YSS Mental Health Conference: Offenders in the community

28 June 2013

Conference Summary

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Over 120 representatives from a diverse range of voluntary, charitable, social enterprise (VCSE) and statutory organisations met to explore the realities faced by offenders (and young people at risk of becoming offenders) who are affected by some form of mental illness. These realities included not just the symptoms and impact on daily life and well being but the changing structures, silo thinking and under resourcing of the agencies whose purpose it is to diagnose and help those affected to cope and work through their issues.

This report is designed to provide a summary of the input and views of the distinguished and expert panel of speakers and also to distil the extensive discussions that took place in the 'So What?' round table sessions. Collectively this provides an overview of the issues and a road map for action by strategic health, criminal justice and local authority commissioners – and a context for pro-active action by the VCSE sector.

YSS

YSS has over 25 years experience of working with people who have offended and in designing and developing innovative services to support them. It works with over 2,000 people (children and adults) a year who have offended or who are at high risk of offending or committing anti-social behaviour. Currently commissioned by over a dozen statutory and grant funding agencies, YSS delivers across a wide continuum from preventative work, mentoring and targeted youth work through to intensive supervision and surveillance and Intensive Control and Change.

Lloyds TSB Foundation has provided funding over the last two years for YSS to employ three part time senior mental health workers to sit alongside the intensive support teams. They have been able to offer screening, advice, information and brokerage to enable better access to appropriate services and have created a legacy through delivering staff and volunteer training.

The accumulated learning and understanding of what works and also of where the 'system' fails those it is designed to help led YSS to convene the conference and set it some clear objectives:

- Raise the profile of mental health issues within a CJS context
- Discuss best practice
- Identify strategic development opportunities
- Provide an inter-agency networking opportunity
- Develop a plan for taking forward the agenda with co-operation from the emerging clinical and CJS commissioners

Contents

1: Executive Summary

1.1 Structure of the event:

The conference received presentations setting out a number of perspectives:

Voluntary sector	*Rob Smith, CEO, YSS*
Probation	*David Chantler, CEO West Mercia Probation*
Police	*Superintendent Charles Hill, West Mercia Police*
National (Adult)	*Lord Bradley, author 'The Bradley Report'*
National (Youth)	*Sue Berelowitz, Deputy Children's Commissioner*
Transition to Adulthood	*Lucie Russell, Young Minds Director of Policy*
Learning from 11 LTSB Foundation funded projects	*Harriet Stranks, Lloyds TSB Foundation, Head of Grants (North)*
NHS	*Kevin Hefferman, NHS England, West Mids Mental Health Commissioner*

The YSS Patron, HRH The Princess Royal also addressed the event and met with a cross section of delegates.

A 'round table' session designed to promote reflection and creative thinking was structured around three themes:

- Identification of practical solutions, quick wins, ideas for new partnerships and networks
- Strategic development opportunities in context of new (cross government) structures at local, regional and national levels
- Observations and key questions

Several 'service users' told their own stories through a series of commissioned films.

1.2 Key messages

Whilst the speakers approached the conference theme from differing perspectives, there was a clear commonality in issues raised:

- A system working in silos, compounded by 'mutual professional anxiety'
- Prevalence of confusing and complex jargon
- System failure in early diagnosis of especially low to medium level cases

- Police often assuming responsibility because of lack of adequate health based provision, even though forces have the least well developed capabilities in system
- Lack of training and awareness throughout, compounding structural issues; especially so in relation to complex developmental and emotional needs of young people, particularly those who are products of the care system
- Poor data collection and dissemination
- Clear benefits of meaningful relationships, built on trust and consistent support
- A need for joined up services, early detection and diversion facilitated by knowledgeable and system aware professionals in all agencies

1.3 Perspectives

Rob Smith, CEO of YSS discussed the needs of young adults experiencing mild to moderate problems, presenting with issues such as depression, stress, anxiety which tend to fall below intervention thresholds and are often compounded by other (reducing re-offending) pathway issues:

> *Many of the individuals that YSS support present with complex needs, chaotic lifestyles, low aspirations and an inability to positively interact with statutory and other services. Mostly unable to articulate their needs, still less to shape delivery these groups are often caught between practitioners working in silos and the confused languages of different professions/specialisms.*
>
> *The Lloyds TSB Foundation funded 'Bradley Mental Health' project has shown that by decoding jargon, knowing how and where to access services and empowering both CJS focused staff and, especially volunteers to work within a mental health context, real value can be added to a wide range of interventions.*

David Chantler, CEO of West Mercia Probation continued the silo argument:

> *…offenders with mental health problems and those with mental health problems who offend get stuck in one or other system, becoming defined or labelled as either mad or bad. They are not, though, mutually exclusive and "the challenge for us is how we can work together to meet their needs and not our bureaucratic categories'.*

There are additional problems, including 'mutual professional anxiety':

> *'It seems to me that probation officers who are confident in dealing with offenders become disproportionately concerned when a mental health label is applied…and similarly mental health professionals seem to get spooked once somebody has been drawn into the criminal justice system.'*

Superintendent Charles Hill representing the West Mercia and Warwickshire police forces used the just published joint HMIC/HMIP and CQC report 'A criminal waste of police cells' as the context for exploring the police perspective.

In 2011/12 of the 25,000 or so people detained under 'Section 136', 9,000 were held in police cells as a 'place of safety' because either there was no health based capacity or complicating factors such as suspicion of alcohol misuse meant a refusal to admit.

