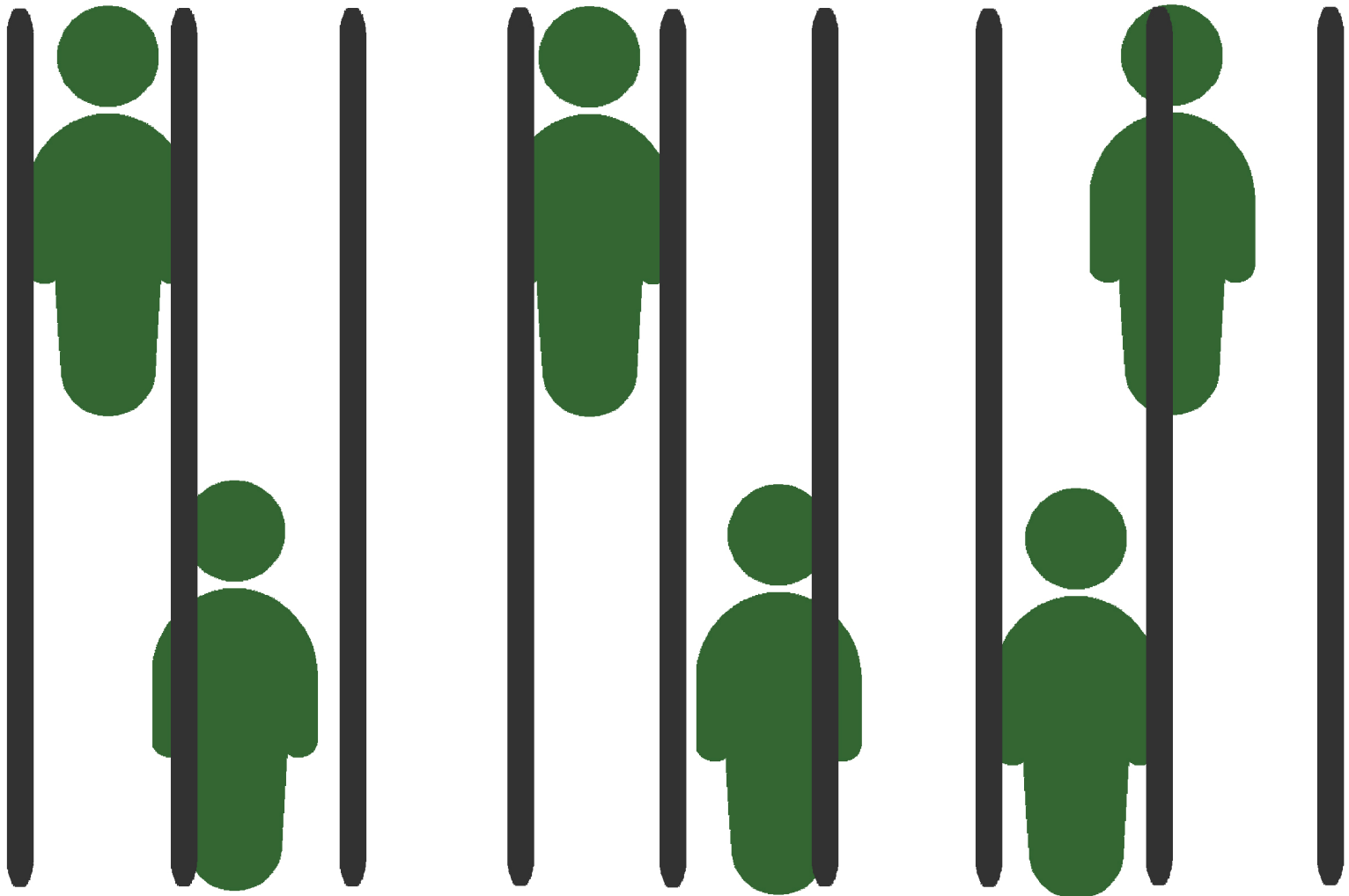


Office of the Children's Commissioner

'I think I must have been born bad'
Emotional wellbeing and mental health
of children and young people in the
youth justice system

June 2011

Executive summary



Sue Berelowitz, Deputy Children's Commissioner,
supported by Pam Hibbert OBE

Foreword from the Rt Hon Lord Keith Bradley

In 2009, the Government published my independent review of people with mental health problems or learning disabilities in the criminal justice system.

