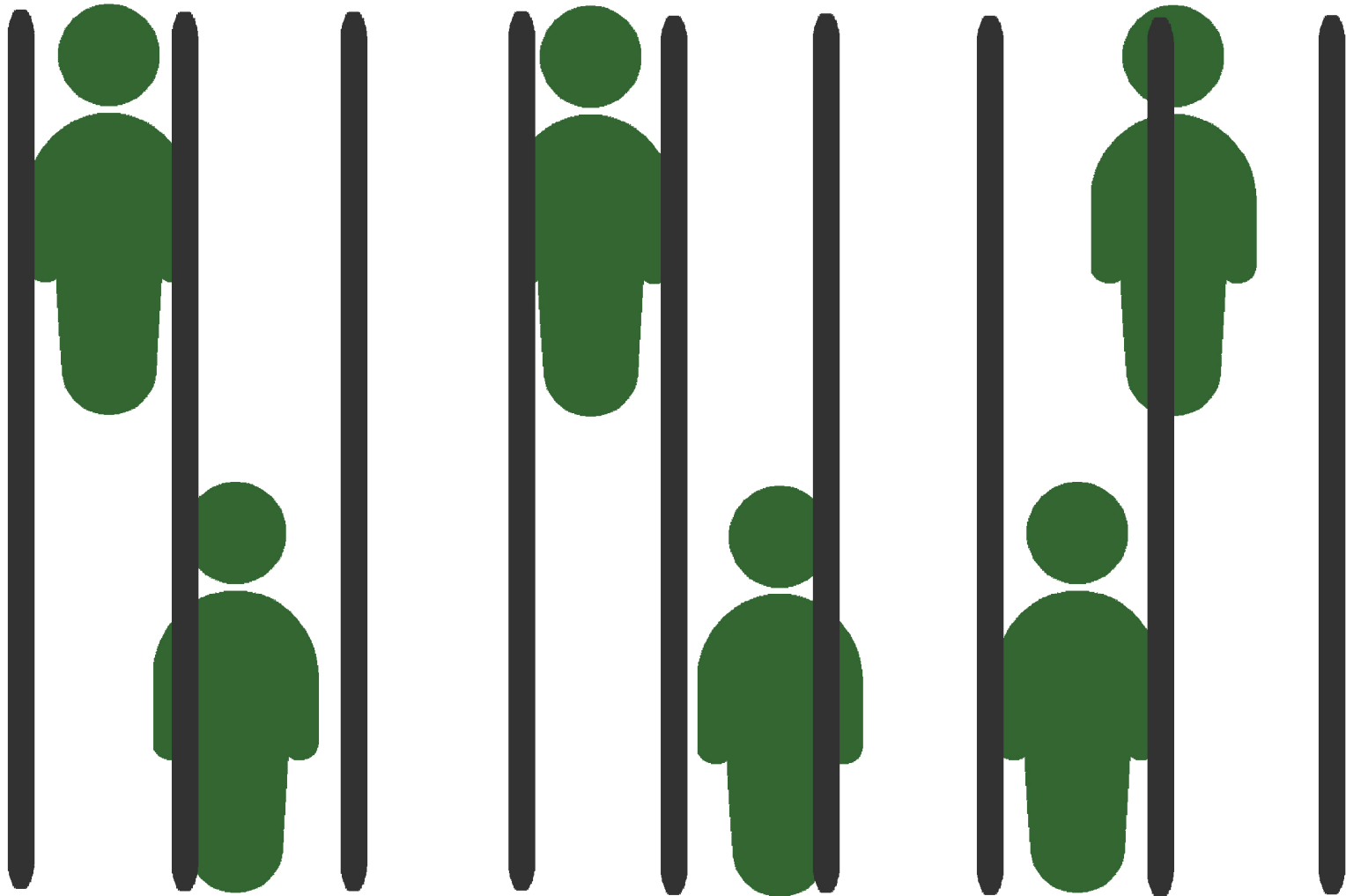


Office of the Children's Commissioner

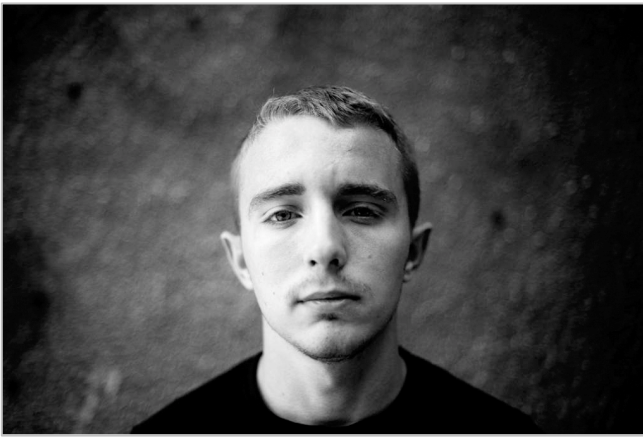
'I think I must have been born bad'

Emotional wellbeing and mental health  
of children and young people in the  
youth justice system

June 2011



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



*Images posed by models*

Please view our 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.

The film is available to view on the Children's Commissioner's website:  
[www.childrenscommissioner.gov.uk](http://www.childrenscommissioner.gov.uk).

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

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## 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.

# Acknowledgements

## Sue Berelowitz, Deputy Children’s Commissioner for England

I am immensely grateful to all the organisations and individuals who provided help, expertise and time to ensure this report came about.

First and foremost our thanks go to the children and young people who spoke to us, answered our questions and shared with us their often troubling and painful stories.

I would also like to extend a special thanks to Pam Hibbert OBE for acting as secretariat for this study, and for her dedication and support throughout.

I am grateful to the Youth Justice Board for their assistance in facilitating our visits to the secure estate and YOTs, and to the managers and staff in all the services we visited who took time out of their busy schedules to talk to us and answer our questions.

I could not have completed this work without the expertise, skills, knowledge and support from the following people who represented the organisations below at the time as our expert group for this work. I am immensely grateful to:

Lorraine Khan	Centre for Mental Health
Enver Solomon	Barnardo’s (now at The Children’s Society)
Dr Di Hart	National Children’s Bureau (NCB)
Sarah Brennan	YoungMinds
Jenny Talbot	Prison Reform Trust
Professor Barry Goldson	University of Liverpool
Jane McKenzie	Royal College of Speech and Language Therapists
Dr Rosalyn Proops	Royal College of Paediatrics and Child Health
Professor Sue Bailey	Royal College of Psychiatrists
Dawn Rees	National CAMHS Support Service
Paul Tarbuck	HMIP
Tim McDougall	NHS North West



Carlene Firmin

ROTA (now at Barnado's)

Geoff Monaghan

NACRO (now at CRAE)

## 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 Health<sup>1</sup> and the

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<sup>1</sup> 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).<sup>2</sup>

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.

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<sup>2</sup> 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](http://www.rcn.org.uk/development/learning/learningzone)
  - b. CHIMAT [www.chimat.org.uk/camhs](http://www.chimat.org.uk/camhs)
  - c. Royal College of Psychiatrists  
[www.rcpsych.ac.uk/mentalhealthinformation/childrenandyoungpeople.aspx](http://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.”

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.”*



# 1. Introduction

*“We’ve all got something that needs sorting out, else we wouldn’t be here.”*

## **15-year-old boy in a secure training centre**

*“Things that I’ve been through, things that I’ve seen, sometimes I’ve lied in my bed at night and I’ve cried and f\*\* it’s been really s\*\*. But I need to move on.”*

## **Boy on his experiences in custody**

Children and young people in the criminal justice system in England are drawn, in the main from the most deprived and disadvantaged families and communities. Many will have experienced neglect, abuse, domestic violence, poor parenting and poor educational opportunities. It is then perhaps unsurprising that behavioural and mental health difficulties, learning disabilities and conduct disorders are prevalent among these children and particularly those who are detained in our custodial institutions. While it is to be commended that the number of children entering the youth justice system is declining, nevertheless England continues to lock up more young people aged 10 to 17 than almost any other European country.

Organisations in the youth justice system face the difficult and complex task of balancing custody with care. It would not be unreasonable to expect that, in order to both protect the public and help children and young people in the criminal justice system to change their lives and prospects, the services and care provided for them in the system would be designed to promote emotional wellbeing, treat any disorders and rehabilitate as well as address their offending behaviour. Therefore, throughout 2010 the Office of the Children’s Commissioner observed and examined the treatment of and services provided to children and young people in the criminal justice system to address their emotional and mental health needs. This report contains the findings and recommendations arising from this work.

## **Background**

In January 2010, the Office of the Children’s Commissioner embarked on a programme of observation and examination of 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.

This programme was led by the Deputy Children’s Commissioner, staff from the Office of the Children’s Commissioner and supported by a panel of experts from both the statutory and voluntary sectors.

The findings in this report are based on and informed by an extensive programme of visits to establishments in all three sections of the secure estate, each of which included interviews with young people and staff.

## Context

*“People say crime doesn't pay, but it does, crime pays very good. It's just that at the end of the day it only ends up in two places: in the cemetery or getting locked-up ... and I don't want that for my son.”*

### Young father in focus group

*“I've realised I don't need my family. How I see it, I don't need anyone. I've still got these barriers around us from when I was a young 'un. I won't let anyone close to us so I don't get let down.”*

### Boy in focus group

The rights of children, including those in the youth justice system, for support and the promotion of their emotional wellbeing and mental health are enshrined in domestic legislation and policy, as well as a number of international conventions including the United Nations Convention on the Rights of the Child (UNCRC).

- Articles 3, 19, 23, 34 and 36 of the UNCRC deal with children's rights to protection from harm, emotional wellbeing and treatment for health issues.
- Article 37 recognises that custody for children should only be used as a last resort.
- Article 39 confirms children's rights to measures that promote their physical and psychological health and reintegration from any form of abuse, neglect or exploitation.
- Article 40, dealing with children who infringe the law, contains a requirement to provide dispositions which are appropriate for a child's wellbeing and should include such things as counselling and care.

The UNCRC also enshrines the right of children to express their views and for these to be given due weight in accordance with their age and maturity (Article 12).

In 1995, 2002 and 2008, the UN Committee on the Rights of the Child published observations on the extent to which the UK had implemented the UNCRC and on each occasion identified that it continued to fail in its treatment of children and young people who break the law.

In its 2008 concluding observations the UN stated,

*“The Committee recommends that additional resources and improved capacities are employed to meet the needs of children with mental health problems throughout the country, with particular attention to those at greater*

*risk, including children deprived of parental care, children affected by the conflict, those living in poverty and those in conflict with the law.*<sup>3</sup>

Appendix A provides further information about children's rights and entitlements under international conventions and domestic legislation and policy.

## **Terms of reference**

In April 2009 the Government published the report by Lord Bradley<sup>4</sup> on people with mental health problems or learning disabilities in the criminal justice system. This report focused predominantly on adults in the criminal justice system but made a number of recommendations which would impact on children and young people. (See Appendix B for details). These recommendations included one which emphasised the need for a further investigation into the issues specifically relating to children and young people; however, such an investigation has not been put in place.

In early 2010 the Office of the Children's Commissioner took the decision to examine practice and provision in the youth justice system and invited experts from non-Governmental agencies to form an experts' group to develop the terms of reference for and to support this work. This group provided expertise in policy, research and practice in a range of areas relating to the work programme, including youth justice, forensic psychiatry, speech, language and communication learning difficulties, child and adolescent mental health, paediatrics and child protection. Appendix C lists members of the experts' group.

The experts' group took the view that this work should focus on the provision and practice for those children and young people who were already entrenched in the youth justice system with a particular focus on those in custodial settings. That is not to ignore the major issues of early intervention and prevention but the rationale and evidence for these have already been widely accepted and a commitment to funding diversion made in the Comprehensive Spending Review in 2010.

The experts' group also acknowledged that many children and young people had been failed by other agencies before they became involved in the youth justice system and that some of these failings could not be rectified by the youth justice system alone.

