

Communities and Culture Committee

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Committee Inquiry into Youth Justice in Wales - evidence gathering - Healthcare Inspectorate Wales

Purpose

1. This paper provides a memorandum of written evidence from Healthcare Inspectorate Wales (HIW) as background to the oral evidence to be provided to the Communities and Culture Committee (the Committee) on 11 June 2009.
2. The aim of this memorandum together with the oral evidence to be presented is to inform the Committee's inquiry into youth justice in Wales. This memorandum provides a summary of the:

role played by HIW to the review of YOT services;

health related findings arising from YOT reviews; and

findings and key issues arising from the reviews HIW has undertaken of CAMHS, Substance Misuse Services and Homicides.

The remit of HIW

3. HIW is an independent inspectorate that sits within the Assembly Government. The inspectorate provides a citizen-centred regulation and inspection service and aim to raise standards, improve quality, promote best practice and inform people about social care, social services and healthcare.

5. Our statutory functions are wide-ranging and cover the 'whole circle of healthcare'. HIW undertakes work in partnership with and on behalf of Her Majesty's Inspectorate (HMI) of Probation, HMI Prisons and The Prison and Probation Ombudsman. Our responsibilities and experiences put us in the unique position of being able to assess and understand the wider impact that health issues have on children and young people.

6. The findings and key issues arising from the reviews we have undertaken that are relevant to the Committee's inquiry are summarised later in this paper.

The role of HIW in the review of youth offending teams

5. 7. Since 2006 HIW has been working alongside Her Majesty's Inspectorate of Probation (HMIP) providing the health expertise into the reviews of Youth Offending Teams which it leads on. As part of these reviews we undertake assessments of the treatment and care provided to support children and young people to ensure that

- The health of children and young people who are at risk of offending is promoted by the work of the YOT and its partners.

We look to establish whether:

Staff accurately identify health (physical and mental) and substance misuse needs and make appropriate referrals.

Children and young people with health (physical and mental) and/or substance misuse needs are supported in accessing the appropriate services.

Interventions promote children and young people's mental and physical health, and helps discourage them from substance misuse.

- The health of children and young people who have offended is promoted by the work of the YOT. We look to establish whether:

Staff accurately identify health (physical and mental) and substance misuse needs and undertake appropriate work with other agencies.

Specialist assessments are undertaken on those with health needs.

Children and young people with health (physical and mental) and/or substance misuse needs are supported in accessing the appropriate services.

Interventions promote children and young people's mental and physical health and help discourage them from substance misuse.

- Findings and key issues arising from reviews

9. For ease of reference the findings and key issues arising from reviews of YOT lead by HMIP and those that we have taken forward as

part of our own programme of healthcare related reviews are set out below.

- Reviews of YOT across Wales

The majority of YOTs in Wales are small in terms of population but large in terms of geographical area, which can impact on how services are delivered. Overall the provision in Wales is inconsistent, with some examples of excellent practice as well as poor practice.

Management and Leadership

Wide variation exists across Wales in the way YOT are constituted, funded and managed, with some being poorly managed and supported. Under the Crime & Disorder Act 1998, Local Authority Chief Executives have overall responsibility for the YOT. Either their interest in, or direct involvement in the YOT management board is key to achieving quality services and it is clear that not all partners were fully aware of their responsibilities or view them as a priority. The outcome for many YOTs is that management boards were either attended by people with insufficient seniority to make decisions or not attended at all. Some YOT managers are left to not only do their own jobs but also run the boards.

Where management boards are appropriately constituted there is clear leadership, clarity of roles and responsibilities with good quality agendas and minutes.

Health Services

Approaches to assessing and addressing health needs vary between YOTs and is dependent on resources available. The lack of general health nurses within YOT or access to one in the community results in a deficiency of assessments and services to address the physical health needs of children and young people.

Best practice in preventative work offers a holistic assessment at the first point of engagement with the YOT which allows for the identification of all health.

In Wales YOT managers have decided not to use the specialist health assessment tools provided by the Youth Justice Board. Having made that decision a number are not using any form of specific assessment tool and as a result the physical health needs of significant numbers of children and young people are being missed.

There is a general lack of adequate CAMHS and ADHD services and also there are concerns about the coordination of emotional and mental health services for children and young people age 16-17 who fall between children's and adult services.

Responding to substance misuse needs was much better with those assessed as needing a service being able to receive it.

- Review of CAMHS Services across Wales

We have found that:

Limited progress has been made in developing Child and Adolescent Mental Health Services (CAMHS) since the original strategy was published in 2001.

Variations in service provision result in children and young people with similar needs receiving very different levels of support across Wales.

Many young people are inappropriately cared for on paediatric or adult mental health wards due to a shortage of specific CAMHS inpatient beds.

Many young people with complex mental health problems, particularly if there are behavioural issues, have to go out of area for treatment because appropriate provision is not available in Wales.

The education of many 16-18 year olds with a mental health problem suffers due to the lack education provision in in-patient units.

- Review of Homicides where perpetrator mental health service user

A recent review (yet to be published) has highlighted clearly that it is all too easy for children with emotional/mental health problems to slip out of the view of health services and fall into a cycle of petty crime and difficulties; which if unaddressed can lead to an escalation of difficulties and problems.

- Concerns around the adequacy of mental health services for BME groups, physically disabled people and those with children

One obstacle to flexible joint working and equality of service provision is the different ways eligibility criteria may be applied between specialist mental health teams, whether applied by health or social workers, and the wider social services. There is evidence from inspection that people being supported in other social services teams or settings may have an accompanying mental health problem.

Although some have the support of a community psychiatric nurse from the local community mental health team, many will not have this. People with learning disabilities who also suffer from mental health problems can experience difficulties in getting support from mainstream mental health services. Local authority social services for adults report a large increase in the numbers of adults who are

vulnerable because of their behaviour, for example, they are open to exploitation, but do not have clearly defined mental health diagnoses. It is often difficult in these situations to gain advice and support from other agencies.