> *'This report finds that too many people are being detained in police custody under section 136. Their only "crime" is that they have mental disorders, but they are treated in many ways as if they are criminals. This deplorable situation cannot be allowed to continue.'*

There were also some other familiar themes in the report:

- Significant variation in quality of strategic oversight and direction
- Standard and breadth of multi-agency policy and protocols varied along with the level of involvement of mental health crisis teams
- Data recording and information sharing variable
- Significant knowledge gaps amongst staff; inconsistent training methods and levels of training undertaken and in its reach

Key recommendations included:

- Jointly developed and delivered multi-agency training
- Sufficient health based capacity to be commissioned
- Health and Wellbeing boards to include section 136 in Joint Strategic Needs Assessments
- Multi agency approach to inspection

Since the plan was published progress includes:

- The transfer of commissioning and budgetary responsibility for police custodial healthcare to the NHS
- Development of liaison and diversion schemes – with a target to have them in all custody suites by 2014

In West Mercia and Warwickshire:

- Mental Health Delivery Plan is now in place
- Police Area Commanders sit on Health & Well Being Boards
- Partnership Approach to Section 136 provision being developed
- Diversion schemes in place
- Staff Training being developed

Lord Bradley's 'review of people with mental health problems or learning disabilities in the criminal justice system' has underpinned the debate on this issue over the last four years. Key themes that resonate throughout the report are: early assessment, continuity of care and support for the offender; and, for organisations, working in partnership and better information flows.

Many of the findings though suggest systemic failure – 82 recommendations were made within the report. It is structured around the offender 'pathway' and considers opportunities for diversion within communities for example through Community Safety Teams (early intervention/referral), to section 136 detainment, arrest, charge, pre-trial, sentence, custody/community order.

At each stage there are opportunities for intervention that are not utilized – and there are common factors:

- Lack of adequate training and awareness (including knowledge of what services are available and where) was highlighted at all stages of the pathway
- Lack of adequate and consistent assessment processes – for example, each police force had a different approach
- Continuing care suffers from lack of co-operation between agencies. For example the Drug Intervention Programme was found to have little contact with mental health services;
- One of the most frequent comments made to the review was that people and organisations work in 'silos'. This is reflected in policies being developed in isolation, professional territory management, lack of understanding and awareness (through lack of training) poor data and information sharing (either because it isn't collected, confidentiality issues or IT/technical restrictions).

In order to deal with these - often structural - problems, the report made an extensive series of recommendations, which have been accepted by government and many of which are currently being implemented under the 'Improving Health Supporting Justice' delivery plan. Key amongst these are:

- Creation of a National Programme Board to link all relevant government departments.
- Early identification of mental health problems
- Common assessment tools
- Improved data collection and sharing
- Improved training at every of the criminal justice system
- Transfer of responsibility for health services in police custody to NHS
- Regional and local partnerships
- Criminal Justice Mental Health teams to ensure continuity of care

The early intervention work will be supported by a £50m investment in Diversion and Liaison services: better information, knowledge and referral should be available at each critical stage of the pathway.

Since the report and the subsequent 'plan' were written, the structures within the NHS, criminal justice and local government sectors have changed significantly. Whilst this can create complexity and challenge, it is also an opportunity to build new partnerships. NHS England, Clinical Commissioning Groups, Health and Wellbeing Boards, Police and Crime Commissioners, Public Health and the impending changes to prisons and probation (including local resettlement prisons) under the Transforming Rehabilitation (TR) agenda create a new starting position for building networks and partnerships.

There is also a role (often clearly stated, for example under TR) for the VCSE sector, especially around family support, mentoring, liaison.

> *The independent and voluntary sector has shown that it can make an important contribution to increasing capacity, patient choice and service innovation. Third sector partners (from national and local charities to community and local voluntary groups) have a crucial role in helping to shape services that people value, as well as delivering them directly.*

Sue Berlowitz, Deputy Children's Commissioner, drew on the 2011 report 'I think I must have been born bad' which looked at the emotional wellbeing and mental health of children and young people in the youth justice system.

There is a wealth of evidence to indicate that the majority of children and young people in the youth justice system in England and Wales come from the most deprived and disadvantaged families and communities and their lives are characterised by disruption, neglect and impoverished social landscapes. Many have experienced abuse and neglect and those who move through both the welfare and youth justice systems into custodial institutions tend to have particularly complex needs.

Whilst the issues are complex, the report found a series of problems/issues with how the 'system' deals with the young people: many of these are consistent with those flagged in the Bradley Report. In particular:

- there is a lack of consistency and wide variation in the type, level and quality of measures put in place to support the emotional wellbeing and good mental health of children in the youth justice system
- There is wide variation in the understanding and recognition by staff of young people's emotional wellbeing and mental health problems and inconsistent levels of support and training in these areas for front line staff
- There was poor transition between services and in particular, a lack of support on leaving custody and transferring to adult services.
- A wide variety of screening and assessment tools were used. These included inappropriate tools, which did not take account of the age and development of young people.
- Myths and misunderstandings persist between different professional disciplines about the need for accurate and regular information sharing.
- Some staff said that they feel that they are not properly trained,

equipped or supported to work effectively with children and young people

Recommendations included:

- Transferring commissioning to a specialist function within DH
- Efficient and effective health screening for all children entering custody
- Professionals from all disciplines working with children whether detained or in the community, should have a shared understanding, delivered through joint training, of key factors affecting child and adolescent health and wellbeing
- There should be a statutory duty on local authorities to provide support services for children and young people leaving custody over and above those dictated by criminal justice statute.

Sue also spoke about a further paper, 'Child sexual exploitation in gangs and groups'. This research found, in a 15 month period that 2409 children were confirmed victims of sexual exploitation in gangs and groups and that a likely 16,500 were at risk.
It also found a range of familiar issues and recommendations:

- Inconsistent and missing data
- Inconsistent understanding amongst professionals about key definitions such as 'consent'
- Lack of awareness of key indicators of abuse
- Better co-operation and sharing of intelligence between agencies and sectors, with Local Safeguarding Children Boards (LSCB) agreeing multi agency policies and procedures
- DH to issue guidance on effective information sharing
- Youth offending services to share information on victims and perpetrators
- LSCBs to ensure widespread multi agency training

Lucie Russell, Director of Campaigns at 'Youngminds' spoke about a study currently being produced in conjunction with City University that is looking at the effect of poor transitions between children's and adult mental health services. The study is consulting the Barrow Cadbury Transition to Adulthood pilots (in Birmingham, West Mercia and London).

Emerging issues point to a particular type of relationship being beneficial in working with young adults. One that has meaningful and regular contact, where trust can be built and that is non-judgemental and non clinical.

