The Committee will meet at 2.00 pm in Committee Room 2.

1. **Item in private**: The Committee will consider whether to take item 5 in private.

2. **Constitutional Reform Bill**: The Committee will take evidence on the Constitutional Reform Bill currently before the UK Parliament from—

   Colin Boyd QC, the Lord Advocate, and Paul Cackette Head of Civil Justice Division, Scottish Executive Justice Department.

3. **Adults with Incapacity (Scotland) Act 2000**: The Committee will consider a paper by the Clerk.

4. **Youth Justice Inquiry**: Report back from fact-finding visits in Dundee, Falkirk and South Lanarkshire.

5. **Youth Justice Inquiry**: The Committee will consider the evidence received and how to proceed with its inquiry.
Agenda item 2 – Constitutional Reform Bill

Proposed areas for questioning (PRIVATE PAPER) J2/S2/04/35/1
Correspondence from the Lord President J2/S2/04/35/2
Correspondence from the Dean of the Faculty of Advocates J2/S2/04/35/3
The Bill can be accessed by following this link http://www.publications.parliament.uk/pa/ld200405/ldbills/001/2005001.htm

Agenda item 3 – Adults with Incapacity Act

Note by Clerk J2/S2/04/35/4
The Adults with Incapacity (Scotland) Act 2000: Implementation, J2/S2/04/35/4
Monitoring and Research
The Adults with Incapacity (Scotland) Act 2000: Learning from J2/S2/04/35/4
Experience

Agenda item 4 and 5 – Youth Justice Inquiry

Note by Clerk J2/S2/04/35/5
Note of recent Committee Visits J2/S2/04/35/6
Correspondence from Health Boards J2/S2/04/35/7
Letter from Robert McGeachy, YouthLink Scotland J2/S2/04/35/8
Letter from Alex Cole-Hamilton, Fairbridge in Scotland J2/S2/04/35/9

The following documents are circulated for information only:

- Letter from the Minister for Justice in relation to the Westminster Inquiries Bill
- Letter from the Minister for Justice in relation to the Westminster Serious Organised Crime and Police Bill

Forthcoming meetings:

- Tuesday 11 January – 2pm
- Tuesday 18 January – 2pm
- Tuesday 25 January - 2pm

Gillian Baxendine / Tracey Hawe
Clerks to the Committee
Tel 0131 348 5054
6 December 2004

Miss Annabel Goldie MSP,
Convenor,
Justice 2 Committee,
c/o The Justice 2 Committee Clerks,
T3.60,
The Scottish Parliament,
Edinburgh.
EH99 1SP

Dear Miss Goldie,

CONSTITUTIONAL REFORM BILL

Thank you for your letter of 24 November 2004 regarding the above. You have asked for my views on the motion set out in the Memorandum attached to the Lord Advocate’s letter to you of 22 November 2004.

The principle that the functions of the judiciary and the legislature should be exercised separately is, of course, one of the fundamental ideas underpinning the constitution of the United Kingdom and one which I believe is generally accepted and uncontroversial. However, as you know from the evidence which I gave to your committee on 9 March 2004, I am not convinced by the arguments which have been advanced for the creation of a “Supreme Court” for the United Kingdom. The establishment of such a court is not, in my opinion, a development which is necessary to give effect to the principle to which I have referred.

The substantive issue raised by the motion is whether the Scottish Parliament should agree to the Westminster Parliament considering those provisions of the Constitutional Reform Bill which relate to matters falling within the devolved competence of the Scottish Parliament. I do not wish to express any view on that issue or indeed on the Memorandum in as far as it sets out arguments in favour of the motion. I would, however, offer the following general observations and comments to the Committee in the hope that they are of some assistance.

In paragraph 3 of the Memorandum under the heading “Background” reference is made to the jurisdiction of the Judicial Committee of the Privy Council (“JCPC”).
The Memorandum states that the JCPC, in addition to its overseas and ecclesiastical jurisdiction, considers questions as to whether the Scottish Parliament, the National Assembly for Wales and the Northern Ireland Assembly are acting within their legal powers. Reference is made, in relation to Scotland, to the Scotland Act 1998. What is not mentioned is that, in addition to considering the questions regarding the legislative competence of the Scottish Parliament, the JCPC also considers questions as to whether or not the Scottish Ministers have acted within devolved competence. In practice, most of the cases considered by the JCPC under the Scotland Act 1998 have related, in particular, to whether the Lord Advocate has, in his role as prosecutor, acted in a manner which is compatible with the European Convention on Human Rights.

In paragraph 4 of the Memorandum, reference is made to the abolition of the office of Lord Chancellor. However, the Bill as it currently stands provides for modification rather than abolition of that office.

In paragraph 12 of the Memorandum makes reference to the possibility of express provision in the Bill regarding the binding effect of decisions of the Supreme Court. I can confirm that my officials are in communication with officials from the Department for Constitutional Affairs regarding the detail of such a provision which would give effect to previous undertakings given by the Lord Chancellor and Secretary of State for Constitutional Affairs.

I have no other comments or observations to make in relation to the Memorandum.

Although you have not requested my views on the terms of the Lord Advocate’s letter to you, I would like to take this opportunity to welcome the Lord Advocate’s confirmation that it is the intention of the Executive to bring forward legislation regarding the independence of the judiciary at the earliest possible opportunity.

I am sending a copy of this letter to the Lord Advocate.
JUSTICE 2 COMMITTEE

35th Meeting 2004 (Session 2)

Tuesday 14th December 2004

Constitutional Reform Bill
Submission from Roy L. Martin, Q.C., Dean of the Faculty of Advocates
9 December 2004

Miss Annabel M. Goldie, MSP,
Convener, Justice 2 Committee,
c/o The Justice 2 Committee Clerks,
T3.60,
The Scottish Parliament,
Edinburgh, EH99 1SP

Dear Miss Goldie,

**Constitutional Reform Bill**

I refer to your letter dated 24\textsuperscript{th} November 2004 and I am writing to set out the position of the Faculty in response to the Sewel Motion and accompanying Memorandum which has been provided by the Lord Advocate.

1. The Faculty welcomes the proposed amendment which will ensure that the proposals will respect the distinctive nature of the legal system in Scotland. I should be happy to provide more detailed comments on the terms of any amendment which emerges.

2. The Faculty remains concerned that the Bill will not result in a statutory provision which will ensure that there are sufficient permanent judges from Scotland so as to provide a majority of a panel in any case to be decided under Scots law. I refer to what has been said previously by the Faculty in response to the original consultation paper by the Lord Chancellor and in evidence to the Justice 2 Committee and the House of Lords Select Committee. It seems to me that it is not appropriate to rely upon ad hoc or temporary appointments to provide a sufficient establishment in Scottish cases. As I have said previously, it is inconceivable that this would be found to be acceptable for the law of England and Wales, and I see no reason why the position should be any different in Scotland. In any event, I support what has been said by the Committee in paragraph 21 of their Report.
3. I remain concerned that the administration of the Supreme Court is to remain the responsibility of the Department of Constitutional Affairs. In the first place, this is because of anxieties that such an arrangement could be said to breach the provisions of Article 19 of the Act of Union which provides that no English court should have jurisdiction in Scotland. At the very least, it would appear to me to be unwise to institute a new Supreme Court which might be said to have an appearance which contravenes this constitutional principle.

Secondly, I am concerned that for the Court to be under the control of a department administered by the Secretary of State, rather than under the control of the Court itself, runs counter to the principles of robust independence which have been put forward to justify the creation of a Supreme Court in the first place.

I should be happy to provide further and more detailed information on any of the points referred to above if this were desired and would welcome the opportunity to give further evidence to the Committee if that would be found to be of assistance.

At the request of Miss Pauline McNeill MSP, the Convener of the Justice 1 Committee, I have provided a copy of this response to her. I hope that this is acceptable.

Yours sincerely,

Roy L. Martin, Q.C.
Introduction

1. At its awayday last year, the Committee agreed to undertake some post-enactment scrutiny of the Adults with Incapacity (Scotland) Act 2000.

2. At its meeting on 30 March 2004, the Committee considered a paper by the Clerk and the written responses received, following the Committee’s call for evidence on the effectiveness of the Act. The 15 responses received, including one from the Minister for Justice, indicated general support for the underlying principles of the Act, but also highlighted specific areas of concern. The Clerk’s paper can be accessed by following this link http://www.scottish.parliament.uk/business/committees/justice2/papers-04/j2p04-12.pdf

3. In her response to the Committee, the Minister advised that Alzheimer Scotland had been commissioned to undertake some work on the implementation of the Act, following which an Action Plan would be developed and consulted on in the autumn.

4. The Committee agreed to forward the written responses received in relation to its post-legislative scrutiny of this Act, to the Scottish Executive for inclusion in its consultation on the Act, and to revisit the matter in the autumn when the Executive’s research project had been completed.

Research Findings

5. Alzheimer Scotland has now published its report “The Adults with Incapacity (Scotland) Act 2000, Learning from Experience.” The report and the Research Findings are available in hard copy and by following this link http://www.scotland.gov.uk/Topics/Justice/Civil/16360/4937

6. The main findings of the Research were:

- In broad terms, the Act is meeting its central aims to provide enhanced protection for people who may potentially benefit from the legislation and to offer more flexible and specifically appropriate means to realise this.
- Uptake levels of different provisions under the Act have varied, but usage has been steady, and has consistently increased for Parts 2 (Powers of Attorney and 6 (Intervention Orders and Guardianship).
- Usage levels for all Parts of the Act have differed considerably by local authority area.
- When to invoke the Act was a major issue for local authorities during the consultancy.
- The roles of proxies and carers are critical - as are their needs for improved support and information.
- There has been insufficient understanding and consciousness of the Act amongst some key groups, such as professions with potential involvement.
- Perceived barriers may be just as important as realised ones in hampering access to the Act.
- The principles and the definition of incapacity, as a decision- and context-specific concept, have been enthusiastically accepted.
- A number of processes may need simplification.
- Actions to address the concerns identified need to include ones aimed at awareness-raising and improved information provision, alongside ones concerned with practice, policy and legislation.

Scottish Executive Response to the Research Findings
7. Hugh Henry wrote to the Committee on 28 October 2004 setting out the Executive’s response to the Report and its findings and advising that it is no longer the intention to publish and consult on an action plan. The Executive’s response is now intended to be more “action-orientated.”

