

Improving outcomes for people with mental ill-health,  
learning disability, developmental disorders or  
neuro-diverse conditions in the criminal justice system

In ten years time

A report by Revolving Doors Agency  
and Centre for Mental Health,  
Co-Chairs of the Bradley Report Group

Centre for  
Mental Health



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Centre for  
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# Foreword



## By Rt Hon Lord Bradley

By 2020 no matter where you live in the country, these vital services will exist to identify, divert or better care for people with vulnerabilities. I pay tribute to the skilled staff working in these services, to people with lived experience, and to decision makers that have made this a reality.



It is now a decade since I published my independent review of the support offered to people with mental ill-health and people with learning difficulties in the criminal justice system.

I was delighted to be asked to chair this 10 Year On Report and I am grateful for the contribution of many expert organisations in our roundtable. I would also like to thank the Lived Experience Team members who contributed their expertise to this report.

Reflecting on the last decade, I am proud that Liaison and Diversion services are approaching full national roll out. By 2020 no matter where you live in the country, these vital services will exist to identify, divert or better care for people with vulnerabilities. I pay tribute to the skilled staff working in these services, to people with lived experience, and to decision makers that have made this a reality.

Of course this is only one part of the picture. This report both celebrates what has been achieved so far

and reminds us all that there is still much more to do. As it highlights, we need to improve resettlement support after prison and we need to ensure all the relevant information is available to the courts to support appropriate sentencing. If we can improve assessment and information sharing, fewer people with mental ill-health or learning disabilities will end up in prison in the first place.

Inequity in access and outcomes across the whole system remains a deep cause for concern and I urge all who work in the criminal justice system to review their practices so we can eradicate this over the next decade.

I am confident that by continuing to work together we can affect further important change as I know many share the vision for the next decade to make a real difference. I therefore commend this report to commissioners, policy makers, and everyone involved in the development and delivery of Liaison and Diversion services across the country.

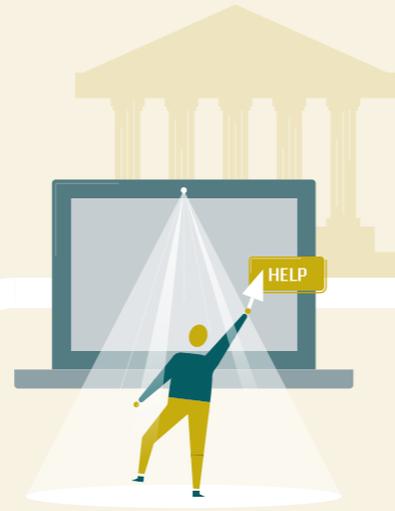
In ten years time



One  
Introduction



Two  
Early identification,  
arrest & prosecution



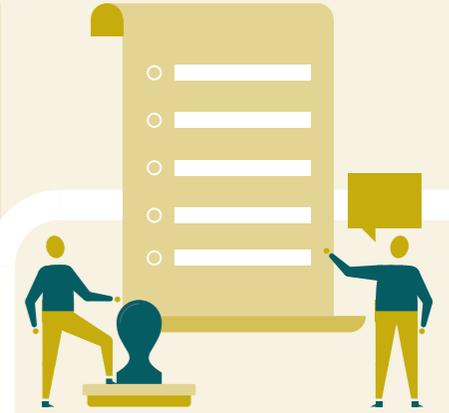
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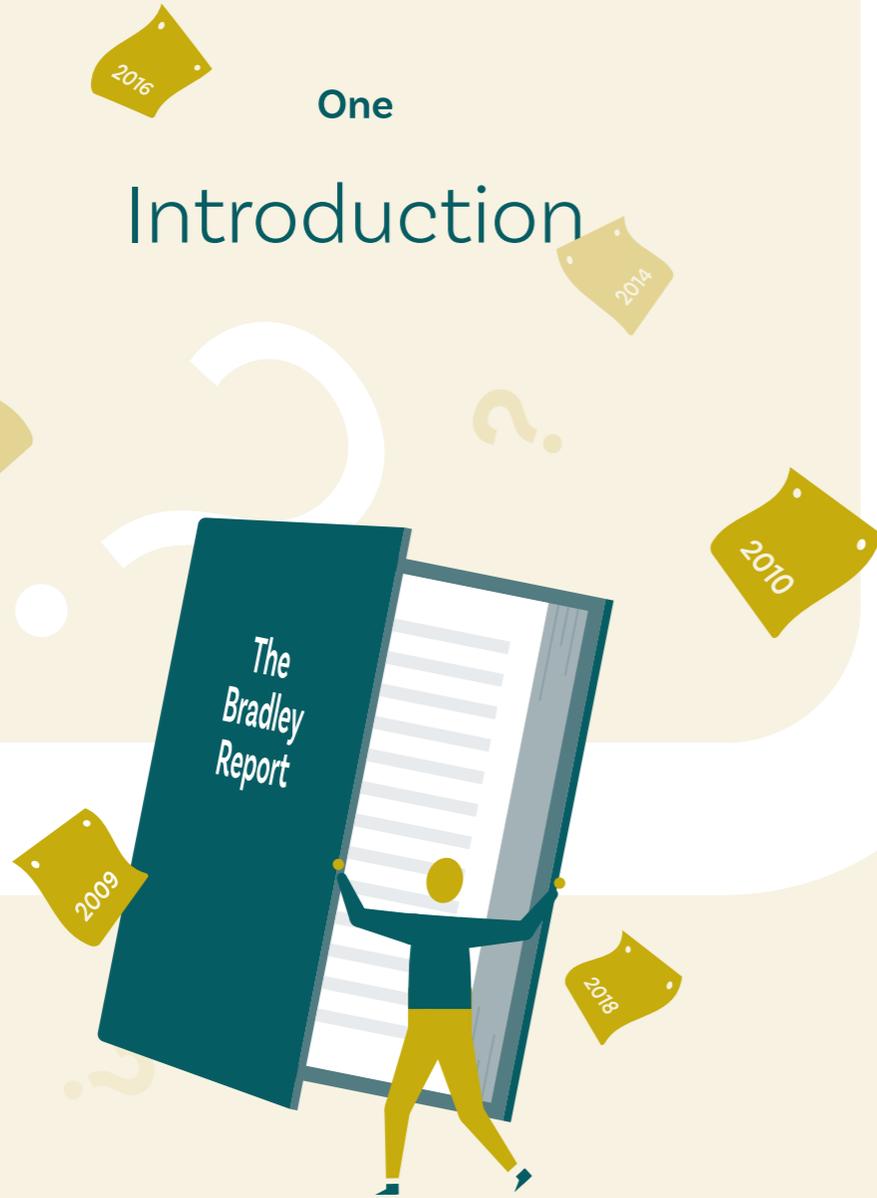