Nevertheless, given that statute says: "*It shall be the principal aim of the youth justice system to prevent offending by children and young persons*"<sup>5</sup>, it is crucial that

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<sup>3</sup> *Committee on the Rights of the Child Forty Ninth Session, Consideration of Reports Submitted by States Parties Under Article 44 of The Convention, Concluding Observations, United Nations, 2009.*

<sup>4</sup> Rt Hon Lord Bradley. (2009). *Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*, Crown.

<sup>5</sup> Section 37 (1) Crime and Disorder Act 1998.

provision and practice within youth justice services promotes emotional wellbeing and treats any disorders children may have in order to maximise the possibility of rehabilitation and minimise the risk of further offending.

The terms of reference for this work, developed and agreed by the experts' group and the Office of the Children's Commissioner, were:

- To examine the current policy, research, provision and practice relevant to children in trouble with the law who have complex needs in relation to emotional wellbeing, mental health, learning difficulties, speech and language difficulties and experience of previous abuse or neglect.
- To primarily focus on children in the secure estate though to examine some aspects of community based and resettlement provision.
- To seek the views of children and young people and those working with them in relation to such policy and practice.
- To identify exemplars of good practice.
- To identify gaps in the current policy, provision and practice.

For the purposes of this work, the Office of the Children's Commissioner adopted the definition of mental health as outlined by the Department of Health in 2009 as: *“a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. This focus on well-being, in addition to health, is particularly important during childhood and adolescence because of the complex interplay of risk and protective factors and their impact on the long term development of children and young people. It takes account too of the duty on agencies to co-operate to improve children's well-being and to improve the health and well-being of children and young people (PSA12).”*<sup>6</sup>

## Methodology

The work programme was led by the Deputy Children's Commissioner and focused on gathering information and observations from services in the youth justice system and, most importantly talking to children and young people and the staff working with them about their experiences. The evidence and observations in this report were gathered by:

- Reviewing policy and guidance on services for, and effective practice with children and young people with complex needs who are involved in the youth justice system

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<sup>6</sup> 'Healthy Children, Safer Communities' Department of Health, London 2009.

- Visiting 19 services including establishments in all three configurations in the secure estate and recording observations. These included: young offender institutions (YOI); secure training centres (STC) and secure children's homes (SCH); youth offending teams (YOT); and specialist services such as those for children who commit sexual offences, those providing multi systemic therapy and specific mental health units. Appendix D lists the services visited.
- Speaking and listening to a diverse group of 49 young people during the course of the visits including boys and girls from a variety of ethnic groups, young people serving community orders, those on Detention and Training Orders and a small number who were serving longer sentences under Section 90/91.
- Gathering evidence of good practice.
- Sharing the findings from the visits to the secure estate, YOTs and other services with four groups of young people who had experienced the youth justice system, including some who had been in custody to gather the reflections, views and opinions of young people who had experienced the youth justice system and started the process of turning their lives around to face a more positive future. These focus groups comprised 25 young people aged between 14 and 22 and were held in the North West, North East, South and South West of England.

### **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, missed her home and her father and at one point went back to live with him for a while. However, this broke down after more violence and she returned to live with her mother and sister.

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 were contacted and eventually took her into care but she ran away and stayed with friends. By this time Sara had also started to harm herself, sometimes quite badly.

### **Sara's story, continued**

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 felt that they had both been let down and not received the support that should have been available. She 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. 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. She was also promised the support of a child care social worker (because of her period in local authority care) to help her look for independent accommodation. 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's story, continued**

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. The secure unit had itself struggled to commission a service from CAMHS although this changed during her second return to custody when they took on a specialist CAMHS worker for the first time.

With her 18<sup>th</sup> 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. 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.

Furthermore, in many areas, 16 to 18 year olds fall between the gap of children's mental health services and adult services increasing the likelihood that they will experience significantly reduced life chances as well as costly long term mental health and sometimes behavioural problems as adults.

*\*\* 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.*

## 2. The characteristics of children and young people in the youth justice system

*“I think I must have been born bad.”*

**Boy in a young offender institution**

*“I could write a whole book about the bad stuff that happened to me.”*

**Young person in a focus group**

*“When I went into foster care when I first left me mum's, I went off the rails completely, it felt like no one wanted me so I went on one.”*

**Boy in focus group**

*“Basically I'd just drink to take the pain away, to take all the worries away.”*

**Boy in focus group**

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.

Children and young people who experience emotional distress and mental health problems often exhibit challenging behaviour and the focus on this behaviour for interventions can mask other problems and issues. Commenting on this recently, Sue Bailey, Professor of Child Mental Health at the University of Central Lancashire, said: *“Difficult behaviour (of children and young people in the youth justice system) is a symptom but it clouds the issue of meeting mental health and emotional needs.”*



## Family life

*“I went through 11 foster carers in four years. That was not social services’ doing. It was my own doing. I could have been with the first foster carer I was with but I just ruined it because I thought if my mum doesn’t want us then no-one wants us!”*

*“I do think I did need my dad around, obviously my mum did the best she could but you need a man to tell a man how to be a man ... he obviously failed me.”*

## Young people speaking in focus groups

A study by the Youth Justice Board for England and Wales (YJB) in 2007 showed that three quarters of children and young people in custody had lived with someone other than a parent<sup>7</sup> and that 40% had been homeless in the six months before entering custody. A survey of adult prisoners found that nearly one third had been in care as a child<sup>8</sup> and a review of Asset forms (the assessment used when children become known to a youth offending team (YOT)) found 10% had been on a care order and 24% had lived in care under a voluntary agreement.<sup>9</sup> A further study on children aged 12, 13 and 14 sentenced to custody found that 22% had been living in care at the time of arrest.<sup>10</sup> The most recent study on the care experiences of young people in custody aged 15 to 18 show 24% of boys and 49% of girls as having been in care.<sup>11</sup>

Traumatic loss and separation figure highly among children and young people who offend. In 1997 a study of 200 young people convicted of ‘grave crimes’ and sentenced under Section 53 of the Children Act 1993, found that 57% had suffered loss (either through bereavement or separation) of a parent, grandparent or other relative or carer.<sup>12</sup> A more recent study also reported higher than average levels of

<sup>7</sup> Youth Justice Board. (2007). *Accommodation needs and experiences*. London: Youth Justice Board.

<sup>8</sup> Social Exclusion Unit. (2002). *Reducing reoffending by ex prisoners*. London: Office of the Deputy Prime Minister.

<sup>9</sup> Arnull, E. Eagle, S, Gammampila, A, Archer, D, Johnston, V, Miller, K, Pitcher, J. (2005). *Persistent young offenders: a retrospective study*. London: Youth Justice Board.

<sup>10</sup> Glover, J. and Hibbert, P. (2009). *Locking up or giving up? Why custody thresholds for teenagers aged 12, 13 and 14 need to be raised. An analysis of the cases of 214 children sentenced to custody in England 2007-8*. Ilford: Barnardo’s.

<sup>11</sup> Tye, D. (2009). *Children and young people in custody 2008- 2009: an analysis of the experiences of 15 to 18 year olds in prison*. London: HM Inspectorate of Prisons.

<sup>12</sup> Boswell, GR. (1996). *The prevalence of loss and abuse in the lives of Section 53 offenders: Young and Dangerous – the background and careers of section 53 offenders*. As cited in Day, C, Cadman, S and Hibbert P (2008) ‘A Literature Review into children abused and/or neglected prior to custody’. London, Youth Justice Board.

loss and bereavement among children and young people in the youth justice system.<sup>13</sup>

### **Neglect and abuse**

*“I haven't had it good really. I came from a family that didn't have much money and me stepdad when I was younger was violent to us and used to beat us up. So I ran away from home at 15.”*

**Boy in focus group**

*“I've never had anyone to talk to, to help me make a stable home.”*

**Boy in focus group**

It is widely recognised that abuse and neglect in the general population is under-recorded, making it difficult to make accurate comparisons with the youth justice system. However, evidence suggests that children and young people in the youth justice system are more likely to have experienced abuse and neglect. A report by the NSPCC in 2000 indicated that at least 16% of the population had experienced some form of abuse and neglect, whereas studies on the prevalence of previous abuse and neglect among children and young people in custody estimate that anywhere between 33% and 92% have experienced some sort of maltreatment.<sup>14</sup>

In 2008, a YJB report into accommodation needs said that two out of five boys and one out of five girls in custody had experienced violence in the home; the same report showed one in twenty boys and one in three girls reporting sexual abuse.<sup>15</sup>

A study by Oxford University based on Asset returns showed high rates of previous abuse for children and young people on YOT caseloads, with a significantly higher rate for those in custody – 50% higher than others on the YOT case load.<sup>16</sup>

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<sup>13</sup> Arnall, E, et al (2005). *Persistent young offenders: a retrospective study*. London: Youth Justice Board. As cited in Jacobson, J; Bhardwa, B; Gyanteng, T; Hunter, G and Hough, M (2010) *'Punishing Disadvantage: a profile of children in custody'*. London, Prison Reform Trust.

<sup>14</sup> Cadman, S; Day, C and Hibbert, P. (2008). *A literature review into children abused and/or neglected prior to custody*. London: Youth Justice Board.

<sup>15</sup> Youth Justice Board, *Accommodation needs and experiences, 2007*, as cited in *Legal Action*, February 2008.

<sup>16</sup> Baker, K, et al (2004). *The evaluation of the validity and reliability of the Youth Justice Board's assessment for young offenders*. London: Youth Justice Board.

## Educational experiences

*“The trouble with me is that since I was about seven I got kicked out of me school. I was kicked-out for good. Then I got diagnosed with ADHD and I got put into a residential EBD [emotional and behavioural difficulties] school.”*

*“School was terrible, I was fighting every day, I went for the teachers, they put me on anger-management, I put my anger-management teacher through the window.”*

### Young people in focus groups

Children and young people in the youth justice system are more likely to have poor and disrupted educational experiences. Twenty-five per cent of children and young people in the youth justice system have identified special educational needs, 46% are rated as under achieving at school and 29% have literacy and numeracy problems.<sup>17</sup> Eighty eight percent of young men and 89% of young women in youth offending institutions (YOIs) had been excluded from school at some point and more than a third were younger than 14 when they last attended main stream school.<sup>18</sup> Literacy and numeracy levels of children admitted to custody are also low, 38% of boys had numeracy levels of a seven year old and 31% had literacy levels at the same rate.<sup>19</sup> Some evidence indicates that young people who are out of education, training or employment for more than six months, are more likely to have a criminal record by the age of 21.<sup>20</sup>

## Mental health and complex needs

*“I do still feel I got problems. I wouldn't call it proper depression. It's loneliness more than anything else and that's what gets to me.”*

### Boy in focus group

*“I am getting into trouble because I can't make eye contact. They think I'm being rude. I am not being rude it's because I've got Asperger's and I can't make eye contact and they don't understand. I then get frustrated and angry as they think I'm rude. With my peers I get into trouble, I take things literally. I*

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<sup>17</sup> Youth Justice Board. (2006). *Barriers to engaging in education, training and employment*. London.

<sup>18</sup> HM Inspectorate of Prisons/YJB. (2009). *Children and young people in custody 2008-2009*. London: HMPI.

<sup>19</sup> HM Inspectorate of Prisons. (2002). *A second chance: a review of education and supporting arrangements within units for juveniles managed by HM Prison Service*. A thematic review carried out jointly with the Office for Standards in Education. London: HMIP.

<sup>20</sup> Employability Framework for Scotland: Report of the NEET Work stream - June 2005; <http://www.scotland.gov.uk/Publications/2005/08/30111605/16069> [accessed 9 June 2011].

*don't always understand instructions. I need things in short simple sentences, because that way I can understand them."*

### **15-year-old boy in a young offender institution**

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.

