain or spinal cord injury and stroke is effective and provides value for money in terms of reducing length of stay in hospital and reducing the costs of long-term care;
> - Early transfer to specialist centres and more intense rehabilitation programmes are cost effective, the latter particularly in the small group of people who have high care costs due to very severe brain injury;
> - Clinical and cost-benefits are similar for people with severe behavioural problems following brain injury; and
> - Continued co-ordinated multidisciplinary rehabilitation in the community improves long-term outcomes and can help to reduce hospital re-admissions.
> - This specification is used within contracts held between NHS England and providers of neuro rehabilitation across England. Each region is responsible for monitoring the performance and quality outcomes of the service provided, as described within the specification.[8]

UKABIF has highlighted some of the potential cost benefits of specialist rehabilitation services:

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6 UKABIF, Government Debate on Brain Injury, June 2018
7 Early Day Motion 292, 28 June 2016
8 PQ 5671, 21 July 2017

> On average, the cost of the initial rehabilitation programme was offset by savings in the cost of ongoing care within just 16 months, leading to an average saving in lifetime care costs of £1,475,760. This makes specialist rehabilitation one of the most cost-efficient areas of healthcare provision in the NHS.[9]

1.4 Sport and brain injury

Concerns have been raised about the risk of concussion and brain injury while playing sport. Some doctors, health experts and politicians have called for boxing to be banned.[10] A *Guardian* report of 30 September 2017 looks at some of the risks in football.[11] The websites of the Rugby Football Union and Rugby Football League both include information on concussion.

Baroness Tanni Grey-Thompson's Duty of care in sport report (April 2017) includes a chapter on safety, injury and medical issues. This recommends, among other things, that:

- NGBs [national governing bodies] that instruct doctors or medical experts to review concussion protocols should ensure that they are regularly checked to ensure tests remain accurate and are not easily subverted by those wishing to return to sport or field of play early.
- All sports (even those who may not be readily thought susceptible to concussion) need to be aware of concussion protocols and work together to ensure they have something in place and communicate with other organisations.
- All contact sports to consider pre-season concussion awareness courses.
- Consideration should be given to the separation of medical services within a sport's performance department to give a clear line of demarcation to ensure that medical advice cannot be compromised.
- Government should consider how different government departments and agencies can work together on concussion and other medical issues[12]

1.5 The criminal justice system and brain injury

One of the issues that has been raised both inside and outside Parliament recently is the estimated high prevalence of brain injury in the young offender population and what can be done in all parts of the criminal justice system to ensure that this is identified and appropriate support and services are provided for those with brain injury.

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9 UKABIF, What are the benefits of Neurorehabilitation?, February 2017

10 For discussion see: "Mike Towell death prompts renewed calls for boxing ban", Guardian, 1 October 2016; "Should we ban boxing?", British Medical Journal, 27 January 2016; British Board of Boxing Control website, Boxing, the facts

11 "Football is heading for trouble over brain injuries caused by the ball", Guardian, 30 September 2017; see also "Concussion may have led to Loris Karius's calamities, says US hospital", Guardian, 4 June 2018

12 Baroness Tanni Grey-Thompson, Duty of Care in Sport: Independent Report to Government, April 2017, p25

An October 2016 report of a Commons Justice Select Committee Inquiry, The treatment of young adults in the criminal justice system provided a specific look at brain injury in young offenders:

> Taking head injury as an example, there is far higher prevalence of Acquired Brain Injury—estimated to be between 50-60%—among young prisoners compared to older prisoners. Young adults with traumatic brain injury (TBI) are even less likely to reach full neurological development by their mid-20s. The consequences of TBI include poor memory; reduced concentration capacity; reduced ability to process different streams of information; poor initiation and planning; lack of self-monitoring; decreased awareness of one's own or others' emotional state; and particularly, poor social judgments. This can contribute to behavioural problems, such as conduct disorder, attention problems, increased aggression, and impulse control problems, and mental health problems like anxiety and depression. Perhaps not surprisingly therefore it is associated with earlier onset, more serious, and more frequent offending and those with TBI typically present with especially complex needs and can be particularly challenging to manage. The Centre for Mental Health has estimated that a traumatic brain injury increases the likelihood of crime by at least 50%.[13]

The Committee also highlighted that the experience of the criminal justice system can be particularly challenging for young people with neuro-disabilities, neuro-developmental disorders and mental health conditions and that a change in policy and practice was required to address this. It recommended screening for these conditions, raising awareness and improved support.[14]

The Justice Committee held a follow up one-off evidence session on young adults in the criminal justice system in November 2017. Following this, in May 2018, the then Parliamentary Under-Secretary of State for Justice, Dr Phillip Lee wrote to the Committee to update them on action being taken. This included the following information about screening and raising awareness on acquired brain injury in offenders:

> **Acquired brain injury**. We are improving identification and support of brain injury through grant funding to the Disabilities Trust. This will pay for a pilot in four English prisons, a Welsh prison and a Welsh Approved Premises. It will develop and test how we understand and meet the needs of those with Acquired Brain Injury (ABI) or Traumatic Brain Injury (TBI). This work includes staff awareness training in relation to brain injuries and training in the administration of a screening measure.
>
> **Training court staff in brain injury.** In Wales, we are funding Brain Injury Staff Awareness training from The Disabilities Trust. This targets court-based staff, as well as staff from other HMPPS sites across Wales. This will improve awareness at the sentencing level to ensure an individual's risk and needs are appropriately

13 Commons Justice Select Committee, The treatment of young adults in the criminal justice system, October 2016

14 Commons Justice Select Committee, The treatment of young adults in the criminal justice system, October 2016

considered and alternative rehabilitation or treatment pathways are considered. Training events are scheduled for early 2018.[15]

The Disabilities Trust provides further information about its work in prisons and young offender institutions with people with brain injury. This includes screening for individuals with brain injury, training and offering support with education and training. More information is provided in a 2015 report on the Brain Injury Linkworker service.

More information about brain injury and the criminal justice system is provided in the following sources:

- National Prisoner Healthcare Network, Brain Injury and Offending, 2016
- The Disabilities Trust, Brain injury and offending
- Professor Huw Williams, Repairing Shattered Lives: Brain Injury and its implications for criminal justice, Barrow Cadbury Trust, 2015
- Michael Parsons, Traumatic brain injury and offending, An economic analysis, Centre for Mental Health, 2016

1.6 Support for children and young people with acquired brain injuries – schools in England

Special educational needs (SEN) provision

Background on the current arrangements for supporting children with special educational needs in schools in England can be found in a separate briefing paper:

- Special Educational Needs: support in England, updated 20 April 2018.

As this sets out, the type of support that children and young people with SEN receive may vary widely, as the types of SEN that they may have are very different. However, two broad levels of support are in place - SEN support, and Education, Health and Care Plans:

SEN support - support given to a child or young person in their pre-school, school or college. In schools, it replaces the previously existing 'School Action' and 'School Action Plus' systems. For children of compulsory school age the type of support provided might include extra help from a teacher, help communicating with other children, or support with physical or personal care difficulties.

Education, Health and Care Plans - for children and young people aged up to 25 who need more support than is available through SEN support. They aim to provide more substantial help for children and young people through a unified approach that reaches across education, health care, and social care needs.

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15 Commons Justice Committee, Response from Minister of State for Justice, relating to evidence session on young adults in the youth custodial estate, dated 21 May 2018

Parents can ask their local authority to carry out an assessment if they think their child needs an EHC Plan. A request can also be made by anyone at the child's school, a doctor, a health visitor, or a nursery worker.