Six  
Recommendations

In ten years time

# One

# Introduction



It has been a decade since Lord Bradley's landmark report set out a vision for better support for people with mental health problems and learning disabilities at all stages of the criminal justice system from early intervention and prevention to police custody, courts, prisons and resettlement.

The decade since has seen concerted effort and progress in achieving this vision. A major achievement has been the progress towards universal coverage of Liaison and Diversion services working to a nationally mandated operating model in all police stations and courts for people of all ages. This systemic change means that people in contact with the criminal justice system who have mental health needs, learning disabilities or other vulnerabilities are better identified and more able to receive the support that they need.

Other promising innovation includes the emergence of a variety of 'street triage' schemes, as well as the piloting of new sentencing options that allow some people to serve their sentence in the community while getting support for their mental health or addictions, rather than on costly and ineffective short prison sentences.

Again, as recommended in the Bradley Report, assessment processes and treatment options have improved for people who have personality disorders in the criminal justice system.

Alongside these changes, coproduction in the criminal justice system has gathered pace and is increasingly embedded in commissioning. As an exemplar, lived experience is now part of the operating model for Liaison and Diversion services.

A lot has changed since 2009. Police and Crime Commissioners were introduced with new powers to reduce and tackle crime in local areas. Our courts and tribunals are undergoing

There is more compassion and empathy in the system now definitely. I am 50 odd years of age. I used to have psychotic episodes, throw myself in the police cell, get offered nothing but paracetamol, and be taken to court and then get remanded. I wanted to harm myself, I was suicidal, you know, and now there is a lot more awareness...a lot more safeguards in the system.



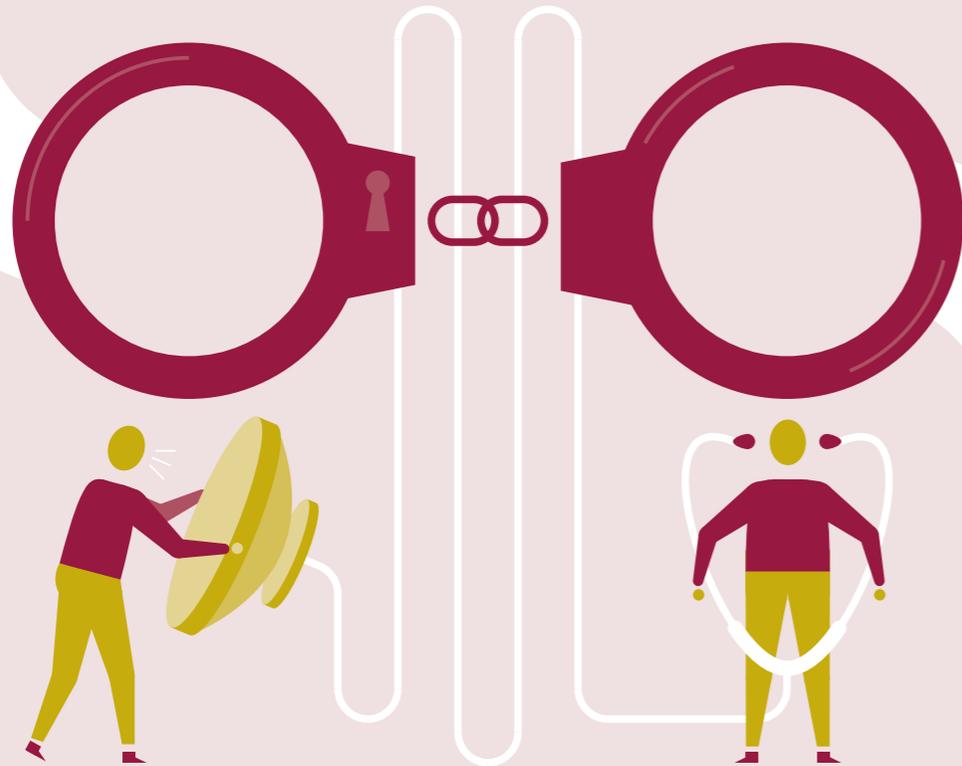
major reform, including digitalisation of services. In probation, Transforming Rehabilitation made major changes to the structures by which people on community sentences and those released from custody are supervised. Transforming Rehabilitation has failed to deliver on the promise of rehabilitation and has been criticised, in particular, for the failures in supporting people with multiple needs, including mental ill-health. Sadly, prisons have seen rising rates of self-harm and violence and suicides in prison remain a serious concern despite efforts to reduce risk.