8. His letter highlights the intention to raise the public profile of the Act and makes particular reference to two issues identified as being of widespread concern.

9. The first of these is difficulties with access to legal aid. The Minister has advised that a decision in principle has now been taken that free legal aid should be available for welfare guardianship proceedings and that eligibility for legal aid for advice and assistance will be based on the resources of the adult in respect of whom advice and assistance is sought, instead of on the means of the applicant.

10. The other main area of concern is about when to invoke the Act and the variation in approach between local authorities. The Executive issued a letter to Chief Social Work Officers from the Chief Inspector of Social Work setting out some guidance. The Executive has also been working with the Mental Welfare Commission and further guidance is envisaged.

11. Other work taking place will result in:-
- a wider range of people authorised to countersign applications to transact with funds,
- a change to sheriff court rules to allow hearings to take place in private,
- progress to resolve banking-related issues and
- the codes of practice being revised and updated and the adults with incapacity website being revamped.

12. Amendments to Part 5 of the Act (medical treatment and research) will be brought forward as part of the Health Service Miscellaneous Bill to increase the number of healthcare professionals who can sign certificates of incapacity for treatment provided they have the necessary skills and experience and to extend the maximum duration of certificates of incapacity from 1 to 3 years in certain circumstances.
13. The Minister advises that as many of the issues arising in the research relate to practice and procedure, these can be addressed over the short term with any proposals for legislative change being developed on an ongoing basis.

**Adults with Incapacity National Practice Co-ordinator**

14. Jan Killeen, who led the Alzheimer Scotland project has been seconded to the Executive for up to 2 years to take forward further work on the Act and has been given responsibility to take forward certain key tasks such as production of guidance, revision of codes of practice, building training capacity and developing awareness raising initiatives.

**Part 3 of Act – intromission with funds**

15. A stakeholder task force is to be set up by the Public Guardian to look at the poor levels of take-up of this measure, with a view to making proposals for change to primary and / or secondary legislation.

**For Committee Consideration**

16. The Committee is asked to consider what it wishes to do now. There are a number of options:

(a) The Committee could invite the Minister and the newly appointed Adults with Incapacity National Practice Co-ordinator to give evidence to a meeting of the Committee early in the New Year; by that time the Health Service Miscellaneous Bill should be introduced and the AWI amendments can be scrutinised.

(b) Alternatively the Committee may wish to hold a couple of evidence taking sessions, hearing from a cross-section of stakeholders (for example the Public Guardian, the Mental Welfare Commission, medical representatives / practitioners, Association of Directors of Social Work) with the Minister being invited for the final session.

(c) The Committee might want to allow a period of say 6 months from now to allow some tangible progress to be made following the findings of the report, at which time the Minister and other witnesses as appropriate could be invited to provide an oral update to the Committee.

Clerk to the Committee
December 2004
Remit and Approach

1. At its meeting on 12 May 2004 the Committee agreed its remit and approach to this inquiry. The twin aims of the inquiry are as follows:

   - To review the effectiveness of multi-agency working in the youth justice field.
   - To identify and assess the impact of gaps in service provision in the youth justice field.

Written evidence

2. The Committee issued a general call for written evidence on its website and through writing to key organisations. The Scottish Executive was also invited to provide a memorandum with its answers to the key questions set out by the Committee. All written responses received have now been circulated to Committee Members, along with a summary report of written evidence prepared by Fergus McNeil, adviser to the Committee, and a SPICe briefing paper on issues relevant to the inquiry. A list of those organisations who responded to the call for evidence is attached as Annex A.

3. At its meeting on 26 October 2004 the Committee agreed to seek evidence from representatives of NHS Boards in relation to the engagement of health boards in the planning of youth justice services, and the difficulties of accessing mental health services for young people. For logistical reasons it was not possible to convene a panel of representatives from health boards prior to the Christmas recess. All boards have therefore been given the opportunity to make written representations on these issues, and any submissions received have been circulated with papers for this meeting.

4. In relation to issues affecting young offenders in secure accommodation, the Committee may wish to note that while it has heard from the Care Commission, HM Prisons Inspectorate for Scotland, the Scottish Institute of Residential Child Care, and other service providers, it has not heard directly from the Governors of HMP YOI Polmont or HMP Cornton Vale. Members may therefore wish to consider whether they wish to seek any supplementary evidence.

5. Members are invited to consider whether they wish to seek any further written evidence in relation to this inquiry.
Oral evidence

6. The Committee has now held three oral evidence sessions in relation to this inquiry. Those individuals that the Committee has heard oral evidence from are listed at Annex B to this paper.

7. Members may wish to note that the Committee has not as yet heard evidence from the voluntary sector, and especially those organisations who are involved directly in the provision of relevant programmes in this area. It would be possible for the Committee to hear oral evidence from a panel of relevant organisations, such as Barnardo’s Scotland, NCH Scotland, SACRO, Youthlink, Fairbridge in Scotland or Includem.

8. In addition, the Committee may wish to invite Bill Whyte, Director of the Criminal Justice Centre at Edinburgh University again, who was unable to attend previously. He has had a key role in the Youth Justice Network and was also involved in developing an evaluation toolkit, now called the DECIDER model to be used by youth justice teams.

9. Members may also wish to consider when they wish to invite the Minister for Justice to give evidence to the inquiry.

10. Members are invited to consider whether they wish to invite any further witnesses to give oral evidence.

Visits and informal evidence

11. Members agreed on 8 June 2004 to undertake a programme of visits in connection with this inquiry. The areas of interest identified were:

- a fast track children’s hearing
- a non-pilot children’s hearing
- 2 local authority youth justice projects
- 2 voluntary sector projects
- Hamilton Youth Court
- a police diversionary project
- a secure unit
- a special school

So far, four visits have been undertaken. A report back of the Edinburgh visit was provided to the Committee on 16 November and reports back from the other three visits are provided with the papers for this meeting.

Wednesday 27 October       Edinburgh       Maureen Macmillan/Colin Fox
Friday 26 November          Dundee         Mike Pringle
Monday 29 November          Falkirk        Bill Butler
Monday 6 December           South Lanarkshire Jackie Baillie/Annabel Goldie

There are a number of areas of interest not included in this current programme, including a secure unit and a special school.
12. Members are invited to consider whether they wish to undertake any further visits. The adviser can then identify specific locations and programmes.

Emerging Issues

13. From considering the range of provisions and from the evidence taken so far, certain issues have emerged; issues relating to diversionary services, youth justice provision for mental health and learning difficulties (the extent of engagement of health professionals in youth justice issues), the availability, quality and range of different forms of residential/secure provision, throughcare and general issues of funding.

Conclusion

14. In summary, the Committee is invited to:

- consider whether it wishes to seek any further written evidence;
- consider whether it wishes to seek any further oral evidence; and
- consider whether it wishes to undertake any further visits.

Clerk to the Committee
December 2004
# Youth Justice Inquiry

## Written Evidence Received

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<th>Robert</th>
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<td>The Association of Scottish Police Superintendents</td>
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Tuesday 16 November:

Dr John Marshall, Consultant Forensic Clinical Psychologist, Lead Clinician-Forensic Child and Adolescent Mental Health Service, Greater Glasgow NHS

Nicola Hornsby, Chartered Clinical Psychologist, Fife Youth Justice Team

Shabnum Mustapha, Policy and Campaigns Officer – Scotland, the National Autistic Society Scotland.

Tuesday 23 November:

Sandra Patterson, Children and Families Standing Committee, Association of Directors of Social Work

Assistant Chief Constable Norma Graham, Central Scotland Police, and Association of Chief Police Officers Scotland

Jackie Robeson, Head of Practice and Tom Philliben, Reporter Manager, West Region, Scottish Children's Reporter Administration

Gerry McGeoch, Chair, Forth Valley youth justice strategy group

Liam McPherson, Borders youth justice strategy group

Councillor Henry Blythe and Michele Miller, Senior Manager, Children & Families and Criminal Justice Services, Fife youth justice strategy group

John Carney, Child Care Manager and Chair, Moray youth justice strategy group

Jon Bannister, Senior Lecturer, Department of Urban Studies, University of Glasgow

Professor Gill McIvor, Director, Social Work Research Centre, University of Stirling

Tuesday 30 November:

Dr Andrew McLellan, HM Chief Inspector of Prisons, and Rod MacCowan, HM Deputy Chief Inspector of Prisons, HM Prisons Inspectorate for Scotland

David Wiseman, Director of Operations and Lorne Findlay, Regional Manager, Central East Region, the Care Commission

Bill Duffy, St Mary’s Secure Unit, Bishopbriggs

Jennifer Davidson, Director and Professor Andrew Kendrick, Scottish Institute for Residential Child Care.
JUSTICE 2 COMMITTEE

35th Meeting 2004 (Session 2)

Tuesday 14th December 2004

Youth Justice Inquiry
Notes on recent visits

Notes of the following recent fact-finding visits are attached:

- Dundee, 26 November 2004
- Falkirk, 29 November 2004
- South Lanarkshire, 6 December 2004 (to follow)
Derek Aitken – Dundee Youth Justice Co-ordinator

Derek Aitken, Dundee’s Youth Justice co-ordinator met us and introduced us to some of Dundee’s Youth Justice Services Team, a multi-disciplinary network of service providers (the Team is covered in more detail later in this report).

Strategic direction for youth justice in Dundee comes from the Dundee Youth Justice Group which meets quarterly and consists of representatives of all agencies (including the Children’s Panel, Reporter Administration, Dundee City Council, NHS Tayside, Procurator Fiscal Service, Fire Brigade and the police). Derek Aitken, in his role as co-ordinator supports the work of the Group (the Group is covered in more detail later in this report).

Dundee is one of the four areas in Scotland involved in the fast-track hearings pilot.

VOYCE (Victims of Youth Crime)

Pam Herd is the project officer for VOYCE. She gave a presentation on this project explaining its ethos and outlining progress to date.

VOYCE is a victim support project funded by Dundee City Council which has been piloted since August 2003. It is a free, independent and confidential service set up to address a gap in service identified. The Project deals only with the victims of youth crime and is designed to:

- allow such victims a better understanding of the Children’s Hearing system,
- provide an opportunity to feedback to the worker dealing with perpetrator, the effect of their crime on the victim and
- allow “shuttle” feedback – feedback for the victim on how the offender reacted when finding out the distress caused by his/her actions.