Although I focused primarily on adults, I recognised that children and young people who come in contact with the criminal justice system are a particularly vulnerable and high-risk group and made three recommendations:

- In order to improve early intervention services all staff in schools and primary healthcare should have mental health and learning disability awareness training;
- All YOTs must include a suitably qualified mental health worker who is responsible for making appropriate referrals to services; and
- The Government should review early intervention and diversion for children and young people with mental health problems or learning disabilities and take appropriate action to improve services.

I am delighted that the Office of the Children's Commissioner has undertaken this examination of mental health services in the youth justice system and their impact on the mental health and emotional wellbeing of children and young people.

It is in the interests of society to ensure that the best possible treatment and support are put in place to rehabilitate these children and young people to reduce their risk of offending and re-offending.

The young people's stories that illustrate these pages are a testament to the need for much improvement in some areas of mental health services, staff training and early intervention. This report recognises that these children and young people have multi-faceted needs which require a joined-up personalised response.

I welcome the Office of the Children's Commissioner's clear and targeted recommendations. If addressed, they will result in significant improvements to the outcomes and life opportunities of this extremely vulnerable group.

I hope that the Government and those working across the youth justice system read this authoritative document and take on board what is said by the authors, and more importantly, by the children and young people themselves.



The Rt Hon Lord Keith Bradley

Foreword from the Children's Commissioner and Deputy Children's Commissioner

Promoting, protecting and realising children's rights is our mission.

We have a responsibility on behalf of the children we serve to highlight breaches and violations of the United Nations Convention on the Rights of the Child (UNCRC). Equally we feel keenly our responsibility to provide balanced commentary. We always give credit where credit is rightly due.

In 2008, the four UK Children's Commissioners, in reporting to the United Nations Committee on the Rights of the Child stated the protection of children in custody remained a fundamental concern.

The Office of the Children's Commissioner (OCC) is part of the National Preventative Mechanism – a United Nations protocol for monitoring cruel, inhuman or degrading treatment in settings where people are deprived of their liberty. This places an additional and welcomed duty on us, drawing on our legal powers when we visit the juvenile secure estate.

This report is the culmination of our observational studies during 2010/11 into the mental health needs of children in custody and the quality and range of services to address these needs. The work was supported by members from our expert group to whom we are very grateful. Greatly aided by their professional expertise, this report makes firm recommendations to four government departments or agencies. We now want to work constructively with Government to develop an action plan to progress the realisation of children's rights for those deprived of their liberty.

Future improvements need to build on some positive progress made by the Youth Justice Board (YJB) over the past few years. The most notable and welcome improvement has been the significant reduction in the numbers of children entering custody. Figures have reduced by one third in a year. This is a tremendous achievement and the YJB is to be congratulated.

We are also pleased that, where we raised significant concerns during the course of this investigation, they were taken seriously and the necessary improvements were implemented.

This report should be seen in that context.

However many challenges remain. Children who end up in prison are some of the most troubled and disaffected in our society. For every child in prison there are at least two victims – the person they have harmed and the youngster themselves. The majority of children who commit offences have awful histories of abuse, abandonment and bereavement, often compounded by learning difficulties and

disabilities which have too often been inadequately addressed. They require effective assessment and treatment of their physical and mental health needs, educational support and well-planned resettlement programmes to enable them to turn their lives around. Most critically, they need opportunities to develop trusting relationships with significant adults so they can engage meaningfully with others, and manage their emotions and behaviour.

Small units where the most vulnerable children can be helped should not be reduced. Local authorities, health commissioners and providers must respond at an early stage, providing the right support for children and families facing substantial difficulties. Too many children in prison have fallen through every conceivable net with consequent costs to their victims, society at large and themselves.

The YJB cannot address these issues alone – all agencies must honour their responsibilities. And it is critical that youth justice is ring fenced and protected as a child-centred service when the YJB is absorbed into the Ministry of Justice.

We are encouraged by the improvements already made. Our overarching observation is that where we have found good progress, good practice and real hope for realising children's rights, it has always been down to impressive and courageous leadership.

These are individuals with a real understanding that the loss of liberty alone is the punishment for crimes committed and who have a deep understanding of these young peoples' social, emotional and mental health needs.

Crucially, as this report illustrates, we owe it to future generations to push ourselves to do better, much better. For exerting the pressure on the system to continue to improve, we make no apology. Our commitment is that we will continue to monitor and highlight issues and concerns.

