

Transition to Adulthood

Working with young adults with multiple needs

A commissioning guide



www.revolving-doors.org.uk

TOWARDS A SHARED FUTURE

Acknowledgements

We would like to thank the young adults and practitioners who contributed their insights, time and energy to this project.

We would like to thank the projects that we visited. (See Appendix A for a full list of projects visited). We are very grateful to them for hosting us and for opening their services up to observation and discussion.

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About Revolving Doors Agency

Revolving Doors Agency is an independent voluntary sector organisation whose vision is:

'To end the revolving door of crisis and crime, when anyone facing multiple problems and poor mental health is supported to reach their potential, and there are fewer victims of crime and safer communities.'

Strategically this is achieved by a four-pronged approach:

- winning political commitment**
- involving people with direct experience**
- improving frontline services**
- supporting local leadership.**

Involving service users and valuing their experience and contributions is at the core of all our work. Their experiences and contributions are an important way to inform future policy and practice developments. Through this project we set out to make young adults with multiple needs the central focus in order to harness, document and disseminate what they feel should constitute good practice in service delivery.

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Executive summary

What is this document about and who is it aimed at?

This document is a guide for commissioners, service providers and other local leaders who can help improve the life chances of young people with multiple needs through better commissioning. It is targeted at those working in a wide range of sectors including health, criminal justice, local government and the voluntary sector.

Young adults with multiple needs are 16-24 year olds who experience a number of vulnerabilities such as mental health problems, drug and/or alcohol misuse, homelessness, lack of legitimate income, contact with the criminal justice system and legal problems. Often these may also be accompanied by experiences of early adversity such as abuse or neglect and many have spent time in care. When these needs remain unmet, the interrelation between them often results in a cycle of crisis and crime.

This document outlines the distinct challenges faced by these young people and the high personal and financial costs that result. It describes the current commissioning landscape and explores three approaches to improving commissioning of services for this group. It aims to provide guidance in a demanding and complex field.

Produced in a time of financial austerity, this guide emphasises that improving support does not necessarily mean spending more money or commissioning new services. It argues that identifying and building on what works already, enabling existing services to work together better, improving access, sharing resources and developing a shared understanding can contribute to long-term improvements for this group.

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Why focus on young adults with multiple needs?

Young adults who experience a multiplicity of problems may be in contact with a wide range of services such as mental health, substance misuse, homelessness and criminal justice agencies. They are often expected to maintain engagement with all these simultaneously. On reaching adulthood they are faced with transitions from children's or adolescent services to the adult equivalent. For those involved in the criminal justice system, this period may see numerous transitions into and out of custody.

Frequently lacking support from family, friends and communities that most young people take for granted, young adults with multiple needs often make these transitions unsupported. This lack of support compounds their vulnerability. It also often leads to them 'falling through the gaps in services' and contributes to an increased likelihood of repeat contact with the criminal justice system.

The costs of this spiral into crime are felt across a range of community and criminal justice agencies. Many of the solutions to it lie outside the criminal justice system, for example in education and learning, primary health care or supported housing.

The right support in this crucial stage of a person's life can determine whether their pathway to adulthood is successful.

This guide explores three specific gaps between services into which young adults with multiple needs fall.

Commissioning across age transitions

Firstly, as multiple problems require contact with numerous services, young people with multiple needs reaching adulthood frequently have to make multiple transitions from children's to adult services. This often means changes in support staff, approach and organisational culture. The age at which young people move from juvenile to adult services is variable across different settings which can increase the risk of a breakdown in support.

Commissioning across needs

Young people who experience multiple problems are often in contact with a range of services targeting different areas of need. These services may consider a range of needs but without effective integration this can result in considerable duplication in some areas, with other areas remaining unaddressed.

In order to effectively address a multiplicity of need, a holistic and integrated approach is crucial. Agencies should work together to plan, commission and deliver these approaches. Mechanisms such as Joint Strategic Needs Assessments and Crime and Disorder Reduction Partnerships place a duty on many agencies to cooperate in this way, but there is still a long way to go in truly joining up commissioning.

In helping to address multiple needs effectively, strong multi-agency commissioning can create considerable savings to public budgets. Improving outcomes in one area is likely to improve outcomes in another. Joint working can enable statutory bodies to identify shared priorities and meet key targets.

Commissioning across criminal justice settings

Young adult crime costs the taxpayer between £16.8 and 20 billion per year. While some progress has been made in recent years to reduce the level of young adults' re-offending after release from custody, this remains high and the costs are incurred centrally and locally and across a range of budgets. It is increasingly recognised that the solutions to this lie outside the criminal justice system.

Given the well-documented health inequalities faced by offenders, jointly commissioned services which bridge the gap between criminal justice and health and social care agencies have the potential to improve outcomes for individuals both in and outside the criminal justice system.

Initiatives such as Integrated Offender Management suggest ways of working across criminal justice settings that can help to increase continuity of support and begin to address underlying causes of offending.

What are we asking commissioners to do?

Services for young adults with multiple needs may take a range of forms; from specific transitional provision; to the redesign or expansion of existing services to accommodate young adults in transition. Which of these is most appropriate in each area will depend on local needs and resources.

The aim of this guide is not primarily to make the case for new services for young adults with multiple needs, although that may be the most effective response in some areas. Rather it is to demonstrate to commissioners why and how they need to work together to improve and join up existing provision.

1. Consider a wide range of needs

A first step in any commissioning cycle is to profile the people for whom services are being commissioned (or redesigned). When considering young adults with multiple needs, as broad a range of needs as possible should be considered, and commissioners should work with a corresponding wide range of services to identify them. This should include both children's and adult services, and those working in a range of areas including health, social care, education and learning, criminal justice, and housing.

Commissioners should consider both the 'famous faces' who are well known to many services, and those who are not in significant contact with any service. For young people whose needs have not been identified, the only significant contact may be with the criminal justice system.

The needs of a diverse range of young people should be recognised and understood, including groups that may be particularly vulnerable including care leavers, young adult women and young adults from black and minority ethnic backgrounds.

2. Identify shared priorities and targets

Through working together, to identify and understand young adults with multiple needs, commissioners will find common ground in terms of targets and priorities. Working towards shared targets is likely to be of benefit to all, with improvements in one area influencing improvements elsewhere.

Shared targets are essential in maintaining commitment to joint working. Considerations of young adults with multiple needs should be embedded in local plans.

3. Share resources

In identifying the challenges faced by young adults with multiple needs, and their patterns of service use, commissioners will be able to identify where duplication is taking place, and hence where budgets could be aligned. Funds from multiple sources can be joined together effectively to work towards shared priorities and targets. Evidence around cost savings to local and national budgets can be useful here in backing up decisions to pool or align budgets.

4. Involve service users and providers

Many statutory bodies have a duty to involve service users in the planning and design of services. This is essential in ensuring services are genuinely focused and effective for young people.

Providers can also provide invaluable input as their experience of working with young adults informs them of real challenges on the ground.

5. Recognise the importance of lead professionals

The lives of young adults with multiple needs are typically characterised by inconsistency, multiple transitions and contact with many professionals.

A lead professional acts as a single point of contact with a range of services and takes a lead in coordinating provision of support.

Lead professionals can have a key role in providing support to people with multiple needs. They can provide a consistent point of contact, facilitate person-centred planning and provide essential continuity for this vulnerable group of young people.

6. Consider some key features of effective services for young adults with multiple needs

- Easy to access
- Age appropriate
- Outcomes focused
- Flexible but provide continuity
- Planning of support well in advance of reaching the point of transition

Good practice in providing services for young adults with multiple needs is explored in more detail in *Aiming Higher*, the good practice guide which accompanies this document. This is available for download from www.revolving-doors.org.uk.

Conclusion

Young adults with multiple needs are a distinct group facing particular challenges. Despite being in contact with a range of services, they often 'fall through the gaps' between them and lack comprehensive support.