Referrals are made by Tayside Police, usually within 48 hours of the offender being apprehended, and can be in respect of anyone, either an individual, a commercial, retail or other organisation or local authority. Around 100 referrals are received a month (1337 so far during the life of the pilot), the majority of which relate to crimes of minor assault, shoplifting and vandalism. Where appropriate, victims will then be referred on to a victim support community based service.
Funding for the project comes partly from the Scottish Executive restorative justice funding monies received by Dundee City Council, and partly from mainstream youth justice funding. The success of the project has meant that further funding is to be identified.

The benefits so far of the project have been that, the public are better informed, victims feel that they are being given a “place” in proceedings, victims have access to further support and perpetrators are made aware of the effects of their actions on those affected. Feedback from both victims and offenders has been very positive.

**Dundee Youth Justice Services Team**

We observed a monthly meeting of the Youth Justice Services Team (membership listed in Annexe A). The Team is a network of local service providers with common responsibility for effective liaison with appropriate agencies and co-ordination of youth justice work to support young people who receive behaviour support at school, are truanting or excluded from school.

The Team works to optimise links with diversionary opportunities, emphasising early intervention measures to prevent offenders from becoming repeat offenders. Team members bring to the table their knowledge of the offending, or at risk of offending, youths and pool their information to agree a tailored approach.

The Team considered the Youth Causing Annoyance report, a regular update provided by the police for discussion by the Team. Trouble hotspots were noted and Team members identified to follow up on issues arising. It was noted that the introduction of community wardens had brought about noticeable improvements.

There was a brief discussion of the Key to Change Project, a partnership between Tayside Council on Alcohol/The Link Project and the Web/Dundee Drugs and Aids Project. The Project works with young people involved in significant alcohol and drug misuse, and associated difficulties. Funding beyond March 2005 had not yet been secured. It was noted that a decision would be required shortly as this situation was unsettling for young people and the uncertainty could result in the loss of experienced workers.

Sports Development was discussed in the context of youth offending. We were told about the "Bike It" project recently set-up involving Sports Development, Communities Department, COMPASS Scheme and Tayside Police. Funding was sourced from the Community Safety Partnership Fund. The project seeks to address the offending behaviour of youths involved in bike crime by involving them in bike maintenance and refurbishment work leading to accreditation through youth achievement awards. The project has only just started so it is too soon to assess how successful it has been.

Attention was also drawn to the midnight football scheme recently started up again in the Dundee area which is open to both male and female young offenders.

**Points of Note**

- Uncertainty over the continuation of funding for certain projects was seen as a problem for staff retention and in securing commitment to attend by young people
- It has sometimes been difficult to secure funding for evening work by youth workers
• It was suggested that there was a high turnover in children’s social work services which could lead to delays in dealing with cases
• Training for youth workers in awareness of mental health issues would be helpful

**Meeting with Fast-Track Users**

We met up with some fast-track young offenders at the Choice Project premises. Choice provides a range of programmes for young people involved in offending and also provides support for the relatives of offenders.

The young people and their families talked about their crimes and their thoughts on why they had got into trouble in the first place. The main reason given was that there was nothing or very little for young people to do in the evenings. The boredom had led to offending behaviour, being led astray by older youths and in some cases, exclusion from school and mainstream education.

The Choice Project was seen as providing a very good service by those we spoke to because of the one-to-one interaction with support workers and the emphasis on support for the whole family. One parent said she didn’t know what she would have done without the support of the project workers.

**Lunch**

Members had an informal lunch with members of the Area Youth Justice Strategy Group and the Action Team and chatted about the NCH Children’s Hearing Fast Track Partnership Project which has been running since the summer of 2003.

**Area Youth Justice Strategy Group**

The Group is normally chaired by Graham Oliver, Children's Services Manager, but in his absence on this occasion, the meeting was chaired by Derek Aiken. The Group meets quarterly facilitating partnership working at both strategic and operational levels.

The Convener of Social Work Department, Bailie Helen Wright, was also in attendance to meet with the MSPs.

The discussion was opened by Derek Aitken who advised that Dundee has similar levels of youth crime to other urban areas. The policy in Dundee is one of zero tolerance of youth offending which can mean that more young offenders get brought into the system than would be the case in other areas and there is a higher incidence of reporting offences. The Group aims to tackle youth offending from both sides, with programmes for persistent offenders and projects to divert youngsters from getting into trouble in the first place.

A general discussion followed during which the following points were raised:-

• It is important that children’s offending behaviour is dealt with quickly; a prompt response is more effective. Families and children respond better to speedy interventions and in any event it is often the people as opposed to the systems who resolve problems – the fast-track system was welcomed
• Fast-track has improved the information available for Children’s Hearing panel members and has fostered better co-operative working
• There was the perception of a gap in service for those offenders who were not quite falling within the category of persistent offender, more support and help could be given to young offenders with 3 or 4 offences within 6 months.
• More joined-up thinking in respect of funding streams is needed. This needs to come from the higher strategic level (adult/child, health/community)
• Improved employment opportunities for young people and preparation for the “real world” were thought to be key in tackling offending behaviour
• A decision from Ministers on future funding for the Fast-Track system is expected in the New Year however it is not yet known whether funding will continue.
• PA consulting baseline report welcomed and will mean that all Strategy Groups gather and receive the same information.

Summary

There is clearly a great deal of work going on in Dundee in the area of youth offending. A number of innovative projects are up and running, although it is too early to evaluate their success. The short-term funding arrangements may well mean that projects are never able to run for sufficient a period of time to allow meaningful evaluation and it could be difficult in Dundee or in any other area of Scotland to build a body of evidence in support of what works because of the relatively short life of some projects. There was clearly a lot of enthusiasm from the people we met to maintain and build upon effective co-operative working relationships and a desire to be able to plan in the longer term.

Anne Peat
2 December 2004

Reference Documents
• Dundee Audit of Youth Crime by Maureen Buist and Bill Whyte
• NCH Children’s Hearing Fast Track Partnership Project:: Statistics to 31 October 2004, Feedback from Modules, Feedback from Parents and Carers to 24 November 2004, Current Work November 2004
• Minutes of Dundee Youth Justice Services Team Meeting 26 November 2004
Youth Justice Service Team Membership

In attendance
- Derek Aitken, Youth Justice Co-ordinator (Chair)
- Alison Cameron, Senior Youth Worker, Xplore, BNSF
- Donna Drummond, Fast Track Administrator, Tayside Police
- Sgt Iain Glass, Crime Reduction Unit, Tayside Police
- Jim Kelly, Project Co-ordinator, NCH Fast Track Project
- Jamie McBrearty, Sports Development Officer, Sports Development, Leisure & Arts Dept, DCC
- Paula Moore, Senior Project Worker, Key to Change/The WEB Project
- Chris Wright, Senior Social Worker, Social Work Dept, DCC
- Paula McKellican, Admin Assistant, Youth Justice, SWD, DCC (Minute)

Apologies received from
- Felix Duncan, Team Leader, SACRO
- Rod Finan, Senior Social Worker, NE1 Care & Assessment Team, Social Work Dept, DCC
- Alan Howieson, Youth Worker, Communities Dept, DCC
- Dave Hutchinson, Attendance Co-ordinator, Home School Support Service (HSSS), Education Dept, DCC

Youth Justice Strategy Group Membership

In Attendance
- Derek Aitken, Youth Justice Co-ordinator (Chair for the day)
- Ron Adam, Safeguarder
- Judith Bell, Children’s Panel Training Organiser
- Betty Bott, Procurator Fiscal
- Sergeant Iain Glass, Crime Reduction Unit, Tayside Police
- Michael Holligan, Service Manager, Child Care Development, SWD, DCC
- Christine Lowden, Development Officer, Dundee Voluntary Action
- Fiona Mackenzie, Chair, Dundee Children’s Panel
- Rick Petrie, Local Authority Liaison Officer, Corporate Planning, DCC
- Frank Wallace, Fire Officer, Tayside Fire Brigade (+ 2 colleagues)
- Gordon Wood, Service Manager, CJS, SWD, DCC
- Paula McKellican, Admin Assistant, Youth Justice, SWD, DCC

Apologies received from
- Graham S Oliver, Children’s Services Manager, SWD, DCC
- Inspector Rod Bowman, Tayside Police
- Rachel Burn, Authority Reporter, SCRA
- Cheryl Anne Cruickshank, Who Cares? Scotland
- Felix Duncan, Team Leader, SACRO
- Steph Faichney, Principal Officer, HSSS, Education Department, DCC
- Pam Herd, Victim Support Scotland/VOYCE
- Norma Holmes, Children’s Panel Advisory Committee
- Sheena Leadbitter, Chair, Children’s Panel Advisory Committee
- Kenny Lindsay, Unit Leader, Youth Work, Communities Dept, DCC
- Bert Sandeman, Co-ordinator, BNSF, DCC
- Caroline Selkirk, Commissioner for Child Health Services, NHS Tayside
- Chris Wright, Senior Resource Worker, CHOICE Project, SWD, DCC
Sharon Stirrat – Council Youth Justice Coordinator

Sharon Stirrat, the Council’s Youth Justice Coordinator, gave an overview of the issues affecting the Falkirk area and explained the background to the formation of the Falkirk Council youth strategy group. The group is still at an early stage of development and is also part of the wider Forth Valley Youth Justice Group (which involves the voluntary sector, three local authorities, health services, Central Scotland Police and the Scottish Children’s Reporter working in partnership together). The Group includes members from housing, social work, community education, leisure and education services from the council, together with Careers Scotland, Central Scotland Police and service providers.

The area has 16,600 young people (8 -16 years) and has 37 persistent offenders. (0.2 of the population and 5% of those young people referred. The most persistent of this group had approximately 50 charges pending). The most common offences committed were breach of the peace, vandalism, assault, and crimes of dishonesty. The group has a target of reducing persistent offending by 10% (4 young people). The Council runs a multi-disciplinary youth justice referral group. Referrals are collated within 7 days and information sought from education and police services as required. Referrals can then be made to either Connect (for low to medium level offending) or to Freagarrach (for persistent offending) or to other council services as appropriate. Once referrals are made risk assessment tools are used to predict the likelihood of re-offending and any risks of harm to self or to others (ASSET), and to assess levels of substance misuse (euroadad) or problematic sexual behaviour (AIM).