In findings consistent with other research presented at the conference, early intervention, integrated services, wider pathway support in education and skills and use of the voluntary sector to build relationships were seen as key approaches. So too, wider access to training for staff, integrated care pathways and a single access point for mental health services.

Harriet Stranks, from Lloyds TSB Foundation described their three-phase, £9.5m programme of investment in criminal justice and mental health. Phase 3 focused on work based on the recommendations of the Bradley report.

The projects, mostly focused at a pre-release stage and offering through the gate support demonstrated the importance of 'networks of support', containing a range of health professionals, support workers, family and friends. Intensive one to one support was needed for those suffering multiple drug, alcohol and mental health issues.

Another focus for pilots was on training, awareness raising and breaking down mis-conceptions amongst staff within the criminal justice system. Many staff confessed to lacking confidence and knowledge about mental health issues. Post training, improvements in early identification, referral and risk planning were reported.

Nine of the projects have developed learning that can be considered of national importance.

Kevin Hefferman from NHS England described the new NHS commissioning arrangements including the 4 regional and 27 area team structures. The Shropshire and Staffordshire team within the Midland and East of England region was leading on Health and Justice Commissioning including custodial health and Liaison and Diversion services.

The team collaborates with the Health and Wellbeing Boards, Healthcare Partnership Boards, mental health reference groups and a variety of strategic and thematic groups. Partnership was seen as key to new system design .

1.4 So What?

Having listened (and absorbed!) a not insignificant amount of information, research findings and opinion, the delegates were asked to work in groups to develop some thinking about how, given the issues raised, this agenda could be taken forward within the region.

The feedback was extensive with more than a hundred substantive points and many more subsidiary points/observations and questions recorded. Usefully, most can be grouped into one of a number of recurring themes that linked all of the presentations:

- The need for (joint and mutual) training to promote understanding and awareness throughout the entire pathway, supporting diversion
- Opportunities for networking and sharing good practice
- Information and data sharing protocols and systems
- Structural integration
- Early intervention, consistent assessment
- Partnership development
- The importance of other (reducing reoffending) pathways
- Need to work holistically and not in silos

- A significant role for the VCSE

As outlined throughout the event, there are a number of new commissioning and other structural changes in process that offer the opportunity to design in these themes. There has been some progress already – for example the YSS (Lloyds TSB) pilot has demonstrated the benefit of training and exchange and this could be built on; similarly the NHS Health and Justice commissioning structures provide a linkage between CCGs and the other health boards. However, to achieve a proactive sharing of practice and also achieve inclusivity with the wider range of organisations that can contribute will require investment, at least of time and leadership. The feedback suggests that there is an appetite and commitment to this.

2: The Voluntary Sector perspective

2.1 After giving an overview of YSS, Rob Smith talked more specifically about their organisational experience of working with individuals with mild to moderate mental health issues and with learning difficulties.

2.2 The point of difference for YSS, as a voluntary sector organisation focused on definitions of need other than specifically mental health (eg offending behaviour) is that the illness issues become apparent during the course of longer-term interventions. The typical indicators are depression, stress, anxiety, PTSD, personality disorder and so on – that is, problems that fall below the intervention thresholds of mental health services but which combined with one or more of the seven (reducing re-offending) pathway issues can cause real difficulties.

2.3 Many of the individuals that YSS support present with complex needs, chaotic lifestyles, low aspirations and an inability to positively interact with statutory and other services. Mostly unable to articulate their needs, still less to shape delivery these groups are often caught between practitioners working in silos and the confused languages of different professions/specialisms.

2.4 The Lloyds TSB Foundation funded 'Bradley Mental Health' project has shown that by decoding jargon, knowing how and where to access services and empowering both CJS focused staff and, especially volunteers to work within a mental health context, real value can be added to a wide range of interventions.

2.5 The new landscape of NHS England, Clinical Commissioning Groups, restructured probation commissioning and Health & Wellbeing Boards offers a timely opportunity for the VCSE to develop preventative and bridge services capable of addressing the low to medium level issues with support from both mental health and CJS professions and structures. Engagement of service users through volunteers and other non-statutory workers has been shown (through a pilot in Worcester) to have a positive and significant impact.

3: The Probation perspective

3.1 David Chantler, CEO of West Mercia Probation reflected on how little had changed since he first worked on a criminal justice/mental health initiative in Grendon prison over 30 years ago, with structural issues conspiring to leave those most vulnerable at the margins of either the CJS or mental health systems and most likely falling through the cracks between them.

3.2 That is, offenders with mental health problems and those with mental health problems who offend get stuck in one or other system, becoming defined or labelled as either mad or bad. They are not, though, mutually exclusive and "the challenge for us is how we can work together to meet their needs and not our bureaucratic categories'.

3.3 There are additional problems, including 'mutual professional anxiety':

> *'It seems to me that probation officers who are confident in dealing with offenders become disproportionately concerned when a mental health label is applied…and similarly mental health professionals seem to get spooked once somebody has been drawn into the criminal justice system.'*

3.4 The Lloyds TSB funded project run by YSS has been of great benefit to WMPT. As a strategic partner of YSS the Trust has hosted students on either side of the divide even though the bureaucratic process to achieve that has been difficult.

3.5 There was a similarly complex (and actually unhelpful) process to draw down funding for a personality disorder pilot. The money was provided by NOMS but administered through the Health Service's national commissioning process, which meant it had to be spent within an NHS defined area of Shropshire and Staffordshire and not the criminal justice area of West Mercia.

3.6 Even though not universally available throughout the probation trust's area, the project will allow it to get beyond definitions (for example of whether or not there is a treatable psychiatric disorder) and deal pragmatically with problematic behaviour.

3.7 The impending changes to the probation service under the transforming rehabilitation agenda introduce another level of complexity. Those most likely to cause a risk of harm will be managed by a new National Probation Service with a divisional structure – that is, those for whom services need to be knitted together most comprehensively at a local level will find the management of the service more remote than ever. Meanwhile those deemed most at risk of reoffending will be managed by one of 21 'Community Rehabilitation companies' run by commercial providers that will need to build the relationships and networks that are so clearly a theme of this conference.