- Speech and language difficulties – approximately 60% of children and young people in the youth justice system have significant speech, language and communication needs.<sup>21</sup> Between 46-67% of young people have poor or very poor skills.<sup>22</sup> Up to one third of children with untreated speech and language difficulties develop subsequent mental health problems.<sup>23</sup> Communication disability is strongly linked to deprivation and poverty in the early years. 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.<sup>24</sup>
- Learning difficulties and disabilities – 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.<sup>25</sup>
- Mental health – around 6% of children and young people aged five to 16 experience some form of conduct disorder<sup>26</sup> and 50% of these will develop anti social personalities where such disorders manifest themselves before the age of 10.<sup>27</sup> Research shows that 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%). Additionally, one in 10 boys and one in five girls in young offender institutions (YOIs) have attention deficit hyperactivity disorder. (ADHD).<sup>28</sup> Research commissioned by the YJB found that 19% of 13-18 year olds in custody had depression, 11% anxiety

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<sup>21</sup> Bryan, K. Freer, J. and Furlong, C. (2007). *Language and communication difficulties in juvenile offenders*. International Journal of Language & Communication Disorders, 42, 505 -520.

<sup>22</sup> Bryan, K. Freer, J. and Furlong, J. (2004). *Speech and language therapy provision for young people in prison*. Third project report.

<sup>23</sup> Clegg, J. Hollis, C. and Rutter, M. (1999). *Life sentence RCSLT Bulletin*; 571, 16-18.

<sup>24</sup> Lanz, R. (2009). *Speech and language therapy within the Milton Keynes Youth Offending Team*. A four-month pilot project.

<sup>25</sup> Department of Health. (2009). *Healthy children, safer communities*. London: Department of Health.

<sup>26</sup> Green, H. M. (2005). *Mental health needs and effectiveness of provision for young offenders in custody and the community*. London: Youth Justice Board.

<sup>27</sup> Sainsbury Centre for Mental Health. (2009). *Chance of a lifetime: preventing early conduct disorders and reducing crime*. London: Sainsbury Centre for Mental Health.

<sup>28</sup> Fazell, D. A. (2008). *Mental disorders among adolescents in juvenile detention and correctional facilities: a systematic review and metaregression analysis of 25 surveys*. Journal of American Academy of Child and Adolescent Psychiatry, 47 (9), September 2008, pp 1010 -1019.

and 11% post traumatic stress disorder.<sup>29</sup> A further study found that 85% of young people aged 16 to 20 in custody showed signs of a personality disorder<sup>30</sup> as compared with 10 to 13% of the general population.<sup>31</sup>

- Self harm – 29 children and young people have died in custody since 1990, all but one of whom committed suicide.<sup>32</sup> Research shows that young people in prison are 18 times more likely to take their own lives than others of the same age.<sup>33</sup> In 2008, there were 686 recorded incidents of self harm by girls in custody and 743 by boys, although it is likely that this is an under-representation.<sup>34</sup> Girls in custody are twice as likely to injure themselves as adult women: in 2007, 89% of girls in custody had self harmed.<sup>35</sup> In a review of the Assets of 214 children aged 12, 13 and 14, Barnardo's found that 8% had attempted suicide at some stage in their short lives.<sup>36</sup>

### Dave's story

Dave was 16 years old and serving a sentence in a secure training centre (STC). He had been in custody before at another STC and in a YOI. He talked about being admitted to the STC saying he felt welcomed although he didn't know what to expect. He felt it was different from admission to the YOI: *"I was spoken to like a proper person, not a stupid little criminal."* He had been strip searched but felt comfortable with the gown – again he contrasted it with the YOI where he had not been given a gown or told what was going to happen.

Dave talked about his family, and told us that when he was 10 years old his older brother had committed suicide while in custody. He felt this was when he started going off the rails, truanting, and smoking cannabis. He couldn't remember getting any help at this time and no one had talked to him about the death of his brother.

<sup>29</sup> Chitsabesan et al. (2006). *Mental health needs of young offenders in custody and in the community* British Journal of Psychiatry Vol.188, 534 – 540.

<sup>30</sup> Lader, D. (2000). *Psychiatric morbidity among young offenders in England and Wales*. London: ONS.

<sup>31</sup> National Institute for Mental Health. (2003). *Personality Disorder: no longer a diagnosis for exclusion. Policy implementation guidance for the development of services for people with personality disorder* London: NIMHE.

<sup>32</sup> <http://inquest.gn.apc.org/website/statistics/deaths-in-prison/deaths-of-young-people-and-children-in-prison> [accessed 13 June 2011].

<sup>33</sup> Frühwald, S., and Frottier, P., Suicide in prison, The Lancet, vol 366, issue 9493, 8 October 2005, as cited in Legal Action, February 2008.

<sup>34</sup> Hansard HC, 12 October 2009, c166W.

<sup>35</sup> HM Chief Inspector of Prisons for England and Wales (2008) Annual Report 2006-07, London: HMIP In Bromley Fact File, Prison Reform Trust <http://www.prisonreformtrust.org.uk/uploads/documents/FactFileJuly2010.pdf> [accessed 7 October 2010].

<sup>36</sup> Glover, J and Hibbert, P. (2009). *Locking up or giving up? Why custody thresholds for teenagers aged 12, 13 and 14 should be raised*. Ilford: Barnardo's.

### **Dave's story, continued**

Dave had attempted suicide while in custody and after this had seen the psychologist. He said that he found it difficult to talk to people when he was feeling low – he relied on staff to spot that he was down. Although he was happy about seeing the psychologist, he said that he thought it would be better if he could have had counselling from the staff (ie unit staff) because he sometimes found it difficult to talk to the psychologist. He felt he had previously used cannabis to '*block off*' his feelings and that he still found it difficult to talk about emotions. He had also got bereavement counselling from the chaplain – the youth offending service (YOS) worker had helped him access this – and he felt this had helped him. He didn't think he'd got any help specifically about his cannabis use while in the STC.

Dave was positive about his education at the STC: "*I couldn't read or write when I came here, now I'm reading whole books*". He had one to one reading help and progressed from Level 2 to Level 5, and told us he was doing work experience and hoped to get an NVQ. He said that he would like to be nearer to home as his mum had not visited him at the STC; he also told us what he thought had contributed to him getting into trouble – not enough support for his mum after his father died and no one '*bothering*' when he first started going off the rails.

### 3. Programme of visits

*“There was one prison officer, he used to play rugby and that. He had a lot of time for me. He'd talk to us any opportunity he could, take us for a quick game of rugby. That's how you know people are in 'cos they care, not just 'cos it's easy, they don't go round punching people in their cells just for the crack but I know for a fact officers that do.”*

#### Boy in focus group

To inform this report, the Deputy Children’s Commissioner led a programme of 19 visits to the secure estate and other services.

Type of unit	No. of units visited
Secure children’s home (SCH)	3
Secure training centre (STC)	2
Young offender institution (YOI) including one for young women	5
Secure adolescent mental health unit	1
Service providing multi systemic therapy	1
Specialist harmful sexual behaviours service	1
Youth offending team (YOT) including one of the YJB funded youth liaison and diversion pilots designed to divert children and young people with mental health and other complex needs into appropriate services	4
Resettlement consortia established under the Youth Crime Action Plan to support young people leaving custody	1
Specialist mental health outreach project	1

During the visits members of the experts’ group interviewed a diverse group of 49 children and young people aged between 13 and 17, including boys and girls from a variety of ethnic backgrounds, young people serving community orders, those on

Detention and Training Orders, and a small number who were serving longer sentences under Section 90/91 of the Powers of the Criminal Courts (Sentencing) Act 2000. We also interviewed managers, front line and specialist staff. A further 25 young people participated in focus groups making a total of 74 children and young people with whom we spoke (see chapter 4).

We asked children and young people to share their experiences of the service they received and their views and opinions about these experiences – what they thought had helped or what would have helped them.

We were well aware that young people in the youth justice system would be more likely to be negative about services they had received than to offer praise. However, our experience was that young people could identify those services they thought were supportive and in particular individual members of staff who had had a positive impact on their lives. Where they expressed negativity, this tended to be borne out by our observations.

From managers and staff, we sought information on admission, assessment and screening methods and processes, how information is accessed and shared, behaviour management and treatment – including the use of restraint, strip searching and single separation/segregation, how emotional wellbeing is promoted and inter-disciplinary liaison and working.

In the visits to the secure estate, we also observed the physical aspects of the units and viewed individual rooms and cells (including single separation/segregation facilities where these existed), health care, education and recreation facilities.

### **The young people we spoke to on our visits**

*“My dad is basically just another gang member, but an older one. I didn't know him, he's not a role model. I didn't want to be like him but I ended up being like him.”*

*“I just don't like going deep and off-loading my problems onto people.”*

All the young people shared some of the characteristics and experiences outlined in chapter 2. Staff in the secure estate told us that between 30-50% of the young people had been in care at some stage, and reported a rise in the number of young people who had witnessed or experienced domestic violence.

Young people spoke to us about interventions they had prior to entering custody: many had been known to a plethora of children's services and agencies. While some spoke of individuals who had been helpful, most felt that the interventions they had received had not been instrumental in either meeting their needs or preventing them from offending.



Several young people felt that their families had not been offered enough help at an early stage: *"They should have helped my mum more after my dad died."* Many young people expressed dissatisfaction in the services they and their families had received from local authority children's services. A view expressed by many can be summed up by one young person who said that service providers: *"just told you what to do and moaned when you didn't do it"* rather than offer practical advice and assistance.

The staff in the young women's unit commented on an increase in young women who had partners/boyfriends who were also in prison and a significant number of young people told us about parental mental health problems and substance misuse issues and siblings also in the youth justice system.

Not all of the young people were negative about services. Many could identify good services they had received from both YOTs and the secure estate and also individual key workers who had had a positive impact on their lives and gone out of their way to help them. In particular, young people felt they had received the most help from staff who understood their problems or needs. However, the provision of good services to promote and safeguard emotional wellbeing and staff who 'cared' were seen as the exception rather than the norm.

### **Joe's story**

Joe was 18 and had been involved with the YOT for over two years. He originally got a custodial sentence for a serious offence (without any significant history of offending) but this was reduced to a three-year supervision order on appeal. It is due to run out in May 2011.

Joe talked to us about his resettlement worker (at his own request) and told us that he had a history of attention deficit hyperactivity disorder (ADHD) and was prescribed Ritalin. He had involvement with child and adolescent mental health service (CAMHS) services and was in special educational provision after being 'kicked out' of school for 'hurling abuse'. He liked the alternative unit – saying it had good facilities – but also that he used to go to sleep under the tables. He lives with his Nanna and his mum was also involved in his parenting.

Joe said his offending was related to drink and drug abuse and also the influence of mates: *"I do the things that they do – you get a buzz."* He also said that he tends to act first and think about the consequences afterwards, rather than the other way round.

Joe described custody as a struggle: *"Some of the lads were k\*\*\*-heads – they tried to get me to do stuff."* He had felt on his own – the other boys were in groups and he had been moved from the local YOI to a special unit for those on long term sentences.

### Joe's story, continued

He described his experience of the health care unit after an episode of self-harm when he had wrapped a towel round his neck. He did it because he was upset and wanted the staff to talk to him. Instead: *"I got shut in health care – no tele or nought – I felt even worse – I got drugged. The next day a psychiatrist came to see me – I had to say I was fine or they'd have kept me there. I felt better when I got back to the wing and saw the lads playing on the pool table. It would have been better just to calm me down. They didn't sit me down and try to understand it."*

Joe was positive about the help he had from the YOT. He described getting on well with the YOT workers and has had input from Resettlement and Aftercare Provision (RAP) and a specialist substance misuse service on a voluntary basis, as well as the formal supervision from a case manager. On the whole things were getting better for him: he had committed two minor recent offences but none for a while. He attributed this to *"the help ... and my determination"*. However, recently, he has been having a rough time – he started drinking heavily and using 'blues' a week before his 18<sup>th</sup> birthday (part of celebrations) and found it hard to stop again but he asked for help and was again offered a service from his ex-Rap worker and substance misuse service.