Nearly two thirds of offences were substance related, with the most common forms of substance abuse involving alcohol and cannabis. 65% of offenders used drugs, and the majority of referrals were made on both offending and substance misuse grounds. Sharon also outlined factors other than substance abuse which might predict future offending. These included violence, relationship difficulties, family instability and previous offending patterns. 130 males were the subject of referrals in the previous year and 39 females, with most aged 13 - 17 years. Most were in full time education.
Sharon outlined a number of challenges facing the group in the future. These include the need to:

- continue to work in a multi-disciplinary manner
- resolve short term funding issues and/or secure longer term funding (for example, there is a need to secure health funding - harm reduction, detoxification services and methadone prescription services were being provided, however, no health money was available to fund these services).
- address issues surrounding mental health and learning disabilities
- bridge gaps in accessing services in:
  - education (specifically to encourage young people back into mainstream education)
  - employment (to provide opportunities to enhance employability and gain skills)
  - accommodation (especially in providing accommodation for those leaving secure care who can’t go home, and providing accommodation for dangerous offenders, those on licence, or those requiring 24 hour supervision)
- ensure that 16 -17 year olds are supported during any transition into the criminal justice service
- use the ASSET data effectively to target services and collect data in a consistent way
- develop an integrated IT system
- participate in the National Standards Evaluation Framework (part of a 12 month pilot which will be rolled out if successful).

**Matthew Davis and team, Connect Services**

Connect is a multi-disciplinary team, which offers services for young people (12-18 years) in the Falkirk area who are experiencing difficulties in relation to substance abuse and/or offending behaviour. Connect aims to re-integrate young people back into the community and reduce the seriousness and prevalence of offending and substance misuse. Connect works in partnership with relevant agencies and the community to provide individual and group programmes to address offending behaviour, substance misuse and skills deficits. It also helps young people to access mainstream resources and services and provides treatment to high risk drug users. (There are approximately 15 high risk drug users who are injecting and the team includes 2 nurses).

The programmes are based on ‘what works’ principles and are subject to evaluation. Options range from early intervention packages to programmes for high risk drug users or sex offenders. Referrals are received from the Youth Justice Referral Group, Children and Family teams, Criminal Justice service, Procurator Fiscal service (diversionary schemes), health services, the Children’s Reporter, Schools or individual families, carers or friends. Connect had received 113 referrals in the previous 12 months (15 substance misuse referrals, 45 offending referrals and 53 referrals for both offending and substance misuse).

The team felt that the multi-disciplinary approach really did assist clients by providing a one stop shop. This allowed them to react more quickly and to transfer cases as appropriate within the team. The team all had different professional links within the
community so could pull in a range of wider contacts and support. Engagement with the community was felt to be more problematic. Whilst there was good involvement with professional and voluntary sectors, wider community buy in was harder to achieve. The team would like to have more time for preventive education work and awareness raising.

Challenges in service delivery included difficulties in relationships between services and in accessing or transferring information. The team thought that more formalised protocols would help this. There were also felt to be gaps in accessing mental health services and education services to assist young people in moving back into mainstream education. (This was especially the case for young people nearing the age of 16, where it was felt that schools were less inclined to co-operate). The team also felt that that the continuity of care and throughcare services could be better, and that issues also arose when young people moved into the criminal justice system, with important links being lost. The team would welcome greater streamlining or referrals, greater automation of the referral system (to reduce risks associated with poor communication between agencies and individuals), better networking between agencies and greater clarity on the role of all the agencies involved in the youth justice area.

Examples of local good practice included delivery of parenting skills classes, attendance at a monthly practitioners’ forum (which allowed discussion of best practice, barriers to co-operation etc).

**Bill Conway and Keith Hastie, SACRO Restorative Justice Service**

This service, which commenced in 2003, offers restorative justice to victims of crime and young people aged 11 -15 who are diverted from the Children’s Hearing or Courts. A restorative justice worker is now working with Connect to provide restorative justice services. Around 80 cases per year are referred to SACRO by the Children’s Reporter. Funding for the service is now in place and extra sessional workers are being recruited. The service is evaluated in a number of ways. The young person’s behaviour is tracked for two years after involvement with the service. Assessment tools are also used to investigate young people’s attitudes towards offending and possible contributory factors both at the time of referral and then 6 months post service involvement, allowing comparison between the two. Data is also collected for use in statistical analysis and reports.

SACRO is also currently running a 3 month pilot project for young people aged 16-17 years. This opportunity was welcomed, although it was felt that the timeframes for setting up the project had been very short. Consequently it was felt that the project could have benefited from having more time to plan it.

**Lunch**

Informal discussions continued over lunch with a range of local managers, practitioners and service users to discuss their experiences and views. A list of participants is at Appendix A.
Meeting with Staff and Users of the Freagarrach project

Freagarrach aims to reduce and ultimately stop offending by young people aged 12 – 18 who are at risk of being removed from their communities due to the frequency or severity of their offending. They also provide aftercare services to support desistance from offending. Additionally, Freagarrach runs a parents and carers supports group and provides 12 week parenting skills courses in conjunction with Connect.

Programmes generally involve around 3 contacts per week, for up to 12 months, although programmes can run for longer if necessary. The programmes offered are individualised, use cognitive, behavioural and social skills-based methods and are based on ‘what works’ principles. In 2003/4 Freagarrach had a target of 75% of young people reducing their offending, and achieved an average reduction of 81%. The target of maintaining 95% of young people in their own community was achieved in an average of 75% of cases and a target of 75% attendance levels by clients was achieved in an average of 89% of cases.

Video interviews had been conducted with several service users (one 14 year old girl and two 16 year old boys) on issues relevant to the inquiry. These interviews, and discussion with another service user, emphasised the importance of individualised programmes and continuity of care. Young people need to feel they are being listened to, that things are not being imposed upon them, and that someone is available to listen to them and help them on a one-on-one basis. A meeting with parents of service users also emphasised the need for continuity of care and dedicated support for young people.

Staff acknowledged that aftercare had had some difficulties but felt that it has improved immensely, and now had the status it required and was tailored to the individual. However, it was also thought that better links were needed to secure residential care.

Working relationships have also improved with education groups. In general staff were in favour of mainstreaming young people returning to the education system where possible, although in some limited cases one-to-one work outside the system was required. Pre-apprenticeships and vocational placements have been developed to give young people a better skills base, and work was ongoing with Careers Scotland. (This was however complicated in the case of those young people still at school as Careers Scotland cannot work with them until they have left school).

Youth Justice Strategy Group

The Group is still in the development stage and is currently discussing draft terms of reference. As noted above, the Forth area has a wider strategy group, and there is some crossover between the groups. However, it was felt that service needs across the Forth differed from area to area, and that there was a need for more localised decision making. It was recognised that it would be a challenge to identify what issues should be dealt with locally, and what should be remitted to the wider group.

The group aims to increase communication between relevant agencies and assist in developing working partnerships. For example, most members of the group such as
Barnardo’s and SACRO produced Annual Reports. It was hoped in future to produce a single document which was a collective report. Despite the links being formed between agencies it was recognised that some duplication was still occurring. Clear roles needed to be developed in order to reduce this overlap.

Other challenges for the group included better reintegration of offenders returning to the community and better forward planning. It was also recognised that the youth justice strategy was not just about persistent offenders but was also about early intervention and prevention work. The group also highlighted the difficulties that short term funding streams could cause. More flexible budgeting arrangements allowing transfers between budget heads and carry forwards would assist in resolving budgetary issues and allow better planning of services.

Tracey Hawe
Clerk to the Committee
December 2004
### Appendix A - Lunchtime participants

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
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<tbody>
<tr>
<td>Cathy Megarry</td>
<td>Children &amp; Families Social Worker</td>
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<tr>
<td>John Fairgrieve</td>
<td>Area Leisure Manager</td>
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<tr>
<td>Rosie Bolton</td>
<td>Service Manager Children &amp; Families</td>
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<tr>
<td>Nick Burgess</td>
<td>Team Manager, Criminal Justice Service</td>
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<tr>
<td>Jenny Kane</td>
<td>Social Worker, Leaving Care Team</td>
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<tr>
<td>Vivien Goodbrand</td>
<td>Service Manager, Children &amp; Families</td>
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<tr>
<td>Kate Proctor</td>
<td>Social Worker, Children &amp; Families</td>
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<tr>
<td>Bill Conway</td>
<td>Project Worker, Sacro Restorative Justice</td>
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<td>Keith Hastie</td>
<td>Service Manager, Sacro</td>
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<td>Alistair Ramsay</td>
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<tr>
<td>Maggie Sewell</td>
<td>Social Worker, Children &amp; Families</td>
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<tr>
<td>Janet Birks</td>
<td>Director of Housing &amp; Social Worker</td>
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<tr>
<td>David Alexander</td>
<td>Leader of Falkirk Council</td>
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</tbody>
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### Appendix B – Participants from Youth Justice Strategy Group

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>John Fairgrieve</td>
<td>Area Leisure Manager</td>
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<tr>
<td>Keith Hastie</td>
<td>Service Manager, Sacro</td>
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<tr>
<td>Pat Castle</td>
<td>Education Services</td>
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<tr>
<td>Sharon Stirrat</td>
<td>Youth Justice coordinator</td>
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<tr>
<td>Carol Douglas</td>
<td>Barnardo’s Scotland</td>
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Meeting 1 - Youth Court Pilot

The first session of the day focussed on the Hamilton Sheriff Youth Court Pilot. The pilot was introduced at Hamilton Sheriff Court in June 2003 and targets alleged offenders aged 16 and 17 years old who are resident in North or South Lanarkshire, have had three separate incidents of offending resulting in a criminal charge in the previous 6 months and are appearing summarily before Hamilton Sheriff Court.

In attendance at the meeting were Sheriffs’ Bicket and Small, John Robertson, Principal Depute, Youth Court Team, Crown Office and Procurator Fiscal Service, Supt. Caroline Scott, Strathclyde Police - South Lanarkshire Division, Anne Callander, Scottish Executive Youth Court Co-ordinator and Mairi Brackenridge, Justice Services Manager.

All participants spoke favourably of the youth court noting the positive impact the pilot has had, particularly in terms of the increased speed with which young offenders are dealt with, which allows more effective intervention with young people. Amongst the main points discussed include the following:

- Many of cases considered by the youth court are alcohol and, to a lesser extent, drug related.
- The youth court has led to an increase in the number of pleas at an earlier stage in proceedings.
- The youth court experiences very few adjournments.
- The youth court is well resourced in terms of the social work and other services at its disposal. The dedicated resources in place for the pilot process permits effective joined up working. Although there are additional expenses associated with the youth court pilot, it was considered that there were also clear efficiency savings.
- A number of offences can be rolled up and considered jointly by the court which means the full offending picture is addressed and a more appropriate disposal implemented.
The youth court has facilitated improved multi-agency working which ensures better informed decision making.