The 'silo' nature of public funding accompanied by separate accountability for each pot of money reinforces gaps between services and makes it challenging for commissioners to work across sectors.

However, in recognising the distinct needs of young people who are making the transition to adulthood with multiple needs, we hope commissioners will see the importance of working together to commission across service boundaries. This has the potential to transform the lives of young people, improve communities and make significant savings to the public purse.

Introduction

This document outlines the challenges faced by young adults with multiple needs and explores three approaches to improving commissioning services for them. It provides guidance in a demanding and complex field. It is aimed at commissioners, existing service providers and future providers who could work collaboratively to improve services and the life outcomes of this group.

Transition to Adulthood (T2A) Alliance

This work forms part of a wider portfolio of projects funded by Barrow Cadbury Trust called the Transition to Adulthood (T2A) Alliance. This is a broad coalition of organisations and individuals working to improve the opportunities and life chances of young people in their transition to adulthood who are at risk of committing crime and falling into the criminal justice system. The T2A Alliance aims to raise awareness of the problems this group face and to secure policy change and improve their lives.

In 2009 the T2A Alliance published a Manifesto for change – setting out 10 key recommendations for improving the lives of young adults with multiple needs. More information on the work of the T2A Alliance can be obtained at www.t2a.org.uk/alliance.

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Revolving Doors Agency's T2A project

As part of the Transition to Adulthood Alliance, Revolving Doors was commissioned to explore how services for young adults could be improved, in terms of both current good practice and future commissioning.

The project was based around a series of visits to services working with 16 to 24 year olds, undertaken by a group of young adults with multiple needs and practitioners. During the visits participants discussed their observations and provided feedback on what they perceived as good practice. We were also able to discuss funding mechanisms with service providers and to gather information regarding how services are currently purchased or commissioned and current or potential policy levers and obstacles.

In total we visited fifteen projects. These offered a range of services, some with a practical focus, some providing therapeutic input and others focusing on information and advice. Some were statutory services for example run by Probation. Others were run by voluntary organisations. A full list of services visited is provided in Appendix A.

In addition to the visits we also considered other examples of projects that are specifically commissioned for this age group and interviewed several key stakeholders to gather insights into their commissioning journey.¹

¹ Thanks to representatives of Addaction, Depaul Trust, The Wirral Early Intervention in Psychosis Team and YSS for taking the time to be interviewed.

The work of the project was guided by a steering group comprised of professionals involved in policy and practice relating to services for young adults (see Appendix B). This document complements the Transition to Adulthood Good Practice Guide, the sister report from this project. Together the two reports aim to support and guide organisations and individuals to establish or improve services for young adults.

Current political and financial climate

It is important to acknowledge at this early stage that this guide has been produced during a time of political change and great fiscal pressure. A new Coalition government has been formed during the writing of this document and it is as yet unclear how manifestos will be implemented. The new government is grappling with the effects of a financial crisis and extensive cuts to public services are imminent.

In light of this we focus largely on policy drivers which are likely to remain relevant, and emphasise throughout the cost savings that can result from improving commissioning for this group.

Current funding restrictions mean it is particularly important to emphasise that improving support does not necessarily mean commissioning new services. This guide explains how identifying and building on what works already, enabling existing services to work together better, improving access, sharing resources and developing a shared understanding can contribute to long-term improvements in provision for this group.

The case for improving the service landscape for young adults with multiple needs is strong regardless of the political make up of the government. And the current financial climate only makes the case stronger.

WHO ARE WE
TALKING ABOUT?

Young adults with multiple needs

Young adults with multiple needs are 16-24 year olds who experience a number of the following: mental health problems, drug and/or alcohol use, homelessness, lack of legitimate income, contact with the criminal justice system, family breakdown and legal problems. These experiences may also be accompanied by experiences of early adversity such as abuse or neglect as a child. When these needs remain unmet, the interrelation between them often results in a cycle of crisis and crime.

Why do they matter?

1. They are a distinct group facing unique challenges
2. They need support in transition
3. Disadvantaged young adults lacking this support are likely to get involved in the criminal justice system
4. Once involved in the criminal justice system young adults are likely to remain in contact with it
5. This costs everyone money
6. The solutions lie outside the criminal justice system
7. There is a clear need for joint working

'There are relatively few examples of public services that address the needs of 16- to 25-year-olds in the round or ensure an effective transition from youth services to adult services'. [This is despite the fact that] 'young people aged between 16 and 25 suffer disproportionately from many different types of disadvantage'.

(Social Exclusion Unit, 2005)

A case study

'I've been in care since I was five. I got sexually abused from two to five by my mom's brother ... I was in children's homes from five to seven. I then went with the same foster parents from seven to 16. When I was 16 I found out that my uncle who abused me sexually and physically, he only got 6 months which did my head in. I lost my foster parents 'cos I started staying out and mixing with the wrong gangs. I started taking drugs, been taking crack and heroin since. I've been on the streets for 9 years on and off. ... I've been in [prison] 19 times ... Only for 3 months here, 2 months there, I got about 100 convictions ... I'm sleeping on the street now in a multi storey car park.'

(Revolving Doors Agency, 2009b)

I. They are a distinct group facing unique challenges

'Young Adults ... should be recognised as distinct from the adult population on account of their developmental stage and because of the economic, social and structural factors that specifically impact upon them.'

(Barrow Cadbury Trust, 2009)

The transition from adolescence to adulthood presents a series of challenges for all young people. For most, it is also an exciting time of broadening horizons and growing opportunity. However for those facing multiple problems, it can be particularly difficult, as they must negotiate numerous transitions between children's, youth and adult services. Mental health, substance use, homelessness and not least criminal justice services all present sudden cliff edges to young adults in transition, where support structures change or are withdrawn. For those leaving care this period is particularly challenging.

Anyone using any of these services may be described as vulnerable. Young adults with multiple needs however frequently require support from several or all of them. Many are known to numerous services. Despite their needs, others are not in contact with any.

Problems leading to the use of these services are interlinked and exacerbate one another.

- 'Young adults in vulnerable groups (i.e. truants; those excluded from school; care leavers; homeless people; offenders) are considerably more likely to misuse drugs than other young adults.' (Devitt et al, 2009)
- Mental health problems, drug and alcohol abuse are common amongst young people in prison. They are more likely than adults to suffer from mental health problems and are more likely to commit or attempt suicide than both younger and older prisoners (Singleton et al, 2000).
- 53% of young adults aged 17-24 were not in employment or education at the time of their arrest (Devitt et al, 2009).

Young adults with multiple needs are therefore a distinct group facing unique challenges, and require distinctive responses.



2. They need support in transition

Most young adults making the transition to adulthood are supported both emotionally and financially by family, friends and the wider community. Young adults with multiple needs however have little or no support, and are particularly vulnerable.

- The average age for a young adult to leave home is around 22 years old. For young people in care it is around 16 years old. (Devitt et al, 2009)
- Many young people return to the family home several times after leaving. Young adults with multiple needs often do not benefit from this safety net.
- 43,075 young people (aged 16–24) were accepted as statutorily homeless in the UK and at least 31,000 non-statutorily homeless young people used Supporting People services during 2006–07. (Quilgars et al, 2008)
- Homelessness can compound existing mental health and/or drug misuse problems amongst young people. There is a strong association between homelessness and withdrawing from education, employment or training. (Quilgars et al, 2008)

Care leavers

Young people leaving care face particularly challenging transitions.

- They are likely to have poor educational outcomes. In 2005, 11% of children in care gained 5 good GCSEs, compared to 56% of all children. (SEU, 2005)
- In 2004, 30% of care leavers at age 19 were not in education, employment or training compared to 13% of all young people. (SEU, 2005)
- 27% of the prison population was taken into care as a child compared with 2% of the general population. (SEU, 2002)
- 71% of children have been involved with, or in the care of social services before entering custody. (Prison Reform Trust 2009)

Risk of suicide

Young adults with multiple needs merit particular attention when considering the risk of suicide. Young men, prisoners and people who have recently been in contact with mental health services are all priority groups identified in the National Suicide Prevention Strategy for England (Department of Health, 2002). Young men are in a particularly high risk group for suicide and are over three times more likely to commit suicide than girls of the same age (Young Minds website).