Joe was reflective about community services and felt that the only access was through the YOT. He had used Connexions but *"they just get you onto a course"*, sexual health services and the youth service, which helped *"a bit"*. He also had a service from the local CAMHS for his ADHD. More recently, he had anti-depressants but admitted to not taking them. He also self-medicated with cannabis which he said *"chills"* him. He and his RAP worker agreed that there could be a lack of co-ordination and that it needed one person to pull it all together.

Joe also felt it was strange that people who are 'good' in school don't get more: *"You have to get into trouble to find them – since I committed my crime; I've got everything – all sorts of help."*

Joe did not want to transfer to adult services. He was looking forward to his order finishing and wanted to get a job. On a scale of 0-10 he felt his life was about a five but it had been higher before his recent lapse into substance misuse. Overall, he was hopeful about the future – *"I've got my own mind' so should be able to stay out of trouble."*

## 4. What we observed and heard

*“Anyone tells you they don’t cry in here is lying, we all cry.”*

### **Girl in a young offender institution**

*“When I stopped all the drugs [cannabis, ecstasy] my paranoia got worse, because it does sometimes and for years I’ve struggled with me emotions and stuff.”*

### **Boy in focus group**

### **Support for the emotional and psychological wellbeing of children and young people in the secure estate**

Overall, the programme of visits identified significant variation in the commissioning, provision and quality of services and support for the mental health, emotional and psychological wellbeing of children and young people in the secure estate. Whilst there were pockets of good practice, there were also areas of concern.

#### **Leadership**

*“I don’t think the prison service and prison officers are right for children.”*

### **A YOI governor**

The visits highlighted the importance of the effective leadership of services and institutions in ensuring that young people’s mental health and wellbeing needs are met.

#### **Areas of concern:**

- Lack of understanding about the origins and components of good mental health and emotional wellbeing by some managers and governors.
- Variation in the quality and effectiveness of leadership.
- Some managers unaware of practice on the ground.
- Variation in the quality of training provided to deal with young people with complex needs.
- Variation in the quality and quantity of supervision.

Where leadership was good there was better training and access to continuous professional development opportunities – which were often provided from other sectors (eg health staff to custodial staff). Where good leadership was less apparent or absent, senior managers demonstrated poor understanding of the emotional and mental health needs of young people and as a consequence the organisations they led were less likely to place importance in the concept of good mental health. Consequently, important opportunities for promoting good mental health, and responding appropriately to the needs of young people with mental health problems were not recognised or minimised.

Where leadership was effective and knowledgeable, senior managers, institutions and services were also far more likely to demonstrate good communication between staff and to reflect a more consistent level of understanding of and response to young people's mental health and wellbeing needs.

We believe that the leadership role is crucial not only to fulfil the functions described above but also to contribute to quality assurance. For example, we saw particularly filthy washing facilities in one young offender institution (YOI) and on enquiring when the governor was last seen on the wing, the prison officer informed us that in the eighteen months she had been working in this YOI, she had never seen the governor on the wing.

Almost all the front line staff we spoke to were committed and caring, but we met some who felt they were not always properly equipped and supported to deal with young people with complex needs – and on one occasion a prison officer who told us they did not like working with children and young people.

The commitment by the Youth Justice Board for England and Wales (YJB) to reduce the number of 'split site' YOIs – where children are detained on the same site as adult provision – is to be commended. Many such sites have already been decommissioned and by July 2011, 86% of children in YOIs will be held in specific and separate accommodation. Nevertheless, despite a proposal in the Youth Crime Action Plan published in 2008 that there should be a separate and dedicated staff in YOIs; the staff in these units are still generic prison officers who will not necessarily have been recruited or trained to deal with children, many of whom have complex needs.

There were significant differences in the quantity and quality of supervision and training and in the input for front line staff on understanding and dealing with children with complex needs. One group of staff told us that they had not had any training for at least 18 months but that they did get the opportunity to talk to the psychologist on an ad hoc basis if they were concerned about an individual young person. The manager of this unit did tell us that a new programme was being put together and that this would include mental health awareness.

Only one unit provided ongoing clinical supervision for front line staff although several others had rolling training programmes on complex needs. However, in one unit the mental health team told us that it was difficult for staff to be freed up to attend training other than anything that was mandatory for the organisation – and this did not include mental health.

In some establishments there were distinct differences between the information given by managers, front line staff and children and young people. Some senior managers were unaware that policies were not being implemented on the ground, calling into question the processes in place to review adherence to policy and procedure.

In one YOI we were informed by the governor that restraint garments were never used but one child we spoke to described (unsolicited) being placed in these garments.

Those establishments where there appeared to be a greater degree of congruity were those where the managers took a much more ‘hand’s on’ approach, working closely with front line staff. We observed one manager being greeted by name by both staff and young people, but in another establishment a member of staff told us that they had not seen the manager on their unit, although they had worked there for over 18 months.

#### **Good practice example – leadership and commissioning, HMYOI Hindley**

- Good reception and first night induction
- Effective support for those at risk of self harm or suicide
- Good child protection procedures
- Access to equivalent community based health services
- Full range of therapeutic services have been commissioned

HMYOI Hindley was established as a 440-bed young offender institution across seven accommodation blocks, making it the largest such facility in Western Europe.

In a comparatively short time, Hindley has overcome challenges to establish itself as an exemplar of good practice in provision for the emotional and mental health needs of the children it houses. Key to this has been effective leadership.

All senior staff had knowledge of attachment theory and demonstrated a good degree of awareness of mental health and emotional wellbeing.

### **Good practice example, continued**

There are good reception and first night induction arrangements in place, there is effective support for young people at risk of suicide and self-harm, and there are sound child protection and safeguarding measures.

Young people have access to health services equivalent to those in the community. Mental health services are provided by a team from Greater Manchester West NHS Foundation Trust. Registered Mental Health Nurses visit everyday including weekends and specialist medical support is provided by two consultant child and adolescent mental health (CAMHS) forensic psychiatrists from the local secure unit, who each hold two sessions a week. A clinical psychologist is based at the establishment four days a week, supported by an assistant psychologist.

An art therapist works with young people one morning a week and three primary care trust (PCT) funded counsellors provide generic counselling and specialist sexual abuse and domestic violence counselling.

Emphasis is placed on mental health awareness training for staff to help them manage young people with behavioural problems or diagnosed mental illness.

Every young person is seen by a registered mental nurse (RMN) within 48 hours of arrival and a brief mental health screen is undertaken to determine what, if any, level of mental health support is needed. Referrals are accepted from all departments and from young people themselves.

The PCT provides three full-time specialists to provide speech and language and learning disability services.

### ***Willow unit***

Young people with significant mental health needs or complex needs are located on Willow unit and managed by wing staff with strong support from the whole healthcare team, particularly mental health. Some Willow unit officers have completed a course in therapeutic skills. All young people on the wing are allocated a named nurse (RMN) and the relationship between officers and healthcare staff is excellent. Officers work 12-hour shifts to provide consistent support to young people throughout the day which facilitates continuity of care and the establishment of strong relationships between staff and young people. All young people are seen by mental health staff every day.

## Commissioning of health care services and multi-disciplinary liaison and working

*“Everyone’s doing different things and trying to re-invent the wheel, there’s no sharing of practice.”*

### **Member of a young offender institution healthcare team**

The visits also identified significant differences between the commissioning, provision and quality of services to support the emotional and psychological wellbeing of children and to respond to mental health problems. Whilst there were pockets of good practice, there were also areas of concern.

#### **Areas of concern:**

- Variation in the way services are commissioned impacts on provision.
- Variation in the effectiveness of interdisciplinary liaison and integrated working.
- Variation in the ways in which information was shared (and not shared).

The commissioning of health services is different in the three types of establishments in the secure estate:

- In secure children’s homes (SCHs) health services are commissioned by the local authority in line with their contract with the YJB.
- In Young Offenders Institutions operated by the Prison Service health services are commissioned by the National Offender Management Service (NOMS). It should be noted that additional funding was made available to YOIs in 2007/8 to support the implementation of Tier 3 CAMHS. This extra funding was not made available to SCHs or secure training centres (STCs).
- In secure training centres and YOIs operated by the private sector, health services are commissioned by the provider in line with the contract they have with the YJB.

It was clear that these different commissioning arrangements impact on both the quantity and quality of service provision in establishments and in the management, governance and accountability of these services.

In some units there was fully integrated working and multi-disciplinary liaison but in others commissioning arrangements mitigated against this. For example, in one establishment NOMS had commissioned the local PCT to provide health services for three custodial establishments in the region – only one of them for children and young people under 18. The health team in the YOI – including mental health workers – had no staff with a child and adolescent qualification or background and the team were using the Gruben Tool (a screening tool developed for use in the

adult custodial estate) for screening children and young people to identify for mental health needs. The Governor of the YOI indicated that the practice of the health team was a matter for the PCT and that he felt he was not able to influence the methods and tools used.

The degree of inter-disciplinary liaison also varied. In some units (not specific to any type of establishment) we saw examples of poor inter-agency working. One health team told us they rarely saw front line 'care' staff and did not routinely share information with them nor did they provide any continuing support or training. Some health staff also expressed a feeling of isolation from their 'parent' agency and felt they were seen as a separate entity rather than part of the mainstream service.

However, in some units there was excellent inter-disciplinary liaison, with good information sharing protocols, training and support and, in one instance care staff were provided with clinical supervision by the clinical psychologist working in the establishment.

#### **Good practice example – multi-disciplinary liaison and working, positive commissioning, HMP Eastwood Park**

- Good integrated health planning between teams
- Good training by health team to prison staff
- Good strategic planning and oversight by PCT

The CAMHS team in the Mary Carpenter Unit (for young women aged 15 to 17) at HMP Eastwood Park (a YOI with a 16 bedded unit for young women aged 16 and 17) consists of specialist mental health nurses, a visiting psychiatrist, forensic and child and adolescent psychologists and a substance misuse worker. The team works closely with managers and front line staff to provide an integrated health service and is also linked to the local adolescent secure mental health unit. There was excellent interaction between prison officers, and health staff and between health staff and young people. Both prison officers and young women spoke positively about the service they received from them. The health team deliver a comprehensive package of training for prison officers – this has been developed with, and involves the young women inmates and includes mental health awareness, learning disabilities and conduct disorders. The mental health team continue to support young women for a period of up to three months after discharge from the unit, both those who transfer to the adult estate and those released into the community. The team manager attributed their success in establishing an integrated and comprehensive health service to good strategic planning and oversight from the PCT and a willingness to fund in a timely manner, long term plans. The manager also outlined a new initiative to bring together mental health leads from all YOIs to share good practice and look at opportunities for developing links and information sharing.



### **Good practice example – specialist and integrated working, Keppel Unit HMYOI Wetherby**

- High staff ratio
- CAMHS staff provide clinical supervision to all staff
- Staff apply for the post and express an interest in working with young people
- High level of specialist health input

The Keppel Unit opened in October 2008 and accommodates 48 young males and is a separate unit within HMYOI Wetherby. It is a specialist unit for adolescents with high risk factors who are not engaging or are unlikely to engage with the normal regime in a YOI. As well as addressing learning disabilities, difficulties with communication, poor social interaction and emotional immaturity, its services also address boys displaying or diagnosed with attention deficit hyperactivity disorder (ADHD), autism spectrum disorder and conduct disorder. The staff to young person ratio is 1:6 as opposed to 1:10 in other YOIs. Uniquely at Keppel, in addition to completing assessments and delivering interventions to young people, CAMHS also provides clinical supervision offering advice, guidance and support to all Keppel staff, enabling them to work more effectively with the young people in their care. Also, uniquely, all the prison officers in Keppel had to undertake an application and selection procedure before taking up post and are a mixture of experienced prison staff who wished to work with the age group and newly recruited staff. The Keppel Unit has, in comparison to many other units, a good level of specialist input with qualified mental health and learning disabilities staff; education support staff, an art and drama therapist, forensic psychologists, substance misuse workers and a speech and language specialist. Additionally, the main campus has a CAMHS day unit and an adult forensic psychologist. A child and adolescent psychiatrist holds a clinic once every two weeks and is available at other times. The unit also has external input on gay, lesbian and bi-sexual issues and sexual exploitation and is able to access other services as needed – for example, physiotherapy for a physically disabled young man. Sharing some services with the main Wetherby site works well because it allows for greater flexibility.