The last ten years have also seen unprecedentedly large and sustained spending cuts in public health, youth, criminal justice and voluntary sector services – essential to meeting the needs of vulnerable people.

The Bradley Report Group is clear that despite significant progress, far too many people in the criminal justice system with mental ill-health or a learning disability are left without their needs properly identified. Too many still end up in prison when they could have been safely diverted and cared for in the community; and too many people who continue through the justice process are left without the adequate care and support they need in prison and beyond the prison gates. A decade on from the Bradley Report, we are as ambitious as ever for change. This report sets out the key progress that has been made and what is now needed to ensure we make another decade of difference.

## Two

# Early identification, arrest & prosecution



You might be there with a mental health condition, and that's hard enough to talk about without someone talking to someone else beside you and behind you. It's intimidating.



Acknowledging the overwhelming evidence for early intervention, starting in childhood and led by health and social care agencies, the main focus of this progress report is on adults who are in or at high risk of contact with the criminal justice system.

## Mental Health Crisis

The last decade has seen some improvements to the police response to mental health emergencies. The Mental Health Crisis Care Concordat has driven development of cross-system responses in many areas whilst the definition of a Place of Safety has been changed to allow police detention only in exceptional circumstances, such as significant violence, and never for children. Information-sharing and joint decision-making responses such as street triage, home triage and control room initiatives have flourished in many police services.

However, the recent Inspectorate report (HMICFRS, 2018) on policing and mental health highlights the extent to which police services across the country still feel poorly supported to respond to people in a mental health crisis in the community. The triage and control room schemes remain subject to the vagaries of local commissioning, and as yet do not work to a nationally evaluated model. In addition, concerns have been raised that for some people, police contact is now the most direct way into mental health services, and the use of police powers under the Mental Health Act has continued to rise. This concern is heightened by the awareness that for some ethnic groups access to mental health secondary care remains disproportionately via criminal justice pathways.

## Appropriate Adults

In 2018, the revised Police and Criminal Evidence Act 1984 (PACE) introduced a wider definition of 'vulnerability' to include, for example, communication difficulties or being prone to suggestibility, compliance or confusion, either as a result of a mental health condition or temporary vulnerabilities, such as bereavement, trauma and extreme stress.

The new code requires police officers to call an Appropriate Adult if there is any reason for them to suspect any of these functional factors and there is a further requirement to take proactive steps to identify and record factors that indicate whether a suspect may require the assistance of an Appropriate Adult.

However, research has consistently identified issues with how the Appropriate Adult safeguard is carried out (Bradley, 2009; Dehaghani, 2017; National Appropriate Adult Network, 2015). This is in part due to the reluctance of suspects to give personal and sensitive information in the police custody environment or because they do not wish to wait for long periods of time in police custody for an Appropriate Adult to arrive.

Studies also show that vulnerability is seen as difficult to identify by the police and, in practice is subject to interpretation by officers. For example, a recent National Appropriate Adult Network report (2019) found that

people with the most commonly diagnosed illnesses e.g. anxiety, PTSD and depressive illness were less likely to get an Appropriate Adult than those that are infrequently diagnosed (in some cases despite their prevalence) e.g. brain injury, dementia and schizophrenia. There is a significant variance in the recorded need among police forces (NAAN, 2019), and there is some evidence that those who 'presented well' are thought not to need additional support (Dehaghani, 2019), as well as those who appear 'aggressive'.

I kick off, because I'm scared, I'm frightened, I don't know where I am, I don't fully understand things. I'm not trying to be a pain or anything it's just the way I react to that situation.



### Healthcare in police custody

The Bradley Report recommended that police custody should be as much a health care environment as a criminal justice one; custody often constitutes the first occasion on which an individual has the opportunity to have their vulnerabilities assessed.

Research indicates that detainees within police custody typically experience poorer physical health, alongside mental health and learning disabilities, than the general population, consistent with the levels seen in prison and probation. While the number of people being taken into police custody has fallen in recent years, the demand for healthcare services in custody has not fallen in line with this reduction; the proportion of detainees being examined by a healthcare professional is increasing (London Assembly, 2018).