We urge you to read the full report and work with us to achieve change for children. We know it is a challenge – but when we stop doing right by children, we fail them and ourselves too.



Dr Maggie Atkinson
Children's Commissioner
for England



Sue Berelowitz
Deputy Children's Commissioner
for England

About the Office of the Children's Commissioner

The Office of the Children's Commissioner is a national organisation led by the Children's Commissioner for England, Dr Maggie Atkinson. The post of Children's Commissioner for England was established by the Children Act 2004. It requires us to refer to the United Nations Convention on the Rights of the Child (UNCRC) when planning and carrying out our work.

The Children's Commissioner has a duty to promote the views and interests of all children in England, in particular those whose voices are least likely to be heard, to the people who make decisions about their lives. She also has a duty to speak on behalf of all children in the UK on non-devolved issues which include immigration, for the whole of the UK, and youth justice, for England and Wales. One of the Commissioner's key functions is encouraging organisations that provide services for children always to operate from the child's perspective.

In 2010, the Government commissioned Dr John Dunford to undertake an independent review of the Office of the Children's Commissioner. It accepted the recommendations in his report which included a commitment to having an independent Children's Commissioner, with a clearer focus on promoting and protecting children's rights. We are working towards implementation of these recommendations.

New film captures voices of young people

We have produced a moving short film that captures the voices and stories of the young people involved in this project.

The film powerfully illustrates the importance of addressing the mental health and emotional wellbeing of young people who get into trouble with the law. It is essential that they are properly supported so that their needs are met and they can achieve their full entitlements under the United Nations Convention on the Rights of the Child.

Please note: The voices of the young people are 'real' but the images used in the film contain actors.

The film and full report are available on the Children's Commissioner's website: www.childrenscommissioner.gov.uk.

Executive summary

“If someone shuts a door now I jump, right now I’m still paranoid ... I walk looking behind my back.”

A young person on their experiences in custody

The need to protect all children from harm, including those who break the law, to provide them with treatment for health related matters and support for their emotional wellbeing is enshrined in UK law and policy, as well as a number of international conventions, including the United Nations Convention on the Rights of the Child (UNCRC), which was ratified by the UK in 1991.

In early 2010, the Office of the Children’s Commissioner embarked on a programme of work to observe and examine the provisions in place for supporting and promoting the emotional wellbeing and mental health of children and young people in the youth justice system, and in particular those in detention.

The Office of the Children’s Commissioner established and led a group of experts from non-Governmental agencies to help undertake this work. To inform their report members of the group undertook an extensive programme of visits to numerous establishments and services in the youth justice system. On each visit, they recorded their observations and importantly, sought the views and experiences of children and young people and those working with them.

Findings from the visits were shared with groups of young people who had experienced the youth justice system, including some who had been in custody. The purpose of these focus groups was to obtain a reflection on our findings from young people who had experienced the youth justice system and started the process of turning their lives around to face a more positive future.

The Office of the Children’s Commissioner has a statutory remit to promote children’s views and interests and to have regard to the UNCRC in its work. It was uniquely placed to lead this work because it has the power to enter any premises where children are cared for, other than their private home, to interview them with their consent, and report on issues from a child’s perspective.

This work complements that undertaken by other organisations in 2010 and in particular the comprehensive review of mental health provision in the secure estate, *‘Reaching out, reaching in’* published by the Centre for Mental Health¹ and the

¹ Khan, L. (2010). *Reaching out, reaching in: Promoting emotional wellbeing in secure setting*. London: Centre for Mental Health.

Prison Reform Trust's survey of complex needs provision in youth offending teams (YOTs).²

The work has been funded by the Office of the Children's Commissioner.

The key findings from these observations and examinations are listed below.

Key findings

- While there are some areas of good practice, 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 and specifically, in the children and young people's secure estate.
- Commissioning arrangements for health services for children in the youth justice system were variable, complex and not always centred on ensuring effective outcomes for young people.
- 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 are wide variations in the ways in which the youth justice system provides services for young people with mental health needs, learning disabilities and speech, language and communication difficulties.
- There is limited understanding of child and adolescent development and limited recognition, understanding and management of developmental and neuro-developmental problems (including attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders). Little attention is paid to the crucial importance of relationships in both supporting emotional wellbeing and managing challenging behaviour.
- There are committed professionals who do their best in isolation but systemic problems, including structural arrangements, demarcation lines, difficulties with obtaining health histories and information and poor communication between different disciplines, does not support a holistic approach to emotional wellbeing and good mental health.
- In some areas, there was an over-reliance on the commitment and drive of individuals in specific posts to ensure a good level and quality of service and a subsequent under-reliance on strong and transparent systemic approaches.