"If those that come after me can find ways to build services around the most vulnerable rather than leave them in the margins some good will have come from Transforming Rehabilitation but we do need to actively look for these opportunities; these vulnerable people deserve more than we have hitherto been able to deliver both from the Criminal Justice System and from the Health system."

4: The Police perspective

4.1 The just published HMIC, HMIP and CQC report 'A criminal waste of police cells' provided a timely focus for the police perspective.

"*This report finds that too many people are being detained in police custody under section 136. Their only "crime" is that they have mental disorders, but they are treated in many ways as if they are criminals. This deplorable situation cannot be allowed to continue."*

4.2 Police officers are often left with little choice but to take individuals to a police station as 'places of safety' [1]within the health or social care systems are either not available or are unwilling to admit if, for example there is suspicion of alcohol misuse. Police cells are specified in the Act (and in the Code of Practice) as a last resort but are frequently the only option.

4.3 In 2011/12, more than 9,000 people were detained in police custody under section 136, while 16,035 were taken to a hospital. They can be detained for up to 72 hours whilst awaiting assessment.

4.4 The report found considerable variation in practice, both in the use of police cells and in the underlying issues that contribute to it. There are some familiar themes:

- Significant variation in quality of strategic oversight and direction
- Standard and breadth of multi-agency policy and protocols varied along with the level of involvement of mental health crisis teams
- Data recording and information sharing variable
- Significant knowledge gaps amongst staff; inconsistent training methods and levels of training undertaken and in its reach

The recommendations included:

- The various professional colleges, police forces and mental health services should jointly develop and deliver training and ensure that it includes legal powers and local protocols. Bank and other rotational staff should be included and refresher training provided regularly

[1] If an officer believes that someone is suffering from a mental disorder in a public place, and that person is in immediate need of care or control, section 136 of the Mental Health Act 1983 (section 136) provides the authority to take the person to a "place of safety", so that his or her immediate mental health needs can be properly assessed.

- Clinical commissioning groups and local social service departments should ensure that they commission sufficient capacity for accommodation and assessment
- NHS England and Local Health Boards should ensure that they commission sufficient capacity to meet demand in mental health services
- Health and Well Being Boards should include section 136 in their Joint strategic Needs Assessments
- Various inspectorates and regulators to take a multi-agency approach and hold providers to account for their responsibilities under the Codes of Practice

4.5 Bradley found that 'the police stage is currently the least developed in the offender pathway in terms of engagement with health and social services'. He recommended that 'all partner organisations involved in the use of section 136 should work together to develop an agreed protocol on its use'.

4.6 A number of structural changes are now underway, many forming a part of the 'Improving Health Supporting Justice' delivery plan, which represented the government's response to Bradley, having accepted its 'broad direction of travel'.

4.7 The plan set a number of objectives, including:

- to support and enhance the integration of services by improving partnership working between criminal justice, health and social care organisations at all levels, enabling effective and appropriate health, social care and criminal justice outcomes at every stage in the criminal justice process
- to contribute to the development of an informed and effective workforce to deliver services for offenders with health and social care needs, making sure that they are able to work confidently across organisational boundaries, by equipping them with the right skills and knowledge to share information and take co-ordinated action that supports continuity of care.
- to develop care pathways that enhance health and social care provision and contribute to the delivery of justice. Pathways will focus on assessment and intervention at as early a stage as possible, and will support improved risk management and continuity of care.

4.8 Since the plan was published, the commissioning landscape has changed significantly, creating new challenges for the objective of cross agency partnership. There are some other developments taking place to implement Bradley recommendations:

- The transfer of commissioning and budgetary responsibility for police custodial healthcare to the NHS
- Development of Liaison and Diversion schemes – with a target to have them established in all custody suites by 2014

4.9 The Home Secretary, in a letter to Chief Constables in February 2013 again spoke of the need for partnership approaches and for the health and social care systems to take responsibility for mental health rather than the police.

4.10 Across West Mercia and Warwickshire, considerable progress has been made:

- Mental Health Delivery Plan is now in place
- Police Area Commanders sit on Health & Well Being Boards
- Partnership Approach to Section 136 provision being developed
- Diversion schemes in place
- Staff Training being developed

4.11 Both forces believe mental health is a key issue to address with offenders, especially when taken in a more holistic family context. It assists with rehabilitation, improves job prospects, and the resulting life stability can ultimately reduce crime levels.

5: The National perspective (adult)

5.1 Lord Bradley, whose report 'Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system' has underpinned the debate on this issue over the last 4 years, outlined what his terms of reference were, what he found and the key recommendations made to government.

5.2 Lord Bradley set out to:

> *'…examine the extent to which offenders with mental health problems or learning disabilities could, in appropriate cases, be diverted from prison to other services and the barriers to such diversion..'*

and to:

> *'…make recommendations to government, in particular on the organisation of effective court liaison and diversion arrangements and the services needed to support them..'*

5.3 The review used a number of methods to collate and consider evidence including focus groups, individual meetings, literature reviews, a national call for evidence and an extensive programme of visits.

> *"…there is a growing consensus that prison may not be the right environment for those with severe mental illness. Custody can exacerbate mental ill health, heighten vulnerability and increase the risk of self harm and suicide."*

"Intervening as early as possible in the criminal justice process provides the best opportunity for improving how people with mental health problems…are managed."

"there are significant qualitative benefits in ensuring that, where appropriate, individuals receive a community rather than a custodial sentence… these include improvements in clinical outcomes, in well-being and in support"

5.4 However, the review found many obstacles to addressing this. A fundamental one was around language and definition. 'Diversion' can be interpreted as diversion from the CJS or from prison, at a point before charge, in court or after sentence. There was an agreed need to 'strike the right balance between the rights of the offender, the rights of the victim and protection of the public'. Diversion was thus defined as:

'…a process whereby people are assessed and their needs identified as early as possible in the offender pathway (including prevention and early intervention), thus informing subsequent decisions about where an individual is best placed to receive treatment, taking into account public safety, safety of the individual and punishment of an offence.'