### **Assessment and information-sharing**

*“I was on medication – Risperidone and anti-depressants – but I didn’t get them for at least a week after I got here; they said they couldn’t contact my doctor.”*

### **17-year-old in a young offender institution**

Managers, front line and specialist staff reported receiving limited information on children and young people prior to admission and this was seen to have been improved by the introduction of the e-Asset.<sup>37</sup> However, there was an almost universal view that the information provided was sometimes inadequate and out of date and was not necessarily that which would enable establishments to assess how to best manage complex needs and support psychological wellbeing.

**Areas of concern:**

- Variation in the quality of information.
- Relevant information not shared.
- Variability in the type of assessments undertaken.
- Focus on process rather than outcomes.

Establishments receive the Asset and risk of harm and vulnerability assessment completed by the YOT but staff told us they do not get copies of the SIFA and / or SQIFA. These are mental health questionnaires which are basic screening tools that YOT staff should undertake if the Asset assessment indicates that there are areas of concern. Establishments felt that receiving the Asset and SIFA and/or SQIFA together would enable them to make better assessments of the support they would need to provide to address any mental health needs. Interestingly, the YOTs pointed out that where a screening interview for adolescents (SIFA) and/or screening questionnaire interview for adolescents (SQIFA) had been done, this would always be attached to the electronic Asset – we were unclear why establishments did not know this.

We found a concerning level of variability in the range of assessments done on admission, at what stage mental health or learning disability screening was done and the tools used. While all units undertook an initial health assessment, the arrangements for screening for other needs was variable.

One unit was piloting a new Comprehensive Health Assessment format developed jointly by the YJB, the Department of Health, and the Women and Juveniles department of the Prison Service. This assessment includes urgent health needs, physical health and social circumstances and a mental health assessment, and should, if completed properly and by skilled workers give an accurate overall assessment of a young person's health needs on admission. However, it should be noted that even this assessment does not screen for or assess either speech, language and communication difficulties or learning difficulties.

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<sup>37</sup> Asset is the assessment tool used by all YOTs to assess all children and young people known to them. They should be updated regularly and particularly when a child receives a custodial sentence. Office of the Children's Commissioner: 'I think I must have been born bad'

In all establishments there was a significant focus on the process of admission and a variety of recording and filing systems were in place. However, there was less focus on the purpose of the assessment and subsequent follow through to appropriate service provision. All the units kept health records separate from others and in the main these could only be seen by health workers who would then decide what information to pass to other staff. This is entirely relevant and appropriate as a matter of principle, however relevant health information should be shared with staff to enable a holistic approach to care. We found significantly less evidence of this type of approach.

There were variations in the information shared and how it was shared. Health care staff stressed the issue of confidentiality and consent and in some establishments this appeared to take precedence over the need to provide information to ensure effective day to day care. When talking to front line staff in one unit, they appeared to be unaware of the process or results of any psychological or mental health assessments and clearly separated out their role as care staff from what they described as health treatment – which included psychological or mental health input. Not only does this contradict accepted mainstream practice and guidance (which reiterate that mental health is everyone’s business), but it is unhelpful for care staff in terms of their understanding of the behaviour of a child and also does not allow them to support or reinforce any treatment.

## **Safeguarding**

*“I got taken into the care system. In the care system I tried suicide, I tried hanging myself, cutting myself, I done the dog’s b\*\*\*\*\*.”*

### **Boy in focus group**

All establishments visited had robust policies and procedures in place relating to risk of suicide and self harm but in some, other aspects of child protection were addressed in only a perfunctory way, for example, in some units injuries inflicted by other inmates (for example in a fight) were not regarded (or recorded) as child protection incidents.

### **Areas of concern:**

- Variation in the appropriate use of statutory child protection policies and practice.
- Failure to address disclosure or provide safe environment in which to discuss abuse.
- Variation in relationships with the Local Safeguarding Children’s Board.

We saw little evidence that units paid attention to issues of disclosure or provided a safe environment which supported children and young people to discuss previous abuse.

Managers in YOIs felt that the uncertainty about the continued funding of social workers was unhelpful as these posts provided a valuable link between units and main stream child protection services.

While all units reported some sort of direct link with the Local Safeguarding Children's Board, for many this was seen as tenuous, one manager said: *"It's really hard to get them interested in us – they aren't really interested."*

### **Strip searching**

*"You just have to get used to it."*

#### **14-year-old girl in a secure training centre**

*"They search you after being like searched at court and in the police station a hundred times and you ain't been anywhere since then. They then extra search you. You have to take your shirt off, your trousers off, your pants off and everything."*

#### **Boy on being strip-searched**

All units were asked to describe their use of strip searching including how and under what circumstances it was used and to what purpose.

### **Areas of concern:**

- Lack of clarity about the necessity for strip searching.
- Variation in the use of strip searches.
- Variation in the use of gowns.
- Lack of evidence to show the effectiveness of strip searching.

There was confusion about the necessity for strip searching and the requirements of the YJB as commissioner.

In YOIs we were told that strip searching was a requirement of the prison service YOI rules – other than in the young women's unit where no strip searches took place.

Both of the STCs, which admit both girls and boys, undertook strip searches on admission and following any outing from the unit, for example after court appearances, and one also searched all children routinely after family visits.

One SCH undertook strip searches on admission, the other did not. The secure mental health unit also did not and it should be noted that there is no strip searching in any of the girls' units in YOIs although girls in STCs are strip searched.

While there were some practices during strip searches that were common across all establishments – always undertaken by two members of staff of the same sex of the young person – there were variations in whether young people were allowed a dressing gown or had to be naked at any time.

In one establishment a member of staff told us she was uncomfortable with the routine strip searching procedure. When questioned, she said the governor insisted on this system and no modification was acceptable.

In this establishment, children were also routinely strip searched after every visit. Again, we were told that staff would prefer not to do this but that the governor insisted on the practice. On discussing this with the governor after the visit, we were told that this level of strip searching was a contractual requirement.

We are pleased to report that as a result of our visit and consequent report to the YJB, routine strip searching at this institution on entry, departure and following visits has now ceased.

The reason for strip searching was given as preventing the smuggling of contraband (with one unit telling us they incurred a financial penalty if this occurred) but it is significant to note that the three units who used no strip searching did not report high levels of contraband, on the contrary they reported low levels with one unit telling us they could not remember an incident within the last year.

In 2006, Lord Carlile recommended that policy, procedure and practice for strip searching should be the same for all establishments detaining children and young people<sup>38</sup>. In their response to his report, the YJB said they would undertake a review of policy, procedure and practice and we are pleased that this review has taken place and the report recently published. We acknowledge that the YJB has undertaken to deal with any financial incentives in relation to contraband but remain disappointed that routine strip searching is to be continued and that there will continue to be variations across the secure estate.

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<sup>38</sup> Lord Carlile of Berriew QC. An independent inquiry into the use of physical restraint, solitary confinement and forcible strip-searching of children in prisons, secure training centres and local authority secure children's homes. The Howard League for Penal Reform. 2006. (Available from the Howard League).

## Risk assessment

*"I got took down to segregation. I got put in a cell in me boxers because they took all the clothes off us and it was two days before I got me clothes."*

### Boy in focus group

All the establishments visited gave a high priority to the prevention of self harm and risk of suicide and had robust systems in place for assessing and managing this risk. However, this was not always seen to be a wellbeing issue by front line staff who described their role as preventing physical harm as opposed to understanding why young people might harm themselves.

#### **Areas of concern:**

- High priority given to prevention of self harm. but without concomitant attention to understanding and reducing the likelihood of self harm.
- Focus on physical aspects of harm prevention rather than behaviour management through relationships and transparency.
- Variation in quality of risk assessments.

In some units processes focused on managing risk using physical procedures such as regular observations and single separation. Although the need for these is not to be underestimated, we found too often that little attention paid to risk reduction and promoting and enhancing security premised on the development of good relationships. While this may be understandable in units with low staffing levels (often as little as two prison officers to 20 young people in YOIs), we would have liked to see more attention paid to this as good behaviour management based on relationships and transparency can reduce the need to use more assertive and interventionist forms of control.

We saw one excellent example of truly individual risk assessments but saw others that were formulaic and there were some examples where there appeared to be a standardised format with each risk assessment being almost identical.

### **Good practice example – risk assessment process, Lincolnshire SCH**

- Early identification of risk
- Directory of specialist professionals for consultation

The Lincolnshire Secure Children's Home used a highly individualised process for assessing and regularly reviewing risk. The assessment identifies safety concerns and high risk behaviour and develops an intervention strategy based on targets for improvement developed with and agreed by the young person. The process also identifies any specific risks such as illness, disability or particular mental health issues and the form has details of contacts for staff to get assistance, for example the telephone number of the on call psychologist. The interventions are based on a positive approach but also include any responses that should be avoided. Two examples seen were:

- A young woman who self harmed – staff were asked not to use single separation as a sanction and alternative sanctions were suggested.
- A young man with asthma – advice given about minimising use of restraint and instructions, if restraint had to be used, that he should be released immediately if he showed any signs of breathing distress.

These assessments can be updated daily and are reviewed weekly by CAMHS, education and care staff.

### **Good practice example – risk assessment and management, The Bluebird Unit**

- Multi-disciplinary approach
- Full involvement of young people

The Bluebird Unit is a secure adolescent mental health unit. At the time of the visit around one third of the young people accommodated had been given a hospital order under the Part 2 or 3 of the Mental Health Act 1983 as an alternative to a custodial sentence or had been transferred from a custodial unit, the other two thirds all had a history of offending. All the young people were detainable under mental health legislation. The unit operates a multi-disciplinary approach based on the therapeutic community model, involving young people fully in their own treatment. The unit is clear that the first priority is risk assessment and safety of both staff and young people, but the focus is on individual plans and building relationships. We observed a ward meeting where staff and young people have the opportunity to raise issues and discuss behaviour. We noted that young people were encouraged to take control of the meeting and there was a focus on positive feedback.

## Single separation and segregation

*“It’s safer in here (the single segregation cell) because once you’ve been in, the others terrorise you, so you do something to get back in again.”*

### 16-year-old in a young offender institution

Single segregation and separation was used in all establishments. The YOIs had a cell specifically for this purpose and in the STCs and SCHs young people were separated in their own bedrooms or in the health wing.

#### **Areas of concern:**

- Some young people feel safer in single segregation.
- Discrepancy between managerial perception of single separation and practice.

Some young people commented on this. One young woman told us she felt that her room had become a place of punishment because she had been separated so frequently. Because of this, she often damaged her room and belongings which led to more incidents of separation – somewhat of a vicious circle.

One unit tried to avoid the use of segregation, using constant observation as an alternative. We observed one young man in this situation, in a gated cell with a member of staff sitting outside reading a newspaper – when we spoke to this staff member, he did not appear to be aware of or concerned about the possible implications of the oppressiveness of such 24 hour surveillance over a period of several days.

This was one of the areas where there was a discrepancy between the managerial perception and day to day practice. In one unit we were told that young people in segregation were not kept in special clothing but at least one young person told us that he had to wear a canvas boiler suit while segregated.

## Physical restraint

*“It happens every day, three or four times. Sometimes they deserve it but some (staff) just do it ‘cos they can’t be bothered to sort things out.”*

### 15-year-old boy in a secure training centre

Staff in all establishments told us that restraint is only used as a last resort and is necessary to manage the behaviour of very challenging young people and to protect



others. However, this was not always borne out in discussions with children and young people or by observation.