² Talbot, J. (2010). *Seen and heard: Supporting vulnerable children in the youth justice system*. London: Prison reform Trust.

- Some managers, particularly in young offender institutions (YOIs) were remote from the day-to-day practice. They were unaware as to how the environment might be adapted, and staff supported and trained to improve the emotional wellbeing and mental health needs of children and young people.
- There is a tendency to focus on physical controls to manage risk and deal with challenging behaviour rather than through developing relationships and transparency.
- There is evidence of inconsistency and wide variation in the understanding of the impact of previous experiences, including abuse and care experiences on the young person's emotional wellbeing and mental health, by custodial and care staff.
- Children and young people in the specialist units within the secure estate (such as the Keppel Unit at HMYOI Wetherby and the Heron Unit at HMYOI Feltham and some local authority secure children's homes (LASCHs) were more positive about their experiences and their future plans than those in the more mainstream units. Young people reported feeling safer in these units and felt that the staff were more able to support their needs.
- 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. There appeared to be little knowledge of exemplars for planning transitions in non-secure services that might provide working models.
- Children and young people were defined by their criminality rather than their needs or vulnerability. This meant that they also defined themselves by their criminality which had a detrimental impact on their ability and willingness to acknowledge that they needed help.

Specific findings in the secure juvenile estate

- 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.
- There was a focus on risk management rather than risk reduction and variations in the quality of risk assessments.
- There were concerning differences in procedure and practice in relation to restraint, strip-searching and single separation.

- Myths and misunderstandings persist between different professional disciplines about the need for accurate and regular information sharing.
- Many staff demonstrated a lack of knowledge and support in complying with existing professional guidelines, especially in relation to sharing health information.
- There are discrepancies between stated local policy and procedure and how front line staff implement those policies and procedures.
- There is a general lack of attention to promoting emotional wellbeing as opposed to responding to specific mental health problems.
- Some staff said that they feel that they are not properly trained, equipped or supported to work effectively with children and young people.
- There are still staff in YOIs who are on rotation from the adult estate and who do not wish to work with young people.

Recommendations

Commissioning

1. Commissioning of health services for children and young people in detention should be regarded as a specialist function and be undertaken by the Department of Health through the management and governance of the National Commissioning Board. This should be with the proviso that membership of the National Commissioning Board includes representatives with specialist knowledge in child and adolescent health and child health commissioning. Provision must be predicated on the principle that every child in detention is entitled and has access to the same range and quality of services as children in the community. The aim must be to improve health outcomes for children who offend by addressing the key areas of public health, general physical health and wellbeing, and mental illness.
2. The Department of Health should ensure that there is an efficient and effective health screening process for all children entering custody. Children with identified risks regarding mental and physical health, learning disabilities, speech, language and communication difficulties and sexual health needs should be properly assessed and have access to services that are commensurate with the nature and needs of the problems presented.
3. 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 including child and adolescent development, attachment theory, resilience factors and children's rights so that they are competent to work with children in

all settings. This would encourage and promote shared working between community-based mainstream services and those provided to children in custody and improve information sharing on admission, whilst in detention and when planning good transitions on exit.

Assessment and information sharing

4. The Government should continue with the review of the ASSET assessment used when children become known to a YOT and ensure that any new or amended assessment process focuses on emotional wellbeing as well as good mental health. Training should include understanding and awareness of how the screening information is used to ensure children's needs are appropriately met including identifying when referral for further assessment or specialist services is required.
5. 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.

Placements and practices in the secure estate

6. The Ministry of Justice should make sure that the commissioning specification for the secure estate ensures that children are accommodated in small living units with a sufficient number of skilled and trained staff to meet their emotional and mental health needs. We recommend that no unit should hold more than a total of 150 children and young people and that their staff/child ratios should be at least equivalent to those currently in operation in secure training centres (STCs).
7. The Ministry of Justice and the Youth Justice Board for England and Wales (YJB) should ensure that the living environment for children and young people in custody is conducive to good emotional wellbeing.
8. Strip searching should only be used when there is a clear risk to safety and security identified by robust intelligence, and not as a routine procedure. This process should be standard across the secure estate.
9. There should be a review of catering arrangements in YOIs so that meals are well balanced and portion sizes increased. In general the quality and quantity of food in STCs and LASCHs is better than in YOIs and catering arrangements in YOIs should follow the models and funding of the smaller units. On-site kitchens are essential in ensuring food is of an acceptable quality and arrangements must recognise and make provision for the specific needs of developing adolescents. The practice of giving breakfast packs in the evening should cease.