There is a greater degree of parental support and involvement with the youth court than with the Sheriff Court.

There is often full disclosure of police reports by the Crown to the defence at the pleading diet.

Offences committed outside the Sheriffdom can not be considered alongside offences committed inside the Sheriffdom.

Whilst it will be difficult to effectively measure the impact on reoffending that the youth court has had, anecdotal evidence would appear to indicate that reoffending rates are being reduced by the youth court.

It was felt that the increased speed with which offenders were dealt with was positive for the following reasons:

- If an offender pleads guilty, summary trial can take place within 30 days of an offence being committed.
- Offenders can see an immediate consequence of their offending and are more immediately accountable for their actions.
- Victims and the community benefit from seeing a quicker response to offending behaviour.

The change in policing policy over the previous 12 months, which has shifted the focus of police activity towards tackling low level anti-social behaviour type offences, was also discussed and, in relation to knife crime, it was noted that it was now the case that weapon crime was routinely seen as a matter for the Sheriff Court. It was recognised that that posed particular challenges to develop services that addressed the issue. While cognitive work with young people may help them understand the implications and risks associated with carrying knives, young people often carry weapons for defensive reasons and because that is an accepted norm in their peer group. The cultural issues associated with knife carrying therefore need to be addressed in parallel. A small group, will involve the Police, PF and reporter, social work, education and the anti-social behaviour team, has been set up to consider the most effective way of taking this forward.

Meeting 2

For the second meeting, Members were joined by David Jones, Area Reporter, Scottish Children’s Reporter Administration and Marion McAllister, Youth Justice Co-ordinator.

It was noted that South Lanarkshire Council has very good partnership working arrangements and, in particular, enjoyed good relations with Strathclyde Police. There was also positive joint working between criminal justice services and children and family services. Other issues raised include the following:

- The importance of addressing the need as well as the deed.
- Recognition that the youth court has been a very successful exercise in joint working.
• Recognition of the importance of diversionary programmes, such as the COVEY befriending project which offers one to one activity sessions between disadvantaged youngsters and volunteer befrienders.

A number of areas of concern were also identified, including the following:
• The demands on social work services created by the youth court, which have been greater than anticipated, have inhibited the service provided to the children’s hearing system although this is being actively addressed.
• Problems associated with recruitment, both in terms of social workers and panel members. 2 further social workers were required in order to deliver an effective service to both the youth courts and the children’s hearings system. In addition, it was recognized that many social workers lacked experience.
• Difficulties have been experienced in delivering cognitive skills courses because of staffing problems.
• Difficulties have been experienced in establishing a bail support and accommodation service although it is hoped this will be resolved in the near future.
• Difficulties have been experience obtaining psychiatric assessments of young offenders.
• The referral rate for all children, particularly in relation to care and protection issues, in South Lanarkshire had nearly doubled in past couple of years. This was attributed in part to the increased incidence of domestic abuse referrals as well as an increase in police activity in relation to low level offending. There was an apparent conflict of views between the police and children’s reporter in relation to the desirability of reporting all instances of domestic abuse where children are involved.

Lunch

Members had informal discussions over lunch with a range of local managers and practitioners to discuss their experiences and views, particularly in relation to joint working, inter-agency relationships and duplication. A list of participants is provided below:

Marie Therese McCann, Social Worker
Lesley Cairns, Social Worker
Gail Ellis, Senior Project Worker, Includem
Olive Arens, Operations Manager, Inculdem
Liz Duffy, Team Leader, SACRO
Iain Wilson, Strathclyde Police, South Lanarkshire Division
Elaine Healy, Covey
Richard Phelan, Covey

During lunch, Sandy Cameron, Director of Social Work took the opportunity to welcome Members to South Lanarkshire.

Meeting with young people and tour of the area

Members were taken on a minibus tour of the South Lanarkshire area accompanied by two young people and Gail Ellis, Senior Project Worker, Includem.
Meeting with Youth Justice Steering Group

Members then met with representatives of the multi disciplinary Youth Justice Steering Group. In attendance at the meeting were Iain Cowden, Operations Manager (Criminal Justice Social Work), Andrea McDougall, Policy & Planning, Housing and Tech., Duncan Clark, Lead Clinician, Child & Adolescent Mental Health Service and Edwin McFadzen, John Ogilvie High School.

Representatives from education, housing & community resources, Strathclyde Police, NHS Lanarkshire, SACRO, Inculdem, Victim Support, SCRA, Crown Office and Procurator Fiscal Service attend meetings of the Steering Group which meets every 6 weeks. Around 12-15 representatives attend each meeting which is chaired by Mairi Brackenridge. The objectives of the strategy group are now more focused on reducing reoffending and providing opportunities. It was recognised that different agencies have different demands and objectives. To some extent the agenda of the strategy group is set for it, with top down initiatives relating to restorative justice and tackling anti-social behaviour taking precedence over bottom up issues arising from current case work.

Amongst the issues addressed included the following:

- Young people dealt with by the adult system could have been better dealt with at an earlier stage.
- Although the education department is well placed to identify early signs of offending behaviour, education professionals would not normally interface with representatives from criminal justice social work. Only when behaviour becomes very serious would schools liaise with social work or the children's reporter.
- Difficulties experienced in establishing a bail support and accommodation service due to opposition of local communities and community representatives.
- Effective inter-agency working was necessary as many young people have more than one area of need.
- Difficulties created by a shortage of appropriately skilled workers and a particular shortage of social work personnel. This is compounded by a high staff turnover.
- Particular problems associated with mental health issues - adult mental health services do not adequately address the needs of 16 – 21 year olds; there is a lack of a dedicated forensic health service for this age group; there is a difficulty in obtaining services that support emotional well being.
At its meeting on 26 October 2004 the Committee agreed to seek evidence from representatives of NHS Boards in relation to the engagement of health boards in the planning of youth justice services, and the difficulties of accessing mental health services for young people. For logistical reasons it was not possible to convene a panel of representatives from health boards prior to the Christmas recess. All boards have therefore been given the opportunity to make written representations on these issues and all responses received so far are attached.

Each Health Board was asked to address the following questions:

1. What do you see as your primary roles and responsibilities vis-à-vis youth justice?

2. What range of child and adolescent mental health services do you provide?

3. Do you provide any forensic mental health services for children and young people?

4. How much do you spend on child and adolescent mental health services and on forensic services and what share of your overall budget does this represent?

5. What do you know about the numbers and types of referrals that child and adolescent mental health services and other services receive?

6. What are the average waiting times for outpatient appointments for child and adolescent mental health services?

7. Do you experience any problems in staffing child and adolescent mental health services?

8. How do you engage with local youth justice strategy groups? Who represents the health board on these groups?

9. Does the health board representative bring any resources (in terms of over staffing or funding) to the local youth justice strategy groups planning processes?

10. How do you integrate youth justice with their overall strategic planning?

To date, responses have been received from Argyle and Clyde, Greater Glasgow and Grampian. Further responses will be circulated as and when they are received.
RESPONSES TO QUESTIONS POSED BY THE YOUTH JUSTICE INQUIRY, JUSTICE 2 COMMITTEE OF THE SCOTTISH PARLIAMENT

NHS ARGYLE & CLYDE

1 Child Health and CAMHS has a role to work with partner agencies in developing strategic plans to address youth justice issues so that the mental health of young offenders are fully assessed and supports are offered to these clients which address mental health needs. CAMHS can achieve this aim through representation on local Youth Justice Groups, working alongside partner agencies. CAMHS clinicians can do individual assessments on young people or engage in consultation with other agencies working directly with these young people.

2 NHS Argyll & Clyde CAMHS is provided from three different CAMHS centres, each providing services to geographical localities within the Board area. These are located at Hawkhead Child & Family Centre, Paisley, Larkfield Child & Family Centre, Greenock and Acorn Centre at Vale of Leven Hospital, Alexandria. Clinicians include Child & Adolescent Psychiatrists, Clinical Psychologists, Child & Adolescent Mental Health Nurse Specialists and administrative support. Close links are maintained with partner agencies and there are many examples of joint working with local Social Work and Education Departments.

3 Mental Health Services for children and young people in NHS Argyll & Clyde are provided dependent on clinical need. Our clients have included cases which fall within the forensic spectrum.

4 We spend £1.8 million on CAMHS and forensic services. This equates to 0.3% of our total NHS A&C full year effect recurring budget (this includes all HCHS and FHS budgets).

5 Numbers of referrals to NHS A&C CAMHS:

2003 = 166 + 317 + 351 = 832
2004 = 134 (to end October)

Number of referrals to Clinical Psychology A&C

2003 = 77 + 245 = 322
2004 = 50 (to end October)

6 Psychiatry
There is currently no waiting time for Psychiatry referrals in Inverclyde or Lomond & Argyll.

However due to consultant vacancies there is approximately a 29 week waiting time in Renfrewshire.

Psychology
There is an average waiting time of 22 weeks for Psychology in Renfrewshire and Inverclyde. There is however no Psychology service in Lomond & Argyll due to vacancies long term.
Referrals are therefore made to Notre Dame child guidance centre for individual cases.

7 There are consistent problems in staffing Child & Adolescent Mental Health Services. We currently have two vacant consultant Psychiatrist post which have been vacant for over two years. Similar difficulties apply to Clinical Psychology posts where we have had vacancies for over 3 years. We have recently appointed a CAMHS Nursing Post for Youth Crime. This took almost two years to appoint.

8 Engagement with local youth strategy groups is through agreed representation with each of the five Local Authority Partners. NHS Argyll & Clyde has representation on each of the Youth Justice Strategy Groups through eight senior managers or lead clinicians for CAMHS Services. Health representation is on behalf of the Board.

9 All operational service budgets are devolved within Divisions to operational units. Staffing is the majority of the resource. At present there is no additional development monies available for Youth Justice.