A study of suicides by under 25 year olds conducted by the University of Oxford Centre for Suicide Research describes a group very similar to the one we are discussing. The report found that young people who commit suicide are likely to come from lower social classes, be unemployed, have self-harmed in the past, experience psychiatric disorders (most commonly depressive disorders) but not be receiving treatment and have a problem with drug or alcohol misuse. Relationship and legal difficulties are also common.

'The process leading to suicide in young people is often long term, with untreated depression in the context of personality and /or relationship difficulties being a common picture at the time of death. The prevention of suicide in the young clearly needs multiple strategies.'

(University of Oxford Centre for Suicide Research, 2010) website)

Young women

The particular vulnerabilities of women in the criminal justice system were brought to the public's attention by Baroness Corston's 2007 report. It outlined the disadvantages experienced by women offenders, the lack of support available and the damaging effects of this. It made the case for a new approach to women's offending. A recent Cabinet Office study cited young women under 30 as most likely to have complex and multiple needs of any female age group. (Transition to Adulthood Alliance, 2009b)

- Girls tend to start offending later than boys. They also desist sooner and tend to experience a shorter time scale between caution and custody.
- Mental health problems are far more prevalent amongst women in custody than amongst men in custody, or the general population.
- There are far fewer women's prisons than men's, meaning women are often held far from home. This makes it hard to maintain contact with children, families and support services.
- Many young women entering the criminal justice system have young children.
- More young women than young men in custody have no qualifications at all. (YWCA, 2009)

Young black and minority ethnic adults

Young people from black and minority ethnic backgrounds are particularly disadvantaged in the criminal justice system.

- Young black people are significantly over-represented in the system despite no evidence that they commit more crime. (Transition to Adulthood Alliance, 2009b)
- In 2008, 27% of young offenders aged 15–29 in prison were from a black or minority ethnic (BME) background – this represents a 10% increase over the last decade. (Transition to Adulthood Alliance, 2009b)
- Young black men are 3 times more likely to be excluded from schools than their white counterparts and 5 times less likely to be seen as gifted. (Clinks, 2008)
- Young black Londoners constitute 15% of the under 18 population but they represent 37% of those stopped and searched, 49% of remand decisions and 43% of custodial decisions. (Clinks, 2008)

3. Disadvantaged young adults lacking this support are likely to get involved in the criminal justice system

Lack of support clearly increases vulnerability and contributes to the increased likelihood of disadvantaged young adults getting involved in the criminal justice system, as illustrated by the following figures from Devitt et al. (2009)

- Young people who are not in education or employment are twenty times more likely to commit a crime.
- Young adults who take drugs are considerably more likely to become an offender.
- Two fifths (42%) of first time offenders are young adults (Social ExclusionUnit, 2002).

4. Once involved in the criminal justice system young adults are likely to remain in contact with it

Reconviction rates are particularly high for young people.

- In 2004 nearly three quarters of young men released from prison were reconvicted within two years of release (Home Office, 2007).
- For young adult offenders aged 18-20 the average length of prison sentence in 2007 was 11.6 months. (Devitt et al, 2009). This is below the 12 month threshold for Offender Management support on release.
- Recent Ministry of Justice figures show reconviction rates are considerably higher amongst those serving custodial sentences of less than 12 months than amongst those serving longer or community sentences. MoJ (2009a).
- The Prison Inspectorate Annual Report 2005-6 states that under half young adults in prison know where to get help to find accommodation, drug treatment or continuing education when they leave custody (HM Chief Inspector of Prisons for England and Wales 2007)

5. This costs everyone money

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- Young adult crime costs the taxpayer between £16.8 and 20 billion per year (Transition to Adulthood Alliance, 2009a).
- It costs £50,000 per year to put a young adult offender in prison (Transition to Adulthood Alliance, 2009a).
- Re-offending amongst young adults after release from custody is particularly high, suggesting prison spending provides poor value for money. The cost of re-offending is felt centrally and locally and across a range of budgets.
- Revolving Doors Agency is developing a cost-benefit tool with the Department of Health. Early findings show substantial savings across multiple departmental budgets from effective diversion of people with multiple needs.

'Half of spending on offenders is carried out by departments and agencies other than the Ministry of Justice, such as ... Primary Care Trusts (PCTs) for healthcare provision and local authorities for housing support. Many of these services are poorly aligned so they do not meet the wider needs of offenders and are not delivered in a way which reduces the cost of re-offending. Services need to focus on dealing with individual offenders in a holistic way.'
(CBI 2009)

6. The solutions lie outside the criminal justice system

'... a large proportion of the resources necessary to tackle conditions known to contribute to criminality—such as social exclusion, low educational engagement and attainment, drug, alcohol and mental health problems, unemployment and lack of housing—are outside the criminal justice system.'

(House of Commons Justice Committee, 2010)

These resources are often located in services provided at a local level, by both statutory (e.g. local authorities, drug and alcohol services and health agencies) and voluntary organisations. .

They may include support from a GP to access primary mental health care, engagement in a drug treatment programme, a place in supported accommodation or the provision of an education or training course. It is widely recognised (including in the good practice guide that accompanies this report) that without addressing basic needs such as health, accommodation and education, little progress can be made in other areas. For example:

'A significant barrier to changing the behaviour and expectations of children and young people of all ages who offend or who are likely to offend was the lack of access to education, training and employment and, in particular, the lack of appropriate provision.'

(Ofsted, 2010)

7. There is a clear need for joint working

'Times of transition ... can ... bring challenges which require the use of a number of services at once ... the best services in the world have recognised that duplication is wasting money for government and opportunity for service users.' (Cabinet Office, 2009)

Challenges faced by young adults with multiple needs are interrelated, exacerbate one another and are costly to services and the taxpayer. Improving outcomes for one service area is highly likely to improve outcomes in another. The importance of joint working between commissioners, pooled budgets and shared targets is widely recognised across government departments.

CURRENT
COMMISSIONING
LANDSCAPE

Defining commissioning

Commissioning is a process of contracting public services to meet the needs of local people. Successful commissioning leads to the development, delivery and continuous improvement of high quality services.

Commissioning includes several stages, including understanding local needs, resources and priorities, planning, procuring and evaluating. This guide largely focuses on the understanding, planning and procuring stages.

Commissioners have a wealth of guidance and information available. This guide does not intend to instruct how to commission or to replace any of these resources. It rather intends to demonstrate to commissioners across sectors the specific needs of young adults and make the case for including them as they commission services.

The current landscape

Funding for public services is currently extremely limited. Commissioners are facing extensive cuts to their budgets and consequent decisions on how to implement these on the ground. These pressures will not go away quickly and if anything are likely to increase.

This financial climate can potentially exacerbate the problem of 'silo' public funding. Resources and funding for children's and adult services are often separated, across different sectors. There is also splitting between national, regional and local levels. This often leaves 'gaps' between public services reinforced by separate accountability for each funding stream.

Young people with multiple needs often fall through these gaps. Within each 'silo', many specialist services focus their resources on those with the highest level of need or presenting the biggest risk. Those with multiple needs may fall just below several services' thresholds for support. These people often end up using expensive crisis services such as accident and emergency departments, low threshold services such as homelessness services and/or the service with the lowest threshold of all, the criminal justice system.

What needs to change?

Considerable progress has been made in commissioning services for young people making the transition to adulthood in recent years. However, there remains little recognition of young adults as a cohort with specific or multiple needs. Many continue to miss out on appropriate support services and concerted action is needed to prevent escalating costs to society and young people.