Staff skills

10. The Department of Health should, as a matter of urgency, implement Lord Bradley's recommendation that all YOTs should include a qualified mental health worker.
11. The Ministry of Justice should ensure that the children's secure estate is staffed by dedicated staff selected for their suitability and commitment to working with troubled children and young people.
12. 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.
13. Commissioners should work with local workforce development personnel to ensure that they understand and commission the right skill mix of care and health staff in units.
14. Governors, directors and senior managers should undergo basic training in emotional health, wellbeing and mental health, and child and adolescent development in order that their understanding can inform the practice of their staff.
15. Governors and directors should ensure that all staff have access to online learning tools from:
 - a. Royal College of Nursing: www.rcn.org.uk/development/learning/learningzone
 - b. CHIMAT : www.chimat.org.uk/camhs
 - c. Royal College of Psychiatrists:
www.rcpsych.ac.uk/mentalhealthinformation/childrenandyoungpeople.aspx

Re-settlement

16. 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. We recommend that the support provided should be comparable to that for children leaving care under the Children (Leaving Care) Act 2000.
17. The YOT mental health professional should attend the pre-release sentence review meeting of any child with identified mental health or other complex needs and ensure that, where indicated, the release plan ensures timely input from external specialist services in the child's home locality. Full use should be made of technology to facilitate participation.

18. The Government should review and amend legislation to ensure that children who are accommodated under Section 20 of the 1989 Children Act immediately prior to a custodial sentence, continue to receive services from their local authority children's services, as if they were still accommodated.

Inspection

19. There should be a single inspectorial body and regime across the secure estate which has demonstrable expertise in inspecting closed institutions and the particular risks they embody, particularly for children with complex needs.

Good practice example – information sharing, skilled and trained staff, Swanwick Lodge, Southampton

"I don't want children just to learn to live in Swanwick; they need to learn to live outside." (Manager, Swanwick Lodge)

Swanwick Lodge is a 16 bed local authority secure children's home of which 12 are commissioned by the YJB for remanded and sentenced children and young people.

On arrival at the unit all children receive a health assessment which includes dental examination, a hearing test, exploration of any substance misuse and sexual health. A preliminary mental health screening is done within five days of admission and children requiring a more in-depth assessment will have completed this within 28 days.

The unit has recently gained access to a forensic mental health psychologist who will provide both an in-house and outreach service. There is provision for heightened support for any child with complex mental health needs – this is linked to the Bluebird Adolescent In Patient Unit.

Swanwick Lodge also has a general nurse, drugs worker and gestalt therapist and can access a speech and language therapist.

All children have 35 hours per week of education and a newly-appointed head teacher is anxious to ensure provision matches that which is the norm in mainstream. Education is based on the national curriculum and children can work towards and take GCSEs. All the children resident at the time of the visit spoke positively about the education they received. "It's changed me for the better."

Good practice example, continued – Swanwick Lodge, Southampton

There are no single separation facilities and children are not strip searched. A 'wand' can be used to check for contraband items. If this is indicated, the child is kept in their room under supervision until the item is handed over.

There is very little use of restraint and none of the children we spoke to had been restrained. The staff and children spoke of the importance of good relationships to manage behaviour. *"You can trust them and speak your feelings."*

Sara's story

Sara's history exemplifies that of so many of young people we interviewed. Her family life was turbulent and disrupted, characterised by violence and loss. She and her family received little support from the agencies charged with children's care, most notably health and social care, the end result being a deeply troubled and troubling young woman who committed a serious crime.

When Sara was 10 her mum had to leave the family home with her children as a result of domestic violence. Sara struggled with the change in circumstances.

By the time Sara was 13 her behaviour was deteriorating in school: she was truanting; mixing with older men; and drinking and taking substances. Social services eventually took her into care but she ran away. By this time Sara had also started to harm herself, sometimes quite badly.