10 We have an Executive Director responsible for Childrens Services Board wide who leads an Argyll & Clyde Strategic Group on Childrens Services to ensure system wide planning and development.
Justice 2 Committee of the Scottish Parliament

Youth Justice Inquiry – Questions to NHS Boards

Greater Glasgow NHS Board

1. What do you see as your primary roles and responsibilities vis-à-vis youth justice?

The Board’s youth justice responsibilities operate on a number of levels:

At a strategic planning level we work with our local authority partners to plan approaches and interventions to meet the needs of this group, as they are described in children’s service plans and youth offending strategies. We also collect evidence of health need in the population and respond with our partners to plan and commission services to meet those needs. In addition, we have commissioned a number of services to meet the health needs of groups of young people who are at risk of offending.

2. What range of child and adolescent mental health services do you provide?

We have commissioned a range of health services to meet a wide range of health needs in the youth population who are high risk of involvement in youth offending. In particular, we have commissioned a suite of mental health services for vulnerable groups of young people: Looked After Children and Young People Leaving Care CAMHS, Children and Young People with Learning Disability CAMHS, Forensic CAMHS. We have also developed services for young people who self harm, young people with eating disorders and greatly increased the capacity of our 4 community CAMHS teams who work with young people who are identified with a mental disorder. These services work closely with the specialist child and adolescent inpatient units and other specialist teams like the Scottish Centre for Autism, the CAMHS Academic Team and the child and adolescent mental health inpatient units.

We have also developed a range of services to work with young people to promote and improve their mental health, to identify mental health problems at an earlier stage and to intervene earlier. There is an early intervention service in child health working with children from 0 to 12 and a multi disciplinary team working with young people who have mild to moderate mental health problems, particularly in the school setting. We are also in the process of increasing the number of schools who have access to school counselling and have supported a wide range of mental health promotion and resilience building approaches, too numerous to mention in detail.

3. Do you provide any forensic mental health services for children and young people?

Yes, a multidisciplinary forensic mental health team provides specialised risk assessment, advising other agencies on risk management strategies, providing direct interventions to reduce antisocial and offending behaviour as well as mental health interventions. The team is unique in that practitioners are trained in mental health models as well as criminology based approaches to offending behaviour. The team works closely with youth justice services and a range of CAMHS services.

4. How much do you spend on child and adolescent mental health services and on forensic services and what share of your overall budget does this represent?

<p>| Child &amp; Maternal Health | £99,727,000 |</p>
<table>
<thead>
<tr>
<th>spending 2003-04</th>
<th>CAMHS spending 2003-04</th>
<th>£12,352,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic CAMHS 2003-04</td>
<td>£450,000</td>
<td></td>
</tr>
</tbody>
</table>

5. What do you know about the numbers and types of referrals that child and adolescent mental health services and other services receive?

We receive on average 200 referrals per month for adolescent mental health services from a range of services. Mostly these are from GPs but we emphasise that we accept appropriate referrals from any source rather than insisting the referral come from a GP.

As part of these referrals we receive approximately 2 referrals per week for our child and adolescent mental health services forensic services. The majority of these are from youth justice / social work.

Referrals to Forensic-CAMHS are based on risk levels for future offending behaviour or for younger children being on high-risk pathways for potential offending behaviour. Approximately 110 referrals received over one year period. Types of referrals include multi-complex cases with numerous agency involvement, antisocial beliefs, serious and chronic offending behaviour, development of antisocial behaviour, complex emotional problems, not diagnosed mental disorders, diagnosable mental disorders, substance abuse and from multiple deprivation backgrounds. Cases seen tend to be poorly motivated, lack insight into problems and have difficulty engaging with any services.

6. What are the average waiting times for outpatient appointments for child and adolescent mental health services?

Child: general referrals of a non-urgent nature to the child CAMHS teams wait on average 23 weeks for a clinical appointment.

Adolescent: general referrals of a non-urgent nature to the adolescent CAMHS teams have a waiting time of approximately 20 weeks. This is currently coming down to our standard target wait of no more than 12 weeks and on current projections we will achieve this by the end of the financial year.

There are different waiting times for a range of support available from CAMHS i.e. consultation and advice is usually immediately available for carers and professionals, MH profiling is provided to all LAC on entry into care and young people who deliberately self harm will be seen and assessed the day after presenting to A&E and overnight admission. We have no waiting time for forensic child and adolescent mental health services.

7. Do you experience any problems in staffing child and adolescent mental health services?

We have national shortages for specialised staffing and forensic child and adolescent psychiatry. We are experiencing problems in staffing psychiatry, psychology and some senior nursing posts and also have shortages for allied health professionals.

We do tend to attract nursing staff and as we have 2 regional in-patient services and have developed a range of community teams (including a Child and Adolescent Mental Health Forensic Team). As we have been developing our community services we have had a high throughput of nursing staff trained and experienced with adolescents who have moved to promotions within Glasgow and the West of Scotland. We welcome the creation of the regional workforce planning mechanism to support the whole of the west of Scotland and
have also an initial recent contact with another West of Scotland child and adolescent service
to consider operational, training and recruitment issues.

8. How do you engage with local youth justice strategy groups? Who represents the health Board on these groups?

The child health team at the Board is an integral part of all children’s service planning core
groups and is represented on a number of sub groups, including youth justice forums. The child health team is made up of senior managers, planners and clinicians from across child health in greater Glasgow.

9. Does the health Board representative bring any resources (in terms of over staffing or funding) to the local youth justice strategy groups planning processes?

Yes. The child health team oversees the planning and commissioning of the child health budget and representation on youth justice forums is drawn from that team.

10. How do you integrate youth justice with their overall strategic planning?

Youth justice issues are fully integrated within the children’s service planning processes, normally acting as a sub group of the children’s service plan core group. The Board is involved in the planning processes for 5 local authorities children’s service plans.

Stephen McLeod
Mental Health Planning Manager (Children)
Child Health Team
Greater Glasgow NHS Board
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Youth Justice Inquiry NHS Grampian

1. Integrated planning of services for children & young people with partners. Provision of reports as required from CAMHs and other medical advice to courts and children’s panel.

2. A full range of out patient CAMHs services are provided by multi disciplinary teams. Limited day care for under 12’s is available. No in patient services for children or adolescents.

3. There is an adult forensic service, which very occasionally will provide advice to the adolescent service.

4. Spend is around £16.18 per head of under 18 population.

5. Detailed work would be required. However services estimated around 35% of referrals relate to young offenders or youth justice and this is increasing.

6. Waiting times vary across Grampian with some reported at 52 weeks.

7. Recruitment issues relate to numbers available e.g. Consultants. Resourcing and flexibility may also contribute. Clinical Psychology less of an issue than it used to be. Nurse training away from Central Belt can be difficult as is recruitment. This will restrict development of community services.

8. This is done via CHP representative at local level.

9. No resource directly made in financial terms.

Youth Justice is part of the integrated planning process for next years Children's Service Plan. We have a framework in place with the 3 Local Authorities within our boundary i.e. Aberdeen City, Aberdeenshire and Moray.

Response to Questions as Requested

1. What do we see as our primary roles and responsibilities vis-à-vis Youth Justice?

   The Board’s health professionals across a range of disciplines provide clinical and advisory services to those involved in youth justice. The Board participates at a senior level in local multi agency groups as a partner in children and young peoples services.

   In essence our primary roles/responsibilities are the provision of clinical and advisory services and participating as a full partner in multi agency work affecting all children and young people’s services. (See also 10 below)

2. What range of child and adolescent mental health service do you provide?

   The Child and Adolescent Mental Health Service (CAMHS) provides assessment and treatment to children, adolescents and their families. It receives c800 referrals p.a. and has a growing caseload of long-term complex cases. It is a tier 2 and tier 3 service delivering community services as close to the patient as possible. Mental health workers are locality based while senior professionals in the team (psychiatrists) provide region-wide services. The service sees and treats 0-18 year olds and accepts referrals from professionals in health, education and social services, and from parents and young people themselves.

   In patient resources are in the West of Scotland units in Glasgow. Occasionally there is a need to admit 16 and 17 year olds to the Crichton Royal Hospital. Currently there are 2 young people on section 18 of the Mental Health (Scotland) Act on leave from the Crichton Royal Hospital

3. Do you provide any forensic mental health services for children and young people?

   No one in the local service has specific forensic mental health. However psychiatrists do provide assessments for the courts in relation to under 18s for whom background reports are required. The service is also involved in a degree of risk assessment in respect of that population of young people whose behaviour to themselves or others may be dangerous. There is a significant overlap in this work with the substance misuse service (Child and Adolescent Substance Misuse Service), which is embedded in CAMHS. This service takes c 80 referrals p.a. and
cover 3 localities. Wigtown has its own pilot multi agency substance misuse service.

The service is also involved in the preparation of reports to and participation in the Children’s Hearing System.

4. How much do you spend on child and adolescent mental health services and on forensic services and what share of the overall budget does this represent?

At 2003/2004: £1,219,696 or 0.63% of the budget for that period of £193,173,000

Of this £189,284 was used to purchase services outwith D&G. It is not possible to indicate how much of this was for forensic services.

5. What do you know about the numbers and types of referrals that child and adolescent mental health services and other services receive?

C800 referrals p.a. to CAMHS. Probably 100 plus of these will be ‘forensic’ in some respect (Children’s Panel, court, or substance misuse) but not necessarily in the legal system.

6. What are the average waiting times for outpatient appointments for child and adolescent mental health services?

Patients generally offered appointments within 6 weeks. No waiting list is operated but the service tries to prioritise urgent cases over those less urgent.

7. Do you experience any problems in staffing child and adolescent mental health services?

Increased awareness of services in the community has led to increased referrals and an increased chronic population.

As with all specialist service there are occasional problems in recruitment and retention of staff.

8. How do you engage with local youth justice strategy groups? Who represents the health board on these groups?

The Board’s Child Health Commissioner attends these.

9. Does the health board representative bring any resources (in terms of staffing or funding) to the local youth justice strategy groups planning processes?

Only those currently allocated to service provision. All service developments require to be assessed as part of the Board’s overall financial and strategic planning processes.
10. How do you integrate youth justice with their overall strategic planning

This is through various local groups but principally through the newly established Children's Services Chief Officer Group, which is jointly chaired by the Chief Executive of NHS Dumfries and Galloway and the Chief Executive of Dumfries and Galloway Council, and also through local child protection arrangements.

One of the Integrated Tactical Planning Groups for young people will have a specific remit to work with the local Youth Justice Strategy Group to ensure that this is integrated into the Children's Services Plan.