In the last decade, there has been widespread support for the transfer of custody healthcare to the NHS, as recommended in the Bradley Report and more recently in the Mental Health Act Review.

### Liaison and Diversion services are commissioned by NHS England and cover 92% of the population, with an aim to achieve national coverage by the end of March 2020.



### Liaison and Diversion

The Bradley Report made the strong case that diversion services should have a national model to ensure consistency and high standards, and should work with people of all ages throughout the criminal justice pathway. At the time, the availability of liaison and diversion was patchy and limited. There was no agreed blueprint and no quality standards for what effective liaison and diversion should look like. Some areas had no such services at all; others were available only on certain days or limited times; only a very few worked with people under 18.

Now Liaison and Diversion services operate to a nationally mandated model to identify vulnerable people in police custody and the courts to improve health and criminal justice outcomes. The national model now includes peer support which is supporting effective engagement. These vital services are commissioned by NHS England and cover 92% of the population, with an aim to achieve national coverage by the end of March 2020.

The most recent evaluation of Liaison and Diversion (RAND, 2016) found that increasing numbers of people with vulnerabilities were now being identified in custody. This is very encouraging, however some challenges remain with effective identification of certain vulnerabilities, such as learning disabilities and Acquired

I've been in and out of police custody, courts, prison all my life. Hand on heart, I can tell you than in the last ten years, things have changed. There is a lot more understanding of mental health problems, there is a lot more support out there. Police is a lot more compassionate. Liaison and Diversion services have made a huge difference.

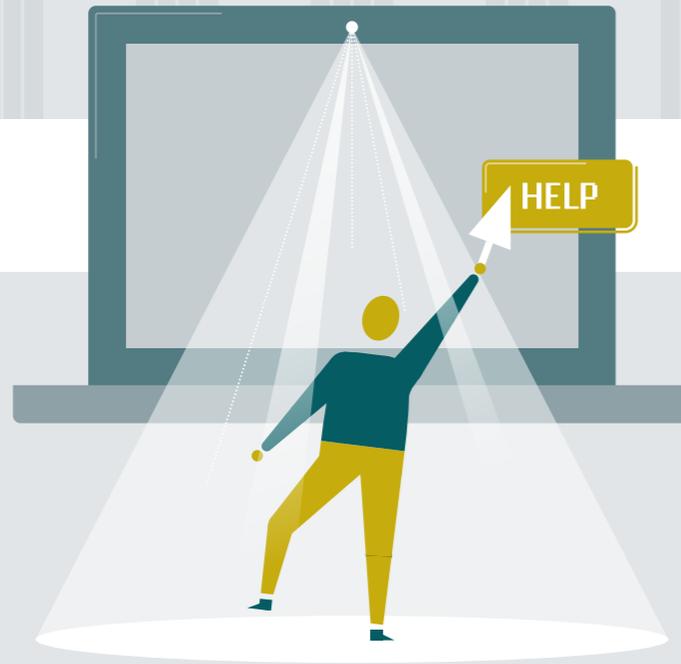


Brain Injury. Offering effective and age-appropriate support to children and young people is also a challenge for many Liaison and Diversion services. One emerging challenge is ensuring that the service is available to all suspects irrespective of whether they are detained or attending voluntarily.

We know that a higher proportion of women in contact with Liaison and Diversion services have mental health needs than of men (Ministry of Justice, 2018) and women are also more likely than men to engage with the service. NHS England has recently been working to develop their pathways for women in the criminal justice system; and services now screen all women coming into police custody. Of the individuals in contact with Liaison and Diversion services in 2016/17, black offenders were more likely to be identified as having a mental health need than offenders from all other ethnic groups (Ministry of Justice, 2018).

To fulfil Lord Bradley's vision of diversion away from the criminal justice system, Liaison and Diversion services need to have strong links with local mental health, learning disability and other relevant support services, including specialist services for children, women and for people from black and ethnic minority backgrounds. They also need to have links with wider support for example with housing and welfare advice. They need to have the confidence of the criminal justice system to inform decision-making and ensure vulnerable people are appropriately diverted away from custody as early as possible or offered effective support quickly if they stay within the criminal justice system.

# Three Courts



The first appearance at a magistrates' court can be crucial to the identification of vulnerabilities that were not picked up at the police station stage. This hearing is also of critical significance in the vast number of offences which are prosecuted without the defendant having been arrested (e.g. non-payment of TV licences). In these circumstances, court may be the only opportunity for vulnerability to be identified.

The digitalisation of courts risks making the identification of vulnerabilities more difficult. The Court and Tribunal Reform Programme proposes that plea and mode of trial will be dealt with online, avoiding first appearance at the magistrates' court altogether. Additionally, it is expected that most summary, non-imprisonable offences will be dealt with online through a plea and sentence website. This is of particular concern given that the magistrates' court presents an important early opportunity to identify vulnerabilities before people proceed through the system.

