



The Bradley Commission

2 Young adults (18-24) in transition, mental health and criminal justice

Introduction

In 2009, the Bradley Report on people with mental health problems or learning disabilities in the criminal justice system was published. Five years on, Lord Bradley is chairing an independent commission, made up of leading figures from the fields of politics, criminal justice, policing, social care and health, to review progress and consider how the report can be implemented in the very different financial and policy environment we now face. The commission has asked Centre for Mental Health to report on areas that were under-developed in the Bradley Report.

In this the second of three follow up briefings, the Commission considers the needs of young adults (18 to 24 year olds) in contact with mental health and/or learning disability services and the criminal justice system (CJS).

This briefing draws on examples of good practice at critical points along the offender pathway and offers a number of practical and policy solutions for those working with and commissioning services for young adults in transition.

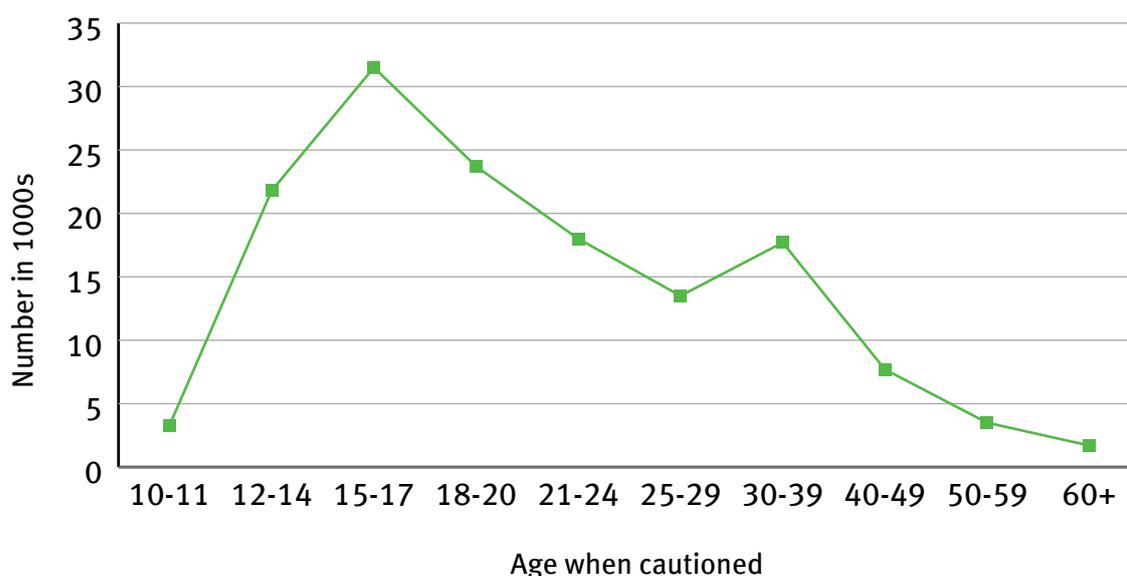


Background

The line between childhood and adulthood is often socially constructed and artificially drawn, driven by many factors including legislation, culture, and the way in which services are configured and funded. In reality, a child’s pathway to physiological, emotional and psychosocial maturity depends on their individual rate of maturation (Singh, 2009; Prior *et al.* 2011). During adolescence the brain undergoes rapid neurological development to transform into an adult brain. During this period social and cognitive functioning is affected, increasing young adults’ propensity to take risks, behave impulsively and sensation seek, thus impairing their judgment and ability to interpret social cues (Johnson *et al.* 2009; Transition to Adulthood Alliance, 2009). In turn this can lead to poor decision making and can increase the chance of contact with the police. Emerging neuro-scientific research has begun to demonstrate that cognitive development and emotional regulation, akin to full adult maturity and functioning, is not fully developed until at least the mid-20s.

Currently, services for children and young adults create gaps and involve often imperfect handovers at a time when adolescents face the greatest risks to their wellbeing and mental health; and of risk-taking and offending behaviour. Mental health is a continuum from good, through to poor and clinically significant. Research indicates that most mental health problems will begin to crystallise during this period of young adulthood. For 75% of adults with mental disorders the onset of mental ill-health will have occurred by the age of 24 (Kessler *et al.* 2005; McGorry *et al.* 2007). Many sources of criminal data have also consistently shown there to be a sharp incline in offending behaviour during adolescence, which declines steeply at first (to the mid-20s) and, thereafter, more steadily (Farrington, 1986). This is commonly referred to as the age-crime curve and is illustrated in Figure 1. However, prevailing health service and criminal justice responses do not reflect these trends.

Figure 1: Number of people cautioned in English and Welsh courts in 2002, by age



Source: Home Office, 2003.

Multiple needs

It is the norm, not the exception, that young adults in contact with the CJS have multiple vulnerabilities arising from a variety of social, psychological and economic factors. 98% of 16 to 25 year-olds accessing services in the UK have more than one problem or need (Social Exclusion Unit, 2004). Common co-morbidity problems include:

- mental health and/or learning disabilities,
- family breakdown and bereavement,
- problems associated with leaving care (Fauth *et al.* 2012),
- homelessness or poor housing,
- brain injury (Williams, 2012),
- low educational attainment,
- a lack of opportunities for further training and education,
- unemployment,
- debt and money worries,
- a lack of legitimate income,
- social and financial exclusion, and
- drug and alcohol misuse (DrugScope, 2010).