5.5 Key themes that resonate throughout the report are: early assessment, continuity of care and support for the offender; and, for organisations, working in partnership and better information flows.

5.6 Many of the findings though suggest systemic failure – 82 recommendations were made within the report. It is structured around the offender 'pathway' and considers opportunities for diversion within communities for example through Community Safety Teams (early intervention/referral), to section 136 detainment, arrest, charge, pre-trial, sentence, custody/community order.

5.7 At each stage there are opportunities for intervention that are not utilized – and there are common factors:

- Lack of adequate training and awareness (including knowledge of what services are available and where) was highlighted at all stages of the pathway from CSO's in neighbourhood teams, custody officers, solicitors, probation staff, CPS, judiciary, reception and wing officers; awareness training developed for prison officers had only been undertaken by 25% of staff, reflecting lack of prioritization by management and the self directed (unsupported) nature of it
- Lack of adequate and consistent assessment processes – for example, each police force had a different approach; use of self reporting in a difficult and unsuitable environment, combined with lack of training and access to support for staff leads to inaccurate assessment
- This also leads to underuse of the 'appropriate adult' system – analysis showed that such support was called for in 0.016% of cases compared to an expected level of between 1.9% to 14%

- The facility for a 'treatment requirement' as a part of community orders has barely been used with only 625 issues in 2011 (or 0.3%) largely due to a lack of awareness, understanding or assessment
- Other problems such as alcohol or drug misuse can mask mental health issues – 25% of detainees are, on average considered 'drunk' and 69% of arrestees test positive for at least one drug; however services for dealing with 'dual diagnosis' cases were found to be fragmented: *'…those with substance misuse problems are often excluded from mental health services, and those with significant mental health problems from substance misuse treatment'.* Policy in both areas is developed separately.
- Continuing care suffers from lack of co-operation between agencies. For example the Drug Intervention Programme was found to have little contact with mental health services; after 10 years, The Care Programme Approach (to management of cases) applied to only 27% of cases with issues such as prisoners not having an address on release; problems liaising with external agencies; geographical distance between prison and planned area of release; prison bureaucracy and IT difficulties being cited. Dispersal of prisoners around the country fragments the responsibility of PCTs and local authorities and can lead to disputes between agencies concerning who is responsible for assessing a prisoner and providing them with health, housing and community care services
- One of the most frequent comments made to the review was that people and organisations work in 'silos'. This is reflected in policies being developed in isolation, professional territory management, lack of understanding and awareness (through lack of training) poor data and information sharing (either because it isn't collected, confidentiality issues or IT/technical restrictions).

5.8 In order to deal with these - often structural - problems, the report made an extensive series of recommendations, which have been accepted by government and many of which are currently being implemented under the 'Improving Health Supporting Justice' delivery plan. Key amongst these are:

- Creation of a National Programme Board to link all relevant government departments.
- Early identification of mental health problems
- Common assessment tools
- Improved data collection and sharing
- Improved training at every of the criminal justice system
- Transfer of responsibility for health services in police custody to NHS
- Regional and local partnerships
- Criminal Justice Mental Health teams to ensure continuity of care

5.9 The early intervention work will be supported by the £50m investment in Diversion and Liaison services: better information, knowledge and referral should be available at each critical stage of the pathway.

5.10 Since the report and the subsequent ‘plan’ were written, the structures within the NHS, criminal justice and local government sectors have changed significantly. Whilst this can create complexity and challenge, it is also an opportunity to build new partnerships. NHS England, Clinical Commissioning Groups, Health and Wellbeing Boards, Police and Crime Commissioners, Public Health and the impending changes to prisons and probation (including local resettlement prisons) under the Transforming Rehabilitation (TR) agenda create a new starting position for building networks and partnerships.

5.11 There is also a role (often clearly stated, for example under TR) for the VCSE sector, especially around family support, mentoring, liaison.

> *The independent and voluntary sector has shown that it can make an important contribution to increasing capacity, patient choice and service innovation. Third sector partners (from national and local charities to community and local voluntary groups) have a crucial role in helping to shape services that people value, as well as delivering them directly.*

6: The National perspective (Youth)

6.1 Deputy Children's Commissioner Sue Berelowitz drew on the 2011 report 'I think I must have been born bad', which looked at the emotional wellbeing and mental health of children and young people in the youth justice system.

6.2 The Office of the Children's Commissioner has a statutory remit to promote children's views and interests and to have regard to the UN Convention on the Rights of the Child (UNCRC) in its work. Relevant articles include[2]:

> *3 The best interests of the child must be the top priority*
> *19 Right to be properly cared for and protected from violence, abuse and neglect*
> *37 Right not to be treated cruelly if break the law. Loss of liberty should be a measure of last resort & for shortest possible time*
> *40 Children should only be imprisoned for the most serious offences and be treated in a manner that promotes their dignity and self-worth. A variety of dispositions should be used to avoid institutional care.*

6.3 There is a wealth of evidence to indicate that the majority of children and young
people in the youth justice system in England and Wales come from the most deprived and disadvantaged families and communities and their lives are characterised by disruption, neglect and impoverished social landscapes. Many have experienced abuse and neglect and those who move through both the welfare and youth justice systems into custodial institutions tend to have particularly complex needs.

6.4 Children and young people who experience emotional distress and mental health problems often exhibit challenging behaviour and the focus on this behavior for interventions can mask other problems and issues.

6.5 Some context:

- 60% have suffered maltreatment
- 50% have problems with peer & family relationships
- 66% come from broken families
- 33% have been in care
- 75% have a history of school exclusion
- 33% have severe and complex mental health problems
- 25% have learning disabilities
- 30% have a physical disability

[2] A fuller list is contained in the presentation, available on the YSS website

- More than 50% have communication and literacy problems

6.6 Research demonstrates consistently high levels of complex developmental issues and unmet emotional and other mental health needs among children and young people in the youth justice system.