Pupils with medical conditions and/or disabilities – schools' duties

Under S100 of the *Children and Families Act 2014*, as amended, maintained and academy schools in England must make arrangements to support pupils with medical conditions. There is DfE guidance (December 2015) on schools' duties in this area. Parts of this guidance are statutory, and parts are non-statutory; it covers areas such as working with parents, carers and other health and social care professionals, and drawing up individual healthcare plans.

Part 6 of the *Equality Act 2010* requires schools to provide reasonable adjustments for disabled pupils, and to avoid discrimination. The Equality and Human Rights Commission (EHRC) has published technical guidance (July 2014) setting out schools' responsibilities in relation to the 2010 Act, and separate guidance (April 2015) on the practical implementation of the reasonable adjustments duty.

Sources of information and support on acquired brain injury and education:

- *Children's Trust/ Brain Injury Hub* web briefing, 'Returning to education after ABI: an introduction', November 2015.
- *Headway* factsheet, 'Returning to education after brain injury', 2016.
- Health Conditions in Schools Alliance website.
- *United Kingdom Acquired Brain Injury Forum* website section, 'Signpost education resources for professionals'.

2. Press releases

Chartered Society of Physiotherapy (CSP)

Acquired Brain Injury Alliance launches campaign on rehab prescriptions for brain injury patients

15 May 2018

The Acquired Brain Injury Alliance has launched a campaign for all patients leaving hospital after treatment for an acquired brain injury to have a copy of their rehab prescription, which must also be forwarded to their GP.

Michael Barnes, chair of the Acquired Brain Injury Alliance, said: 'The rehabilitation prescription is a valuable tool that documents the rehabilitation needs of the individual with an acquired brain injury.

'It has no value if the individual and their GP don't receive a copy. And if the individual and the GP don't know what rehabilitation is required, then no access to services can be planned or implemented.'

Feedback from a freedom of information request by an alliance-related organisation, which was sent to all clinical commissioning groups in England last year, showed that recognition of rehabilitation prescriptions was 'inexcusably low'. Only four were positive about this, the alliance said.

Disappointing findings

It also said that an audit in 2016 showed that while 22 major trauma centres reported routinely completing a rehabilitation prescription, only one in three sometimes or always gave a copy to the patient.

Jakko Brouwers who chairs ACPIN (the Association of Chartered Physiotherapists in Neurology) said he supported the campaign.

'I have worked most of my life in brain rehab and we have always had a standard multidisciplinary discharge report, which is forwarded to the patient, the GP, the treating consultant and any follow-up services, he said. 'Every service should do it.'

He described the alliance's findings as disappointing and suggested this could be due to a lack of coordination between acute and other services.

The Acquired Brain Injury Alliance is a collaboration between charities, professional groups and industry working in the field of acquired brain injury. It works across the UK to improve services for children and adults with acquired brain injury.

Website links

Acquired Brain Injury Alliance

Specialist rehabilitation for patients with complex needs following major injury

Association of Physiotherapists in Neurology

Headway

Charity study highlights the power of positive relationships

14 May 2018

A new study by the charity Headway has shown the positive impact relationships can have on helping to rebuild people's lives following a brain injury.

The study, which was conducted as part of the charity's You, me and brain injury campaign, showed the dramatic ripple effect that can be caused by brain injury, impacting not only the individual but also the lives of partners, family members, friends and even colleagues.

Peter McCabe, Chief Executive of Headway, said: "Relationships can be complex for all of us, but even more so if you are directly affected by brain injury.

"Tragically, many people lose important relationships following brain injury, often leading to isolation and loneliness.

"However, what is also clear from our findings is that friends and family have a huge role to play in helping people to regain confidence and improve life after brain injury."

The study, comprising the views of more than 1,000 people directly affected by brain injury, found that across all of the categories of respondents the challenges of dealing with the effects of the injury were a cause for relationship breakdowns.

Survivors, friends, family members, partners and colleagues all remarked on the fact that effects such as fatigue and personality change had a direct impact on their relationships.

The study found:

69% of brain injury survivors reported breakdowns in their friendships after brain injury.

65% and 55% of partners and family members respectively also reported friendship breakdowns.

However, on a more positive note:

- *More than a third (35%) of brain injury survivors felt that their relationship with their partner had strengthened after their injury, with 38% of partners responding in kind.*
- *A third of brain injury survivors felt that some friendships had strengthened since the injury. 29% of partners also reported strengthened friendships.*
- *Almost half (47%) of brain injury survivors reported improvements in the relationship they had with family members after the injury – 3% higher than those who reported breakdowns in their family relationships.*
- *40% of partners also reported improved relationships with family.*

'I do get very lonely'

When 25-year-old Keely McGhee, from Cheltenham, was in hospital recovering from a subarachnoid haemorrhage she had sustained in a skiing accident, her friends rallied round her.

But once she was discharged, it all changed. They began to drift away with many of the friendships breaking down.

"I now suffer with fatigue, short-term memory loss and confusion, so I can't go out and socialise as much anymore," she said.

"I'm not back at work yet either so a lot of friends and colleagues I use to talk to daily I no longer have contact with.

"I do get very lonely and feel isolated at home during the day. When I message my friends to see how they are it feels awkward like I'm being quickly cut off with 'I'm good, I will come see you soon'.

"Maybe a lot of people don't want to talk to me about what they are up to but I still want to chat about our interests and what's going on in their lives. I think because I can't be in noisy crowded places either it does hinder me seeing certain people."

Understanding

A consistent theme in successful relationships was a good level of understanding of the effects of brain injury. This extended beyond friends and families to employers, with partners reporting the difference having an understanding boss can make.

- *"I built new and better relationships with my work colleagues, all of them respect based."*

Receiving practical support from others, such as help with daily living tasks, travelling or financial support, also strengthened relationships.

- *"Certain friends have been very supportive and helpful for both of us. Inviting us round for meals more frequently and regularly. Keeping in contact, offering to help with tasks and events...asking how we are and listening when we respond."*

Many respondents also commented on the fact that the injury had given them a renewed appreciation of life and the people they loved.

- *"We spend more time together as husband and wife...taking time to do those things we never had time to do before. You are more precious of what you have."*

Conversely, relationship breakdowns were mainly attributed to a lack of understanding about brain injury, with survivors, partners and family members all reporting this to be an issue, particularly where their friendships were concerned.

Responses included the following comments:

- *"Friends lost contact because they didn't know what to say."*
- *"Friends have lost contact, sometimes because they don't know how to cope or don't make contact or visit as our life is limited."*
- *"Friends also struggled to know how to support and invites dried up."*

Time

Having less time to see one another, for instance survivors with their colleagues if they were unable to return to work, and partners with their friends if they had caring duties, also caused relationships to break down.

- *"The pressure and strain of caring for a loved one with a brain injury means there has been little time for anything else. This can lead to feelings of resentment as family and friends go about their lives forgetting you in the process."*

Peter McCabe said: "What is clear from this study is that a little understanding goes a long way.

"Everyone who knows someone living with a brain injury is a ripple in the pond and can be impacted to varying degrees.

"But rather than being negatively affected by brain injury, we each have an opportunity to have a positive impact on helping brain injury survivors rebuild their lives and confidence and once again enjoy healthy relationships with all those around them."