**Areas of concern:**

- Potential use of restraint as an alternative to other behaviour and risk management strategies.
- Variation in the frequency with which restraint is used.

In only two of the units did young people indicate that restraint was rare, in all the other units, they talked about restraint as an everyday, matter of fact experience. Some young people felt that restraint was sometimes justified but others told us that they felt that it was not always used consistently or fairly.

In one unit we observed two individual incidents of young people being brought to the health wing following restraint incidents. The young people were locked into health bed rooms which were effectively being used as single separation cells. One young person had sustained an injury to his forehead – he told us that he had been held face down on the floor and the injury we observed appeared to be consistent with his account. The director of this unit had told us that they had no specific facilities for single separation or segregation and we were concerned that bedrooms on the health wing were being used for this purpose – albeit for short periods.

**Promoting wellbeing and self-esteem**

*“I don’t want an appointment with the shrink. I just want someone to talk to when I’m feeling down.”*

**14-year-old in a secure training centre**

Only a small number of children and young people in custody have severe or diagnosable mental health problems which would need treatment by specialist CAMHS services. However, all the evidence – confirmed by the staff we spoke to – indicates that the majority of children have poor emotional and lower level mental health needs and poor self-esteem. Children with such problems could benefit from appropriate mental health interventions.

**Areas of concern:**

- Variation in the acknowledgement that poor emotional health and self-esteem are part of the mental health continuum and as important to manage as mental disorder.
- Variation in the quality of environments.
- Variation in the cleanliness of environments.

Whilst acknowledging the need for physical security – and the differing types and levels of risk presented by different children and young people – we were concerned about the physical environments of some of the units visited. There were variations in the quality of environments including living areas and educational facilities which could not be accounted for solely by risk. It was clear that some units had taken a more creative approach to how they might improve living conditions without compromising safety and security.

We observed some conditions which, in our view were unacceptable; in one unit we saw extremely dirty washing and toilet facilities (both en suite and in the communal showers). We saw vacant cells in a filthy state including dried faeces in the toilet areas. We were informed that new entrants had to clean their own cells on admission. In one of the SCHs there was a bleak bare living room with just two seating units and a TV in a wooden fixed crate.

We were concerned about the impact of barren and bare living areas on children and young people's feelings of wellbeing and self-esteem. While it could be argued that providing some physical aspects in living areas which could promote better emotional wellbeing – for example rugs, books and pictures – may present a risk, but we observed units where this appeared to be possible and had been provided (with the appropriate risk assessments) including in one unit specifically for young people serving long sentences for serious and violent offences.

We were concerned that in some YOIs young people have their last meal of the day between 5.00pm and 6.00pm; they are then given a breakfast pack when they are locked up for the night at 7.30pm. Many of the young people consequently eat this pack at night which means they then have nothing to eat the following day until lunchtime. Lunch in some units was only a baguette with a bag of crisps and a drink. Complaints about being hungry were common as were complaints about the quality of the food. In some places only one hot meal per day was provided.

In YOIs young people frequently have to eat two meals per day in their cells with only dinner being eaten on association. In some places there are open toilets in the cells and the youngsters are effectively eating in their toilets.

Food in both STCs and SCHs was more plentiful and of better quality than in YOIs. Young people were also able to ask for more (within reason) if they were still hungry after eating. There are proper dining rooms where the young people eat together with staff and also kitchen areas in units where the young people make their own breakfasts.

### **Good practice example – focus on health and wellbeing, Rainsbrook Secure Training Centre**

At Rainsbrook STC, the young people ate lunch in dining rooms at tables shared with their key workers. There was a good choice of hot dishes and second helpings were available. Fruit packs were taken back to residential units for later consumption.

#### **Education**

*“I really wanted to do my GCSEs ‘cos I’d started the course, but it didn’t happen.”*

#### **Girl in a young offender institution**

*“[The best teacher] would have a conversation with me. He would be like ‘come-in and have a talk. What’s going-on for you today?’ He takes a calm approach to children.”*

#### **Boy in focus group**

The education provision for young people in the secure estate is dictated by the contract with the YJB. In YOIs the requirement is for 15 hours education per week whereas STCs and SCHs are required to provide 25 hours education plus 10 hours of ‘enrichment activities’. The requirement for children living in the community is 25 hours per week.

#### **Areas of concern:**

- Variation in the commissioning of education.
- Variation in the level, type and breadth of provision.
- Tendency for education to reinforce gender stereotypes.
- Lack of ambition and leadership and low aspirations on behalf of young people.

In many establishments we found the education reinforced a stereotypical and gender-specific approach – hairdressing and beauty for girls and motor mechanics for boys; and in others, there seemed to be a lack of ambition and leadership.

One teacher told us that there was little point in providing national curriculum work because the young people ‘*can’t concentrate for more than 15 minutes*’ and two young people told us they had been unable to do GCSE work while in custody although they had wanted to continue with courses they had been doing prior to custody.

It was clear that some units had worked hard to ensure that there was a culture of attendance in education where young people were not allowed to opt out.

In one unit for young people serving longer sentences, there appeared to be a repetition of the education curriculum, one young man told us he had done the same course in one subject each year of the three years he had been there.

#### **Good practice example – education provision, The Bluebird Unit**

The Bluebird Unit has a well equipped and staffed education unit. Notwithstanding the high risks presented by some residents, the unit has free standing equipment, pictures and children's work on the walls and appears much as any classroom in a mainstream secondary school. Each child is subject to an individual education plan, which includes a specific risk assessment and there are facilities for one to one work where necessary. Education follows the national curriculum and children and young people can take a range of qualifications both vocational and academic. The education staff take part in the daily house meetings and in weekly multi-agency meetings to discuss case management and identify any issues or concerns. In line with the ethos in the living units, education staff promote a model of positively and aspiration for all the young people.

## 5. Release and re-settlement

*“When I got back out I was doing the same things, making the same mistakes. It was only seeing a few of my friends die, get buried, and seeing other people who meant a lot to me get locked up that I really seen this can only go so far and it's got an expiry date.”*

*“When you leave prison, you don't feel safe, you feel scared because you are going back somewhere and you are not sure if you are going to be liked anymore.”*

### Boys in focus groups

The transition back into the community after a custodial sentence was universally identified as problematic, particularly in relation to ensuring ongoing support for mental health needs.

#### **Areas of concern:**

- There is generally a disconnect between services in establishments and the community with poor transition, planning and arrangements.
- Ongoing provision and support for mental health needs are unmet.
- Needs such as accommodation and education are unmet.
- Unmet needs in the community can result in reoffending.

Many staff and young people reported that basic needs such as suitable accommodation and education were not being met on release and that referrals to specialist services frequently could not be made until after the release date and were subject to waiting times which meant that immediate support was not available. This was a particular issue for those young people in transition to adult services from age 16 in some instances.

Some staff in YOTs told us that assessments done in the secure estate with recommendations for interventions on release were not always accepted by local health services, necessitating a new referral and subsequent wait for appointments.

Several front line staff and young people told us of their frustration that their views and assessments regarding support needed on release sometimes appeared, on occasions to be disregarded. We heard from a young man who had been recalled to the same unit he had served his original sentence in. At the end of the sentence

both he and his key worker had expressed the view that he would be vulnerable if he returned to live with his parent who had mental health problems. Nevertheless, no alternative was offered and he was returned home. As a result of his unsettled home circumstances this boy failed to keep appointments and attend sessions with the YOT as required by his Detention and Training Order (DTO). The consequence was that he breached his DTO and was returned to custody.

In all the establishments visited, staff commented on their inability to be involved in any follow up. At the most some individual staff were able to attend the eight-week community meeting for young people on DTOs. A number of young people talked to us about the relationships they built up with staff while in custody and also expressed regret that they were unable to keep in contact after release.

In general, both staff and young people felt that there was a disconnect between the services provided in establishments and those needed on release. While YOTs attended sentence reviews they were often unable to spend more substantial time with young people and the perception was that plans – particularly in relation to suitable accommodation and education – were often last minute and constrained by lack of appropriate resources.

#### **Good practice example – enhanced resettlement service and support, North West Re-Settlement Consortium**

- Formal consortium led by Directors of Children’s Services
- Formal protocols and ‘enhanced offers’

The North West consortium offers an enhanced resettlement service to young people who are being released from HMYOI Hindley following a DTO. (This service is not offered to young people serving longer sentences under Section 90/91 of the Powers of the Criminal Courts (Sentencing) Act 2000 or the extended or indeterminate sentence legislation.) The resettlement partners were identified by the Directors of Children’s Services from 10 local authorities and the consortium is currently working with youth offending teams in Wigan, Manchester and Rochdale.

The service aims to reduce offending and the risk factors associated with offending by offering an “enhanced” level of support to young people leaving custody. This includes arrangements regarding housing, employment and/or training being made while the youngster is still in custody in order to ensure a smooth and supported transition into the community.

The service has developed protocols with the participating YOTs and the enhanced offer includes:

- an agreement that each young person will have a consistent YOT worker throughout the community based period of their DTO sentence
- a detailed 'day of release plan' which includes the young person being collected from HMYOI Hindley
- a four-week pre release course in custody looking at accommodation, education, training, employment, finance, family relationships, reparation etc
- supported accommodation which can be accessed anytime during the DTO period – this is crucial as many young people go home from custody but this can breakdown fairly quickly
- YOT involvement in family work while the young person is in custody and continuing during the community based period of the DTO.

The pilot is being evaluated by IRIS – an independent research agency commissioned by the Home Office Research Directorate.

## Provision for children and young people in the community

*“I won't ask for the help because you're left waiting for the help too long and the problem's been and gone or you ask for the help and you don't get the right type of help you need.”*

### Boy in focus group

The Bradley review recommended that all YOTs should have a specialist mental health worker. Information provided by the YJB<sup>39</sup> indicates that although 155 of the 157 YOTs in England and Wales have a health worker, only 62 have either a specialist mental health worker who deals with CAMHS, or has direct access to a CAMHS service.

<sup>39</sup> Information provided to the Office of the Children's Commissioner for England, October 2010.

### **Areas of concern:**

- Not all YOTs have a specialist mental health worker.
- Variation in the way in which and by whom health services are commissioned.
- Difficulties referring young people to services other than those commissioned by the YOT.
- No direct access to speech and language therapists.
- Little focus on family work.

In a recent survey conducted by the Prison Reform Trust<sup>40</sup>, more than one in five YOTs who responded said they did not have a specialist mental health worker in post. Of the five YOTs visited for this report, excluding the Youth Liaison and Diversion pilot, two had seconded CAMHS workers in post, one had a specific linked CAMHS worker and one had a general health practitioner.

All of the YOTs visited had specialist substance misuse workers and the commitment to addressing this issue is confirmed in a Memorandum of Understanding between the YJB and the National Treatment Agency which is responsible for the development and monitoring of substance misuse services and seeks to influence policy both nationally and regionally.

We found variations in how and by whom health services were commissioned and in the quality of provision and practice. For example, one YOT manager told us that he preferred to commission and pay for specific mental health services as he felt those offered by local health services were insufficient to meet the needs of the young people known to the YOT.

One of the YOTs reported a particular reliance on the commitment and relationships of an individual in a specific post to get a good response from mainstream services. The manager discussed the problem of making referrals when the YOT health worker was absent and said: *"I dread R leaving."* This was a recurring theme in many of our visits – good services and/or liaison were often dependent on the passion and commitment of individual professionals rather than based on a coherent and agreed strategy or protocol, or a strong and regularly reviewed commissioning process.

A group of YOT managers told us that they felt that they were able to offer a better 'in-house' service to children and young people since the reforms of 1998 which introduced the multi-agency approach, but that this had not 'unlocked' access to parent agency resources as had been envisaged. As a result, YOTs had become, by

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<sup>40</sup> Presentation to the Office of the Children's Commissioner on 10 September 2010.



default, yet another 'silo' of provision. Indeed, some YOT managers felt that the perceived multi agency function of YOTs had made access to mainstream services more difficult as the YOT was seen as being able to meet all needs within its own structure and having more resources.