Many of these co-morbidities can also be compounded by cultural differences and inequalities (Centre for Mental Health, 2013). The most vulnerable young adults are those who have experienced a lifetime of social adversity, poor parenting, avoidant attachment relationships stemming from emotional neglect (Bretherton, 1992), abuse, domestic and sexual violence, and trauma (Revolving Doors Agency, 2010).

As a result, many young adults in contact with the CJS often lead chaotic lives that entail a large degree of stress and distress, exacerbating existing and/or emerging mental health problems. 95% of 15 to 21 year-olds in custody have been found to suffer from a mental health disorder and 80% suffer from at least two (Singleton *et al.* 1998). There is also evidence that young adults with learning disabilities are over-represented and disadvantaged in the CJS. Evidence from the Prison Reform Trust (2012a) shows that up to 7% of adults in prison have an IQ under 70, another 25% have an IQ under 80, and this proportion is higher in children and young people. 60% of children who offend have problems with communication – either understanding or expressing themselves or both, and for children and young people with a learning disability the prevalence rate of a diagnosable psychiatric disorder is 36%, compared with 8% of those who do not.

Key statistics

Over three quarters of psychiatric disorders develop below the age of 25 (Royal College of Psychiatrists, 2010).

While people aged 18 to 24 account for one in ten of the UK population, they account for a third of those sentenced to prison each year; a third of the probation service caseload and a third of the total economic and social costs of crime (Transition to Adulthood, 2010).

At the end of June 2013, there were 6,272 young adults aged 18 to 20 in prison in England and Wales (Ministry of Justice, 2013a).

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23% of young adults (18 to 20 year olds) surveyed reported having spent a night in the segregation unit, compared to an overall average of 11% of prisoners (HM Chief Inspector of Prisons, 2012).

58% of young adults released from custody in the first quarter of 2008 reoffended within a year (Hansard, 2011). Furthermore, 72% of under-18s reoffended within 12 months of being released from custody for the year ending September 2011 (Ministry of Justice, 2012a).

Young adults (18 to 20 year olds) account for 18% of all self-harm incidents although they represent 9% of the population in custody (Ministry of Justice, 2013b). 20% of young male remand and a third of young female sentenced prisoners had attempted suicide at some point in their lives (Singleton et al. 2000).

52% of young people who offend were permanently excluded from school (Stewart, 2008).

40% of young women and 25% of young men aged 18-21 in custody report having suffered violence at home (Stuart & Baines, 2004). 29% of young women in custody report having been sexually abused in childhood (Farrant, 2001).

A quarter of the young adult population surveyed by HM Prisons Inspectorate thought they would leave prison with a drug problem (HM Chief Inspector of Prisons, 2011).

Fewer than half of young adults surveyed said that they knew where to get help to find accommodation, drug treatment or continuing education when they left prison (HM Chief Inspectorate of Prisons, 2007).

Multiple transitions

Between the ages of 16 and 18, young adults with multiple vulnerabilities and ongoing needs are faced with multiple transitions between services and systems. These transitions are often unsuccessful and young adults can all too easily lose support at the time they need it most. Common barriers to successful transition include: higher thresholds for equivalent adult services; discontinuation of adolescent services, such as for ADHD, or gaps in available support between the ages of 16 and 18; and, differing and inappropriate modes of practice and service culture. Furthermore, transitioning from one service or system to another inevitably entails a change of professionals, disrupting relationships which have been built over time.

Many of these barriers are experienced by young adults transitioning from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). The TRACK study of this transition found that up to a third of teenagers are lost from care during transition and a further third experience an interruption in their care (Singh *et al.* 2010). In many cases, AMHS are not vigilant in looking for, or responsive to, the less clear cut, more subtle and less crisis orientated emerging mental health problems synonymous with young adults' needs. AMHS culture is typically less holistic, placing greater emphasis on the responsibility of the service user. Anxious and vulnerable young adults can find this overwhelming and if they fail to maintain appointments they are unlikely to be chased up because of burgeoning caseloads.

Transitions for young people with mild to moderate learning disability are particularly complex. They may not meet the eligibility criteria for either Adult Learning Disability Services or the Adult Community Mental Health Team, yet require ongoing support and psychiatric intervention. Without support they can become increasingly marginalised and at risk of antisocial behaviour and social exclusion.

Transitions within the CJS can be equally problematic. For example, it is not uncommon for a young adult to first meet their probation officer in breach court because they have not attended their appointments. The independent panel investigating the causes of the 2011 riots specifically identified the lack of support for young people moving from the youth to the adult justice system as a concern (Prison Reform Trust, 2012b).

Despite and because of their complexity of need, 16-25 year olds have the lowest access to services amongst any age group. Young adults can be particularly challenging to engage, retain and work with and this is further compounded by imperfect transitions. Young adults, and those with a history of avoidant attachment in particular, tend to be non-help seeking in a traditional way and more sensitive to stigma, which may inhibit them from engaging with services and statutory services in particular. Furthermore, it is not uncommon for young adults to bottle their emotions or wear a mask of bravado, which can result in their vulnerabilities being hidden or misread. Disengagement from services can be a major problem, leading young adults to re-present in crisis or with a greater severity of need later in life, with socially isolated young adults at greatest risk of poor health and offending.