Headway

TBI and dementia link further explored in new research

Thu 12 Apr 2018

New research has found that the risk of developing dementia is higher in people who have experienced a traumatic brain injury (TBI) compared to those who have not had a TBI.

The recent study, led by the Washington School of Medicine, reviewed almost 3 million cases in Denmark across almost four decades, making it the largest study of its kind to date. The researchers found that the risk of developing dementia was 24% higher in people who had sustained a TBI as compared to those who had no history of TBI.

The risk of dementia was found to be related to the person's age, severity of the injury, and number of injuries sustained. Those with severe injuries, or multiple injuries, were found to be at higher risk of dementia than those with minor or single injuries. However, even a single mild TBI was found to increase the risk of dementia by 17%.

While the recent results give further evidence of a link between TBI and dementia, the researchers emphasise that not everyone who sustains a TBI will develop dementia later on in life.

Luke Griggs, Director of Communications at Headway – the brain injury association, said: "We have known for some time that there is a link between traumatic brain injury and a susceptibility to dementia or other degenerative neurological conditions, particularly as a result of repeated blows to the head.

"This important piece of research further strengthens this body of evidence.

"It is correct however, to reinforce the message that not everyone who sustains a traumatic brain injury will go on to develop dementia later on in life.

"Any research that helps us better understand the complex and varied implications of brain injury have to be welcomed."

- Access the full article in The Lancet
- Reference: Fann, J.R., Ribe, A.R., Pedersen, H.S., Fenger-Grøn, M., Christensen, J., Benros, M.E., & Vestergaard, M. (2018). Long-term risk of dementia among people with traumatic brain injury in Denmark: a population-based observational cohort study. *The Lancet Psychiatry*

City of London

Funding to support children with brain injuries in London

11 April 2018

A national children's charity has received £60,000 in funding to support children in London with brain injuries.

City Bridge Trust, the City of London Corporation's charitable arm, awarded the money to The Children's Trust to fund a brain injury specialist who will help children on the road to recovery.

The Children's Trust, based in Tadworth, Surrey, is the UK's leading charity for children with brain injury. The grant will fund the charity's brain injury specialist based at St George's Hospital, London, providing clinical screening, advice and neurorehabilitation for young people.

The brain injury specialist is part of The Children's Trust's Brain Injury Community Service which supports children across the UK. The service offers assessment and clinical support after young people with the lifelong condition have been discharged from hospital and at key stages of childhood.

The service helps children maintain their independence and gives them access to a variety of therapeutic, leisure and educational opportunities to help them get their lives back on track.

Around 350 children in London will benefit from the support each year.

Alison Gowman, Chairman of the City of London Corporation's City Bridge Trust Committee, commented:

"The Children's Trust has already helped hundreds of children with newly diagnosed brain injuries to received specialist support and achieve their goals.

"There is a clear need for this service in London which is helping children maintain their independence on the road to recovery.

"City Bridge Trust is committed to making London a fairer place to work and live."

Katy James, Head of The Children's Trust Brain Injury Community Service, added:

"Things that come naturally to children as they get older such as getting organised for school, completing tasks or simply fitting in with peer groups, can present real challenges for a child or young person with acquired brain injury, and this can lead to isolation, low mood and often depression.

"The Brain Injury Community Service will continue to provide clinical support tailored to the child and family's needs when they need it, to help children with acquired brain injury take as a full a part in their everyday life as possible."

City Bridge Trust is London's biggest independent grant giver, making grants of £20 million a year to tackle disadvantage and inequality across the capital. The Trust has awarded around 7,700 grants totalling over £370 million since it first began in 1995. It helps achieve the City Corporation's aim of changing the lives of hundreds of thousands of Londoners.

ENDS

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About the City of London Corporation:

The City of London Corporation is the governing body of the Square Mile dedicated to a vibrant and thriving City, supporting a diverse and sustainable London within a globally-successful UK.

www.cityoflondon.gov.uk

About The Children's Trust:

Every year 40,000 children in the UK are left with a brain injury as a result of an accident or illness and many have to live with ongoing, long-term difficulties. The Children's Trust gives children and young people with brain injury and neurodisability opportunities to live the best life possible, by providing specialist rehabilitation, education and community services across the UK.

www.thechildrenstrust.org.uk

T2A (Transition to Adulthood)

Comprehensive summary from the Ministry of Justice on its approach to young adults is published

15 March 2018

A letter sent by Justice Minister Dr Philip Lee MP to the chair of the Justice Select Committee, Bob Neill MP, was published on 14 March 2018. The letter updates last year's government response to the Justice Committee's Inquiry on young adult offenders.

It provides a very encouraging summary of current policy and delivery regarding young adults in the criminal justice system. It is the most comprehensive response to date from the government on this issue, and it is heartening that T2A is mentioned in several places. Below are some key highlights from the text:

"We accept the Justice Select Committee's specific recommendations in relation to and **acknowledging 18-25 year olds in the criminal justice system as a distinct group**.

We accept that **young men continue to mature into their mid-twenties**, and this is informing practice in the following ways:

- **A resource pack to promote maturity (with individuals):** We are currently piloting a "resource pack" to support staff to identify and work with 18-25 year olds; the group identified as specifically needing to develop maturity by the JSC. The pilots are in four establishments for six months and we would look to make the resource pack available more widely to both custody and community sites. We know that the development of maturity is fluid and that older and younger men and women could benefit from the selected exercises and will therefore be aiming to extend the target group post pilot. This development has been presented to members of Transition to Adulthood Alliance.
- **Assessments and screening for maturity (in groups of offenders):** We have now published analysis of the maturity screening tool and the testing of its reliability and validity. We are incorporating this into our "Segmentation Tool", to help prison and probation providers profile their populations. Better screening will help providers determine how many young adults under their care are likely to require services or interventions to promote maturation.
- **Acquired brain injury:** We are improving identification and support of brain injury through grant funding to the Disabilities Trust. This will pay for a pilot in four English prisons, a Welsh prison and a Welsh Approved Premises. It will develop and test how we understand and meet the needs of those with Acquired Brain Injury (ABI) or Traumatic Brain Injury (TBI). This work includes staff awareness training in relation to brain injuries and training in the administration of a screening measure.
- **Prosecution:** Training in maturity is currently being delivered to CPS specialist youth prosecutors across England and Wales and all prosecutors were reminded in September that when weighing up whether a prosecution should be brought, age and maturity should be considered. Training for prosecutors includes a section on the importance of considering the 'maturity' of young adults (18-24 year olds), as part of the prosecutors' review and decision-making process. More specifically, the face-to-face training allows prosecutors to consider and discuss the implications of maturity,

including where it may be a relevant matter for cases involving young adults (18-24 year olds).

- **Sentencing:** 'Age and/or lack of maturity' is considered a mitigating factor when passing sentence on a number of offences. Pre-sentence reports (PSRs) are prepared by the Probation Service to help the court determine the most suitable sentence for the offender. PSRs for offenders 18 to 25 must now include a consideration of the offender's maturity to inform sentencing decisions.
- **A new National Young Offender Governance Board:** Involves representatives of the NPS divisions in England and Wales and members of the Youth Justice Board. It is chaired by an National Probation Service divisional director. The board oversees seven strands of work in its delivery plan, including transitions (between youth and adult systems), courts and maturity assessments.
- **Young adult courts:** We maintain an interest in finding approaches in adult courts that are appropriate to young adults and have looked at the useful externally-funded (Barrow Cadbury Trust) feasibility studies in this space. Though these feasibility exercises have not gone onto being tested in practice, we have learned a great deal and may find opportunities to use this learning in the future.
- **Young adults in prison:** From April 2018, we will begin an exercise to look at how dual designated establishments are operating and identifying any good practice. This will be helped by the secondment of a specialist in young adults from a voluntary sector mental health charity (which is also a member of the Transition to Adulthood alliance)."