- approximately 60% of children and young people in the youth justice system have significant speech, language and communication needs
- it is estimated that 25% to 30% of children and young people in the youth justice system are learning disabled and that around 50% of those in custody have a learning difficulty
- There is some evidence that children may be misdiagnosed as having a mental health problem or a conduct disorder when in fact they have an undiagnosed communication problem.
- children and young people in the youth justice system have higher than normal levels of depression (18%), anxiety disorders (10%) and psychotic like symptoms (5%)

6.7 Whilst the issues are complex, the report found a series of problems/issues with how the 'system' deals with the young people: many of these are consistent with those flagged in the Bradley Report. In particular:

- there is a lack of consistency and wide variation in the type, level and quality of measures put in place to support the emotional wellbeing and good mental health of children in the youth justice system

- There is wide variation in the understanding and recognition by staff of young people's emotional wellbeing and mental health problems and inconsistent levels of support and training in these areas for front line staff

- There is limited understanding of child and adolescent development and limited recognition, understanding and management of developmental and neurodevelopmental problems (including attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders).

- There was poor transition between services and in particular, a lack of support on leaving custody and transferring to adult services. Also, the separation between custodial establishments and external services hindered effective transitions back into the community.

- A wide variety of screening and assessment tools were used. These included inappropriate tools that did not take account of the age and development of young people.

- Myths and misunderstandings persist between different professional disciplines about the need for accurate and regular information sharing.

- Some staff said that they feel that they are not properly trained,

equipped or supported to work effectively with children and young people

Recommendations included:

- Transferring commissioning to a specialist function within DH
- Efficient and effective health screening for all children entering custody
- Professionals from all disciplines working with children whether detained or in the community, should have a shared understanding, delivered through joint training, of key factors affecting child and adolescent health and wellbeing
- A robust protocol should be developed and agreed between the Ministry of Justice, Department of Health, Department for Education and local government in relation to sharing health, education and social care information about children and young people in the youth justice system.
- Training in mental health awareness and child and adolescent development should be mandatory for all staff working with children and young people in the youth justice system
- There should be a statutory duty on local authorities to provide support services for children and young people leaving custody over and above those dictated by criminal justice statute.

6.8 A further research paper, Child Sexual Exploitation in Gangs and Groups (Nov 2012) found that in the period August 2010 – Oct 2011, 2409 children were confirmed victims of sexual exploitation in gangs and groups and that in a twelve month period over 16,500 are at risk.

6.9 An immediate problem of the availability of consistent and reliable data was identified. These include: gaps in data on victims and perpetrators; biased data, given that some agencies go looking for CSE and others do not; varying definitions of CSE in groups and gangs; data gaps on specific warning signs of CSE; datasets held by a number of departments and agencies that are not joined-up; health statistics on abortions and sexually-transmitted diseases not made available to the Inquiry. The Inquiry also encountered inconsistent recording and collection of data by external agencies. Sometimes information on CSE is buried in records on offending (in relation to gang association) or broader categories of child sexual abuse.

6.10 In addition, both the children and also professionals were found to have an inconsistent understanding of ‘consent’. The Inquiry panel believes that ‘labelling’ reflects a worrying perspective held by some professionals, namely that children are complicit in, and responsible for, their own abuse.

6.11 It is not possible to state definitively how many children are victims of

CSE in any given period because there is no recognised category of abuse for sexual exploitation as part of standard child protection procedures and no specific crime of child sexual exploitation.

6.12 With regard to victims, agencies in 19 out of 39 police constabulary areas did not submit any information on cases of child sexual exploitation in either gangs or groups in their responses.

6.13 The evidence points to several factors that can increase a child's vulnerability to being sexually exploited. These include: living in a chaotic or dysfunctional household; history of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect); attending school with young people who are sexually exploited; experiencing a recent bereavement or loss; and in cases of CSE in a street gang, children who were gang-associated either through relatives, peers or intimate relationships, or living in a gang neighbourhood, were also vulnerable.

6.14 Signs that a child has already been abused include: missing from home or care; suffering physical injuries; engaging in offending; drug or alcohol misuse; receipt of gifts from unknown sources; thoughts of suicide.

6.15 Recent public and media attention on the perpetrators of child sexual exploitation has focused on high-profile court cases. These have mainly involved adult males of British Pakistani origin and White British female victims. However, the evidence received by the review panel has shown is that this issue is widespread and there is more than one type of perpetrator, model and approach to child sexual exploitation by gangs and groups. The Inquiry received information on 1514 individuals who were known to be sexually exploiting children between August 2010 and October 2011. The Inquiry was also informed about 1,094 known perpetrators during the site visit.

6.16 The interim report made a series of recommendations, including:

- Circulation of the indicators of CSE to all staff in relevant agencies
- All police forces should work with partner agencies, including third sector specialist organisations, to log information on the girls and young women linked to gang members, and then risk-assess these young people for sexual exploitation.
- All those identifying victims of child sexual exploitation should liaise with agencies, including specialist third sector organisations, that are working with under-represented children and young people to ensure their identification of all those who are vulnerable or at-risk.
- LSCBs should agree policies and procedures for ensuring partner agencies including children's social care services, YOTs and police work cooperatively to identify and deal with children and young people who are both victims and perpetrators of CSE.
- The Department of Health should issue guidance to all health agencies to ensure effective information-sharing
- Youth offending services should share information on either or both

victims and perpetrators of child sexual exploitation with other agencies, given the intelligence held on their assessment tools.

- Every LSCB should ensure that the core training delivered to all professionals who come into contact with children and young people should include information on warning signs and impact, of child sexual exploitation

7: Transition to adulthood

7.1 Lucie Russell, Director of Campaigns at 'Youngminds' spoke about a study currently being produced in conjunction with City University that is looking at the effect poor transitions between children and adult mental health services has on young adults and whether poor provision exacerbates offending behaviour in young people who are in touch with the criminal justice system.

7.2 Funded by the Barrow Cadbury Trust, the study is consulting with the three Transition to Adulthood pilots (in Birmingham, West Mercia and London), CAHMS and AMHS staff and commissioners.