Good practice - the findings

This report calls attention to the core components of some of the initiatives that bridge the gap between services for young adults in or at risk of contact with the CJS. Individual meetings, semi-structured interviews and site visits were conducted with a number of individuals and initiatives across the country.

Outcome measures for the initiatives are included where available. However, a deficit in measurement tools persists and many of the initiatives listed were, at the time of writing, at an early stage of developing measures.

Findings and initiatives identified as working particularly well for young adults in a liaison and diversion capacity are structured under the following 'offender pathway' headings:

- community,
- police,
- Crown Prosecution Service,
- courts,
- prison,
- secure mental health services and
- probation and resettlement.

Additional focus is also given to young adult gang involvement, young women and young adults with learning difficulties and/or disabilities.

Services visited

Our thanks go to the individuals and initiatives involved for their help and cooperation.

- Adult Social Care Services, Transitions and Young Adults, Northamptonshire County Council
- Calderstones Partnership NHS Foundation Trust
- Custody Liaison CPN, Criminal Justice Team, Northamptonshire
- Derby Addaction
- Foundation for People with Learning Disabilities
- MAC-UK, London
- National Grid, nationwide
- Prince's Trust, nationwide
- Raising Your Game, nationwide
- Reflex, nationwide
- Right Here, Newham, Brighton and Hove, Sheffield and Fermanagh
- South London and Maudsley NHS Foundation Trust, Lewisham CAMHS
- St Andrew's Healthcare, Northampton
- Staffordshire and West Midlands Transitions
- St Giles Trust, SOS Project, London
- User Voice, nationwide
- Young Women's Trust, Chrysalis, nationwide
- Youth Support Gloucestershire, Gloucestershire County Council
- YSS, West Mercia
- 18-24 Gangs and Serious Youth Violence Transitions Team, Camden and Islington NHS Foundation Trust

In the community

Managed by the Paul Hamlyn Foundation and Mental Health Foundation, **Right Here** is a five-year action research project that aims to develop effective new approaches to improving the mental health and wellbeing of 16 to 25 year-olds. Right Here provides universal and targeted support for young people at risk with a focus on prevention, early intervention and mental health promotion. Based in four localities across England and Northern Ireland, Right Here develops young people's sense of purpose and boosts their confidence and emotional control, and improves their understanding of mental health and how to look after it.

The Right Here philosophy recognises that by enabling young people to come up with their own solutions it benefits not only them but the wider community. Young volunteers or youth panels are responsible for designing, delivering, commissioning and evaluating activities with help from youth work and mental health professionals - an effective way of ensuring that the activities are beneficial, attractive and accessible to young people. There are four main types of activity: physical and creative, such as rock-climbing and music production courses; awareness raising, such as video outreach and anti-stigma campaigns; therapeutic, including anger management; and 'counselling on the move', for stress reduction.

By November 2012, over 2,000 individuals had been involved in Right Here activities since the start of project activities in late 2010. Analysis has identified positive change in wellbeing and resilience and a high level of satisfaction among the young people involved. 75% believed that the programme had increased their knowledge about mental health. The final evaluation of Right Here will be published in September 2014.

YSS is a charity providing community-based support for vulnerable young adults with mild to moderate mental health problems and a complexity of issues in their lives. Frequently sub-threshold in terms of accessing services, this group of young adults risk passing through the criminal justice system unnoticed and their

needs evolving to become acute in time. YSS operates across West Mercia and supports approximately 550, 18 to 24 year-olds at any one time. Referrals are received from police and probation and support is offered on a voluntary basis at any point in the system, as well as for those at risk of offending.

YSS take a holistic, person-centred and flexible approach to working with vulnerable young adults. In practice this means developing client-led action plans - working on the problems that are important to them - meeting at times and places young adults feel comfortable, providing motivational guidance and support to build self-esteem and developing the skills needed to articulate their feelings so that they are in a position to engage with services.

YSS has an intensive support team made up of workers from a range of professional backgrounds, including: family support, youth justice, mental health, ETE (Employment, Training and Education) and accommodation, and has a large pool of volunteer mentors to complement the paid staff.

The availability of services for liaison and diversion teams to divert their clients to is essential, yet a lack of availability poses a significant problem in many areas. Another challenge is balancing the needs of commissioners, service providers and service users:

"Most of the services we want to access, we can't so we've actually got to provide them ourselves by getting all these different funding streams and tying them together... trying to keep commissioners happy in terms of the outcomes they want whilst being fiercely protective of the outcomes we want to achieve - that's the tension we're constantly trying to balance."

Crucially, YSS understands the CJS and have well-established relationships with criminal justice partners. This has led to YSS becoming embedded within local structures and permits a three-way dialogue involving police and probation. YSS also runs a Senior Attendance Centre, which is the only young adult (16 to 24) disposal in the country. This involves working

in the on-site cafe or furniture workshop and provides a mixture of training and independent living skills, as well as emotional and well-being support.