All the YOTs reported some problems in referring young people to services other than those provided or commissioned by the YOT. In relation to mainstream Child and Adolescent Mental Health Services (CAMHS), the YOTs told us that they experienced varying degrees of difficulty in three particular areas:

- The inflexibility of systems and seeming lack of understanding of the lives of children and young people in the youth justice system. For example, where appointments were not kept the referral was then closed without the individual being seen by a CAMHS worker and the referral process would then have to begin again.
- Problems with some CAMHS in accepting referrals of children and young people with disorders such as ADHD and conduct disorders, despite National Institute of for Health and Clinical Excellence (NICE) guidelines indicating that this should be included in the work of CAMHS. A number of people we spoke to felt this was more likely to be due to lack of resources than lack of willingness. For example, one YOT was identifying ADHD and making appropriate referrals but the service offered was only by way of medication with six monthly monitoring visits. The service did not offer any counselling, life style advice or support which could have helped young people and their families to manage the condition.
- Referrals of 16 and 17 year olds – CAMHS services in some areas are only open to this age group if the young person is still in further education or training. This is often not the norm among those known to YOTs and contravenes national guidelines which state that all CAMHS services should be available to the 18<sup>th</sup> birthday.<sup>41</sup>

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<sup>41</sup> Standard 9, National Standards Framework for children, young people and maternity services (2003) Department of Health.

### **Good practice example – community outreach mental health service, The MAC Project**

- Services offered in local community resources which young people use regularly.
- Involvement of young people.
- Develops trusting relationships and supports referrals into main stream services.

The MAC Project in Camden provides an ‘on the street’ service based on the engagement and involvement of young people. The service works with those who offend and/or are gang involved and is staffed by clinical psychologists and youth workers. The service uses the young people’s own activities and ‘territory’ operating in local community facilities – the gym, coffee shops etc, using things such as music and dance to engage young people, develop relationships and support them in accessing appropriate mainstream services. The project is also based on full involvement and participation. The board of trustees includes young people and also operates a programme of training for young people to deliver services to their peers. The project is being evaluated by Dr Chris Baker from University College London, using young people as researchers in ethnographic research. The project is currently exploring funding to track and evaluate the nature and quantity of re-offending by young people involved with the service.

None of the YOTs visited had direct access to speech and language therapy services – although one was in the process of bidding for funding for such access – and all reported problems such as long waiting lists. In a recent survey, the Prison Reform Trust reported that most YOTs do not use a screening tool or procedures which specifically assist in identifying speech and language difficulties.<sup>42</sup> This may be because there is currently no validated screening tool for those under 16 although the Communications Trust has developed an un-validated tool and the South Tees Forensic CAMHS team are involved in research to help develop a validated tool with support and training from the Regional CAMHS learning disability lead.

The parameters of the statutory work undertaken by YOTs, particularly for those children and young people at the ‘top end’ of the system, impacted on the consistency of work with young people, and in some instances the structure of a YOT also did not lend itself to consistency. One health worker told us of the frustrations of working with young people but then having to refer them on to another worker in a mainstream service when they came to the end of their sentence or statutory order, as the case would be closed by the YOT. In some YOTs, the functional divisions mean that young people may have different workers throughout

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<sup>42</sup> Presentation to the Office of the Children’s Commissioner on 10 September 2010

their period of contact – for example, they may have one worker who deals with any pre court disposals, another who prepares a court report if there are charges, another if they get a community penalty and a further one if they subsequently go to custody.

Although all the YOTs talked to us about family work, in all but one of the YOTs we visited this appeared to be separated from what they perceived as their mainstream work with young people, or linked to parenting order provision. The pressure of statutory work appeared to preclude working with families and the YOTs reported difficulties in accessing family support from their children’s services departments – child protection and younger children were perceived as the main priority for limited resources.

**Good practice example – working with families, family intervention project, Hackney Youth Offending Service**

- Therapeutic team available without onward referral.

Hackney Youth Offending Service have a family intervention service which supports the YOT and takes referrals for children and young people where a parent or sibling has a history of offending. Each team has a clinical manager and comprises qualified family therapists, social workers and youth workers; they are linked to and supported by the ‘Think Family’ strategy group. The teams undertake systemic work with whole families (even where all members are not living in the same household) and outcome measures are based on reduction in the risk of and actual offending behaviour. The work is subject to evaluation by the National Centre for Social Research.

**Good practice example – working with families, multi systemic therapy, The Brandon Centre**

- Running an evidence based programme
- Programme is properly commissioned and reviewed

The Brandon Centre ran the first controlled trial of Multi Systemic Therapy (MST) in the UK testing its effectiveness against normal youth offending service management in preventing reoffending among young people aged 12 to 16 on a Referral or Supervision Order. The trial was run in partnership with Camden and Haringey Youth Offending Services. MST interventions last for between three and five months and measures of offending, overall behaviour and family functioning are applied before and after the intervention.

### **Good practice example, continued**

In addition, the conviction and arrest records of each young person participating in the trial are followed up for three years post intervention. An evaluation of the findings from the study will be submitted for publication in 2011. Findings from parents' and young people's experiences of MST will also be submitted for publication at the same time. This qualitative study is the first of its kind and emerging findings show:

- There was a greater reduction in re-offending over time in the MST group when measured against the control group.
- MST appears to be particularly helpful for boys as those who had an intervention tended to re-offend less as the follow up period increased.
- There are significant changes in parenting and family functioning.

There is also evidence to show that MST interventions result in significant cost savings over time when compared to routine youth justice services.

The Brandon centre provides MST on a commissioned basis in Camden and Enfield, seeing 20 high risk families per year in Camden and 10 in Enfield. The cost is £9,500 per family for an intensive intervention lasting up to five months.

## 6 Focus groups: reflections of young people with experience of the youth justice system

*“Every time I was in there I had to fight. You have to fight to survive in there.”*

### Participant in a focus group

Findings from the visits to the secure estate, YOTs and other services were shared with four groups of young people who had experienced the youth justice system, including some who had been in custody. The purpose of these meetings was to gather the reflections, views and opinions of young people who had experienced the youth justice system and started the process of turning their lives around to face a more positive future.

### **Key observations:**

- Young people in the youth justice system tend to relate to key workers who they believe understand the realities of their lives or who have had similar experiences.
- Young people who turn around their lives highlight the importance of their relationship with an individual worker who encourages and mentors them.
- Young people highlight the importance of personal relationships in turning round their lives and the impact the breakdown in relationships can have.

We met with 25 young people aged between 14 and 22 who came from the North West, North East, South and South West regions of England.

The meetings were led by the Office of the Children’s Commissioner (OCC). The charity User Voice, which is run by ex-offenders and works to reduce reoffending, facilitated the attendance of some of the young people who take part. This was significant in that the young people we spoke to consistently said that the key workers who had made a positive impact on their lives were ones to whom they could relate and who could identify with their life experiences.

None of the young people we spoke to sought to blame others for their criminality. All saw themselves as responsible for the trouble they had caused and several stated explicitly that they were simply “bad” and had been born so and therefore there was nothing that anyone could have done to prevent their offending. However, almost all had experienced significant disruption and neglect in their lives including bereavement, episodes in care, living with domestic violence and being brought up by parents with drug, alcohol and mental health problems. Many related involvement with a plethora of services such as Connexions, children’s social work services,

YOTs, education (including pupil referral units) and housing, and some had been involved with mental health services.

Many of the young people told us that the evidence we had found in our visits resonated with their experiences and the consensus of opinion was that the little that had been done by the youth justice system had impacted on whether or not their behaviour changed in relation to both reoffending or getting their lives 'back on track'.

However, a number did report that their YOT worker had been significant in helping them to turn their lives around. We must therefore conclude that although the young people did not associate a "good" YOT worker with the wider service, the YOT had indeed had a positive impact on their lives.

Those who had reduced their offending or taken other steps such as getting employment or back into education were very clear that the thing which had made the difference for them had been the relationship with an individual worker. One young man described his YOT worker as being "*like my mum*" and several young people told us about YOT workers who gave support well over and above their statutory duties. Another young man told us about the relationship he had developed with the instructor in an outdoor activities scheme he had been referred to following his release from custody; he described the instructor as a good role model who had "*given me a real chance*" and had eventually helped him to gain employment with the same organisation. Key to the success of these relationships was individuals when the young people could relate to and a feeling that they understood their problems.

Young people who had been in custody were almost universal in their view that it had not really helped them, either with any personal problems or in desisting from offending on release. They talked about individual staff who had been good to them, but on the whole reported a feeling of mistrust of both staff and other inmates:

*"You have to remember that you're always on your own 'cos they'll all [staff and inmates] stitch you up if they need to."*

Many young people highlighted the importance of personal relationships – girlfriends, boyfriends, mothers, fathers, etc – in helping them get back and stay on track and also the impact that the breakdown of these relationships had on their lives. One young woman exemplified this:

*"There are certain people who are always going to put you down, always going to doubt you, always think you're not good enough to do anything but when you've always got that person who is going to be there for you, you don't really care, you know you'll get through and do what you have to do to survive."*

Some young people talked about their experiences in YOIs and in particular the low staffing levels. One young man told us of being allocated a personal officer but only seeing him once every two weeks because of shift patterns. Many of the young people commented on the length of time they were locked in cells and the lack of communication with staff:

*“It doesn’t matter how often you ring (the buzzer in cells) they only come if you’ve slit your wrists or something. If you ring too often they’ll make sure you get stitched up for it.”*

Poor educational experiences were a feature of the backgrounds of many of the young people. While some had been supported by individual teachers – *‘It was only because he fought my corner that I didn’t get permanently excluded’* – in general we heard a catalogue of responses that further excluded these young people from the mainstream:

*“School was difficult for me, I also struggled with reading, writing and spelling – my mum thought I had dyslexia but school said I was fine. I got to year 9 and had a dispute with the teacher and she was like you’re never going to get nowhere you just can’t be bothered, and I ended up getting excluded. Then I went to a pupil referral unit and I still didn’t get tested – they said it was money or something, I just got to college this September and they got me tested and I have got severe dyslexia but it’s too late now ‘cos I’ve failed my GCSEs.”*

Many of these young people confirmed our concerns about re-settlement on release from custody and told us about their struggles to find accommodation, support to re-enter education, employment or training and to re-establish links in their communities. One young man described the problems he had with accommodation:

*“When I came out they just put me in bed and breakfast. I wanted to be near to college but the place I was in was two bus rides away. They said they’d referred me to St Basil’s (local housing association) but they wouldn’t have me ‘cos I got a conviction for GBH. So I ended up not going to college – it was too far and too expensive.”*

## 7 Findings and recommendations

*“I like being told what to do, but you have to tell me in the right way. Some people tell you as a list. I want it as a conversation. Explain why I need to do it. But if you just tell me to do it, I’m going to rebel.”*

### Young person in a focus group

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.



- 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 youth offending team (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:
  - d. Royal College of Nursing [www.rcn.org.uk/development/learning/learningzone](http://www.rcn.org.uk/development/learning/learningzone)
  - e. CHIMAT [www.chimat.org.uk/camhs](http://www.chimat.org.uk/camhs)
  - f. Royal College of Psychiatrists  
[www.rcpsych.ac.uk/mentalhealthinformation/childrenandyoungpeople.aspx](http://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.

## 8 Conclusion

During 2010-11, the Office of the Children's Commissioner, led by Sue Berelowitz, the Deputy Children's Commissioner, visited 10 establishments on the secure estate and nine other services working in the community with children and young people at the 'heavy' end of the youth justice system. We sought the views and opinions of 74 children and young people and more than 90 professionals in the youth justice system – managers and front line and specialist staff. 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.

The commissioning of services which support good mental health and emotional wellbeing appears to be inconsistent, resulting in differential service provision and therefore unequal access to health services for 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.