This Board also jointly produces a Health and Community Care Plan with our local authority partners that also takes account of children's services.
Dear Mr Hough

Justice 2 Committee of the Scottish Parliament – Youth Justice Inquiry

Thank you for letter dated 19th November forwarded to myself from David Pigott, Chief Executive NHS Lanarkshire to reply on his behalf. I list below the questions you have posed and the corresponding response for each.

1. **What do you see as your primary roles and responsibilities vis-à-vis youth justice?**

   NHS Lanarkshire’s primary role and responsibility in relation to youth justice is to identify, assess and put treatment options in place for young offenders with mental health problems. Work is carried out in partnership with local authority social work departments and the children’s panel with a focus on youth welfare rather than youth justice, utilising the Children’s Act and the Social Work Act, as appropriate. NHSL leads on the health component with the local social work department leading on offending behaviour.

2. **What range of child and adolescent mental health services do you provide?**

   Child and adolescent mental health services provide clinical services to children and young adults within the 0-16 age range.

   The service is delivered using a 4 tiered model within which tiers 1 and 2 are primary care based support delivered through joint working with local G.P’s, Health visitors and local authority partners on specific projects, including mental health initiatives in secondary schools, behaviour clinics and via a youth emotional well-being service for looked after and accommodated children.

   Specialist multi-disciplinary teams at tier 3, provide counselling, child psychotherapy, psychology and family therapy. Services are geographically based in 4 teams, 2 serving North Lanarkshire and 2 serving South Lanarkshire.

   Tier 4 services relate to specialist in-patient service which are provided by NHS Glasgow in Yorkhill Hospital (Age 0-12) and at Gartnavel Royal Hospital (Age 12-16). These services are planned and commissioned on a regional basis.

3. **Do you provide any forensic mental health services for children and young people?**

   NHS Lanarkshire has no dedicated forensic services for children and young people, however a small number of forensic referrals have been identified through the NHS Lanarkshire
forensic court liaison scheme. Services to meet identified needs have then been put in place via CAMH services on a case by case basis. In the event of such cases being identified where NHS Lanarkshire are unable to meet needs we would seek external advice or treatment as an extra contractual referral.

4. **How much do you spend on child and adolescent mental health services and on forensic services and what share of your overall budget does this represent?**

NHS Lanarkshire currently spends £2,415,096 on child and adolescent psychiatry, which represents 5.4% of the overall mental health budget (2004-05), and £440,000 on forensic services, which represents 1% of the overall mental health budget.

5. **What do you know about the numbers and types of referrals that child and adolescent mental health services and other services receive?**

Figures from April 04 - Aug 04 are 3004 contacts including 343 new referrals and 2651 return appointments. The estimated figure for 2004-05 is 7210 total appointments with 823 new cases.

All teams receive referrals for aggression, non specific behavioural problems, depression/deliberate self harm, family problems, possible ADHD or hyperactivity disorder, phobias/anxiety/tics, child abuse, eating problems, psychosomatic disorders, alcohol/substance abuse, autistic spectrum disorder, soiling, school refusal, enuresis and psychosis.

6. **What are the average waiting times for outpatient appointments for child and adolescent mental health services?**

The average waiting time for a routine referral is currently 14 weeks. It should be noted that all referrals are screened and those with the most urgent need can be seen within a matter of a few days.

7. **Do you experience any problems in staffing child and adolescent mental health services?**

No, Lanarkshire has been successful in recruiting appropriately qualified staff. Lanarkshire has invested in expanding our CAMH services in recent years; our current staffing is 35.1 WTE staff, which has risen from 22.1 in 2002.

The success of this recruitment programme relates not only to the increased investment over this period but also to the innovative approaches to structuring the teams. This has seen the introduction to a Generic Clinical Post which can be recruited to from a range of professional backgrounds provided the postholder has the relevant clinical competencies.

Overall the service aims to match assessed need to the most appropriate clinician.

8. **How do you engage with local youth justice strategy groups? Who represents the health board on these groups?**

The local Youth Justice Strategy Groups meet on a regular basis. The agenda over the last year has very much focused on developing local strategies. The Health Board was represented on these groups by the Child Health Commissioner and by the General Manager of Children’s Services.
9. **Does the health board representative bring any resources (in terms of over staffing or funding) to the local youth justice strategy groups planning processes?**

The seniority of the input into the Youth Justice Strategy Groups ensures that the full range of available NHS resources can be brought to bear on this agenda. The Commissioner and General Manager have between them a very comprehensive overview of the totality of services for children and young people.

The Health Board’s agenda for children and young people’s services is driven by a Child Health Services Strategy Service Implementation Group which takes into account a recent review of child health services and an ongoing review of child and adolescent mental health services. The Board’s representatives on the Child Health Strategy Groups have the ability to bring issues to the local Children’s Strategy Group and thus have direct access to the Board as required.

10. **How do you integrate youth justice with their overall strategic planning?**

As referred to above, the Board’s representatives can draw youth justice into the local child health strategic agenda. Much more relevant than this though are the redesign processes which are being driven forward by the Local Authority Children’s Services Strategy Groups in response to the recently issued “Integrated Children’s Services Planning 2005 – 2008: Guidance”. Local response to the Guidance has led to detailed discussions about how the youth strategy groups can be incorporated along with the other main threads of interagency children’s and young people’s services.

I hope you find the above information helpful, if you need anything clarified please do not hesitate to contact me.

Yours sincerely

**COLIN M SLOEY**  
DIVISION CHIEF EXECUTIVE  
PRIMARY CARE OPERATING DIVISION

Cc David Pigott
Dear Mr Hough

Justice 2 Committee of The Scottish Parliament
Youth Justice Inquiry

Thank you for your letter of 19 November 2004 regarding the above.

I am pleased to attach the response from NHS Lothian in relation to the questions you have outlined.

I trust this information will be helpful to the Justice 2 Committee.

With thanks.

Yours sincerely

PROFESSOR JAMES BARBOUR
Chief Executive

Encl
Justice 2 Committee of The Scottish Parliament  
Youth Justice Inquiry

1. Primary role is to provide necessary healthcare and health promotion to individual young people and children involved with Youth Initiative. In addition NHS Lothian has a wider role in relation to joint working with Local Authority colleagues in relation to Youth Justice Services.

2. NHS Lothian commissions a wide range of Child and Adolescent Mental Health Services provided within Lothian Primary and Community Health Division. These services include Child and Family Mental Health Services and a 12 bedded young Persons’ In-patient Unit at the Royal Edinburgh Hospital campus. Eight beds are commissioned by Lothian NHS with remaining four beds available for other South East Scotland Boards.

3. At present there is no dedicated Forensic Mental Health Service for Young People although existing services would be involved with individual cases.

4. The current overall budget for Child and Adolescent Mental Health Service is some £3.58 million during 2004/05. This represents around 8-9% of the overall mental health budget.

5. | Lothian CAMHS       | In-patients |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Number of Discharges</td>
<td>33</td>
</tr>
</tbody>
</table>

   | Edinburgh, East and Midlothian CAMHS | 2,129  | 13,485 | 15,614 |
   | West Lothian     | 97      | 530    | 627    |

6. Average waiting time at present across Lothian CAMHS is 20 weeks. All referrals are prioritised and there is provision made for emergency and urgent referrals.

7. As for other Health Boards there are difficulties in recruiting child and adolescent consultant psychiatrists due to overall lack of manpower.
8 The Health Board is represented on the following Youth Justice Strategy Groups:

   Mr Graham Lyell  )
   Manager         ) Edinburgh
   Social Inclusion & Community Care Directorate  ) Midlothian
   Lothian NHS Board  )

In Edinburgh and East Lothian there are a dedicated Community Mental Health workers attached with the local Youth Justice Teams. Partnership working also occurs in Midlothian via the MYPAS counselling service and in West Lothian the NHS is involved in the Youth Crime Initiative.

9 There are no separately identified resources for this area. The NHS input to the planning processes and joint working with councils is to ensure that we are using our existing resources to best combined effect where possible, and to allow each agency to be aware of common issues and approaches. The existing services already play a part in reducing the impact of youth crime through the developing approach of early intervention and prevention, working increasingly in partnership with local authorities, the police and the voluntary sector.

10 Integration of strategic planning on issues of Youth Justice is co-ordinated through the Local Children’s Service Plans with each of the four Local Authorities in Lothian.
Dear Mr Hough

Justice 2 Committee of the Scottish Parliament – Youth Justice Inquiry

In response to your letter dated 19 November 2004 please find below the views from NHS Ayrshire and Arran to the key questions asked:-

1. **What do you see as your primary roles and responsibilities vis-a-vis youth justice?**
   The role of the Child Health Commissioner in this agenda is primarily around addressing the health inequalities often associated with this target group. For example, many young people who may have issues regarding their mental and emotional well-being and/or issues which have required statutory intervention such as being looked after and accommodated. The Commissioner’s responsibility is therefore around ensuring this group and the issues they face are high on the planning and political agendas of all senior partners.

2. **What range of child and adolescent mental health services do you provide?**
   NHS Ayrshire provides a full range of out-patient assessment diagnosis and treatment services, on a multi-agency/multi-disciplinary basis, including input from psychiatry, psychology, nursing, occupational therapy and social work (workers employed by the local authority). These are provided through specialist (3rd Tier) teams co-terminus with local authorities in Ayrshire (North/South/East). There is in addition an area-wide ‘Adolescent Team’ looking after those in the age range 16-19 specifically. Short-term ‘project’ funding has been used to fund nurses full-time in North Ayrshire looking at mental health needs of Looked After and Accommodated Children, and in the South to work alongside, and be an integral part of the Local Throughcare Team. Funds have been made available in 2004/05 to facilitate the recruitment of 2 additional Psychotherapists, to provide a dedicated input to each of the 3 local authorities (there being only 1 Psychotherapist at present). There is also a specialist Health Visitor post, area-wide. In-patient services are provided on a West of Scotland basis, through Gartnaval Adolescent Unit.

3. **Do you provide any forensic mental health services for children and young people?**
   We do not have a discrete forensic service for children and young people although we do provide a forensic service for adults which can provide intervention if required.
4. How much do you spend on child and adolescent mental health services and on forensic services and what share of your overall budget does this represent?