Police

Youth Support Gloucestershire, Gloucestershire County Council, is an integrated targeted service offering both statutory and non-statutory support for vulnerable young people aged 10 to 19 and up to 25 for care leavers and those with learning disabilities. Fundamental to their work diverting young people from the CJS has been their relationship with the police and health services and skill in configuring interlinked systems and services. An automatic connection via secure email alerts the team when a young person comes to the attention of the police. From there the team is able to scan multiple children's services databases for information and to establish points of liaison where the young person is already working with professionals. The team then seeks to engage the young person in triage via a locally developed tool identifying needs across five health domains and other social welfare requirements. With the responsibility for this work resting with a single, focused team the county is able to offer consistent, sympathetic facilitation of cases, much improved information sharing, and very valuable data capture.

Diverting young people in Gloucestershire is a joint venture and shared agenda between the Gloucestershire County Council, youth support, constabulary, Crown Prosecution Service, courts and health partners. It is argued that the emphasis on custody as a focal point for liaison and diversion has become dated given the shift towards out-of-court disposals, community policing, restorative justice and voluntary attendance.

“In the interests of swift administration of justice, seeking to reduce the length of young people’s stay in police custody, and the shift to community-oriented policing, the initial focus on custody for Liaison and Diversion is limited and limiting. The opportunity to engage young people with

assertive outreach, preferably in their homes with the involvement of their families, is an approach bearing much fruit in the Gloucestershire project.”

While in police custody, the local authority through its youth offending team (YOT) has a duty to ensure that an Appropriate Adult is provided for children and young people under the age of 17. However, there has historically been no such duty placed on any statutory authority, barring recent guidance (BBC, 2013), with regards to vulnerable adults (Appropriate Adult Network, 2013). However, there is currently no such duty placed on any statutory authority with regards to vulnerable adults (Appropriate Adult Network, 2013). Therefore, access to an Appropriate Adult for young adults can be a postcode lottery.

Crown Prosecution Service

In 2013, the CPS published a new Code, which for the first time explicitly included taking the maturity of an individual into account as part of the ‘public interest test’. This development represents a new opportunity for prosecutors to openly consider the maturity of young adults, as is currently the case within the youth justice system. In response, the Criminal Justice Alliance has published a report exploring ‘the potential for taking account of maturity at the charge and prosecution stage of the criminal justice system’ (2013). Informed by the expertise of prosecutors, this research investigates how the inclusion of the concept of maturity will work in practice, how the concept is currently applied within the youth justice system and what lessons can be learnt to ensure the successful implementation.

A specific definition of maturity is not included in the Code, and this, as the Criminal Justice Alliance has identified, has led to inconsistency in its application and apprehension over a lack of shared understanding of what maturity means. However, those interviewed were reluctant to see anything too prescriptive being implemented, such as the creation of a new legal definition. Prosecutors did not feel that the police always sufficiently took maturity

into consideration. If the police fail to raise the issue, then it is the responsibility of prosecutors to identify it themselves, which can be almost impossible in some cases where, for example, the prosecutor has exceptionally limited information about the defendant. In these situations it often falls on the defence or the parents to raise the issue or else the defendant simply 'slips through the cracks'. Furthermore, interviewees stated that in order for prosecutors to decide not to prosecute, due in part to maturity issues, there needed to be something in place that can address the underlying problems that will reduce the likelihood of the offence happening again.

Thus, the Criminal Justice Alliance recommends making available specific training and guidance about maturity to the CPS, Police and defence lawyers, strengthening and maximising the use of the Conditional Caution for young adults and exploring the introduction of problem solving approaches in the courts, where maturity is identified at the prosecution stage.

Courts

The Sentencing Council for England and Wales has issued definitive guidelines for drug offences, assault, and burglary, which require that 'age and/or lack of maturity where it affects the responsibility of the offender' are taken into account as one of the factors 'reducing seriousness or reflecting personal mitigation' (Sentencing Council).

Intermediaries are specialists who help witnesses with communication difficulties. They are able to intervene during questioning where appropriate. However, apart from section 47 of the Police and Justice Act 2006 which allows certain accused to give evidence through a live link, there is no legislation in force that permits the use of special measures for defendants. In response, the Department of Justice in Northern Ireland is piloting a scheme of Registered Intermediaries to assist vulnerable defendants to communicate with those in the criminal justice system who question them. The Registered Intermediaries Schemes pilot was launched in May 2013 and is expected to last for 18 months.

There are several examples of services throughout the country in a position to intervene and support young adults at the court stage, including many of the initiatives cited in this briefing. However, coverage is patchy and inconsistent at best and more is needed to support the systematic implementation of meaningful disposals for young adults.

The Intensive Alternatives to Custody (IAC) pilot programme ran from 2008/09 to 2010/11 to test the use of intensive community orders in diverting offenders from short-term (under 12 months) custodial sentences (Ministry of Justice, 2011). A number of pilots were established to provide courts with enhanced community sentencing options by combining intensive probation supervision with a mix of requirements and interventions delivered by partner agencies. Launched in April 2009, the Greater Manchester IAC targeted 18-25 year old male offenders. Rather than enter the prison system the young adult was sentenced to a 12 month IAC Order that comprised a number of different elements, including a mentoring service from Work Solutions, to offer new pathways to education, training and employment (ETE) as well as personal and social development.