Headway

Research highlights key themes of long-term brain injury care

12 Feb 2018

A new piece of research conducted in partnership with Headway Somerset has identified several key issues relating to the long-term community care of brain injury survivors.

The research, led by Dr Alyson Norman from the University of Plymouth (pictured) and case management company Head First, asked 99 people affected by brain injury about their experiences with community organisations. Five key themes emerged. These were:

1. a poor understanding of brain injury symptoms and problems;
2. poor availability and accessibility to services;
3. a lack of recognition of the impact of brain injury on families and survivors;
4. concerns of safeguarding when a survivor lacked insight or capacity;
5. hidden disabilities being a barrier to receiving appropriate support.

In addition to these themes, the research found that solicitors were ranked most positively in terms of being supportive to understanding the needs of brain injury survivors. Social services were found to perform the most poorly. GPs were ranked both positively and negatively, indicating the mixed understanding of brain injury among primary care services.

Alyson has a deeper involvement with brain injury than conducting academic research. Alyson is a trustee of Headway Somerset and was instrumental in the Somerset Serious Case Review following the death of her brother and brain injury survivor Dave Alsbury, who took his own life in 2014 following failures by health and social care organisations.

This piece of research highlights the continuing need to review and improve community services to improve the outcomes of brain injury survivors. Access the full research on researchgate.net.

Oxford University

Blows not concussion cause brain disease, according to new research

18 Jan 2018

The effects of repeat concussion injuries on athletes, particularly American football and rugby players, is one of the biggest concerns in competitive sports today. However, a new Oxford University collaboration suggests that blows to the head can cause lasting trauma - even in the absence of signs of concussion.

The findings suggest that attempts to monitor and prevent concussions in sport, such as new designs for helmets, may be futile, since nothing can change the motion of head movement inflicted by a flying tackle.

Published in the journal Brain, the research identified early signs of the brain disease Chronic Traumatic Encephalopathy (CTE) after head injuries. The signs of the disease not only persisted long after the initial injury, but spread through the brain. The study provides the most conclusive evidence to date that it is repeated head impacts, such as tackles – even mild ones, and not concussion, that causes the disease.

CTE is a neurodegenerative disease triggered by a build-up of the protein tau around small blood cells in the brain. The condition is known to limit cognitive ability and cause brain cell death and dementia. The relationship between CTE and sports-related brain injury is widely known, but exactly which injuries can cause the disease, and whether concussion is one of them, is less clear.

Researchers from the Oxford University Institute of Biomedical Engineering worked in collaboration with 40 international partners on the project. The team, led by Boston University and including the Cleveland Clinic, Harvard Medical School, and Lawrence Livermore National Laboratory, has carried out extensive studies over the past few years, comparing analysis of the brains of human teenagers with recent head injury, against mouse models. This work allowed the team to

understand trauma to the brain both from military-related blast waves, with implications for military personnel, and impacts with implications for sports players. The work could support understanding of how head injuries can lead to CTE – particularly in young athletes and enable healthcare diagnostics and treatments, as well as preventative measures – such as adjustments to NFL and Rugby league protocol, to help those at risk of the disease and affected by head injury.

Professor Robin Cleveland of the Institute of Biomedical Engineering at Oxford University, a co-author on the work, said: 'The current NFL concussion protocol has already been under fire this season after a number of players returned to the field when perhaps they should not have; our work suggests that even a robust assessment of concussion may not be sufficient to determine damage may have occurred.'

The team's most recent study compared injuries caused by blast waves and blows to the head in the sports field. In the mouse tests both the blast wave and the sports injury resulted in long-term brain damage (CTE), but only the blow to the head resulted in concussion. This suggests that CTE is not directly caused by concussion, but that both can lead to brain damage.

Computer simulations then investigated how the physical impact of each hit causes biological effect. It was found that both injuries resulted in high acceleration of the head. However, only head impacts resulted in direct mechanical damage of tissue which is likely responsible for concussion.

Their mechanistic studies were consistent with comparative analysis of four post-mortem brains from teenage athletes who had sustained closed-head impact injuries. The study revealed various signs of trauma in each brain, including one case of early-stage CTE and two cases of an abnormal presence of tau protein. By comparison, brains from four age-matched athletes that had not sustained recent head injury showed no evidence of these changes.

Professor Cleveland said: 'We have demonstrated that a blow to the head results in at least two different pathways to brain damage: one associated with acceleration of the head that results in CTE - a chronic effect that is associated with a range of neurological effects, from memory loss, to depression, and suicide. The second is associated with the generation of damage to the brain tissue, which correlates with concussion.'

Dr Lee Goldstein, MD, PhD, an associate professor at the Boston University School of Medicine and College of Engineering, said: 'The concussion is the red herring here. Our results may explain why approximately 20 percent of athletes with CTE never suffered a diagnosed concussion. These findings provide strong evidence – the best evidence so far, that sub concussive impacts are not only dangerous but also causally linked to CTE.

'There are many players who are hit, who are hurt and who aren't getting help because it's clear that they're not at the level of

concussion. Their brains are not in good shape and they go on to the next hit and the next one.'

The United Kingdom Acquired Brain Injury Forum

All Party Parliamentary Group for Acquired Brain Injury Launch Meeting

December 2017

The first All Party Parliamentary Group for Acquired Brain Injury Launch Meeting took place on the 28th November and was well attended by MPs, peers and the brain injury community.

After a warm welcome from the APPG Chair Chris Bryant MP important discussions took place on topics including an overview of Acquired Brain Injury and rehabilitation services (Presentation from Professor Diane Playford), rehabilitation for economic growth (Presentation from Colonel John Etherington), and the global impact of TBI (Presentation from Professor David Menon)

Full details on each talk can be found below.

Next steps:

There will be four roundtables to discuss issues vital to improving the care of individuals with acquired brain injury. These are:

- Causes of ABI, trauma and neurorehabilitation service provision
- Crime and offending behaviour
- Education
- Concussion in sport

A report with recommendations will be produced after each meeting. Dates of the meetings will be confirmed.

The Chair, Chris Bryant, MP, also agreed to table relevant parliamentary questions

APPG Launch Meeting Report

Presentation from Professor Diane Playford, President of the British Society for Rehabilitation Medicine

Overview of Acquired Brain Injury and rehabilitation services

Professor Playford gave an overview of acquired brain injuries and the multiple and varied effects acquired brain injury has on each individual. Brain Injury is the leading cause of death and disability worldwide. In the UK almost 1.5 million people attend A&E with head injuries each year and of these around 200,000 are admitted to hospital. Many thousands more suffer from strokes or brain injuries caused by infection and disease.

Specialist rehabilitation services are a critical component of the acute care pathway. Rehabilitation reduces the burden on acute and frontline services if patients are immediately accepted after their medical and surgical needs are met. A substantial body of evidence shows that

specialised rehabilitation is effective, and is offset by savings in the cost of community care, making this a highly cost-efficient intervention.

Currently rehabilitation needs are not being met. The Major Trauma Plan (2010) did not take rehabilitation into consideration. Bed provision is insufficient and services are neither streamlined nor easily accessible. Furthermore, the Rehabilitation Prescription is largely not implemented and does not follow each patient along the care pathway as it should. Awareness is very low in primary care so people with acquired brain injury who are discharged into the community receive very little support.