Voluntary organisations play an important role in filling these gaps. Most of the services visited as part of this work are based in the voluntary sector. There is growing recognition of the value the sector can add to public service provision, as demonstrated by the National Programme for Third Sector Commissioning² and the following statement from the Coalition government:

'We will support the creation and expansion of mutuals, co-operatives, charities and social enterprises and enable these groups to have much greater involvement in the running of public services.' (HM Government, 2010)

Voluntary organisations can play a key role in influencing commissioning, through demonstrating the effectiveness of interventions that public sector organisations may be unwilling or unable to test themselves, and through building partnerships in local areas.

Despite this important role for the voluntary sector, commissioners of statutory services remain the most influential players. There is a recognised need for partnership working between sectors, and commissioners have a responsibility to work together with providers, stakeholders and service users to change and improve the service landscape.

This document makes the case for three ways in which commissioning can be improved to better respond to young adults with multiple needs.

None of these three approaches necessarily imply that new services need to be commissioned. They rather focus on improved joint working, sharing resources, and developing a shared understanding of the challenges faced by this vulnerable group of young people.

²See <http://www.idea.gov.uk/idk/core/page.do?pagelId=6583598> for more details.

³See www.t2a.org.uk for more details.

⁴The seven reducing re-offending pathways as outlined in the National Reducing Re-offending Delivery Plan (National Offender Management Service, 2004) aim to address a wide range of adult offenders' needs in order to reduce re-offending. They are: accommodation; education, training and employment; health; drugs and alcohol; finance, benefit and debt; children and families and attitudes, thinking and behaviour.

Practice Example: YSS Transition to Adulthood project

YSS (Youth Support Services) provide a range of services for young people aged 8-25 who are at risk of social exclusion. Their Transition to Adulthood (T2A) pilot project is funded for three years by the Barrow Cadbury Trust as part of the T2A Alliance³.

YSS' T2A project offers intensive community based mentoring and support across all seven reducing re-offending pathways⁴ in Worcestershire. It focuses mainly on 17-19 year olds, but works with women, those from BME backgrounds or those considered vulnerable up to the age of 25. Referrals are accepted from the Youth Offending Service and Probation.

Each young adult offender is assigned a key worker who undertakes a holistic assessment (including a self assessment by the young adult). Together they develop an action plan that covers all reducing re-offending pathways. The action plan aims to remove barriers in each pathway and supports the young adult in engaging with any statutory requirements. Face to face contact is made up to four times per week and is combined with numerous telephone/ text communications. Towards the end of their action plan each young adult is offered the support of a volunteer mentor as part of a phased exit strategy.

Influencing commissioning

Although this project is currently funded by a charitable trust, since its inception there has been a strong focus on garnering support for the work from mainstream statutory commissioners. Central to the project is a focus on using evidence from service users, staff and volunteers to feed directly in to service improvement, and to influence commissioners to recognise the specific needs of young adults in contact with the criminal justice system.

YSS aim to influence commissioners across all seven reducing re-offending pathways. This is developed through a multi-agency steering group representing a wide range of forums⁵. Partners both endorse YSS' approach and help the organisation to lobby for the recognition of the specific needs of young adults. Evidence to support this work is gathered from the delivery of the T2A project itself.

Data from the first year of the project identified accommodation as one of the most common needs at referral. Working with Probation and two YMCAs, and using evidence from the project, YSS were able to influence the Supporting People commissioning strategy. Young adults in the criminal justice system are now recognised as a group with specific needs in the strategy. This has in turn resulted in an invitation to tender for a tailored professional mentoring and supported housing service, specifically for 18-25 year old offenders or ex-offenders. Although the service is focused on accommodation, it works holistically across all seven pathways. YSS are tendering a bid for this contract.

'Bit by bit we are chipping away at each pathway.' – Rob Smith, Chief Executive, YSS

⁵Membership includes the Youth Offending Service, the police, Probation, Connexions, children's services and magistrates. YSS are working to include Job Centre Plus and health representatives on the steering group.

How could
Commissioning
for this group
be improved?

Young adults with multiple needs are often in contact with a wide range of services, and face multiple transitions between children's, adolescent and adult services.

This guide explores three approaches to commissioning that begin to address the needs of this group. Firstly, commissioning across age transitions where services continue to engage with young adults throughout the transition years of 16 to 24. Secondly, commissioning across a range of needs, where resources are pooled across a range of service areas to facilitate holistic support. Lastly, we make the case for providing continuity of support by commissioning across criminal justice settings.

1

COMMISSIONING ACROSS AGE TRANSITIONS

'The age structuring on which many policies are based is often complex, inconsistent, and working against the principle of resources following need.'
(Social Exclusion Unit, 2005, p.10)

Why commission across age transitions?

The move from children's to adult services is frequently problematic for young adults. The lives of those with multiple needs have often lacked consistency – in family relationships, housing and/or educational experiences for example. A break in the consistency of support provided by services can compound these experiences.

A move to a different service usually means a **change in key professionals**. Ending previous relationships and building positive new ones may be challenging and takes time, especially during transition between several services. Young people who took part in this project identified consistent positive relationships with professionals as a key good practice principle in the delivery of services for young adults in transition.

There is often a significant **change in culture**. For example, children's and young people's services often take a more holistic and integrated approach than adult services. The difference between young people's and adult drug services can seem particularly stark due to their focus on different clientele. Young people's substance use services tend to focus on cannabis, cocaine, solvents and alcohol. Adult services on the other hand are generally geared towards users of opiates and crack cocaine. Although Young Offender Institutions may accommodate 15 to 21 year olds, there is generally a change of regime at 18 and in many cases a change in institution. Provision for over 18s is often less well resourced and considered more punitive.

Age boundaries separating the provision of services differ depending on the type of service. Whilst Supporting People provide their services to those over the age of 16, many adult services, for example drug treatment services, commence at 18. Worryingly, in some cases it is not clear which service should respond to 16 and 17 year olds; the 2005 Social Exclusion Unit report, and the 2009 young offender health strategy highlighted this as an issue in mental health services (SEU, 2005, HM Government, 2009a).

Some services are curtailed on reaching adulthood. Although many youth organisations nominally work with young people aged 11-25, in practice they work mainly with 11-19 year olds, as this is where funding is generally focused. There is little funding available to work with young people over 19, leaving organisations less able to engage with them. This pattern was noted by the Barrow Cadbury Trust in research on voluntary sector organisations working in criminal justice (Hoggarth et al, 2005).

Finally, all these transitions are particularly stark for young people leaving care. The Children (Leaving Care) Act of 2000 placed a new responsibility on social services to assist care leavers in the transition to independent living beyond the age of 16, meaning every young person who leaves care is entitled to the support of a personal adviser and a pathway plan which sets out how they will be supported to make the transition from care. However, the quality of this provision can be highly variable (Home Office 2003).

Facing multiple transitions from children's to adult services can clearly be daunting, confusing and challenging. It is not surprising that vulnerable young people often do not make these transitions successfully and fall out of contact with services.

What policy supports this?

Commitment to improving the transition between children's and adult mental health services is indicated in a number of current political plans, notably the Youth Crime Action Plan (HM Government 2008b) and *Healthy Children, Safer Communities* (HM Government 2009a).

These indicate that sudden withdrawal of therapeutic services undermines the long-term efficacy of help previously received. There is particular concern about the transition from children's to adult services in both mental health and drug treatment. The 2008 drugs strategy (HM Government 2008a) makes a commitment to improve outcomes for young people by '*improving transitional arrangements for those transferring from young people to adult services*'. Similarly, '*strengthening transitions*' is a key theme for the *New Horizons* mental health strategy (HM Government 2009b), which states that the '*transition between [Children and Adolescent Mental Health Services] and adult mental health services must be improved*'. It emphasises that '*responsibility for developing and delivering effective services at transition is shared by adult and young people's services and commissioners*'.