A cost benefit analysis was conducted to assess the impact of those elements delivered by Work Solutions (other outcomes, such as impacts on reoffending and health, were not quantified in this model). The overall benefit-cost ratio for the Work Solutions element of the IAC pilot was 1.2, which means that for every £1 put into the mentoring side of the IAC, £1.20 was paid back in benefits. Benefits were accrued from people moving off benefits into employment. 24% of people on the pilot moved into employment (New Economy, 2011). In 2012 the Ministry of Justice acknowledged that the Manchester IAC was implemented fairly effectively and established itself as a viable alternative to custody in the locality (Ministry of Justice, 2012b).

Prison

One of the models we have observed fosters an embedded, systematic approach to mental health input as opposed to traditional in-reach models of care which can sometimes focus on a narrow definition of ‘mental illness’. So while approximately 25% of young people come onto the mental health team caseload, there is another element about supporting the wider prison to provide a more psychologically attuned care environment to promote the emotional and mental wellbeing of all young people. This is achieved by assisting prison staff to think about and understand young people’s behaviour within the context of broader emotional mental wellbeing - providing them with a different perspective of a young person’s history.

“Emotional and mental health is everyone’s business. By the very nature of them being sentenced to custody, they all have emotional wellbeing and behavioural needs. It is very rare and they stand out a mile if they come in with a single offence which is out of the blue.”

The model works across the health tiers, from primary care counselling services to tier 4 inpatient advice and liaison, and houses a multidisciplinary team. Although specific areas of expertise (such as learning disabilities or speech and language provision) might be commissioned differently and sit in different organisations, all will meet and work together under a broad ‘mental health and wellbeing’ remit. This is essential to providing a coherent, psychologically informed formulation of need – rather than people working in their specialist ‘silos’. Recognising and working from the premise that needs do not exist in isolation is central to the approach. Furthermore, it is also important that young people’s offending behaviour and prison work is not separate to this and vice versa.

“Emotions are not separate to our thoughts and behaviour and therefore if you are addressing mental health needs, you are also addressing offending behaviour”.

Secure mental health services

Prichard ward at **St Andrew’s** in Northampton is the only medium secure mental health transitions service specifically for young adults aged 18-25. The Prichard team adapts adult services to the needs of this age range, rather than extending adolescent services, to provide a unique treatment programme and environment that is age appropriate. Crucially, the service aims to address both the process and the cultural factors which make transition difficult. This includes greater provision for education and vocation than a typical adult service, as well as intensive therapy programmes to help delayed emotional, social and cognitive development. St Andrew’s are able to provide a whole-person-approach that bridges the cultural gaps between adolescent and adult services and this greatly improves the patient experience at a time when they are most vulnerable.

“For a number of young people who come into contact with forensic mental health secure settings, their attachment histories are marked by trauma, abuse and loss. Many have not had the experience of a secure attachment relationship in their childhood. Hence their emotional development is often severely delayed. They are likely to have difficulty forming relationships with adults and peers, and will have difficulty resolving the psychosocial dilemmas of later adolescence and early adulthood.”

(Dr Ash Roychowdhury, Consultant psychiatrist, St Andrew’s)

Probation and resettlement

The **18-24 Gangs and Serious Youth Violence Transitions Team** is a two-year pilot funded by Islington local authority and includes a forensic psychologist and clinical nurse specialist from Camden and Islington NHS Foundation Trust. The team provides intensive support with a very specific mental health component to the most risky young adults in the borough referred by the police and youth offending services. The young adults present with a mix of mental health and psychological problems and needs.

The majority have not had any contact with mental health services and lack the emotional awareness and language to say how they feel or to be able to label frustration, anxiety or anger.

“There’s something about this group who are so very excluded and have a multitude of problems that makes them one of the hardest groups to engage - the age and the gang culture which is covert and machismo and status-based, as well as the history they bring of damaged relationships with adult caregivers.”

The team provide a multiagency and in-house service which is accessible and available to work on an ad hoc basis. An assertive outreach approach enables the team to meet in gang neutral areas and arrange home visits. Appointment times are flexible in length depending on the level of engagement and the service is able to smooth the handover from YOT to probation with CAMHS input where available. One of the features of this group is that they are not usually help-seeking. As the service is based at probation where clients are required to attend, the service does not alienate those who would not originally access mental health services for fear of losing face. If possible the team will map needs to adult services but the majority are not ready and too chaotic to be referred to traditional mental health services. However, it is not always necessary to refer onto another service if the young adult can be supported to find the right social network. Another transition the team encounter is from statutory to non-statutory engagement, as the service can continue when the probation order stops, giving the young people the opportunity to access support when they need it, and to continue to build on the relationships with the team. In this instance, transition is reliant on building meaningful relationships.

If a young adult returns to prison the team will visit them there. The value of keeping in touch through letters is also highlighted, helping the young adult to feel that they are being kept in mind, as ‘containment through a relationship’. Prison is a crucial time to build relationships, as services have young adults’ time and attention during what can be a time of intense reflection.

Relationship-building in prison facilitates seamless access to mental health support upon release as the young adult is already engaged and has to report to probation on the day of their release.

Staffordshire and West Midlands (SWM)

Transitions is an extension of the T2A pilot which ended in August 2012. SWM Transitions manages all the transfers from YOT to probation through the development of a transfer protocol. A specialist offender management unit has been established within every probation office throughout SWM with a particular focus on young adults. This ensures a better assessment of the young people as they come across from YOT to probation. The transition period is three to six months depending on risk and in that time the protocol stipulates that: a transitions plan is put together, a professionals’ meeting is held and all partnership agencies, for example, mental health and drug and alcohol services, put together their own transition plans and the relevant databases are updated.