Education is required to raise awareness of ABI. It warrants a category of its own due to the size of the problem, and should not be simply under the umbrella of 'long-term conditions.' Increased awareness of the magnitude of the problem should encourage extra funding for rehabilitation in this area.

Presentation from Colonel John Etherington

Director of Defence Rehabilitation, Consultant in Rheumatology and Rehabilitation Medicine at Defence Medical Rehabilitation Centre, Headley Court:

Rehabilitation for Economic Growth

Colonel Etherington gave a detailed presentation to show how rehabilitation can be a net contributor to the NHS and Society.

In the short-term, rehabilitation is costly, but it is far less expensive than poor clinical outcomes. Ongoing costs fall on the health services, individuals and carers, and society as a whole. The continuous requirement on health services due to lack of proper treatment places an avoidable and continuous cost burden. Disability due to poor care might prevent an individual returning to work, and more individuals requiring disability benefits places a greater cost burden on the taxpayer. The total cost of traumatic brain injury has been estimated at £15 billion, and figures are set to increase if changes are not made.

The dramatic long-term benefits of improved, immediate rehabilitation need to be emphasised in order change the current narrative that 'rehabilitation doesn't work,' or that 'it is nice, but we cannot afford it.'

Studies on war veterans who receive intensive, good quality rehabilitation following traumatic brain injury showed that the majority were able to live independently (87%) and return to work (92%). There could also be true for society at large.

Delayed transfer of care is currently a big concern, and 'referral to treatment' times are on the rise. Furthermore, 5% of cases treated in Major Trauma Centres subsequently receive specialist rehabilitation. This means that patients with brain injuries are not receiving rehabilitation as quickly as they should, and the aforementioned negative consequences are only becoming a bigger economic problem.

Dr Etherington also reinforced the lack of rehabilitation beds available in the UK. There are 994 specialist rehabilitation beds in England.

Initiatives such as the Injury Cost Recovery Scheme where insurers provide compensation for rehabilitation are largely underused. Awareness needs to be raised of these alternative-funding streams.

Ultimately, a new dialogue must begin incorporating a cross-governmental / society initiative and joint funding. The NHS needs to embrace broader societal outcomes: work, wellness, injury and illness prevention. Improving outcomes will generate national financial savings.

Better resourced and planned rehabilitation will result in:

Reduced welfare costs, reduced demand on the criminal justice and education systems, improved life expectancy, work and recovery.

Presentation from Professor David Menon,Professor and Head of the Division of Anaesthesia, Principal Investigator in the Wolfson Brain Imaging Centre, and Co-Chair of the Acute Brain Injury Programme at the University of Cambridge.

Professor Menon's presentation focused on the recently published issue of The Lancet Neurology which explored traumatic brain injury. Studies found traumatic brain injury to be the leading cause of death globally.

Globally there are 50 million new traumatic brain injuries, and 1 million deaths caused by TBI each year. Furthermore, there are 50 million TBI survivors living with a disability, and many of these are young individuals. This is a huge burden since their life expectancy is normal.

Neurotrauma is the most important cause of neurodisability, and one in every two people will experience a TBI at some stage in their life. These facts are of vital importance yet largely unknown.

Outcomes tend to be worse in older patients, and knowledge of this can sometimes translate as inadequate care for older individuals.

Lack of a streamlined care pathway is a huge problem in treatment and rehabilitation of ABI patients. There is a fracture between initial response, acute care, and post-acute care. This jeopardises the chance of what could be a good recovery for any given ABI patient.

Whilst ABI is understood to be a long-term condition there is lack of understanding that ABI is a progressive disease among a significant proportion of ABI survivors. Short-term rehabilitation is therefore inadequate.

Greater work needs to be done on educating society on the prevention of brain injury.

An increasing amount of research is being done on traumatic brain injury, and hopefully this will help remediate what is a growing problem. The NIHR Global Health Research Group in Neurotrauma has numerous partners around the world, and there is a global, growing, consortium of funding agencies and studies; over 350 centres and ~50,000 patients (all TBI severities).

Key messages: Apply existing knowledge to improve prevention and clinical care; develop a common language for epidemiology and

benchmarking care; advance knowledge, clinical care and outcomes through research.

The University of Birmingham

Rugby players take part in ground-breaking concussion study

Posted on 30 Aug 2017

Rugby players from Aviva Premiership Rugby and Greene King IPA Championship are to take part in a major study led by the University of Birmingham as part of its work to develop a ground-breaking pitch-side test to diagnose concussion and brain injury.

The study, being carried out in collaboration with the Rugby Football Union (RFU), Premiership Rugby and the Rugby Players' Association, will run throughout the 2017/18 rugby season and is the biggest of its kind to take place in the history of UK sport. It is a key element in the University of Birmingham's research programme to create a test that can be performed rapidly pitch-side and will determine whether a player has been concussed. The study is part of the University of Birmingham's REpetitive COncussion in Sport (RECOS) project.

The test also has the potential to assist in return to play decisions and could be used across sports, from grassroots to professional level. It is hoped it could also be used more widely by frontline medics in the NHS and military to improve diagnosis and treatment within the first critical hour after brain trauma.

The team at the University's College of Medical and Dental Sciences, led by neurosurgeon Professor Tony Belli, has spent the last nine years carrying out research which has led to the development of a test that measures biomarkers present in the saliva and urine of players. The test, if validated, could be done on a hand-held device, which is currently under development.

Professor Belli said: "Early and accurate diagnosis of concussion is one of the biggest challenges we face clinically and is particularly a major concern in the sporting world.

"The University of Birmingham recently made a significant breakthrough after identifying molecules, which can be found in saliva and act as biomarkers to indicate whether the brain has suffered injury.

"In this exciting next study with the RFU, Premiership Rugby and the Rugby Players' Association, we will collect players' saliva and urine pre and post-injury, which we will then test in the laboratory in order to assess the reliability of these biomarkers.

"If these biomarkers are found reliable, we can continue our work with industrial partners with the hope to have a device available within the next two years that will instantaneously diagnose concussion on the pitch-side with the same accuracy as in the laboratory - a major step forward for both sport and medicine."

Dr Simon Kemp, RFU Chief Medical Officer, explained: "This is an important addition to the breadth of research we are undertaking into concussion and player welfare more broadly. There is currently no reliable or proven biomarker or objective test for the diagnosis of concussion and this lack of objectivity is the biggest challenge facing medical professionals in dealing with this type of injury.

"While very much an exploratory piece of research, this is a project that has the potential to make a very significant impact on the diagnosis and management of players following concussion."

Premiership Rugby Head of Elite Performance and Player Development Corin Palmer said: "Premiership Rugby is committed to putting our clubs and players at the front and centre of what we do, and player welfare is our number one priority. This research has the potential to impact positively on the way in which we assess and manage concussion and as such we are keen to give it our full support.

"All Premiership Rugby clubs and players are already taking part in the preparatory stages of the research ahead of the new season, and we look forward to seeing the results of Professor Belli's work."

The Rugby Players' Association's Rugby Director Richard Bryan said: "The RPA Players' Board has given its full support to this vital research study which we hope will be a significant development for the future of concussion diagnosis.

"This forms part of the RPA's ongoing commitment to work collaboratively with the RFU and Premiership Rugby to ensure that the game continues to make advances in concussion education, research and management for the wellbeing of all players."