Liaison and Diversion has made a significant improvement to the information known about defendants in magistrates' courts. Liaison and Diversion practitioners typically look at the court lists to identify those already known to the service who may need assistance at the Court. They also take referrals, including from the defendant's advocate, court staff, court probation officers and the magistrates.

In places where the service has been operating for some time, practitioners are well known, and court staff and defence practitioners seek their advice.

The use of video link hearings at the Plea and Trial Preparation Hearing in the Crown Court for vulnerable defendants also raises concerns. We have heard suggestions from Revolving Doors lived experience panel members that requiring people to use video links might inhibit their

I was judged on my mannerisms. I came across as cold, but that's my Asperger's. The Judge brushed over it.



ability to engage with the court process; their responses, including lack of eye contact, might be misread, and they may not be able to respond to the questions as competently.

There is a range of guidance available for legal practitioners as to how to deal with vulnerabilities once potential problems are identified. For the judiciary, the Criminal Procedure Rules and Practice Directions set out the requirement that reasonable steps must be taken to ensure parties can participate fairly. The Equal Treatment Bench Book also provides guidance on meeting the needs of different groups of people (Judicial College, 2018). There is further Judicial College guidance on dealing with vulnerable adults which states that judges and magistrates should be alert to vulnerability, even where previously not flagged.

However, the lived experience panel who gave evidence to this report often reported difficulties in understanding court proceedings and legal language, as well as having difficulties expressing themselves.

An intermediary can provide assistance to defendants at court, as can support workers, but the level of appointment of intermediaries is still very low in criminal cases (Communicourt, 2014).

In ten years time

## Four Sentencing



In ten years time

## Mental health needs

There is no recent study looking at the prevalence of mental health needs among people supervised by probation services. *Strengthening probation, building confidence* (Ministry of Justice, 2018b) cites a study of adult offenders starting community orders in 2009 and 2010 which showed that 35% reported having a formal diagnosis of a mental health condition.

Another frequently cited study (Brooker, 2012) which was based in Lincolnshire probation service before the introduction of Transforming Rehabilitation suggests that 39% of offenders in contact with probation had a current mental illness, that 25% had an anxiety disorder (compared to 12.7% in general population) and that nearly half had the symptoms of a personality disorder (compared to 13.7% in general population).

Yet mental ill-health in the probation caseload is, for the most part, unrecognised and untreated. Recent figures<sup>1</sup> show the huge variance among Community Rehabilitation Companies' ability to identify the mental health needs among those serving community orders. And there is evidence that mainstream NHS mental health services do not regard people in contact with probation as 'their' business. This failure is costing lives. Deaths of people serving court orders in the community increased by 40% in the last year (from 380 in 2016/17 to 533 in 2017/18) (MoJ, 2018c)

**Deaths of people serving court orders in the community increased by 40% in the last year.**  
(MoJ, 2018c)



In addition to the inadequate screening to identify people with mental health conditions<sup>2</sup> there is evidence to suggest that the information is not effectively shared along the criminal justice pathway to ensure that the interventions are appropriate to the needs of the individual. A previous study (Brooker et al., 2011) found that in over half of those identified as having a current anxiety disorder, this information was not recorded in the offender's case file, and half of those with a current psychosis were not receiving any support from mental health services. Another study (Butler Trust, 2014) suggests that recognising mental health needs of people under probation supervision was particularly difficult if they had learning disabilities and neurological impairments, or if they were serving short sentences of less than 12 months.

Finally, there is a very high degree of co-morbidity and co-occurring need in the probation population. 72% of those surveyed who had a diagnosable mental illness also had a substance misuse problem (the level of alcohol related needs were even higher).

<sup>1</sup> Obtained from the Ministry of Justice under the Freedom of Information legislation by the Revolving Doors Agency  
<sup>2</sup> It is important to note the findings of the NAO report highlighting some of the shortcomings in the way NHS conducts prison health needs assessments. Frequently the number of prisoners currently in treatment are used as a baseline for the level of mental health need, but this does not include unmet need.

### 3 in 5 people sentenced to less than six months in prison report a drug or alcohol problem on arrival at prison.

The majority of short sentenced prisoners experience multiple vulnerabilities, including mental-ill health, substance misuse and homelessness. For example, 3 in 5 people sentenced to less than six months in prison report a drug or alcohol problem on arrival at prison.

We know that short prison sentences are largely ineffective with 68% of people serving them being reconvicted within a year. At the same time, the use of community sentences overall has declined substantially over the last ten years. In particular, the use of certain requirements that can address health needs, such as the Mental Health Treatment Requirements, have been extremely low and have further declined in use.