The skills and expertise of front line care staff were also variable and we were particularly concerned about the minimal training provided for prison officers working with children. It is true that efforts have been made to place children and young people aged 16 and 17 with identified complex needs and vulnerabilities in the specialist provision in YOIs such as that in the Keppel Unit at HMYOI Wetherby and Willow Unit at HMYOI Hindley. Nevertheless, we saw many young people with very similar needs placed in 'run of the mill' units (which are in the majority) where the system and staffing levels do not enable their needs to be effectively addressed.

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.

# Appendix A

## Children's rights and entitlements under international conventions and domestic legislation and policy

Children's rights to support to promote their emotional well-being and mental health both generally and specifically for those in the youth justice system, are enshrined in a number of international conventions and within domestic legislation and policy.

### ***The United Nations Convention on the Rights of the Child (UNCRC)***

Several Articles in the UNCRC (Articles 3,19,23,34 and 36) deal with the right to protection from harm, emotional wellbeing and treatment for any health issues. Article 39 particularly confirms the right to measures that promote physical and psychological health and reintegration from any form of abuse, neglect or exploitation. Article 40, dealing with children who infringe state laws, contains a requirement to provide dispositions which are appropriate for a child's wellbeing and should include such things as counselling and care. And of course Article 37 which recognises that custody for children should only be used as a last resort.

### ***Other international conventions***

International conventions relating specifically to children in the youth justice system also affirm certain rights in relation to emotional wellbeing and mental health:

- *The United Nations Standard Minimum Rules for the administration of Juvenile Justice (the Beijing Rules)* – says that one of the main objectives of any juvenile justice system should be the promotion of the wellbeing of the child (Rule 5), and this focus on wellbeing is stressed throughout the rules. Children in detention awaiting trial should receive care and protection including psychological and medical treatment (Rule 13.5) **NB** this is of importance when considering what psychological treatment can be put in place before a finding of guilt. The commentary on Rule 26.2 (relating to institutional care for child offenders) says: '*medical and psychological assistance, in particular are extremely important for institutionalised drug addicts, violent and mentally ill young persons*'
- *United Nations Standard Minimum Rules for Non Custodial Measures (The Tokyo Rules)* – deal with the treatment of child offenders through the court process and when serving community based sentences. Again there is a focus on wellbeing and re integration and the rules include the provision of treatment for specific categories of offenders, including those with mental health issues.
- *United Nations Rules for the Protection of Juveniles deprived of their Liberty* – Rule 1 clearly states: *The juvenile justice system should uphold the rights and safety and promote the physical and mental wellbeing of juveniles*'. Rules

relating to the placement of children stress the need for establishments to be able to meet the specialised individual needs of children and they should be placed in: *the type of care best suited to the particular needs of the individuals concerned and the protection of their physical, mental and moral integrity and wellbeing*’. (Rule 28)

- Rules 49 – 55 deal with the right to medical care and treatment, including mental health.

### Domestic legislation and policy

In recent years the Government has recognised the need for support to families and children at risk of poor outcomes and a number of policies have been put in place to provide relevant services and support, both universally and for those children and young people at risk of or involved in criminal behaviour.

#### *Universal*

- Family Pathfinder initiatives and Family Intervention Projects are designed to bring together a range of services, including mental health services to support families at greatest risk of poor outcomes.
- Early intervention services such as family nurse services, parenting services, speech and language therapy (c.f. the recommendations contained in the Bercow Report)
- Child and Adolescent Mental Health Service (CAMHS) – while children and young people in the youth justice system are a small proportion of most communities, because of their high levels of need, those referred by youth justice agencies should be a priority group for these CAMHS. .
- ‘*Healthy Children, Safer Communities*’ sets out the Government’s strategy for better early intervention including pre natal and primary care; earlier identification and support for conduct disorders, learning disabilities and speech and language difficulties and specialist parenting programmes. The purpose of the strategy is to ensure that children at risk of becoming engaged in criminality are diverted and provided with appropriate support at a before they enter the formal youth justice system.

#### *Specific to children and young people in the youth justice system*

Within the youth justice system there are a number of policies and practices in place for recognising mental health issues for children who come to the attention of Youth Offending Teams (YOT) and for staff in the secure estate.

- Emotional and mental health section within ASSET – this guidance gives a trigger point which leads to a further two stage assessment, the Screening Questionnaire Interview for Adolescents (SQifa) and a more detailed



Screening Interview for Adolescents (Sifa). YOT workers are encouraged to develop links with any local Tier 2 to 4 mental health services and to be aware of specialist nationwide services such as the adolescent residential mental health units in England. However the ASSET assessment does not have a section on identifying and recording communication problems.

- The YJB has produced a Key Element of Effective Practice in mental health for use by professionals in the youth justice system.
- The Juvenile Awareness Staff Programme (JASP) – this 7 day training programme for Prison Officers working in Young Offender Institutions (YOI) includes 0.5 day on mental health.
- The Children Act 2004 gave an explicit duty to custody providers (YOI Governors and Secure Training Centre Managers) to safeguard and promote the welfare of children.
- In 2008 extra funding was made available to provide specific mental health awareness training (over a three year period) for prison service staff. However this is for the whole of the prison service and is not specific for those working in YOIs.
- The single community sentence now available to courts, the Youth Rehabilitation Order, can be made with a Mental Health Treatment Requirement. It should be noted that this is not a new measure; previously such a requirement could be made as part of a Supervision Order. The YJB does not publish figures for the numbers of such orders made, and whether YOTs are able to recommend such a requirement will be dependent on treatment being available. Research by the Centre for Mental Health showed that this provision for adults was used in only 1% of cases where there was a severe mental health problem. Anecdotally, it would appear that few such requirements were made on children and there is no evidence to indicate that this will change under the new legislation.
- Part 3, Section 34 of the Offender Management Act 2007, enables children serving a Detention and Training Order (DTO) to serve their sentence in establishments other than those in the current Secure Estate configuration, including specialist mental health provision. To date this measure has not been implemented.
- Funding has been provided in 69 areas to place a YOT ‘triage’ worker in police stations. The aim of this service is to assist the police in making earlier and rapid assessments and to access support services appropriate to the needs of individual children. Potentially this could include an initial assessment of mental health needs.
- Six Youth Liaison and Diversion pilots have been funded by the Department of Health supported by YJB, Department of Education, Department of Health, Ministry of Justice and the Centre for Mental Health. The aim of these pilots is to identify, at point of arrest, children and young people with multiple needs including mental health issues, learning disabilities, safeguarding issues or

drug and alcohol needs. Where required, fuller assessments are completed and young people and their families will either receive direct interventions or will be supported into community based packages of specialist or targeted support. These pilots are being evaluated by the University of Liverpool.

- There are currently six residential units with 105 NHS places for children although we know that these are insufficient and children and young people are placed in adult facilities. It should be noted that the Mental Health Act 2007 requires that if a child has to be placed in other than a children's ward or unit, the unit must have in place facilities/regime ('an environment) suitable for children and adolescents with a severe mental health issues. Policy does allow for children sentenced to custody to be transferred from either court or a custodial institution into one of these units under the '*Procedure for the transfer of prisoners to and from Hospital under Sections 47 and 48 of the Mental Health Act 1983*'. This contains a specific section on young people and states that a child with an acute need for a mental health secure bed should be moved within 7 days. A child or young person can only be placed in such a unit if their mental health is such that they are detainable under Mental Health legislation.
- Sections 2 and 3 of the Mental Health Act also make provision to support young people with poor mental health into local inpatient resources. While this provision has been used in one of the pilot YOTs there is little information available as to whether it happens regularly. Anecdotally, it tends not to be easy to secure beds in a standard inpatient setting for children and adolescents if the young person is an offender or has behavioural difficulties.<sup>43</sup>

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<sup>43</sup> [http://www.rethink.org/living\\_with\\_mental\\_illness/rights\\_and\\_laws/laws\\_you\\_need\\_to\\_know\\_about/mental\\_health\\_act/sections\\_2\\_3\\_of\\_th.html](http://www.rethink.org/living_with_mental_illness/rights_and_laws/laws_you_need_to_know_about/mental_health_act/sections_2_3_of_th.html) [accessed 9 June 2011]

## Appendix B

### Recommendations from the Bradley Review relevant to children and young people

- The Government should undertake a review to examine the potential for earlier intervention and diversion for children and young people with mental health problems or learning disabilities who have offended or are at risk of offending.
- Staff in schools and primary health care, including GPs, should have mental health and learning disability awareness training in order to identify individuals (children and young people in particular) needing help and refer them to specialist services.
- The membership of all YOTs should include a suitably qualified mental health worker who is responsible for making appropriate referrals to services.
- There should be a review of appropriate adults in police stations with the aim of improving the consistency, availability and expertise of this role.
- Appropriate adults should receive training to ensure the most effective support for individuals with mental health problems or learning disabilities.
- Information of an individual's mental health problem or learning disability should be obtained prior to an Anti Social Behaviour or Penalty Notice for Disorder being issued, or for the Pre Sentence Report if these penalties are breached.
- The Crown Prosecution Service should review the use of conditional cautions for those individuals with mental health problems and learning disabilities and issue guidance to the relevant agencies.

## Appendix C

### Experts group

The Office of the Children’s Commissioner is immensely grateful for all the expertise, help and support from the following people who constituted the expert group for this work.

Lorraine Khan	Centre for Mental Health
Enver Solomon	Barnardo’s (now at The Children’s Society)
Dr Di Hart	National Children’s Bureau (NCB)
Sarah Brennan	YoungMinds
Jenny Talbot	Prison Reform Trust
Professor Barry Goldson	University of Liverpool
Jane McKenzie	Royal College of Speech and Language Therapists
Dr Rosalyn Proops	Royal College of Paediatrics and Child Health
Professor Sue Bailey	Royal College of Psychiatrists
Dawn Rees	National CAMHS Support Service
Paul Tarbuck	HMIP
Tim McDougall	NHS North West
Carlene Firmin	ROTA (now at Barnardo’s)
Geoff Monaghan	NACRO (now at CRAE)

## Appendix D

### Services visited

The Bluebird Unit – NHS Secure Adolescent in patient facility

Hackney Youth Offending Team

Worcestershire and Herefordshire Youth Offending Team

South Tees Youth Offending Team

Wessex Youth Offending Team

HMYOI Wetherby

HMYOI Hindley

HMYOI Feltham

HMYOI Warren Hill

HMYOI Eastwood Park (young women)

Rainsbrook STC

Hassockfields STC

Red Bank Secure Children's Home

Lincolnshire Secure Children's Home

Swanwick Lodge Secure Children's Home

The Brandon Centre

The MAC Project

Taith Project

North West Re-settlement Project

## Glossary of terms

ADHD	Attention deficit hyperactivity disorder
ASSET	Assessment tool used by YOTs
ASD	Autism spectrum disorder
CAMHS	Child and adolescent mental health services
DTO	Detention and Training Order – a sentence available to Magistrates in the Youth Court, a minimum of four months and maximum of two years of which is served in custody and half under supervision in the community
EBD	Emotional and behavioural difficulties
HMYOI	Her Majesty’s Young Offender Institution – operated by the Prison service and providing accommodation for young people aged 16 and 17
HMP	Her Majesty’s Prisons
IRIS	An independent research agency commissioned by the Home Office Research Directorate
LASCH	Local authority secure children’s home
MST	Multi Systemic Therapy
NICE	National Institute for Clinical Excellence
NOMS	National Offender Management Service
OCC	Office of the Children’s Commissioner
RAP service	Resettlement and Aftercare Provision
RMN	Registered mental nurse
SCH	Secure children’s home
STC	Secure training centre
SQifA	Screening Questionnaire Interview for Adolescent
Sifa	Screening Interview for Adolescents
UNCRC	United Nations Convention on the Rights of the Child
YJB	Youth Justice Board for England and Wales

YOI	Young Offender Institution
YOT	Youth Offending Team (sometimes YOS –Youth Offending Service)
YOS	Youth Offending Service (sometimes YOT –Youth Offending Team)



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