Players participating in the study will provide saliva and urine samples to act as a base-line benchmark. During a match, players with confirmed or suspected concussion will provide saliva samples immediately following injury. Players will also provide follow-up saliva samples, as well as urine samples, as they go through the return to play protocol. These will be compared to the baseline benchmarks, plus those from players from the same game who did not suffer head injury, and those who had other injuries. If there are no Head Injury Assessments (HIAs) or confirmed concussions in a match, then no samples will be collected.

The study will be carried out during all Aviva Premiership and Greene King IPA Championship club competitions where the HIA is in operation and will run alongside the existing HIA off field screen that will be for a fixed period of ten minutes. This study replaces the King-Devick research project that was conducted last season. The King-Devick results are currently being analysed and the aim is to publish the findings following scientific peer review.

Headway

HRH Prince Henry of Wales launches brain injury ID card

20 Jul 2017

His Royal Highness Prince Henry of Wales has officially launched a new initiative from UK-wide brain injury charity Headway.

The charity's Brain Injury Identity Card will help the police identify brain injury survivors and ensure they are given appropriate support when they come into contact with the criminal justice system.

Speaking to brain injury survivors and ID card holders Jamie Gailer and Dominic Hurley at the launch event in Ipswich, Prince Harry said: "This surely is a life-changing moment for people with a traumatic brain injury, whether or not they ever get arrested.

"It can be quite terrifying if you're by yourself being accused of something you haven't done. This card is a saving grace for you guys and for the police as well."

The card is part of the charity's Justice Project, which aims to raise awareness of brain injury within the criminal justice system, and ensure survivors are identified at the earliest possible opportunity to ensure they receive appropriate support.

Peter McCabe, Chief Executive of Headway, said: "We are delighted that Prince Harry offered his support to launch this important project.

"The hidden effects of brain injury can often lead to misunderstandings and difficulties for survivors.

"Many people are assumed to be drunk as a result of having slurred speech or an unsteady gait, with attempts to explain the effects of their brain injury often being ignored.

"The Headway Brain Injury Identity Card is designed to help the police to identify survivors at the earliest opportunity, ensuring they receive suitable support and are diverted away from the criminal justice system where appropriate.

"The card also has the additional benefit of breaking down social exclusion, with card holders having renewed confidence in the knowledge that they can easily explain their support needs should they require assistance in everyday situations.

"It's a simple solution to a tricky conversation."

To access a Headway Brain Injury Identity Card, which is personalised to include the individual's photo and lists some of the effects they commonly experience, applicants are asked to provide clinical verification of their brain injury.

The card is part of the charity's Justice Project, which aims to raise awareness of brain injury within the criminal justice system, and ensure survivors are identified at the earliest possible opportunity to ensure they receive appropriate support.

"Sadly, evidence shows that brain injury is over-represented in the criminal justice system," said Mr McCabe. "Brain injury is widely misunderstood in all facets of society and those working in the criminal

justice system are certainly not alone in struggling to identify and appropriately support those affected.

"It is vital, however, that vulnerable adults living with the long-term effects of brain injury are identified at the earliest possible opportunity.

"Being a victim of crime or being arrested can be a traumatic time for anyone, but can be particularly traumatic for a survivor of a brain injury.

"They may be confused, afraid and emotional about the situation they find themselves in. They may also experience severe anxiety or anger management issues from being confronted, left alone, being in a noisy environment, or being in a confined space.

"This project not only helps police to quickly identify brain injury survivors, but it also enables people to access specialist legal support from solicitors with expertise and understanding of brain injury."

The Headway Brain Injury Identity Card is supported by organisations across the UK, including the National Police Chiefs' Council, which covers England and Wales, Police Scotland, the Police Service of Northern Ireland, the National Appropriate Adult Network, NHS England's Liaison and Diversion Service, and the Police Federation of England and Wales.

Janette McCormick, National Police Chiefs' Council Lead for Disabilities, said: "We fully support this excellent initiative, which will help police officers and custody sergeants identify brain injury survivors at any early stage.

"This will not only save valuable and limited resources in many cases, but more importantly will ensure vulnerable adults are treated in an appropriate manner as a result of having their needs identified."

The launch follows the scheme being successfully piloted at various Headway groups and branches across the UK, with card holders describing the positive impact it was having on their confidence and ability to access support.

'I can appear drunk'

During his visit, Prince Harry met people who have been directly affected by brain injury and have encountered difficulties with the criminal justice system.

This included Jamie Gailer who suffered a brain injury when he was knocked down by a car in 1994.

For the past two decades, Jamie has lived with the hidden effects of brain injury, often having to cope with his injury being misunderstood or disbelieved.

On 10 April, 2016, Jamie was driving home from the shops in heavy rain and lost control of his car.

He sustained a cut to his head and was found at the scene confused and disorientated. Police mistakenly believed Jamie Gailer was driving under the influence of alcohol and arrested him.

Subsequently Jamie was taken to court where he was found not guilty, while the court instructed that the costs of his defence should be met from the public purse.

Jamie said: "Just because a person may not have big scars or holes in their head, the authorities fail to believe the scale of the injury or impact of that injury.

"In my everyday routine I can communicate well. However when I am faced with stressful situations, I can appear drunk because I have difficulties processing information and answering questions.

"Brain injury needs to be spotted quickly so that the person's needs can be identified. The cards are a fantastic start to that identification."

Peter McCabe said: "Jamie's case highlights the challenges police face in understanding and quickly identifying the hidden effects of brain injury.

"It also perfectly highlights the importance of this new identify card.

"Had Jamie been carrying a Brain Injury Identity Card this situation may have been avoided, scarce police resources could have been saved, and a vulnerable adult would not have been put through such an ordeal."

Find out more about the Headway Brain Injury Identity Card, along with additional case studies.

Supportive quotes

National Police Chiefs' Council (NPCC)

Janette McCormick, National Police Chiefs' Council Lead for Disabilities, said: "We fully support this excellent initiative, which will help police officers and custody sergeants identify brain injury survivors at any early stage.

"This will not only save valuable and limited resources in many cases, but more importantly will ensure vulnerable adults are treated in an appropriate manner as a result of having their needs identified."

National Appropriate Adult Network (NAAN)

Chris Bath, Chief Executive of the National Appropriate Adult Network (NAAN), said: "We are delighted to support this project, which will help to ensure vulnerable adults living with the often hidden effects of brain injury are appropriately supported when they come into contact with the criminal justice system."

NHS England's Liaison and Diversion Services

Kate Davies OBE, NHS England's Director of Health & Justice, Armed Forces and Sexual Assault Services Commissioning, said: "This is an excellent initiative that will help Liaison and Diversion services operating in police stations to identify brain injury survivors and provide early intervention.

"We look forward to continuing our partnership with Headway, which includes brain injury training for Liaison and Diversion staff."

Police Federation of England and Wales

Andrew Ward, Deputy General Secretary and Custody lead for the Police Federation of England and Wales, said: "This is an excellent initiative which will particularly help custody officers and other operational police officers to identify those who might have had a brain injury.

"It will enable them to give particular support and assistance to members of the public affected by this type of injury and act as a cue to seek an appropriate adult or further medical advice for those who have been detained. The Federation is proud to support this valuable and important scheme."

Mr Ward, who also represents the police service on the National Appropriate Adult Network (NAAN), added: "The scheme may also assist some of the thousands of police officers who are injured every year in the line of duty, many of them seriously."