7.3 Emerging findings point to a particular type of relationship being beneficial in working with young adults. One that has meaningful and regular contact, where trust can be built, that is non judgmental and non clinical.

7.4 Lack of care, inconsistent support and fragmented formal contact were found to exacerbate offending behavior, which in turn becomes a barrier to accessing services.

7.5 In findings consistent with other research presented here, early intervention, integrated services and constructive use of court orders were seen as important. Wider pathway support in education and skills and use of the voluntary sector to provide the meaningful and regular contact and build the relationships were also key approaches.

7.6 Similarly there was also consistency in recommending wider access to specialist training for all staff involved in working with this group; greater use of mental health treatment requirements; comprehensive (integrated) care pathways; widened responsibility including GP's; single access point for mental health services..

8: Learning from the Lloyds TSB Foundation pilots

8.1 Harriet Stranks, Head of grant making (north) for the foundation described the rationale for its Criminal Justice Progamme, in particular Phase 3, which is focused on Criminal Justice and Mental Health.

8.2 Between 2008 and 2010 the Foundation invested £9.5m in three portfolios of grants, each being a three-year programme:

- Phase 1 - 29 grants totalling £4.5m in October 2008 which looked at funding a range of work with ex-offenders that had previously been piloted.
- Phase 2 - 15 grants totalling £2.43m in December 2009 for work with young offenders.
- Phase 3 - 12 grants totalling £2.57m in December 2010 for work around mental health and the criminal justice system arising out of the recommendations of the Bradley report

8.3 The majority of the projects were established to work in partnership with the prison service or with community based drug, alcohol and probation teams. Two projects worked at the pre-sentence stage.

8.4 Most worked at the release stage, providing Through the Gate support, including a meet at gate service. Multi-pathway support was offered to access housing, benefits, debt, health and similar services, including in one case employment and training.

8.5 Counselling improved the chances of successful resettlement.

8.6 Creating networks of support was critical and provided a point of contact and coping strategies for crisis situations. It was often very difficult to replace a criminal circle with one that contains a range of health professionals, support workers, family and friends.

8.7 Charities found that clients with drug and alcohol issues and mental ill health needed significantly more support on an intensive one to one basis than those with drug and alcohol issues alone.

8.8 Training, raising awareness and breaking down misconceptions with staff in the Criminal Justice System was a key part of many of the projects, with staff confessing that they felt they lacked confidence and knowledge about Mental Health prior to the training. Vast improvements had taken place regarding early identification and referrals to services, including better risk planning and understanding where mental ill health was the primary issue before drug and alcohol issues.

8.9 There was initially a lack of trust for some of the projects from Criminal Justice System staff, however, where there were formal partnerships in place these barriers did not exist and the projects had a quicker start.

8.10 The qualities of the Mental Health worker were a diverse mix of professional and personal. Often taking on the role of a significant adult; building trust; providing emotional and practical support whilst also maintaining professional distance; understanding of challenging behaviour; personal resilience and perseverance.

8.11 A quantitative evaluation would prove difficult as data was generally inconsistently gathered, in part due to new systems being introduced and the lack of a common reporting framework.

8.12 All of the charities asserted that they were expensive in terms of their delivery but were creating a huge cost saving to the public purse compared to detention in secure units.

8.13 Nine of the projects have developed learning that can be considered of national significance and two of local importance. The Foundation has just agreed a further years funding for some of the pilots, including the YSS project in West Mercia.

9: The NHS perspective

9.1 Kevin Hefferman, from the NHS England West Midland Health and Justice Commissioning team described the new commissioning landscape within the NHS and in particular the developing work around mental health.

9.2 NHS England is an independent body at arms length from government and was originally established in October 2012 as the NHS Commissioning Board.

9.3 Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment. The 211 Clinical Commissioning Groups now manage most of the NHS commissioning budget with assistance from Commissioning Support Units that handle procurement, market and contract management.

9.4 NHS England is a single organization with a central function and 4 regional Teams (Midlands and East of England/North of England/South of England/London). There are 27 area teams – 3 in the West Midlands (Shropshire and Staffordshire/Arden Hereford and Worcester/Birmingham, Solihull and the Black Country). The Shropshire and Staffordshire team leads on Health and Justice Commissioning, including custodial health services and (National) Liaison and Diversion services[3].

9.5 The CCGs deal with offender health in the community and any locally developed liaison and diversion schemes.

9.6 The team collaborates through a variety of mechanisms, including: Health and Wellbeing Boards; Healthcare Partnership boards (police); Mental Health expert reference groups; Integrated Offender health regional and national forums; SARC[4] strategic management boards.

9.7 As the commissioning function develops, new system design and partnership working will be key approaches used to develop routes to securing the best possible health outcomes for patients.

[3] Birmingham, North Staffs (adult), Warwickshire, Sandwell, Wolverhampton (youth) and Staffordshire (youth)

[4] Sexual Assault Referral Centres (Cobridge; Birmingham;Walsall; Nuneaton;Bransford; Wellington

10: So What?

10.1 Having listened (and absorbed!) a not insignificant amount of information, research findings and opinion, the delegates were asked to work in groups to develop some thinking about how, given the issues raised, this agenda could be taken forward within the region.

10.2 The feedback was extensive with more than a hundred substantive points and many more subsidiary points/observations and questions recorded. Usefully, most can be grouped into one of a number of recurring themes that linked all of the presentations:

- The need for (joint and mutual) training to promote understanding and awareness throughout the entire pathway, supporting diversion
- Opportunities for networking and sharing good practice
- Information and data sharing protocols and systems
- Structural integration
- Early intervention, consistent assessment
- Partnership development
- The importance of other (reducing reoffending) pathways
- Need to work holistically and not in silos
- A significant role for the VCSE

10.3 As outlined throughout the event, there are a number of new commissioning and other structural changes in process that offer the opportunity to design in these themes. There has been some progress already – for example the YSS (Lloyds TSB) pilot has demonstrated the benefit of training and exchange and this could be built on; similarly the NHS Health and Justice commissioning structures provide a linkage between CCGs and the other health boards. However, to achieve a proactive sharing of practice and also achieve inclusivity with the wider range of organisations that can contribute will require investment, at least of time and leadership. The feedback suggests that there is an appetite and commitment to this.