We welcome the Justice Secretary's announcement in February 2019 of his plans to review the use of short prison sentences under six months:

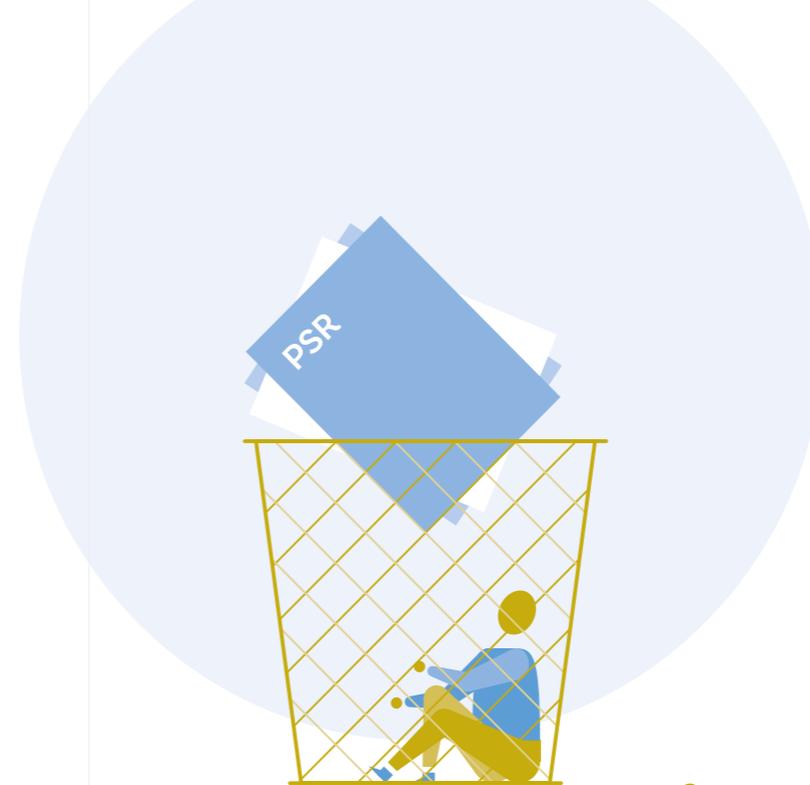
### Short prison sentences and pre-sentence reports

"If we can find effective alternatives to short sentences, it is not a question of pursuing a soft-justice approach, but rather a case of pursuing smart justice that is effective at reducing reoffending and crime."

Court reports, including pre-sentence reports (PSRs) are essential to supporting effective sentencing, and can highlight to the court where people have vulnerabilities. There has been a substantial fall in the last decade in the number of new PSRs produced. Cases with PSRs are more than ten times more likely to receive a community sentence, and falling numbers of PSRs is linked to the decline in community sentences (Centre for Justice Innovation, 2018).

Information gathered by Liaison and Diversion services should be consistently fed into PSRs and the information clearly identified as being from a qualified mental health practitioner where this is the case.

When you plead guilty, the pre-sentence report is usually seen as unnecessary. They say, if you are guilty, then you're guilty, you have to serve your time.



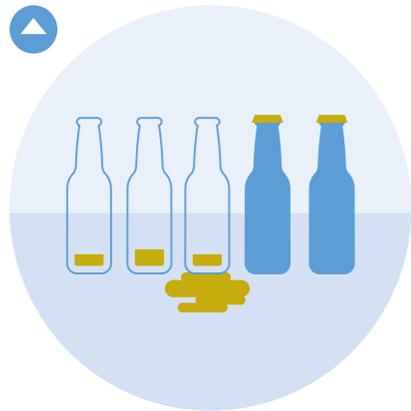
### Community Sentence Treatment Requirements

The Community Sentence Treatment Requirement Programme (CSTR) was established to reduce offending and reoffending; and to reduce short term custodial sentences by addressing the root cause of the offending behaviours. The programme has successfully supported the increased use and effectiveness of the three treatment requirements: Drug Rehabilitation Requirement, Alcohol Treatment Requirement and Mental Health Treatment Requirement as well as the use of combined orders to support people with co-existing needs.

The programme has been tested in Sefton, Birmingham and Solihull, Northamptonshire, Milton Keynes and Plymouth. They have developed

successful partnerships, processes, services and pathways that enable accessible treatment for people with multiple and complex health and social needs, many of whom do not reach the threshold of secondary healthcare services.

A recently published study (Ministry of Justice, 2018d) found that including a mental health treatment requirement and alcohol treatment requirement in a community order or suspended sentence order can have a significant and positive impact on reducing reoffending. It is highly welcome that the NHS Long Term Plan has identified CSTRs as a provision to be increased across England over the next five years.



## Five

# Prisons & Resettlement



It is all about the time you got to the reception. If you arrive on Friday at 6pm, you have to wait for the whole weekend to get your prescription. But if you land midweek say about 2pm, then you can get your medication in the evening. So there is something deeply unfair – the quality of care depends on what time you arrive at prison.



The majority of people entering prison will have pre-existing vulnerabilities including mental health problems and/or substance misuse; and the experience of being in prison can cause further damage to mental health, especially for people who have experienced traumatic events prior to being in custody (Durcan et. al., 2017). Indeed, poor mental health is the norm rather than the exception among prisoners and rates of self-harm are rising year on year. Much of this need remains unidentified, undiagnosed and unsupported. The Public Accounts Committee Inquiry into Mental Health in Prisons concluded that “existing screening procedures are insufficient to adequately identify those who need support and treatment.”