The initiative has recruited just under one hundred volunteers as transition mentors. Their role is to discuss the young adults’ expectations and concerns of transitioning to probation and to identify needs through the completion of a workbook. Every volunteer signs up to the young person for a period of twelve weeks and starts four weeks before they come over to probation. Prior to transition the young adult will have already met their probation officer in the YOT office and will have had a session with their YOT worker at the probation office. This ensures it is not a new face or experience. It is also expected that if YOT are liaising with a significant other, then probation will continue that liaison. This is facilitated by the young adult signing a confidentiality waiver, which can be amended at any point. SWM Transitions also works closely with the police and courts, attending integrated offender management meetings and contributing court reports, which can make the difference between a young adult going to prison and getting a suspended sentence.

Gang involvement

This section spotlights the specific liaison and diversion needs of gang members and effective ways of working across the offender pathway.

Founded in 2006, **St Giles Trust SOS Project** works intensively with gang affected young adults across London diverting them from a life of violence and crime. The project provides a powerful combination of mentoring and practical support that, crucially, is delivered by ex-offenders - someone who 'has walked in the young adults' shoes'. For the case worker or mentor it is about being completely committed to the welfare and emotional wellbeing of the young adult - building positive self-image, identity, esteem and confidence.

“With the SOS team, there’s an immediate understanding or vibe that that person has credibility, that they’ve been there themselves and what they’re offering is based on reality - that’s the starting point.”

The project is embedded within borough-specific multi-disciplinary teams which include YOS, probation and local authority representation and receives referrals based on current statutory agency information and police intelligence. Information sharing and maintaining positive, mutually beneficial working relationships with criminal justice professionals is key to the project’s success.

“We’re all trying to reduce reoffending, reduce gang activity, get young people out of danger and move them on to positive lives. So the police officers on the front line who understand that are great.”

In its first year 86% of young adults did not reoffend, the impact of which has far reaching ramifications described by the team as a 'ripple out effect', benefiting both families and communities and contributing to substantial public sector cost savings.

Founded in 2008 by a clinical psychologist, **MAC-UK** engages with some of London’s most excluded young people (16-24) and places mental health at the heart of solutions tackling gang culture and offending. MAC-UK works towards making mental health

services accessible to those who traditional mental health services fail to reach. These are young adults who are likely to have had bad experiences with professionals and find it very hard to trust them.

MAC-UK’s unique way of working is underpinned by the Integrate model, formed of three, non-sequential, stages: Hanging Out, Streetherapy and Bridging Out. Hanging Out utilises youth club space, music studios and includes youth-led activities, such as paintballing. These activities act as a hook, give young adults the permission to be with professionals and normalise positive engagement with people outside their peer group. Streetherapy is about “taking what we know works in the clinic out to the streets” and is as much about mental health promotion as it is about responding to crisis. Streetherapy walks recognise the need to just spend time with people to learn to trust them and to get a sense of what they are about. Bridging Out equips young adults with the confidence and self-belief necessary to access another service or realise their employment or training goals. MAC-UK aims to move young adults on but remain a solid base for them to return to if needs be. On average MAC-UK will work with each young adult over a period of two to four years.

Predominantly youth-led, MAC-UK focuses on developing long-term, on-going relationships. This is achieved by meeting young adults ‘where they are’ and working flexibly with an outreach focus. MAC-UK operate a peer-referral system and whilst they do not accept referrals from other agencies, sit on a number of panels within each borough. Close links have been forged with the police and in one site the Borough Commander is available to meet the young people if they have a complaint. By maintaining positive and supportive relationships MAC-UK is able to constantly assess risk on the basis of information received from other agencies. There is also no cross over between staff working at different sites with different peer-groups.

Centre for Mental Health is currently conducting a three year evaluation across multiple MAC-UK sites.

Young women

The specific needs of young women and men caught up in the CJS differ widely and warrant distinct working practices. In some cases this may mean providing female-only spaces.

Chrysalis is the name **Young Women's Trust** gives to all of their work with girls and women in or at risk of entering the justice system. Probation make up the biggest proportion of referrals and an eight week programme, derived from a client-led menu of thirty three sessions, is delivered to this cohort. There is flexibility to accommodate specific needs on a one-to-one basis and Young Women's Trust are able to accompany probation on home visits to ensure that the most marginalised and vulnerable women are seen and supported. A modified version of the programme is also delivered in custody prior to release and through the gate.

Young Women's Trust works proactively to involve and inform criminal justice professionals. This has included hosting an open day for magistrates which explored the issues and barriers women and girls face when they are involved in the CJS and the services in a position to divert and support their desistance. Young Women's Trust also supports early intervention through work in schools and by holding youth clubs. Prior to funding cuts, Young Women's Trust had a presence in neighbourhood policing, police custody and court. Staff also spent time in the visitor centres of male prisons as the young women visiting partners were understood to be at risk of offending by the very nature of those relationships.

With seven women's centres across England and Wales the service looks very different in different areas. However, there are a number of principles that underpin their approach. Relationship forming is vital and all the more significant for those of transitional age. As is holistic, wraparound support and working in collaboration to avoid duplication. Crucially: "The strength of the way we work is that we work at the stage that women's at... If you don't respond as they present, you've lost them". This has meant working flexibly and providing crisis intervention.

