Author

Yvonne Adair

Title

'High Risk, Substance Misusing Young Offenders: intensive intervention through a multi-agency, multi-disciplinary, collaborative and restorative approach'
HIGH RISK, SUBSTANCE MISUSING YOUNG OFFENDERS:

intensive intervention through a multi-agency, multi-disciplinary, collaborative and restorative approach.

INTRODUCTION: background and context

The use of Restorative Justice, with young people in conflict with the law, in Northern Ireland, grew out of the Belfast Agreement reached on Good Friday 1998, after decades of political, religious and sectarian conflict.

The subsequent Review of Criminal Justice in Northern Ireland ¹ recommended many radical changes to the law and its delivery, one of which was to place ‘Youth Conferencing’ at the heart of the juvenile justice system.

The Youth Conference Service, as part of the Youth Justice Agency (YJA) ² commenced delivery of this statutory work as legislated (within the Justice (Northern Ireland) Act 2002) in December 2003. The purpose of a Youth Conference is to focus on the harm caused and to agree what is required both to address that harm and to reduce reoffending. It is legally required to have present, alongside the young offender, an appropriate adult, a skilled Co-ordinator and a designated, trained police officer.

The principles that underpin Youth Conferencing can be summarised as follows:

- Meeting the needs of **victims** – through tangible participation and reparation.
- **Rehabilitation** that is ‘strengths-based’ and ‘desistance’ led.
- **Proportional**, rather than purely retributive justice.
- **Repairing** relationships that have been damaged or broken by crime.
- **Devolving** power to the Youth Conference participants to agree a plan or recommendation.
- Actively **including** the young offender, parents/ carers and all others involved with or who can add value to the situation.

Such an approach requires, and therefore naturally generates, a methodology and practice which is multi-agency, multi-disciplinary and collaborative. Without such, it is not restorative, without such it will not be effective.

² Youth Justice Agency of Northern Ireland – www.youthjusticeagencyni.gov.uk
PRIORITY YOUTH OFFENDERS

Within the Restorative Justice/Youth Conference framework, each offence committed by a young person must be dealt with individually (as each offence has a victim). Consequently, those young people who persist in their offending (even when of a relatively petty nature as can be the case with substance users and those with mental health problems) quite quickly accumulate a number of youth conference plans. To address this particular group, together with those young people who commit offences of a serious nature (e.g. violent, sexual) the Priority Youth Offender Project (a 2 year pilot) was established and became operational in April 2009. It is anticipated that this approach will continue, post pilot, as an agency and hopefully government, strategy.

This project provides intensive supervision and support, utilising the Circle of Support and Accountability (COSA). The purpose of the Circle is to:-

- Provide young people with support to achieve their goals.
- Strengthen the young person’s relationships with family, school/employment and community (social capital).
- Engage the active participation of informal and specialist services working together as a team (coordination and collaboration).

The rationale is that:-

- Young people who have adopted a pattern of persistent offending are faced with many obstacles to desistance from crime.
- It is not possible for a justice agency acting alone to enable young people to desist from offending.
- Community partnerships are essential to effective practice.
- Community partnerships are most effective when built around the individual to motivate, to meet specific needs, to develop strengths and to manage specific risks.
- Community partnerships are most effective when acting as a coordinated and cooperating team.
- Community partnerships are most effective when individual citizens combine with professional experts.

PRIORITY YOUTH OFFENDERS: drugs misuse/mental health
Although originally designed to work with sex offenders, the Circle is proving particularly effective with those young offenders for whom drugs misuse and poor mental health is prevalent – a significant but not surprising characteristic within the Priority Youth Offender population.

On Thursday 7 October, there were twenty eight young people detained in Woodlands Juvenile Justice Centre, which is managed by the Youth Justice Agency. On admission, it was realised that 32% have a diagnosis of Attention Deficit Hyperactivity Disorder (2% is the national average in the adolescent population), 86% had a significant poly substance use prior to admission, 32% were under the care of Community Adolescent Mental Health Services (CAMHS) prior to admission, 32% were availing of drug/alcohol services in the community, and, 42% have a history of or current self injurious/suicide thoughts. After induction and assessment, 25% are under the care of the Youth Justice Agency psychologist; 29%, under the care of the YJA psychiatrist; and, overall, 35% are assessed as having mental health problems associated with constant substance misuse.