Effective and timely transfer of information between health and justice services has been a longstanding challenge but is essential to keep people safe and well. The full roll-out of the health and justice digital patient record information system across all adult prisons, including the transfer of patient records before custody, in custody and on release, is welcome.

For those people who can access services in prison, there has been limited progress in improving mental health in prisons during the last ten years. All prisons have had a mental health ‘inreach’ team since the responsibility for commissioning prison healthcare was taken up by the NHS in 2001. People seen by

**The Public Accounts Committee Inquiry into Mental Health in Prisons concluded that “existing screening procedures are insufficient to adequately identify those who need support and treatment”.**

prison mental health teams report that they can be very helpful, for example in helping them to prepare for life after prison (Durcan, 2016). But there remain significant gaps in mental health support in prisons, including a lack of primary care and talking therapy provision (Durcan, 2016) which can put inreach teams under very great pressure.

There is a clear need to change prison environments and regimes to reduce the risk of serious harm or loss of life. Self-harm and self-inflicted deaths in prison have risen significantly over the last decade across the prison estate. Levels of self-harm differ considerably by gender, with a rate of 570 incidents per 1,000 in male establishments compared to a rate of 2,675 incidents

100% increase

5 years



The rates of self-harm among prisoners from a mixed ethnic background have doubled in the past five years.

per 1,000 in female establishments (MoJ, 2018c). The rates of self-harm among prisoners from a mixed ethnic background have doubled in the past five years. Furthermore, there were disproportionate increases in self-inflicted deaths for women, for black men, and for people serving both the shortest and longest sentences.

Currently, 'first night in custody' schemes and additional support are widely offered to prisoners who are assessed as being vulnerable to suicide. But many prisoners describe not being believed when they disclose feelings of distress to prison officers or healthcare staff (Durcan et al 2017). And relying on risk assessment tools to identify prisoners at risk of suicide is ineffective.

For people who are in a mental health crisis and need urgent treatment, transfers to hospital under Part 3 of the Mental Health Act are required. Long waits for hospital transfers were cited in the Bradley Report as a concern and this continues to be an issue in many areas. Nationally, average waiting times for hospital transfers are

reducing and, in many areas, secure hospitals are now commissioned differently in order to speed up transfers and discharges. But the recent Mental Health Act Review once again called for a maximum 14-day wait for hospital transfer and for further reforms to ensure people can be discharged when they no longer need to be in a secure bed (Wessely, 2018).

There remains a pressing need for a clear blueprint for the full range of mental health and wellbeing assessment and support in prisons, for changes to prison regimes to become more psychologically informed, and for a better system to transfer people to hospital when they need urgent help. The development of the Personality Disorder Pathway is a positive approach to coordinating support from prisons to probation.

However, ten years on from the Bradley Report, serious self-harm and tragic loss of life continues in our prisons and the need for concerted action to bring about significant system change remains.

I ended up in a hostel after leaving prison. I can't get the mental health need treatment, substance misuse treatment. When you come out of prison, you have problems with probation, housing issues, benefit issues, health problems. It's like getting into deep water, and you don't know how to swim.



### Fresh start

One of the major changes since the Bradley Report has been the introduction, as part of Transforming Rehabilitation reforms, of supervision and support for people on release from prison following a sentence of less than 12 months. This is highly significant given that 250,000 people churn through prison annually of whom 57% serve sentences of 12 months or less. Despite the reforms, very high numbers of people continue to leave prison without the support that they need; the responsibility for care is not being effectively passed on to relevant services. HMI Probation has been critical of the quality of 'through the gate' services provided by Community Rehabilitation Companies and, in particular, the lack of planning and arrangements for suitable accommodation (HMIP, 2019). This is disappointing given the evidence of risk at this point of transition. For example, 1 in 5 of

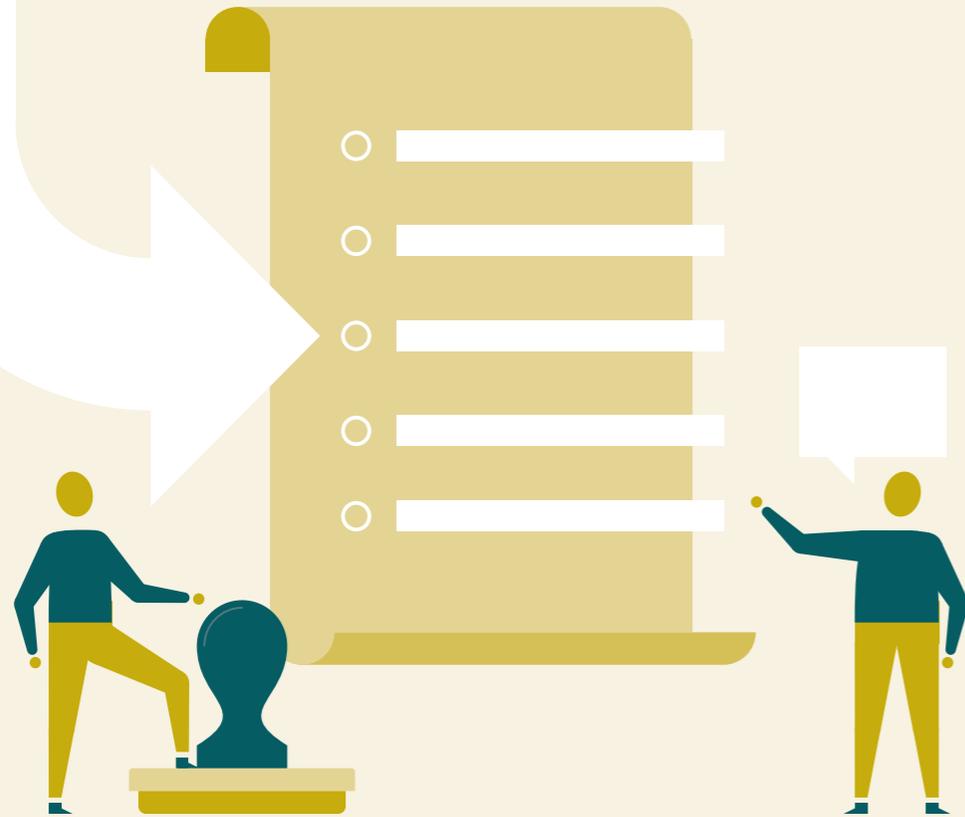
suicides of people leaving prison are also known to occur within the first 28 days after release (Sattar, 2001).