Young Women's Trust is committed to making its centres inclusive and eliminating the stigma associated with accessing services. For example, probation now hold sessions in Young Women's Trust centres, which reduces the anxiety many women experience when attending male dominated probation offices.

"Women involved in the CJS have numerous appointments to attend, for whatever reason, increasing the chance that they won't go. So we encourage agencies to come and deliver their services here. Women can walk in here and nobody knows what they're coming for. Those of transitional age really benefit from the one-stop-shop model".

However, one of the biggest challenges is drawing funding for the soft skills and outcomes essential to realising and sustaining hard outcomes, such as employment. The vast majority of time, months if not years, is spent building the ground work, developing confidence, self-esteem and resilience. As well as, providing practical support around accommodation, for example. All of this is difficult to measure and evidence and so frequently goes unrecognised. The emphasis is on adaptation, not fitting women into services, and removing power imbalances and sanctions.

Learning disabilities and speech, communication and language difficulties

Raising Your Game is a five year project for those aged 14 to 25, with a learning disability or communication difficulty, who have been in trouble with the police or are at risk of getting into trouble. Funded by the Big Lottery and delivered as a partnership between Mencap, Nacro and I CAN, Raising Your Game spans six regions and aims to work with over 2,700 young people. The project has three overarching goals: to improve participation within the CJS; to reduce reoffending; and to improve the life chances of young people with learning disabilities or communication difficulties. It is about developing strong local partnerships and working with fewer young people over a longer period of time to ensure change really

happens. Key themes include developing activities with the aim of re-engaging young people, privileging person-focused transitions over service-focused transfers and whole organisation approaches to training.

Raising Your Game aims to make engagement more inclusive from both a professional and service user perspective. Training empowers non-specialist staff to recognise and develop the confidence to work with clients with communication difficulties and learning disabilities. This is largely achieved by taking the initial focus off diagnosis.

“It is not about a diagnostic tool but the knowledge that you carry with you that allows you to identify someone with a communication problem or learning disability, rather than just pigeon holing someone and then saying, ‘well we haven’t got anything for you anyway’”.

However, aside from identifying support needs, it is important to recognise that clinical diagnosis of learning disability has its place and remains extremely relevant when accessing services.

Many young people either do not identify with having a learning disability or are not aware of it. In response, Raising Your Game adopts a catch-all approach to engagement with a primary focus on communication difficulties. This approach allows for a much broader interpretation and implementation of products which engage young people without labelling them with a learning disability.

Raising Your Game has produced a toolbox of training materials, including participation guides developed by young people for organisations and Talk about Talk, a training programme for professionals. Co-facilitated by young people, Talk about Talk introduces issues around communication difficulties and has been hugely successful among criminal justice professionals, such as police and prison officers. They have produced a YouTube video titled Getting ready for court http://www.youtube.com/watch?v=u48WKYod_1Y featuring young adults talking about their experiences. Videos are a particularly good

means of communication for those with learning disabilities and speech and language difficulties as they are non-patronising or stigmatising and can easily be returned to.

Currently, those in prison with an IQ below 80 are excluded from many programmes designed to help change their behaviour (and potentially their eligibility for parole) because of the reading, writing and cognitive demands associated. This can mean that people with learning disabilities spend more time in prison than necessary because they cannot take part in interventions designed to help them reduce their offending risk. With funding from the Department of Health the Foundation for People with Learning Disabilities (FPLD) adapted delivery of the Thinking Skills Programme to suit the needs of those in prison with an IQ below 80, including those with learning disabilities.

The Thinking Skills Programme is used by the National Offender Management Service (NOMS) to support individuals to address their self-control and problem solving skills, and to develop positive relationships. The Foundation worked with NOMS and a team of experts over three years to adapt the existing Thinking Skills Programme materials and style of delivery. The adapted delivery was piloted in three prisons and evaluation showed it was feasible. Work is now underway to test programme integrity and prepare the adapted programme for formal accreditation.

The Foundation also provides training for criminal justice professionals and has developed an information guide, developed in response to requests from practitioners meeting a range of people who may have a learning disability and/or difficulties. These resources provide practical information about identifying people with a learning disability, ways of adapting practice, improving accessibility and referral routes for specialist services.

Core components of effective engagement with young adults

From our discussions with practitioners the following eight components emerged as key to achieving positive outcomes.

1. A primary focus on emotional wellbeing and communication difficulties

Most mental illnesses emerge in adolescence and early adulthood, a critical point of intellectual and social development. A catch-all approach to engagement, focusing primarily on emotional wellbeing and communication difficulties, can aid the early detection of emerging problems. This style of engagement is less stigmatising and can make mental health services more accessible among a typically hard to engage group. Furthermore, Adult Mental Health Services need to be better supported to recognise and react to emerging mental health symptoms and illness in young adulthood. It is important for professionals to guard against overlooking these manifestations of need in young adults, especially if they are more used to working with an older adult population.

2. Consistent and continuous relationships

Attachment underpins effective engagement and is particularly significant when working with young adults, especially those with a history of poor attachment relationships and childhood trauma. Initial engagement is key and can be aided by a degree of informality, for example, by tapping into something they like doing. Where possible professionals should work at advocates to aid engagement with mainstream services. Fewer, reliable and continuous relationships should be forged on the basis of respect, openness, authenticity and trust.