The Local Government and Public Involvement in Health Act (2007) placed a duty on upper tier local authorities and PCTs to undertake Joint Strategic Needs Assessment (JSNA). This is a process which identifies the current and future health and wellbeing needs of the local population in order to inform commissioning priorities that will improve outcomes and reduce health inequalities. It provides a framework to examine all the factors that impact on health and wellbeing of local communities, including employment, education, housing, and environmental factors. A JSNA takes the needs of the full age range of the local population into account. Department of Health guidance (2007b) specifically states that a JSNA should take into account the needs of all children, including particularly vulnerable groups such as looked after children, ... children in transition and those with caring responsibilities.'

What should be commissioned and how can this be done?

In order to improve provision for young people making multiple transitions between children's and adult services, commissioners need to work together to both plan and procure. Young adults with multiple needs face specific challenges, and should be considered as a specific and vulnerable group in multi-agency commissioning arrangements.

Upper tier local authorities and Primary Care Trusts have a statutory duty to produce a JSNA covering all age groups. This *'will require contributions from a range of stakeholders including statutory partners in the Local Strategic Partnership, providers from the public, private and third sectors and members of the local community'* (DH 2007b).

Working across service boundaries will require joint working with a range of partners. Crucially here, services working with all ages should be involved. Shared priorities and available resources should be identified through aligning or pooling budgets.

The principles of joint commissioning underpin this entire report. This section explores involving young adults and service providers in commissioning. Identifying need and principles of joint commissioning and pooled budgets are explored in the next section.

Involving service users and providers

Analysis of the target group can be improved by working directly with young people, and listening to their stories and experiences of services, both positive and negative. Many statutory bodies have a duty to engage service users in commissioning. For example, Department of Health guidance on JSNAs states that:

'... routinely available data sources ... should be supplemented by information gained through active dialogue with local people, service users and their carers. Communities should be involved in all stages of JSNA from planning to delivering and evaluating, rather than being restricted to commenting on final drafts.'
(Department of Health, 2007b)

The Joseph Rowntree Foundation recently published a report on involving users in commissioning local services and found that *'we are still a long way from credible user involvement in World Class Commissioning'* (Mauger et al. 2010) That report gives useful practical guidance to commissioners on how to improve user involvement in commissioning.

In determining what should be commissioned it is also useful to seek the views and experience of local service providers as they will have experience of working with the target group and be aware of challenges on the ground.

What to commission?

Services for young adults with multiple needs can either be specialist, specifically transitional provision which is tailored to the young adult age range (the Addaction Transitions Service below, is given as a practice example), or existing service boundaries can be retained, with arrangements made for a smooth transition between children's and adults services.

Which approach is most appropriate will depend on available local needs and resources, structures of existing services and how well partners work together locally. However, the following **key features** may be common to both⁶.

- Collaborative commissioning arrangements across services for children and adults
- Involvement of young people in planning and designing services to ensure that services are genuinely youth-focused
- Planning of support well in advance of reaching the point of transition
- Services should be easy to access, and be age-appropriate.
- Be multi-agency and multi-disciplinary
- Be prepared to cross service provision boundaries
- Be non-discriminatory or judgmental

Considering the changes in consistency experienced by young people in transition, it is unsurprising that many of the most successful responses to this group include some form of **lead professional**, a person (or organisation) who acts as a single point of contact with a range of services and takes a lead in coordinating provision of support.

Recent guidance on the delivery of Public Service Agreement 16⁷ emphasises the importance of the role of lead professional to '*ensure that all the various needs of vulnerable people are identified and met*' (HM Government 2009c). This guidance contains advice to commissioners on the composition and functionality of lead professional services, including person-centred planning, joint working, learning and development opportunities for staff and effective service evaluation involving service users.

Lead professionals referred to in the guidance include offender managers, personal advisers for care leavers and care coordinators for those in touch with secondary mental health services. Although this guidance applies to the specific groups covered by Public Service Agreement 16, it may provide useful reading for any commissioner working to improve services for young adults with multiple needs.

⁶These have been identified by participants during visits (see Good Practice Guide for further details) and in a range of documents including the New Horizons mental health strategy (HM Government, 2009b), Young Minds' guide to commissioning mental health services for 16-25 year olds (Young Minds, 2006) and the National Youth Homelessness website.

⁷Public Service Agreements reflect the Government's high-level priorities. They set out the specific improvements that the Government wants to achieve. Public Service Agreement 16 focuses on Socially Excluded Adults, specifically care leavers, offenders under probation supervision, adults in contact with secondary mental health services and adults with moderate to severe learning disabilities. For more information see http://www.cabinetoffice.gov.uk/social_exclusion_task_force/psa.aspx

Practice Example: Addaction Transitions Service, Liverpool

Addaction's Transitions Service in Liverpool is a substance misuse service for 18-25 year olds.

Commissioned by the Drug & Alcohol Action Team (DAAT), the service was established following the identification of large numbers of young people who had successfully engaged with young people's substance misuse services but did not transfer to the adult service when they reached 18. Consultation forums with young people showed that adult services did not appear attractive to young adults, resulting in low take up.

The service was initially funded as a pilot for one year and has subsequently received ongoing funding. The commissioning process included series of dialogues between service providers and commissioners to explore ways to resolve the problem.

The Transitions Service operates from the same building as the Young People's Service which is also run by Addaction. The two services take a similar approach, meaning that apart from a change in key worker, service users are unlikely to see very much change in approach between the two services. Outreach is focused on areas where young people congregate, rather than on communities of opiate users as adult services may do. There is also a focus on targeted and preventative work.

Practice Example: Early Intervention in Psychosis Teams

Early Intervention in Psychosis Teams work with 14 to 35 year olds who are experiencing their first psychotic episode. They are secondary mental health services run by mental health trusts, and are commissioned by Primary Care Trusts.

Early Intervention Teams have been set up all across the country as part of the National Service Framework for Mental Health. They are multi-disciplinary teams comprising mental health professionals and others such as occupational therapists, nurses and social workers. Their primary aim is to improve the life chances of those affected by psychosis, and include raising awareness of what psychosis is and how it can affect people, to challenge stigma and promote social inclusion.

Whilst Early Intervention Teams are not specifically transition services, they show that it is possible to provide a cohesive and effective service for this age group. They demonstrate how, when it is recognised that a presenting condition occurs either side of the 18-year-old demarcation, a response which does not conform to the conventional child/adult divide can be commissioned.

2

COMMISSIONING
ACROSS NEEDS

'...if we are to transform the lives of those with multiple needs then a truly joined-up approach is needed. Instead of funding individual departments to deliver programmes, funding should be attached to the delivery of policies which are cross-departmental ... at a local level [and] multi-agency ... all relevant agencies, including local authorities, PCTs, police, housing and voluntary groups [should] come together.'
(Duncan Smith, 2010)

Why commission across needs?

Contact with the criminal justice system; drug and alcohol problems; poor mental health; exclusion from mainstream education: Young adults with multiple needs face many challenges, and are in contact with a range of services provided in what appears to be a very complex and confusing system .

Although many services target one particular issue, the most successful appear to be those which assess and address a broad spectrum of need.

'It is widely agreed that multi-modal approaches, which tackle a number of ... issues, are likely to be more effective than focusing on a single issue in isolation.'
(Home Office and Ministry of Justice, 2009a)

Arguments for commissioning across needs apply to people of all ages facing multiple problems. However this is particularly important for young adults because they not only have to negotiate many types of service, but also multiple transitions between children's and adult services.

To facilitate a holistic and integrated approach, agencies from a range of sectors need to work together to commission and deliver responses. Multi-agency or joint commissioning is often seen as an effective way of addressing multiplicity of need. Commissioners are expected to work in partnership.

The financial arguments for joint commissioning are strong, not least when considering young adults in contact with the criminal justice system. The costs of offending, and solutions to criminality are recognised as lying outside the criminal justice system, underlining the necessity of joint commissioning across need.