Her mum persistently tried to get Sara a referral to mental health services who eventually agreed to a short voluntary place in a psychiatric hospital to safeguard her. Sara made progress during her stay and was discharged with a planned intensive aftercare support package as part of the Care Programme Approach. Sara's mother felt that for the first time she would get the support she needed but the support offered did not materialise and Sara returned to her abusive and risky behaviour.

Sara's mum eventually got support from a psychiatrist in a forensic mental health centre. The psychiatrist referred Sara to a local forensic assessment team who agreed that she met the criteria, but again no-one would fund the assessment.

Eventually, but late on in the court process, an assessment was funded and concluded that, like many young people of her age, her problems were not yet clear cut enough to meet the criteria of the Mental Health Act.

Sara's story, continued

By this time, Sara had spent nine months on remand and despite the assessment recommendation for her to be placed in a therapeutic residential placement, the judge sentenced her to an extended sentence of three years in custody for a Section 20 wounding. She struggled initially in the Secure Training Centre refusing to leave her cell for the first six weeks. Eventually, she was transferred to a smaller 15-bed female unit. Through establishing a close relationship with the YOT worker at this unit, she made progress, managed her anger better and was able to reflect on her pathway forward.

Sara was released on parole at the age of 17 years but was recalled because of an angry outburst toward one of the YOT staff. She served a further nine months in the same small unit and once again made good progress. She was released again this time into supported accommodation and told she would be offered 25 hours intensive support a week from the YOT. Again, little of the promised support materialised. In addition, she was unable to build on the educational progress made in custody because she was refused access to local colleges due to her past reputation and the violent offence she had committed.

After six weeks back home, she got drunk with an older male who then assaulted her. The YOT took the view that Sara was not vulnerable but was just 'badly behaved' and the operational manager suggested that Sara had brought the assault on herself because she had been drinking. Their primary concern was that her drunkenness 'mirrored her index offence' and necessitated a recall. It should be noted that no new offences had been committed.

Sara was returned to custody, again feeling hopeless about her future, frustrated that she had 'messed up again', fearing that she was now unable to cope outside custody and frustrated that she wasn't getting the support she felt she needed.

The YOT worker in the custodial setting placed high emphasis on engaging the young women on the unit and developing trusting and consistent relationships.

The YOT worker felt that she had seen Sara make considerable improvements in her management of conflict as a result of this ongoing coaching and support. Sara herself had begun to take on a role of mentor on the unit. The custody worker felt that Sara would have benefitted from a college placement and she also needed additional child and adolescent mental health service (CAMHS) input.

With her 18th birthday approaching, Sara faced a number of further potential setbacks, including the departure of her trusted YOT worker from the smaller unit and a move to an adult female unit within the same prison.

Sara's story, continued

Just before her move, after not having self harmed for years, she made an attempt to take her life. She didn't know why she had taken this decision but said that everything had suddenly got on top of her. She was then assessed by a CAMHS psychiatrist and a mental health diagnosis was indicated for the first time.

Sara has now spent at least two and a half years in custody (and is likely to remain in custody for some while yet) even at a conservative estimate this will have cost the state £250,000.**

The Centre for Mental Health has recently highlighted the lack of awareness and appropriate multidisciplinary treatment strategies in the youth justice system for those with borderline personality disorders (BPD).

Some specialist services are now beginning to emerge for adults with personality disorders; however, young women under the age of 18 years, like Sara, will not meet the criteria for a diagnosis at this age and will thus continue to face particular challenges.

*** Figures based on an annual cost of £100,000 per young person per annum in a YOI – provided by the YJB to the Foyer Federation 2009.*

Conclusion

During 2010-11, the Office of the Children's Commissioner, led by Sue Berelowitz, the Deputy Children's Commissioner, sought the views and opinions of children and young people and professionals in the youth justice system. We also reviewed current policy and guidance, particularly that relating to the governance and practice in the secure estate.

This examination and the evidence we heard indicates that, notwithstanding improvements over the last decade, there are still great variations, particularly in custodial institutions, in quality of treatment, attention to promoting emotional wellbeing and standards of care that would best maximise the chances of rehabilitation and reduced offending by children and young people.

We saw examples of good, integrated health services (including mental health) and would question why a systemic approach cannot be taken across the secure estate. In general, the staffing levels, regimes and culture in secure children's homes appeared to be more conducive to promoting emotional wellbeing, although we still found disparities in health and mental health provision. In these units both staff and children spoke more positively about the treatment they received and there appeared to be more attention to the needs of children without compromising the safety and security of the establishment.



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