10.4 Training

Delegates thought MH Trusts should provide free training and awareness sessions; the South Staffordshire and Shropshire Trust actually offered MH and personality disorder training to agencies free of charge. It was suggested that the Health and Justice team provide a base line mapping document as a start. Others thought training should be an element of more integrated working with input from all sectors, which should include magistrates and others from judicial system – especially to help with early identification. Training for volunteers was also seen as important.

10.5 Networking and sharing practice

The event was seen as a good networking opportunity and there was a demand for more such events to 'identify opportunities and share intelligence'. Other suggestions included an alliance to drive strategy/policy dialogue; joint working between CAHMS and AMHS to share good practice across the region; 'working together to ensure best practice through learning and

development to create a seamless service'; achieving consistency through sharing practice was an ambition for many. Practical suggestions included publishing single points of contact in all agencies to improve communication.

10.6 I*nformation and data sharing*
Information sharing protocols were mentioned a number of times, including organisations such as schools that undertake various screenings. System evaluations and learning from other existing systems/networks (e.g. children's, safeguarding, MAPPA) was suggested.

10.7 Structural Integration Issues
One delegate asked: 'Are the various agencies willing to provide the funding and resources in order to create a holistic person centered service?' Others asked about the involvement of schools and the prison service and what was being done to engage them in the agenda. Another suggestion was for co-location of teams/professions/agencies/shared building and resources. There was concern expressed that MH is not talking to delivery agencies and that the NHS is not talking to other sectors. Suggested 'quick wins' included MH to engage at operational level with IOM/MAPPA (and vice versa); links to children's services/troubled families agenda etc for early detection/referral/diversion; delivery of MH treatment requirements could be by multi-disciplinary teams not just MH; a multi disciplinary triage service was also suggested.

Concerns were expressed about the various levels of 'privatisation' that are occurring and in particular the lack of knowledge about contractors. Others worried about the apparent lack of accountability of the new commissioning boards/groups.

10.8 Early intervention/assessment
This was raised a number of times along with concerns about accountability and capacity; one group was clear that the Police/CPS/LA social services should ensure referrals are made to CAMHS/CMHT for screening and support rather than progressing through the Criminal Justice System. A related point stressed the need to properly examine those cases on the borders/thresholds for support. Transitional education for teenagers was also proposed. The importance was stressed of preventing MH difficulties and increasing good MH in children and young people in schools and communities to help avoid stigma (and help diversion from crime). Use should be made of links to housing providers as part of a range of indicators for early intervention, including schools, families with domestic abuse histories, deprivation/post code indicators and so on. The need for consistency in screening tools was also mentioned.

10.9 Partnership development
Quick wins included exploring VCSE/not for profit and statutory consortiums; agencies establishing better relationships with providers and taking time to understand their roles; creation of a map of how groups inter-relate, what each element does, who leads, access routes etc; links to a wider range of sectors, for example housing providers; greater involvement by agencies in

Care Programme Approach – including better understanding and participation in reviews and care plans. Dealing with professional egos was also mentioned!

10.10 Other pathways

There was concern that housing/accommodation was being overlooked – considered essential to develop relationships with strategic housing groups. So too the importance of a 'safe place and food'; including employment aspirations in care plans (with appropriate support); engaging (and incentivizing employers to create/offer jobs to those with MH histories; physical health, finance and wider family issues.

10.11 Avoiding silos

Points raised here included encouraging more cross over between mental health and learning disability services; seeking an LCJB focus on offender health pathways (possibly with a working group and even a Health Rep as a member); ensuring offender health is on agenda of Health and Wellbeing boards; ensuring offender health is included in the Joint Strategic Needs Analysis in each area. 'Making ourselves accessible' was a fundamental point, especially when linked with the suggestions in the earlier sections on networking, training and sharing practice.

10.12 The VCSE(Voluntary and Community Sector Enterprise)

This was an area that elicited the biggest single response. 'Identify ways to best utilize voluntary organisations' was an apparently simple ambition – others were more specific in defining needs. 'Caring individuals', 'befrienders', 'mentors', 'peer mentors' ways of meeting people 'at the gate', 'volunteers to support service users', 'role models', 'maintaining good grass level relationships with service users', 'creating communities rather than neighbourhoods' are all examples mentioned by delegates and are things that the VCSE is very good at.

As mentioned elsewhere (especially in the Young minds section) non statutory, consistent and non-judgmental relationships have been shown to be very effective; the VCSE can also deliver effective interventions and add value to the inter-agency and structural issues raised at the event (eg the YSS Bradley MH project). It is also best placed to develop innovative funding models (such as Payment By Results(PBR)/social finance) – possibilities raised by some delegates.

10.13 What next?

The conference rehearsed and achieved an understanding of the critical issues that need to be addressed to achieve a more successful approach to dealing with mental health/criminal justice within the region. There is clearly an appetite to address the identified factors both structural and practice based. Building on its experience from the Bradley MH project, YSS is willing to continue the dialogue with key stakeholders and keep the momentum going. Suggestions were made about using social media as a resource for spreading the message – this may be a route to explore for communication about further

developments/idea sharing etc. We will, of course, need to find some resource to achieve this and that will be an early priority.

In the interim, links to source documents, reports and other material is included here, along with contact details/delegate lists.

YSS has made a commitment to use the remaining Lloyds TSB project time and funding to build upon the existing momentum in its work with young adults both directly and with workers in other agencies. The focus of this will be to help in developing a more cohesive and consistent strategic approach at a strategic level.

References:

YSS:
http://yss.org.uk

West Mercia Probation
http://www.westmerciaprobation.org.uk

Youngminds
http://www.youngminds.org.uk

Children's Commissioner
http://www.childrenscommissioner.gov.uk

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NHS England
http://www.england.nhs.uk

The Bradley Report
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_098694

I think I must have been born bad
http://www.childrenscommissioner.gov.uk/content/publications/content_503