'Up to 50% of the resources necessary to manage offenders and reduce re-offending lie outside the criminal justice system.' (Ministry of Justice 2009b)

⁸Young people taking part in Revolving Doors Agency's Transition to Adulthood project spoke of confusion in trying to understand how this range of services fits together, and were often surprised to learn of agencies that may be able to assist them in navigating a way through them. See Aiming Higher, the good practice guide that accompanies this document, for more details. Available at www.revolving-doors.org.uk.

What policy supports this?

The New Horizons mental health strategy (HM Government 2009b) highlights that improvements in individuals' mental health usually needs a broader approach beyond that which can be provided by mental health agencies alone:

'... wider determinants of mental health and well-being and consequences of mental ill health require all sectors to take co-ordinated action in all spheres of activity if we are to realise the benefits of improved mental health ... interventions that tackle social inequalities such as homelessness or debt may be of benefit to individual mental health.'

Similarly, the need for integrated services for people who suffer from the dual diagnosis of mental health and substance misuse problems is recognised in both the Drug Strategy (HM Government 2008a) and the New Horizons mental health strategy (HM Government 2009b).

Healthy Children, Safer Communities (HM Government 2009a) identifies 'a need for improved co-ordination between the commissioning of substance misuse services through the National Treatment Agency and the planning and commissioning of health and well-being services for children and young people by Primary Care Trusts and local authorities via Children's Trust Partnerships.'

Since 2002 local housing authorities have been required to bring together local statutory and voluntary agencies to develop a local homelessness strategy. This acknowledges the importance of collaborative working between stakeholders in determining services for an area.

Crime and Disorder Reduction Partnerships (CDRPs, now often known as Community Safety Partnerships or Safer Community Partnerships) were established in 1998 in recognition that a multi-agency approach is necessary to tackle crime reduction. The Police and Crime Bill 2008 outlined a new responsibility for CDRPs to take on the duty of reducing re-offending from 1 April 2010, and added the Probation Service to the list of responsible authorities.

CDRPs exist in every local authority in the UK. Statutory members are the police, probation, local authority, health service, police authority and fire and rescue service. They have statutory duties to develop strategic plans to which responsible authorities must contribute.

CDRPs are also encouraged to involve as many local agencies and voluntary groups as possible in order to maximise the multi-agency approach. They are required to share information to produce a strategic assessment and identify local priorities, which can be met by local commissioning arrangements – in some cases through pooled budgets.

Finally, Total Place may provide some guidance on joint working at a more strategic level, specifically through the co-ordination of funding streams.

'Total Place is a new initiative that looks at how a 'whole area' approach to public services can lead to better services at less cost. It seeks to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level, as well as across Whitehall.'
(Total Place website)

There are 13 pilot areas participating in the scheme, each focusing on different public service areas. Several focus on areas that may be of interest to those reading this report including young people leaving care, offender management, drugs and alcohol and mental health.

This focus on local areas having control on how best to allocate available resources looks set to continue under the new Coalition government, as they promise to:

'... promote decentralisation and democratic engagement, and ... end the era of top-down government by giving new powers to local councils, communities, neighbourhoods and individuals.'
(HM Government 2010)

What should be commissioned and how can this be done?

The previous chapter highlighted involving young adults and service providers in commissioning. This section takes a step back and explores the process of mapping needs. It then builds on those principles, covering joint commissioning and pooled budgets.

Identifying young adults with multiple needs

When commissioning for this group it is important to consider as wide a range of young people as possible, and a corresponding wide range of needs. Most of these young people will be in contact with a number of services. Even those who have 'slipped through the net' will most likely be in contact with low threshold services such as homeless hostels or the criminal justice system.

Agencies need to work together to identify these young people. In some cases this will not be hard, as they are likely to be 'famous faces' on whom several services are spending considerable resources. A wide range of agencies including both statutory and voluntary organisations should be involved.

Despite these 'famous faces', there may well be others who are 'invisible' through lack of significant contact with services. Low threshold and voluntary services will be particularly vital in identifying and engaging these young people.

Joint commissioning and pooled budgets

Considerable progress has already been made in joint commissioning, perhaps most notably in health and children's services. Joint Strategic Needs Assessments for example require local authorities and Primary Care Trusts to work together to make critical commissioning decisions. CDRPs also place a statutory duty on agencies to work together.

There are also numerous examples that commissioners can access to help formulate their approach. For example, the House of Commons Justice Committee recently recommended that the multi-agency approach taken in youth justice could be applied usefully to those aged 18 to 25. (House of Commons Justice Committee 2010)

When commissioning across need, all relevant stakeholders should be involved. Commissioners should consider all the needs young adults may have, e.g. substance use, housing, physical and mental health, education and learning and involve both young people's and adult services covering these areas. Both statutory and voluntary partners should also be involved, as well as young adults themselves.

Stakeholders should work together to identify shared priorities. The evaluation of Revolving Doors Agency's National Development Programme⁹ noted the importance of embedding services addressing a range of needs in local plans and existing structures and systems.

'It is useful to capitalise on the positive enjoyment partners may gain from working together on common issues, objectives and challenges within an environment that encourages finding solutions and problem solving'. (Revolving Doors Agency, forthcoming)

Available resources should be identified through aligning or pooling budgets. Evidence around cost savings between sectors can be useful here. This can be particularly useful for criminal justice commissioners, as outlined in the next chapter.

Finally, we turn to the National Youth Homelessness Scheme which outlines the features of services for young adults with multiple needs that should result from joint commissioning:

⁹A network of projects across England and Wales which test out a range of approaches to working with people with low level mental health problems in contact with the criminal justice system. See here for more details <http://www.revolving-doors.org.uk/partnerships--development/programmes/ndp/>

‘Ultimately, the commissioning process should lead to services which:

- are outcome focussed
- recognise and meet the different needs of young people
- are funded through joint arrangements
- are flexible enough to cope with the changes young people experience and still provide continuity
- are seamless through the traditional service driven transition points for young people, with long term joint funding arrangements
- are of a high quality and are monitored against agreed standards’ (National Youth Homelessness Scheme website)

Practice Example: Depaul UK Oldham

Depaul UK runs many projects, assisting ‘young people’ facing homelessness and related problems. Their vision is that: ‘Everyone has a place to call home and a stake in their community’. Depaul UK’s project in Oldham, Porter Street, was developed in recognition of a gap in provision for young people with multiple needs.

The project provides supported accommodation in a purpose built unit for up to eight young people between the ages of 16 and 23 years with complex needs. Responding to the residents’ needs requires a high level of support including some double cover; thus the costs are relatively high.

There was strong evidence that existing, more generic provision was not having the desired positive impact on young people with multiple needs. As a result, particularly vulnerable young people with challenging behaviour were becoming more at risk through eviction from supported accommodation.

A foundation of well established partnership working, led by the local authority, enabled unmet needs to be identified and a shared understanding of possible future options developed. The following agencies have been involved and contribute funding:

- Youth Offending Teams;
- Supporting People teams;
- Primary Care Trust; and
- substance misuse services.

The commissioning process was led by Supporting People. The commissioning objective was to provide more specialist support for young people, which would ultimately enable them to maintain their own tenancies and live as independently as possible. More specifically the service aims to support young people with:

- offending behaviour;
- mental health problems; and
- substance misuse.

There is an explicit understanding between the agencies involved that a multi-agency approach is the only way to deliver the core objectives for young people with multiple needs.

For example of Depaul UK’s work see: <http://depaulnightstopuk.org/media/uploads/General%20Leaflet.pdf>

3

COMMISSIONING
ACROSS CRIMINAL
JUSTICE SETTINGS

*'It does not make financial sense to continue to ignore the needs of young adult offenders...Particular effort should be made to keep this group out of custody'.
(House of Commons Justice Committee 2010)*

*'Children and young people in contact with the Youth Justice System need the same extra support at key transition points as their non-offending peers, and they have additional transitions that can be especially difficult to cope with. These include sentences starting and ending, moves within the secure estate that can be sudden and unplanned, the move back home or to independent living and, for some, the move to the adult justice system.'*¹⁰(HM Government 2009a)

Why commission across criminal justice settings?