3. Prioritising the journey

Short or intermittent interventions are not appropriate for this client group and are an ineffective use of resources. Services that recognise this and work in a long-term focused way are more likely to realise and sustain positive outcomes for their clients. Relationship building and change take time, months if not years, and this should not be underestimated or undervalued. Services able to operate an 'open door' policy for former clients to return as and when appropriate can be particularly effective and supportive of positive attachment relationships.

4. Ex-offender or service user led

Services that are led or delivered by someone who has been there before, be it gang culture, drug addiction or full circle through the CJS, are in an ideal position to break down barriers quickly. As experts by experience, they are better placed to engage with young adults and build relationships based on genuine empathy and credibility. Crucially, young adults pick up an understanding that what the service is offering is built on reality and is values led. All of these factors are particularly important for excluded and hard to reach young adults.

5. Addressing multiplicity

Given what we know about the multiple needs and transitions specific to young adulthood, services that champion ‘holistic’, ‘wraparound’, ‘one-stop-shop’ approaches and models are particularly effective. Young adults require tailored, personalised support that meets their stability and psychological needs, addresses their offending behaviour and connects them to resources and opportunities. Services also need to be gender and BME sensitive and specific in terms of what is offered and the style of approach.

6. Operationalising complexity

Communication and cooperation between agencies, including buy-in from CJ professionals, through local multi-disciplinary panels, for example, is key to working with young adults. Role clarification and eliminating duplication is beneficial from both a service provider and user perspective. Services with the capacity to provide training for CJ professionals are in a position to raise awareness, emphasise the common purpose - to reduce offending - and to formulate shared protocols.

Establishing strategic level interagency and collective working arrangements to bridge gaps is vital. Ideally, commissioning arrangements will support continuous service provision for those with long-term complex needs across key transition points. This requires a degree of boundary blurring or spanning (Kislov, 2013) within multi-professional implementation teams, for example, to create overlaps (but not mistaken overlaps) between services for 16 to 25 year olds.

7. Accessibility

Being accessible and available is vital to engaging young adults. Providing community-based support in the places young adults are, rather than in formal, institutional settings that young adults frequently find off-putting and stigmatising is key. This will often mean working on an outreach basis to attract the most marginalised and meeting in environments where young adults feel comfortable, rather than relying on traditional referral routes. Flexibility in terms of appointment length and time (not just nine-to-five on weekdays) should also be a priority.

8. Client led engagement and decision making

Young adults, where possible, should be involved in the decisions that affect them. Action plans determined by the client ensure that services are meeting the young adult ‘where they are at’ - this is critical to engagement. Young adults should not be the passive recipients of services but involved in planning, delivery and evaluation. Maintaining feedback loops is essential to ensure that consultation with young adults is more than merely tokenistic.

Young adults need to be part of the solution and wherever possible enabled and supported to inform wider policy and decision making. This has the potential to break down barriers between a group that is viewed in a certain way by professionals and a group that views professionals in a certain way, challenging prejudice, stereotypes and ignorance.

Recommendations

1. National government should foster a whole systems approach to ensure all young people aged 15-24 years who require specialist intervention should experience continuity of care.
2. Commissioning arrangements should support this agenda by resourcing high quality, measurable person-centred services (Department of Health, 2014).
3. Services working with young people of transitional age should facilitate a formal face-to-face transfer of care meeting involving the young person, his or her family/carers and each service involved in his or her care.
4. Local police, health and young adult community-based or voluntary sector groups should work together, via mental health, substance misuse and learning disability link workers, to ensure that low-level offenders with mental health, development, learning or substance misuse needs are, where appropriate, referred out of the CJS at as early a stage as possible.
5. As stated in NHS England's Operating Model (2013), liaison and diversion services should run services at weekends and evenings as this is the time of most arrests of young adults. As a minimum, this could be in the form of a telephone support or answer machine service with brief intervention advice.
6. Criminal justice agencies should provide more training for their staff and members of the judiciary on how to support young adults with mental health problems; speech, language and communication needs; developmental problems such as ADHD; and learning difficulties and disabilities.
7. Appropriate Adult services should be extended to meet the needs of young adults with mental health problems and learning disabilities. The support which is currently provided to vulnerable victims and witnesses should be extended to young adult defendants with mental health problems or learning disabilities.
8. Government should increase the range of non-custodial sentencing options, such as Intensive Alternatives to Custody (IAC) and where there are established young adult mental health and learning disability voluntary sector resources available, courts should make referrals to them.
9. The National Probation Service and new private providers should implement a comprehensive mentoring programme for young adults leaving custody with mental health problems or learning disabilities. This should be attached to the 12 month supervision order.
10. Liaison and diversion services should facilitate the participation of children and young adults in the design of services at all levels, including the commissioning of these services.
11. Commissioners should give greater emphasis to addressing the welfare needs of young adults in the criminal justice system (e.g. housing and meaningful work opportunities).
12. Education Health & Care (EHC) Plans should run continuously, including the time while a young adult is in custody, as they will contain a lot of useful information about them that could help different parts of the CJS understand and be responsive to their needs for reasonable adjustments.

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The Bradley Commission

Briefing 2: Young adults (18-24) in transition, mental health and criminal justice

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