This correlation between serious drugs misuse and consequent mental ill-health in priority youth offenders, was evidenced also in an earlier study, conducted by the psychologist in Woodlands Juvenile Justice Centre, in October 2009. At that stage, of the twenty four young people in custody, 100% reported alcohol misuse, and 92%, drugs misuse. Perhaps not surprisingly, 33% had confirmed parental drug or alcohol misuse, with a further 17% suspected. None had a formal mental health diagnosis of depression, anxiety disorder or psychosis (other than brief psychotic episodes when coming down of heavy drug use). However, there was significant evidence of attachment disorder, and also, much higher levels of undiagnosed post traumatic symptoms, manifesting them themselves as conduct problems, ADHD symptomatology or self harm/suicidal ideation and behaviours. Perhaps highly significant also, is the fact that 50% of these young people had witnessed domestic violence, with 29% having confirmed physical abuse. Furthermore, 42% had been in residential care. Needless to say, none had completed or were in mainstream education. Finally – 46% had been under a paramilitary threat, with 12% having received a so called “punishment” beating.

Such complexity, such damage, such dysfunction, such vulnerability coupled with such risk of harm to self and others – requires a collaborative, co-ordinated and creative response. It requires all those involved - professionals, family, community, to work together in an organised and cooperative way, complementing each other, and most importantly, keeping the young person at the centre of the Circle.

A COLLABORATIVE, CO-ORDINATED RESPONSE

The Drug and Alcohol Intervention Service for Youth (DAISY) \(^3\) provides a comprehensive programme of intervention for young substance misusers, a

\(^3\) – www.daisy.uk.net
significant number of whom are immersed in the justice system. In September 2009, this service was supplemented by DAISY Intensive Support—a multi-agency response for high risk substance misusers, and it is no surprise that all in receipt of the programme are involved in youth crime, with almost all, also having been assessed as being on the mental health spectrum. The majority are known, often through being in ‘care’, to Social Services, and also, to the Alternative Education providers. Such intensive support—initial contact and assessment within 24 hours, daily contact for first two weeks, 24/7 telephone support, an individualised wraparound service plan, intensive case management, family intervention and support, fast tracking into services, crisis response and robust engagement/re-engagement is provided to those young people, judged by the multi-agency panel, as highest priority. This panel is made up of the following agencies and disciplines:

- Public Health Agency, Drug & Alcohol Co-ordination Team
- Drug & Alcohol Intervention Support for Youth (DAISY).
- Health & Social Care Trust – which incorporates both Health (Child & Adolescent Mental Health)\(^5\) and Social Services.
- Alternative Education Providers
- Youth Justice Agency

The panel meets regularly – ensuring the sharing and flow of all relevant information and plans for intervention and engagement. The worker assigned to each case will provide at least six months intensive support, following the young person into custody if necessary, and hopefully, back into the community.

The worker will collaborate with others involved with the young person—health professionals, justice workers, family members. The worker will participate in the Circle of Support and Accountability. All to ensure that as much cross fertilisation takes place as possible, with the aim that an integrated approach is to the fore, and maintained.

The Intensive Support programme works with six young people at any one time. As of 11\(^{th}\) October 2010, five were involved in the youth justice system (four of whom are priority offenders), with many of the other characteristics as mentioned above, firmly embedded in their history and current lifestyle. The

\(^4\) www.edact.org

\(^5\) Child and Adolescent Mental Health Services (CAMHS), will then refer to Drugs and Alcohol Misuse Mental Health Services (DAMMHS), those young people who have co-morbid presentation—i.e. a significant substance misuse problem in conjunction with a mental health difficulty. DAMMHS is a statutory service funded by EDACT and managed by the Health and Social Care Trust. Their methodologies include Cognitive behaviour Therapy (CBT), Motivational Interviewing (MI), Pharmacotherapy, Harm Reduction and Groupwork.
ISP workers are endeavouring to deliver an intensive level of intervention that is collaborative with all others involved and motivational in its essence.

**SUMMARY**

Young people who enter the Youth Justice system often are misusing substances. Young people who enter the Youth Justice system have a much higher than average incidence of poor mental health. The correlation between mental ill-health and substance misuse in priority young offenders is significant. It would seem, on the surface that the mental health problems are the consequence of chronic substance misuse.

However, knowing what we do, of the lack of attachment and serious trauma experienced, it would be safe to suppose that alcohol and drugs are very probably frequently being used to self-medicate, albeit as learned behaviour or subconsciously.

The conclusion is the fact, that a highly significant percentage of those young people who become entrenched in the Justice system, either through persistent and/or serious offending, have chronic substance dependency, combined with very poor mental health. This renders them both vulnerable and risky.

To effect any change, or at the very least, to manage the risk (to themselves and others), assessment and targeted intervention must involve experienced and skilled practitioners, from both the Youth Justice and Mental Health Sectors.

This will encompass a range of disciplines; psychiatry, psychology, social work and crucially, those with a youth and community background, skilled in motivating and coaching young people and families who are on the margins of society. Creativity, flexibility and resilience are required.

This is a multi-faceted and complex issue, which requires a multi-faceted and comprehensive response.