While the government recently announced significant changes to the model of probation, including returning accountability for supervision of all offenders in the community to the National Probation Service, issues remain with high levels of breach and recalls to prison.

The original vision of the Bradley Report was for Liaison and Diversion services to exist across the entire criminal justice pathway, from early contact through to resettlement. It is highly welcome that the NHS Long Term Plan commits to a new care after custody service, RECONNECT. This service will start to work with people before they leave prison and help them to make the transition to community-based services that will provide the health and care support that they need.

## Six

# Recommendations



1

Across the criminal justice pathway, a common, comprehensive definition of vulnerabilities is adopted that includes mental ill-health, learning disabilities, autism and autism spectrum disorders, substance misuse, personality disorders, acquired brain injury and traumatic brain injury.

2

Comprehensive protocol to screening, assessment, information sharing and care across the whole system – including street triage, police, courts, probation and prison – should be developed and implemented.

3

As recommended in the Bradley Report, commissioning of police custody healthcare should be transferred to the NHS.

4

Liaison and Diversion services should be resourced to enable effective screening of 100% of those who come into police custody or attend voluntarily.

5

The Courts should not be able to send people to immediate custody or to a community sentence in the absence of a relevant court report.

6

The roll-out of Transforming Justice digitalisation programme should be reviewed to ensure robust evidence is available on the impact on people with mental ill-health, learning disabilities, or other vulnerabilities.

7

Invest in effective community sentences that command the confidence of sentencers, including roll-out CSTRs across England.

8

The Ministry of Justice should press forward with plans to restrict the use of short prison sentences.

9

Reforms proposed in the Independent Mental Health Act Review regarding prison transfers and other Part 3 recommendations should be rapidly implemented.

10

RECONNECT should be invested in to ensure the service covers short sentenced 'revolving doors' group.

## Appendix: Definitions

**Acquired brain injury (ABI)** is an injury caused to the brain since birth. There are many possible causes, including a fall, a road accident, tumour and stroke. Traumatic brain injury (TBI) is an injury to the brain caused by a trauma to the head (head injury). There are many possible causes, including road traffic accidents, assaults, falls and accidents at home or at work.

**Autism and autistic spectrum disorder**, (the latter sometimes known as Asperger's syndrome), are pervasive developmental disorders in which intelligence may or may not be impaired, but may affect emotional and relationship capacities, often with aspects of speech and communication being present.

**Learning disabilities:** The World Health Organisation defines learning disability as "a state of arrested or incomplete development of mind", entailing a significant impairment of intellectual functioning or adaptive/social functioning. A tested 'intelligence quotient' (IQ) is often used to indicate severity – mild, moderate, severe. Average intelligence is taken as 80-120. A person with severe generalised intellectual disability will have a tested IQ under 35, and cannot live independently. In varying degrees, those with moderate (IQ 35-49), mild (IQ 50-69) or borderline

ID (70-80) can live independently but are particularly vulnerable if they enter the criminal justice system.

**Mental ill-health:** Mental health disorders cover a broad spectrum of conditions such as depression, anxiety, post-traumatic stress disorder, obsessive compulsive disorder, eating disorder, bipolar disorder (which used to be known as manic depression) and schizophrenia. People diagnosed as having mental health problems may have feelings or behave in ways which are distressing to themselves or others. They may have hallucinations, delusions and thought disorders.

**Personality disorders:** Longstanding and significant impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits, which are not solely due to the direct physiological effects of a substance (e.g. a drug of abuse, medication) or a general medical condition (e.g. severe head trauma). Along with substantial social difficulties, individuals with personality disorder also experience poor general health, have high co-occurrence of mood and anxiety disorders and experience reduced life expectancy. Antisocial personality disorder and borderline personality disorder are two types of personality disorders commonly seen in the criminal justice system.

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