Although this guide is aimed at commissioners across all sectors, we felt it was important to include a separate chapter on the criminal justice system due to the large numbers of young adults with multiple needs who end up involved in it.

In 2007, 18-24 year olds were responsible for 28% of all cautions or convictions for indictable offences and represented 26% of all offenders in custody under sentence. (Devitt et al, 2009).

As the previous two chapters have outlined, commissioning across age transitions and across needs are important steps in addressing the needs of young adults with multiple problems. However, for those in contact with the criminal justice system, transitions into and out of custody present further cliff edges from which to fall.

'Current service provision, particularly in prisons, remains largely driven by inputs and cost considerations rather than outcomes. The lack of alignment between services delivered in prison – such as offender education and health – and those in the community mean that offenders fall between the gaps and back into a pattern of re-offending.' (CBI, 2009)

Entering and leaving prison invariably results in a break in the provision of support. Many prisoners are held in custody far from home, making it hard for prisoners or prison staff to forge links with organisations in their home area that may be able to offer support on release. For young adults passing the age for transition to adult services whilst in custody, it can be even harder to forge links with services at home.

¹⁰Although this refers specifically to young people under the age of 18, much of this is equally true of young adult offenders.

What policy supports this?

The current offender health strategy, *Improving Health, Supporting Justice* (Department of Health 2009) was published in response to the *Bradley Report* on people with mental health problems or learning disabilities in the criminal justice system (Bradley 2009). One of the key objectives of the strategy is to improve continuity of care across the offender pathway. The report emphasises that *'effective commissioning will be the key driver to achieving the necessary changes'* and that the plan *'can only be delivered through effective partnerships between health and criminal justice service commissioners. The police, Directors of Offender Management and Probation Trusts (as the key regional and local commissioners for offenders) will have a particularly important role.'* (Department of Health 2009)

Partnership working and joint commissioning can be used to mainstream substance misuse treatment services for offenders. The Drug Interventions Programme includes treatment and support interventions from the first contact with the criminal justice system onwards, including resettlement.

Additionally, the 2008 drugs strategy committed the National Treatment Agency and the then Department of Children, Schools and Families to doing more to ensure *'a seamless transition from the secure estate to community-based treatment services'* (HM Government 2008a) for young offenders. *Healthy Children, Safer Communities* reiterates, *'Work is needed to ensure that there is a consistent approach and continuity of care as young people's involvement with the youth justice system draws to a close. Key here is a closer alignment of substance misuse services provided through the youth justice system with those offered to other young people in the community.'* (HM Government 2009a)

The phasing out of Local Probation Boards in favour of Probation Trusts also points to joined up commissioning across the criminal justice pathway. Under the Offender Management Act 2007, Probation Trusts are responsible for commissioning interventions and other services from the best providers in the public, private or third sector in conjunction with CDRPs as well as being providers of court services and offender management (Centre for Public scrutiny website).

What should be commissioned and how can this be done?

Commissioning for young adults with multiple needs across criminal justice settings should be based on the principles already outlined in this guide, including mapping existing needs, involving young adults, joint working and pooling of budgets.

Given the well documented health inequalities faced by offenders, jointly commissioned services which bridge the gap between criminal justice and health and social care agencies have the potential to improve outcomes for individuals both in and outside the criminal justice system.

While commissioning across criminal justice settings is currently not the norm, there is growing recognition of the benefits of working across traditional silos. There are several examples from both the statutory and voluntary sector which may provide useful learning for commissioners, even if not specifically focused on young adults.

Multi-Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) are statutory arrangements for managing sexual and violent offenders. They are designed as a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner. Responsible Authorities (Police, Prison and Probation Services) are charged with the duty and responsibility to ensure that MAPPA is established in their area and for the assessment and management of risk of all identified MAPPA offenders. Bodies with a 'duty to co-operate' are

- Local Authority Social Care Services;
- Primary Care Trusts, other NHS Trusts and Strategic Health Authorities;
- Jobcentre Plus;
- Youth Offending Teams;
- Registered Social Landlords which accommodate MAPPA offenders;
- Local Housing Authorities;
- Local Education Authorities; and
- Electronic Monitoring Providers.

Agencies at all times retain their full statutory responsibilities and obligations. These agencies must work together effectively to:

- *'Identify all relevant offenders;*
 - *Complete comprehensive risk assessments that take advantage of co-ordinated information sharing across the agencies;*
 - *Devise, implement and review robust Risk Management Plans;*
 - *Focus the available resources in a way which best protects the public from serious harm'*
- (NOMS 2009)

While these arrangements only affect a relatively small number of the most serious offenders, they are useful here as they provide an example of how agencies can work together to manage individuals with complex criminogenic, health, and social care needs. The statutory duty on which they are founded means that agencies are required to fully cooperate. While this duty will not exist when working with many young adults with multiple needs, the basis on which MAPPA is founded can provide a strong starting point from which to build strong joint commissioning arrangements.

'At various times during the last twenty years there have been attempts to join up the criminal justice system and mental health services. The most successful ones have included ... good involvement in MAPPA.'
(Expert quoted in Sainsbury Centre, 2010)

Practice Example: St Giles Trust SOS Gangs Project

The project works with young offenders both in prison and in the community who are serving sentences for gang related crimes. It identifies young offenders primarily in HMP YOI Rochester; engages with them well before release, and then supports them upon release into Southwark and Croydon. It offers a tailored package of support for each individual to help them identify and realise alternative aspirations and goals away from gang life.

The project works on the principle that it is easier to engage with young people caught up in this lifestyle whilst they are in custody as there are not the distractions that are present out in the community. Once foundations have been established, the support is continued upon release and throughout the period of resettlement.

The service is delivered by staff who are all ex-offenders. SOS can help an individual across a wide range of practical and emotional areas including housing, help accessing education, employment and training, and help to re-establish positive ties with family and siblings which can often break down during associations with gang life.

It started running in October 2006 and has helped many individuals break free from gang crime and only a handful have re-offended, against a national re-offending rate of around 75% for this age group.

St Giles are now starting to carry out preventative work with young people at risk of gang crime, with the aim of preventing them becoming caught up in this lifestyle.

St Giles are part of the Transition to Adulthood Alliance, and this is one of the Alliance Pilots.

(Case study extracted from www.stgilestrust.org.uk/what/208746/sos_gangs_project.html and www.t2a.org.uk/pilots)

Practice Example: Integrated Offender Management

Integrated Offender Management (IOM) is a system that provides all agencies engaged in local criminal justice partnerships with a single coherent structure for the management of repeat offenders. It is currently being trialed in five pioneer areas, Lancashire, London, Nottinghamshire, the West Midlands and West Yorkshire.

IOM builds on the success of initiatives such as Prolific and other Priority Offender (PPO) schemes, and the Drug Interventions Programme (DIP). It focuses on multi-agency problem solving, and aims to deepen and extend joint identification and assessment, offender management and information sharing frameworks for those offenders in the community who present the highest risk of re-offending.

There is a particular focus on short sentenced offenders released from prison under no statutory supervision extending the reach of community supervision. Under IOM, each offender is assigned an offender manager who is responsible for assessment, brokering and sequencing of services across agencies. Short sentenced offenders do not usually benefit from this.

A key element of IOM is partnership working, and guidance states that schemes must be supported by both Local Criminal Justice Boards and Crime and Disorder Reduction Partnerships.

The approach highlights that police, probation service and Youth Offender Teams can achieve better outcomes by working in partnership with other agencies, integrating core business to make the best use of shared skills and resources. By using new and existing partners to supervise and rehabilitate offenders, Integrated Offender Management approaches draw on the resources and support of all relevant partners to supervise, resettle and rehabilitate young and adult offenders.

