Shaping Bradley for children and young people

Lorraine Khan: Sainsbury Centre Mental Health/Department of Health
What Lord Bradley said in his report about children:

- Recommended a second report
  - Children and young people are different
  - The context is complex and different

There are some key differences that set the population of children and young people apart, ...this is clearly a complex area that I am not able to do full justice to within the confines of this review. I therefore recommend to the Government that this vital area requires dedicated scrutiny in a separately commissioned piece of work.

- Urged commissioners to consider young people when introducing CJLDs
What Lord Bradley said...

- Urged commissioners to consider young people when introducing CJLDs
- Stressed the importance of early intervention
- Stressed the importance of the Yot Health practitioner role
No second report: the risks

- Inappropriate adult models risk being imposed on young people = costly to unpick later

OR

- Children and young people’s needs being ignored.

- Insufficient informed strategic thrust and government-led authority for CYP developments
Young people are different to adults

- More likely to have less severe and clear cut mental health difficulties
- More likely to have clusters of difficulties which all fail to meet criteria for specialist support
- There is an enhanced duty to safeguard young people’s well being
Why the need to take action?

- Poor mental health among young people who offend
  - 3 times more likely to have a mental health diagnosis (Hagell 2002)
  - 16-20 year olds: 84% diagnosed with a personality disorder in custody (Lader 2000)
  - 8/10 have more than 1 mental health difficulty
  - Custody: neurotic disorders have been identified in aprox 40% of young males and 70% of females under the age of 18 (Lader 2000)
  - Higher levels of bereavement and trauma
  - Higher levels of ADHD
What we know about young people in the YJS

- 1 in 5 have learning disabilities (Harrington and Bailey 2005) and 3/4s have speech and communication problems (Bryan et al 2007)

- 2 out of 5 young females and 1 out of 4 boys in custody report violence at home (PRT 2008)

- 3/4s in custody have lived with someone other than a parent; 40% had been homeless (YJB 2007)

- 84% of 12-18 year olds in custody had ‘problematic’ drug use; 64%: signs of concurrent mental health difficulties. (Galahad SMS 2007: publication pending)

- 45% in custody have been permanently excluded from school (Bromley Briefing 2008)

- 1 in 3 girls and 1 in 20 boys disclosed sexual abuse. 1 in 10 young women had been paid for sex.
Why are children’s needs different?

Diversion for CYP: more of focus needed on

- Early and non stigmatising detection
- Identifying risk factors and bolstering protective factors
- Prevention
- Different strategic landscape and drivers
Different starting point for diversion

- The strongest evidence base for effective diversion of children young people from offending is *very early* intervention.

- Very early intervention is the starting point (not criminal justice liaison and diversion)
Very early intervention

- Early recognition of families and children needing support
- Non stigmatising and assertive outreach: parenting approach
- Up to 150k per case would be saved from intervening early with children meeting criteria of early onset ‘conduct disorder’ Friedli, L. & Parsonage, M. 2007.
Effective support in schools

- Effective non stigmatising screening for early difficulties (LD/SLCN/Emotional difficulties)

- Promotion of emotional well being and mental health in schools

- Access to timely support where challenges to potential emerge
Early intervention: Intervene early (the earlier the better)

BUT

Early intervention takes time to reap benefits

How do we manage the ‘here and now’?

Is there scope for better identification and ‘diversion’ at the point of entry into the YJS?
Youth Justice diversion and liaison (YJLD): what should it look like?

- YJLD is a backstop to catch young people who have slipped through the net.
- YJLD sits on the interface between comprehensive CAMHS and specialist CAMHS.
- YJLD focuses on prevention.
- YJLD focuses holistically on the child and young person.
- YJLD needs to focus on the systems around the child and YP.
Youth Justice liaison and diversion focuses on:

- Early signs of mental health
- Speech language and communication needs
- Risk factors for poor mental health (e.g. academic failure)
- Preventing escalation of difficulties
- Learning disabilities
- Safeguarding
- As well as more severe mental health difficulties
Six pilot sites

- Site locations
  - Halton and Warrington,
  - Peterborough,
  - Lewisham,
  - Kensington and Chelsea,
  - South Tees
  - Wolverhampton

- Start up from December 2008

- Multi agency steering group

- 2 Year academic evaluation: comparison groups
How the model works

**Screening worker backed up by rapid response specialist worker**

- Attend police custody suite/court regularly

- Screen as many YP pre charge or post charge (some bailed pre charge for further assessment via home visit)

- Refer for full MH assessment where necessary by rapid response worker

- Liaise with CPS/bail support workers/YOT/CAMHS/sentencers/solicitors

- Advise the court re need for further assessment/packages of care

- Support young people into ‘wraparound’ local comprehensive CAMHS and other services

- Troubleshoot engagement problems/Hold on to cases during waiting periods.
Case example

James
- Rolling out in a pre Bradley world: swimming against the tide

- **The challenge of silo busting:** mushrooming services but difficult to pull all the silos into a useful comprehensive map of interagency care pathways

- **Logistics:** getting access to young people at the point of arrest without all stakeholders being on board

- **The challenge of spanning boundaries:** language, culture, tools, information

- **Young people's difficulties are hidden in the system:** they can be misread
  - assessing capacity at point of entry is crucial
Early achievements

- Catching cases earlier
- Catching revolving door cases
- Workers are a bridge preventing disengagement
- Complex needs panels = important role
- Halting the ‘all or nothing’ approach to dealing with mental health: supporting into CAMHS but also into primary mental health care/family interventions/speech and language support/comprehensive CAMHS/voluntary sector
- Training: highlighting what police and others need to know.
Conclusions

- Without a second report, there is a risk that C and YP issues will be further overlooked, confused and lack authority.

- Shaping the here and now: need a sub National Advisory Group to look at CYP diversion issues and to feed into regions.

- Need to pull together what we already know and shape commissioning.

- Need to involve young people and families in problem effective delivery models.