Notes

- This is a UK wide initiative in partnership with the National Police Chiefs Council, the College of Policing, Police Scotland and The Police Service of Northern Ireland.
- We are also working with the National Appropriate Adult Network. NAAN is a registered charity aiming to ensure the rights and welfare of the most vulnerable people in our society by developing effective appropriate adults. Appropriate Adults safeguard the rights, welfare rights and effective participation of children and vulnerable adults who are detained or questioned by the police.
- The project is also supported by NHS England's Liaison and Diversion services. L&D services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders
- Separate launch events will take place in Scotland and Northern Ireland in due course.

Please note case studies should not be replicated without the express permission of Headway - the brain injury association.

About the Justice Project

For more information about the Justice Project and the Headway Brain Injury Card visit www.headway.org.uk/idcard.

The Disabilities Trust

Pioneering Linkworker service launched at women's prison HMP Drake Hall

The first of its kind in a women's prison

Female offenders with a brain injury at HMP Drake Hall near Stafford are receiving support from a specialist Linkworker from the Disabilities Trust Foundation – the first scheme of its type in a women's prison in the UK. Someone with a brain injury may experience poor memory, lack of concentration, aggression, problems sleeping and other difficulties which impact on their everyday lives and may make it difficult to engage with rehabilitation programmes.

The pilot Linkworker service - officially launched this week - will deliver direct one-to-one support to women with brain injuries and develop partnerships with health, social care, probation, homeless, and drug and alcohol services to ensure each woman has the appropriate network in place on discharge from prison.

Each person with a brain injury will be identified on admission, using the Foundation's simple Brain Injury Screening Index(BISI) questionnaire before being referred to the specialist Linkworker. Prison staff will also be provided with brain injury training and given simple tips – speaking more slowly without distractions to allow information to be processed, suggesting diaries and written reminders to assist with memory problems - to support the women concerned.

This two-year, £107,000 pilot scheme aims to establish whether specialist support following a brain injury, even years after it was sustained, means an individual has a greater chance of engaging with services, integrating with the community and breaking the cycle of re-offending. Funded largely by the Barrow Cadbury Trust and The Pilgrim Trust, the service mirrors the brain injury Linkworker services previously provided by the Disabilities Trust Foundation within male prisons and Young Offender Institutions.

Justice Minister Dr Phillip Lee said: " *This is an excellent scheme and I am pleased that staff at Drake Hall are working with the Disabilities Trust Foundation to help to provide specialist support for vulnerable offenders.*

Our hard-working prison staff provide vital support to prisoners with complex mental health issues every day and we continue to deliver and support mental health training for officers.We are committed to helping female offenders reform and live law-abiding lives."

Helen Cadbury of the Barrow Cadbury Trust, said: " *This pioneering work is highly relevant to the Barrow Cadbury Trust given our focus on addressing the distinct needs of girls and women involved in crime - and the project is getting off to a flying start.*"

Sarah Staniforth, of the Pilgrim Trust, said: " *Given the Pilgrim Trust's focus on supporting early intervention for vulnerable girls and women, we believe this pioneering project has great potential and we will be following its progress with interest.*"

HMP Drake Hall Governor Carl Hardwick said: " *We're delighted to be piloting this project with the Disabilities Trust Foundation and we hope it will make a real difference to women with a brain injury."*

The aims of the project at HMP Drake Hall are to:

- identify women with a brain injury who enter custody
- develop a care pathway and provide dedicated support to women with a brain injury
- raise awareness of brain injury within the female prison population
- explore causal links between self-harm, violence and brain injury in the female prison population

The Foundation is commissioning an external evaluation of the pilot programme, as well as undertaking a research study to look at the relationship between traumatic brain injury(TBI), female offenders, violent offending, in-prison behavioural problems and reoffending rates.

Download press release

9 February 2017

3. Press articles

Telegraph, 13 June 2018

Premier League doctors call for 'concussion bins' in proposal to match rugby's head injury protocols

Telegraph, 5 June 2018

Loris Karius' 'alarming' concussion saga sparks urgent warnings from brain experts for football to change protocol

Telegraph, 17 May 2018

Ex-sportspeople have a role to play in researching the long-term effects of concussion

Independent, 18 April 2018

One head injury increases risk of Parkinson's, study finds

Independent, 10 April 2018

Severe concussion in your 20s increases risk of dementia by more than two thirds, study warns;

The Daily Telegraph, 26 February 2018

Up to 60 per cent of prisoners have head injuries, as experts warn brain damage may fuel crime

BBC News, 13 November 2017

£1m for football brain injury research

The Independent, 4 November 2017

Headway Supper Club: How Cooking Helps Recovering Head Injury Survivors

BBC News, 6 Feb 2017

BIBA to introduce head scans following Mike Towell and Nick Blackwell incidents

The Guardian, 5 February 2018

Is your child at risk of brain injury from playing football or rugby?

Telegraph, 9 May 2016

Facing it head on: what does a traumatic brain injury feel like?

4. Parliamentary coverage

4.1 PQs

- Brain: Injuries

Asked by: Simpson, David | **Party:** Democratic Unionist Party

To ask the Secretary of State for Digital, Culture, Media and Sport, whether his Department issues guidance to sports colleges and teaching coaches on recognising the dangers of concussion; and if he will make a statement.

Answering member: Tracey Crouch | **Party:** Conservative Party | **Department:** Department for Digital, Culture, Media and Sport

We are acutely aware of the potential effects of concussion and serious head injuries in sport. Baroness Tanni Grey- Thompson produced a report into Duty of Care in Sport and the report dedicated an entire chapter to safety, injury and medical issues. DCMS have been regular attendees at and contributors to the Forum on Concussion in Sport and Physical Education chaired by the Sport and Recreation Alliance (SRA). This Forum has produced guidelines for the education sector, which was praised by the Duty of Care report.

Expert advice is available for schools and colleges to help them assess activities and ensure they are safe for pupils. The Association for Physical Education and the Royal Society for the Prevention of Accidents provide advice to schools on how to manage activities safely and reduce the risk of injuries and accidents, including concussion.

17 May 2018 | Written questions | Answered | House of Commons | 142402

- Brain: Injuries

Asked by: Bryant, Chris | **Party:** Labour Party

To ask the Secretary of State for Work and Pensions, how many people with acquired brain injuries claim (a) high-rate and (b) low-rate Personal Independence Payments and Employment and Support Allowance.

Answering member: Sarah Newton | **Party:** Conservative Party | **Department:** Department for Work and Pensions

Acquired brain injuries can commonly refer to a range of different conditions depending on the type of injury. When a claimant's primary medical condition is recorded on our systems for Employment and Support Allowance (ESA) and Personal Independent Payments (PIP), these conditions are grouped with other central nervous system categories on the datasets available for analysis. As such it is not possible for us to isolate acquired brain injuries as a separate recorded condition.

03 May 2018 | Written questions | Answered | House of Commons | 138404

- Engagements

Asked by: Chris Bryant (Rhondda) (Lab) | **Party:** Labour Party

Well over 1 million people in this country are living with the consequences of acquired brain injury. The great news is that 600 extra lives are being saved every single year thanks to the Government's new trauma centres. That is brilliant, but the problem is that although many people's lives are being saved, they are not getting the rehabilitation support that can help them to live independent lives all over again. Miracles can be done, but half the units have no rehabilitation consultant at all. Will the Prime Minister please get together all Ministers with responsibility in this area—those in not just the Department of Health, but the Ministry of Defence, the Treasury, the Department for Work and Pensions, and Ministry of Justice, which is heavily impacted—to ensure that every single person in this country who has an acquired brain injury gets the full rehabilitation that they need?