Sources: Ministry of Justice website and Home Office and Ministry of Justice 2009a and 2009b

Conclusion

Commissioners are under great pressure to provide high quality services for a wide range of individuals and get best value for money. As budgets are cut in the current fiscal climate, this pressure will no doubt increase.

This guide has highlighted the distinct needs of young adults with multiple problems; 16 – 24 year olds who experience a range of issues such as mental health problems, drug and/or alcohol use, homelessness, and contact with the criminal justice system. When these needs remain unmet, the interrelation between them often results in a cycle of crisis and crime. This results in high costs to the public purse, affecting commissioners' budgets across a range of sectors, not least because many of the services that pick up the pieces are commissioned and delivered outside the criminal justice system.

In changing commissioning practice to address the specific challenges faced by this group, commissioners can potentially make considerable savings while also improving service provision.

We have set out three ways in which commissioning for young adults with multiple needs can be improved; commissioning across age transitions, across needs and across criminal justice settings. These three approaches reflect both the needs of the group and the many challenges they face.

We have outlined the extensive policy drivers that support working in this way, and have given practical examples of services that address the needs of this group.

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Two key principles underpin much of this report. Firstly, the importance of a strong focus on the distinct needs of young adults, through assessing and addressing their needs holistically, Secondly, the importance of breaking away from the 'silo' mentality to move closer towards genuine multi-agency working and joint commissioning.

Listening to young adults' views on what they want from services is increasingly recognised as the cornerstone on which services should be based. We hope this report, and the accompanying good practice guide assist commissioners to consider how young adults' views can be incorporated in to the commissioning process.

Commissioners are in a unique and powerful position. They are able to shape and develop existing and new services. Much good work is already happening on the ground. Commissioners have the power to bring this work together to finally close some of the gaps which result in great personal cost to young people and put considerable pressure on the public purse.

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- World Class Commissioning: Practical tips** http://wcc.networks.nhs.uk/uploads/h_practical_tips.pdf
- Young Minds: Information on suicide** <http://www.youngminds.org.uk/professionals/policy-and-knowledge/key-topics/camh-issues/suicide>

Appendix A: Projects visited

Addaction Transitions Project, Derby

<http://www.addaction.org.uk/>

As well as its young people's service for under 18s, Addaction, Derby provides a specific transitions service for those aged 18 – 25 with substance misuse issues. They do outreach work from the local 'one stop shop', youth hostels and colleges and provide a range of one-to-one interventions including sport and acupuncture.

Centrepoint, Greek Street Project

<http://www.centrepoint.org.uk/be-informed/about-centrepoint/where-we-work/greek-street>

Centrepoint offers services for homeless young people. The Greek Street project is a short-stay hostel for young people aged 16 - 25 who are rough sleeping or at risk of rough sleeping. As well as providing somewhere to stay, young people are helped with issues surrounding money, healthy lifestyles, employment and education opportunities and, ultimately, moving on.

Drive Ahead, London, Depaul Trust

<http://www.depaulnightstopuk.org/content/training>

The Drive Ahead project is a six-week programme aimed at homeless, unemployed, young people aged 17 – 25. It offers the basis to explore employment and training needs alongside introductory driving lessons. As well as the London project, there are projects in Birmingham and Newcastle.

Fifteen Foundation, London

<http://www.fifteen.net/Pages/default.aspx>

Fifteen is a global social enterprise with young people at its heart. Fifteen has four restaurants worldwide – Amsterdam, Cornwall, Melbourne and London – all of which operate a pioneering apprenticeship scheme for young people, between the ages of 18-24, offering them the chance to learn to work in the restaurant business.

Gateway Foyer, London

<http://foyer.websites.bta.com/level2.asp?level2id=7>

Foyers are integrated learning and accommodation centres providing safe and secure housing, support and training for young people aged 16 – 25. The Gateway Foyer project is a mixed needs project run by Look Ahead Housing and Care with 116 bed spaces.

Kilburn Youth Centre, North London, P3

<http://www.kilburnyouthcentre.org.uk/> ; <http://www.p3charity.com/youth.htm>

Kilburn Youth Centre is a 'first stop shop' for young people's needs. It provides a wide range of services for those aged 25 and under, including an advice and information service, accredited IT programmes, a sound recording studio and a sexual health clinic.

Lambeth Early Onset (LEO) Team, Brixton, South London

<http://www.slam.nhs.uk/services/servicedetail.aspx?dir=5&id=506>

The Lambeth Early Onset (LEO) Team is a statutory mental health team that aims to improve clinical and social outcomes through early identification, treatment and support for people aged 16 – 35 years old with psychosis. It provides individually tailored treatment packages which include a range of practical, supportive and bio-psychosocial interventions.

Nacro Milestones Mentoring, HMPYOI Portland

<http://www.nacro.org.uk/services/dorset/nacro-milestones/>

Nacro Milestones is a mentoring project which works with young men aged 18 to 21 who are released from HMPYOI Portland returning to Hampshire, Dorset and South London. Volunteer mentors provide support, advice and guidance on a range of practical issues and personal problems for at least six months post-release.

Open Door Young People's Consultation Service, Crouch End, North London

www.opendooronline.org

Open Door provides confidential counselling and psychotherapy to young people aged between 12 and 24 living in the London borough of Haringey, and a separate consultation service for parents of teenagers.

Roundhouse

<http://www.roundhouse.org.uk/about>

The Roundhouse is a cultural venue that delivers creative projects, ranging from poetry to sound engineering, for 13 – 25 year olds from all backgrounds. The Roundhouse involves young people at every level, from Membership of the Board of Directors to generating marketing campaigns.

St Giles Trust SOS Gangs Project

http://www.stgilestrust.org.uk/what/208746/sos_gangs_project.html ; <http://www.t2a.org.uk/pilots>

The SOS project is one of the three T2A pilot projects. It works with young offenders both in prison (returning to Southwark and Croydon) and in the community who are serving sentences for gang-related crimes. It provides a 'through the gate' service and offers tailored-packages of support.

Streetwise Community Law Centre, Penge, South London

<http://www.lawcentres.org.uk/projects/detail/young-people/>

Streetwise Community Law Centre is a young people's law centre that provides legal advice and casework for young people aged 16 – 24 on a range of legal issues, including homelessness applications, possession hearings, access to welfare benefits and obtaining support from social and mental health services.

T2A Project, Birmingham, Birmingham Probation Service

<http://www.t2a.org.uk/pilots>

The Birmingham T2A pilot project focuses on offenders aged 17 – 24 year olds with medium to low needs. It provides assistance with accommodation, employment, relationships and substance misuse both in custody and the community.

The Urban Academy, South-East London, Kids Company

<http://www.kidsco.org.uk/our-work/the-urban-academy>

Kids Company provides practical, emotional and educational support to vulnerable inner-city children and young people. The Urban Academy is a post-16 educational & life skills academy, specifically designed to meet the needs of young people who reject or have been rejected from other educational facilities, supporting them into university, college or employment.

Women in Prison Young Women's project, London

<http://www.womeninprison.org.uk/aboutus.php>

Women in Prison is a women-centred, women-run organisation. The London project provides a range of 'through the gate' resettlement support to women leaving prison who are returning to London as well as support to those on community sentences. Additionally, it provides specialist support to young women under 25 years of age who are involved in gang-related offending.

Appendix B: Steering group

William Butler	Addaction
Katie Aston/ Nathan Dick	Clinks
Jean Hine	De Montfort University
Paul Marriot	Depaul Trust
Jane Slowey	Foyer Federation
Chris Stanley	Magistrates Association (Observer)
Tom Aldridge	(formerly of) National Treatment Agency
Lorraine Khan	Sainsbury Centre for Mental Health
Kevin Lowe	Young People In focus
Roy Maguire	YMCA (Chair)



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