Answered by: The Prime Minister | **Party:** Conservative Party | **Department:** Prime Minister

The hon. Gentleman raises an important point. As he may know, there are two ways in which those rehabilitation services will be commissioned. NHS England commissions specialised neurological rehabilitation centres for complex brain injury, and it does so at a national level. More routine rehabilitation is commissioned locally, although NHS England sets guidelines for commissioners to support delivery, including for brain injury. The hon. Gentleman raises an important point, and I will ask the Health Secretary to respond to him and the specific question that he asks.

21 Feb 2018 | Prime Minister's questions - 1st Supplementary | Answered | House of Commons | House of Commons chamber | 636 c156

- Sports: Injuries

Asked by: Evans, Chris | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Culture, Media and Sport, what advice her Department provides to (a) national governing bodies and (b) medical services on concussion sustained in sporting activities.

Answering member: Tracey Crouch | **Party:** Conservative Party | **Department:** Department for Culture, Media and Sport

The Government takes player safety seriously in all sports. I expect National Governing Bodies, as the designated authorities with responsibility to regulate their sport, to monitor and act upon player safety as their highest priority, and be able to demonstrate how they are complying with all the relevant health and safety regulations and practices.

The department does not provide advice to medical services on concussion or on the comparative health risks resulting from taking part in major sports.

Medical research into injuries sustained in certain sports is being carried out by staff at the English Institute of Sport, and work in this area is to be published in the near future. However, this will not focus specifically on chronic traumatic encephalopathy.

National Governing Bodies with significant risk of this type of injury in their sport put appropriate plans in place, issue guidance across their membership such as recent RFU and FA publications, and set elite level protocols, as the designated authorities with responsibility to regulate their sport.

In addition, the department is a member of the Sport and Recreation Alliance's Forum on Concussion which aims to raise awareness and support professionals, students, parents and volunteers to be able to deal better with incidents of concussion.

05 Apr 2017 | Written questions | Answered | House of Commons | 69521

- Sports: Injuries

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Culture, Media and Sport, how many (a) brain injuries and (b) cases of concussion caused as a result of people playing (i) football, (ii) rugby and (iii) other sports have been recorded in each of the last five years.

Answering member: Tracey Crouch | **Party:** Conservative Party | **Department:** Department for Culture, Media and Sport

The Department for Culture, Media & Sport does not hold information or data on the comparative health risks resulting from taking part in major sports.

The Government takes player safety seriously in all sports. National Governing Bodies with significant risk of this type of injury in their sport put appropriate plans in place, issue guidance across their membership such as recent RFU and FA publications, and set elite level protocols, as the designated authorities with responsibility to regulate their sport. Under the leadership of the Sport and Recreation Alliance, the Forum on Concussion in Sport and Physical Education brings together representatives from a range of sports and government in England to raise awareness and improve support for managing incidents of concussion.

31 Jan 2017 | Written questions | Answered | House of Commons | 60350

- Offenders: Brain Injuries

Asked by: Baroness Howe of Idlicote | **Party:** Crossbench

To ask Her Majesty's Government what plans they have to address the levels of brain injury amongst young offenders in custodial settings. [HL5876]

Answering member: The Parliamentary Under-Secretary of State, Department of Health (Earl Howe) | **Party:** Conservative Party

Individuals held in secure settings are not routinely screened for acquired brain injury (ABI) at present.

The Youth Justice Board and the department have developed the comprehensive health assessment tool (CHAT). This evidence-based reception screen and health assessment tool is verified for use with people aged under 18 years held in custodial settings. CHAT will assess the physical health, mental health, substance misuse level and extent of neurodisability and ABI amongst young offenders, enabling them to access the most appropriate treatment. We expect the ABI assessment component of CHAT to be available by the end of 2013.

13 Mar 2013 | Written questions | Answered | House of Lords | 744 c69WA | HL5876

4.2 Debates

- Catastrophic Sporting Injuries: Steven Cox

13 Jan 2016 | Parliamentary proceedings | 604 cc961-972

- Health: Concussion in Sport

27 Feb 2014 | Parliamentary proceedings | 752 cc413-429GC

4.3 Written statements

Department of Health and Social Care

Made by: Caroline Dinenage (Minister of State for Health)

Final Government Response to the Law Commission's review of Deprivation of Liberty Safeguards and Mental Capacity

14 March 2018

Subject to the Written Ministerial Statement HCWS202 made on 30 October 2017, I am today announcing the publication of the Government's final response to the Law Commission's report on mental capacity and Deprivation of Liberty Safeguards (DoLS), a copy of which is attached.

I welcome the publication of the Law Commission's report and thank them for their careful, comprehensive and considered work. This Government is committed to take action to reform mental health, and transform care for people with learning difficulties and / or autism. Taking action to reform the current DoLS regime is an important contribution towards achieving these aims and providing greater protection for some of the most vulnerable people in our society.

We have set out in detail our provisional view of each individual proposal in our response, and we broadly agree with the Liberty Protection Safeguards model. As the Government has commissioned a review into the Mental Health Act, proposals that relate to the interface between the Mental Health Act and Mental Capacity Act will be considered as part of that review. We also want to ensure that Liberty Protection Safeguards fit with the conditions and future direction of the health and social care sector, so we will continue to work through the

detail of the recommendations and engage further with stakeholders particularly on implementation. We will bring forward legislation to implement the model when parliamentary time allows.

Govt's final response to the Law Commission **(PDF Document, 337.38 KB)**

This statement has also been made in the House of Lords: HLWS524

5. Further reading and information

United Kingdom Acquired Brain Injury Forum (UKABIF)

Briefing for Government Debate On Brain Injury, 7pm -10pm (approx)

Monday 18th June 2018, House of Commons Chamber

National Institute for Health and Care Excellence (NICE)

Head injury: assessment and early management

Clinical guideline [CG176] January 2014, last updated June 2017

Public Accounts Committee

- 24th Report - Services to people with neurological conditions: progress review | PDF version 24th Report - Services to people with neurological conditions: progress review (PDF)HC 502 | Published 26 February 2016
- Government responses on the Twenty First to the Twenty Sixth reports from the Committee of Public Accounts: Session 2015–16 (PDF)Cm 9260 | Published 28 April 2016

Justice Committee

- 7th Report - The treatment of young adults in the criminal justice system | PDF version 7th Report - The treatment of young adults in the criminal justice system (PDF)HC 169 | Published 26 October 2016
- The treatment of young adults in the criminal justice system: Government Response to the Justice Committee's Seventh Report of Session 2016-17 (PDF 457.7 KB)Cm 9388 | Published 20 January 2017

The Children's Trust

Brain injury information

Headway - the brain injury association

Campaigns

Healthy London Partnership

The homelessness and brain injury project

23rd February 2018

Department for Digital, Culture, Media & Sport

Sport Duty of Care Review: call for evidence

12 April 2016

Duty of Care in Sport Review

April 2017

British & Irish Boxing Authority (BIBA)

Medical Advisory Board and procedure

Football Association (FA)

Head Injuries in Football

Rugby

England Rugby

Concussion pages

Welsh Rugby Union

Concussion page

Irish Rugby Football Union

IRFU Concussion Guidelines for the Domestic Game

DEBATE PACK
CDP 2018-0145
15 June 2018

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