<table>
<thead>
<tr>
<th>CAMHs</th>
<th>Spend per head</th>
<th>01/02</th>
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<th>03/04</th>
</tr>
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<tbody>
<tr>
<td>Within A&amp;A</td>
<td>£18.69</td>
<td>£17.64</td>
<td>£18.52</td>
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<tr>
<td>Total Expenditure (£)</td>
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<th>01/02</th>
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<th>03/04</th>
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<tr>
<td>Total expenditure (£)</td>
<td>£406,559</td>
<td>£371,562</td>
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</table>

5. What do you know about the numbers and types of referrals that child and adolescent mental health services and other services receive?
Numbers of referrals are in excess of one thousand per annum and are received from GPs, schools, social work services and from self-referrals. Given the numbers of referrals they vary significantly, specific routine data around which is gathered routinely and may be made available.

6. What are the average waiting times for outpatient appointments for child and adolescent mental health services?
There are systems to allow for urgent cases to be seen if clinical considerations dictate, which is one reason why waiting times for non-urgent referrals is increasing. Consultant waiting times are within 26 weeks. Waiting times for therapy differ depending on the clinician with waits of up to 1 year.

7. Do you experience any problems in staffing child and adolescent mental health services?
The major difficulty experienced in Ayrshire has been in respect of Consultant Psychiatry staffing. We have an establishment for 4 Consultants (one per team) which were filled up until approximately 2½ years ago. Since then we have lost all consultants, and despite advertising on 6 occasions we have been unable to recruit to any of the posts. It is acknowledged there is a national shortage of Consultants, and a recent ‘phone survey’ highlighted that recruitment difficulties were being experienced by all boards outwith Glasgow. We have therefore endeavoured to reallocate funds, either on a permanent or fixed term basis to create posts in other disciplines to help reduce the pressure on the service, which has had limited effect.
Recruitment is not an issue elsewhere in the service.

8. How do you engage with local youth justice strategy groups? Who represents the health board on these groups?
It is my understanding that we have little or no formal input to youth justice strategy groups. It is also my understanding that we have not been requested to attend any groups. The linkages between the profile of referrals to our services and those of youth justice are clear, but as yet have not formally been investigated or addressed at this time.

9. Does the health board representative bring any resources (in terms of over staffing or funding) to the local youth justice strategy groups planning processes?
No.
10. How do you integrate youth justice with their overall strategic planning?

Integrated Children’s Service Plans, which will commence in April 2005, see Youth Justice Strategies as part of that process. Whilst this type of “single” plan is still in relative infancy, it is hoped that through this process, Youth Justice will become more prominent and less peripheral to the planning of service for children.

I hope you find these comments helpful and if you have any queries please do not hesitate to contact me.

Yours sincerely

Wai-Yin Hatton
Chief Executive
Justice 2 Committee – Youth Justice enquiry

1. NHS Orkney enjoys a good working relationship with the youth justice/criminal justice department of Orkney Islands Council. Under the local system all clients who are referred will be assessed on a Multi agency basis. The agencies involved include social services, housing, health services and northern constabulary if required. Other specialist services such as Forensic are commissioned as required through mainland Scotland service providers.

2. Main Services provided are:
   a. Child and Adolescent Mental Health Support Worker (CAMHS) (Joint post with Department of Social Services.
   b. Emotional and Transitional Support Officer
   c. Visiting Consultant Psychiatric Services through Grampian University Hospital
   d. Service Level Agreement in place with locally based Psychotherapist
   e. Drop in centre also supported through our Youth Information Point (Young Scot) Initiative

3. Not provided directly, but commissioned when required from Mainland Scotland Service providers. This Service is usually co-ordinated through the Criminal Justice department of Orkney Islands Council.

4. Total spend in the region of 160k per annum. Accounts for approximately 0.5% of our total budget of 30 million.

5. Very wide range of referrals from depression/stress/social/drink related problems through to Eating Disorders, Asperger’s Syndrome/Autistic Spectrum Disorder to longer term mental health problems. Numbers are in the region of 20 – 30 cases per annum in total most care/therapy or support packages are co-ordinated through the Joint CAMHS post.

6. Average waiting times for a new referral is 4 months.

7. Our main problem is the vulnerability of all our services as they rely on single handed practitioners. Nationally there is a shortage of such mental health and well being specialists for children and access to mainland specialist services can be particularly difficult for some cases.

8. Engagement locally takes a variety of forms:
   a. Through CAMHS post
   b. Through Orkney’s Youth information Point (Young Scot) Initiative
   c. Through targetted surveys
   d. Through Student council representatives in schools
e. Through special events such as “Walk Tall and Chill and “Doin’ me Head In” – These events last for a day and are multi-agency and have been specifically designed for schoolchildren aged 14 and above (transition years). The events are usually held in the leisure centre or a nightclub and discuss a wide range of lifestyle issues covering physical, sexual, emotional and mental well being. The events are structured around our community and include local business leads so as well as the health information, we provide practical advice on life and work skills.

10 The health board provides the resources in terms of staffing as detailed above. We are also part of the Joint Community Planning Forum and Joint lead with the Council on the Children’s Services Plan. Youth Planning Strategy Processes are co-ordinated through the Community Planning Forum.

11. Any recommendations or actions agreed by the Joint Community Planning Forum must include evidence of youth engagement and input/advice from frontline staff, in this case the joint community mental health team, in their plans. Once endorsed the recommendations are incorporated into the Business Plan of the organisation, mental health strategies and Local Health Plan.
1. NHS Highland seeks to: have a population who are informed and motivated about their health; ensure access to good services to our population when they are required and to have a well motivated and trained workforce providing services. These aspirations would apply equally to youth justice services which are developed in an integrated manner with key partners across Highland. (Highland Council, voluntary sector, Northern Constabulary)

Health representation is important at both a strategic and operational level in the development of services. The Director lead for Child Health Services and the Child Health Commissioner are members of the Youth Justice Strategy Group. At a local level, community paediatricians are invited to Youth Offender Forums, which manage the responses to persistent offenders, albeit it can be difficult maintaining a consistent membership, given clinical demands. The primary role is to ensure that health services are appropriately targeted to help in the objective of reducing offending behaviours in young people.

2. CAMHS services in Highland provide Tier 2/3 services for the assessment and treatment of children, young people and families. These include a range of interventions that include individual and family therapies, psycho pharmacological and behavioural interventions. This is provided through a team of 3 consultants and 10 WTE nurses/therapists/social workers. Child psychology also provide a range of services to support children, young people and families while a network of primary mental health workers work at a tier ½ level within Community Health Partnerships, supported by the Department of Child and Family Psychiatry.

3. No

4. CAMHS services: £850,000 (Department of Child and Family Psychiatry, Shenevall Centre, Psychology and primary mental health workers)

Forensic on a as needed basis, although very costly when required, not national resource within Scotland for this service

5. Within the Department of Child and Family Psychiatry up to 550 children are seen a year, the primary mental health workers service is in the process of establishing itself so we do not have figures for this. Child psychology see up to children a year.

6. The Department of Child and Family Psychiatry operate a triage system and will see a child/young person on as soon as basis if required. A routine appointment would be 6 months, intermediate appointments, 3-4 months. Child psychology currently have a waiting lists of 8 months.

7. Highland has a good record for retaining and recruiting staff across disciplines although we are aware that this is not usual across Scotland.

8. As above.

9. As part of mainstream service provision, but not as dedicated additional funding. The Highland proposal for ISMS, contained in the Children’s Plan, does though involve costings that will support an intensive mental health outreach service.

10. Through the Child Health Commissioner, joint (Council & NHS Highland) Head of Service and Director of Child Health - who are members of the Child Health Network Management Group, and who address youth justice issues alongside other planning processes and priorities. Youth Justice is addressed through our Integrated Children’s Service Plan, For Highland’s Children 2

Sally Amor
Child Health Commissioner
NHS Highland
December 2004
Annabel Goldie MSP
Convenor
Justice 2 Committee
The Scottish Parliament
Edinburgh
EH99 1SP

24 November 2004

cc: Richard Hough, Clerk, Justice 2 Committee

Dear Miss Goldie

Youth Justice Inquiry

YouthLink Scotland is the national youth work organisation for Scotland. We support the development of accessible, high quality youth work services which promote the well-being and development of young people. We are a national voluntary organisation working with both statutory and voluntary bodies.

YouthLink Scotland welcomes the Justice 2 Committee’s inquiry into issues around youth justice. YouthLink Scotland has already submitted written evidence to the inquiry, based on our extensive experience of working with young offenders at YouthLink Scotland’s Outlet Youth Centre at Polmont Young Offenders’ Institution to assist their rehabilitation. It also draws on the in-depth experience of many of our member organisations which work in the youth justice field.

Youth justice is an area of considerable interest to YouthLink Scotland and our member organisations, and we would wish to offer any assistance we can to the Committee in terms of giving oral evidence, or facilitating visits of reporting groups to relevant projects. The issues that YouthLink Scotland and our member organisations have a particular interest in include, for example, the significant role which youth work can play in diverting young people away from crime and antisocial behaviour, the welfare of young people in custody and the importance of providing transitional support to young people upon release. These are areas which often require significant multi-agency working, and the provision of a wide range of services. YouthLink Scotland and our member organisations would welcome an early opportunity to discuss these issues with the Justice 2 Committee.

By way of further background, I enclose a copy of the joint YouthLink Scotland/SPS briefing paper about some of the youth work services provided at YouthLink Scotland’s
Outlet Youth Centre in Polmont Young Offenders’ Institution. Further information about the work undertaken by our member organisations in the field of youth justice is available upon request.

Please do not hesitate to contact me if you require more information about any of the issues raised in this letter, or would like to discuss this matter further.

Yours sincerely

Robert McGeachy
Senior Policy and Parliamentary Officer
Tracy Hawe
Clerk to Justice 2 Committee
The Scottish Parliament
Edinburgh
EH99 1SP

6th December 2004

Dear Tracy

Fairbridge in Scotland and the ongoing Justice 2 Inquiry into youth justice

Further to our telephone discussion, I am writing to notify the Committee of the willingness of Fairbridge in Scotland to play a further part in the continuing inquiry into youth justice, currently being undertaken by the Justice 2 Committee.

I understand from our conversation, that so far the Committee has taken very little by way of oral evidence from the voluntary sector. I am sure you will agree that the voluntary sector performs many important roles in the sphere of youth justice and has a great deal to offer the inquiry’s deliberations. Fairbridge is no exception. We have just entered the third year of our hugely successful Prison Project and have in that time developed a large amount of expertise and amassed statistical evidence about the methods we use.

We would appreciate the opportunity to demonstrate the work of our project and use our wealth of experience and research to inform the committee’s inquiry. As such we would be delighted to give oral evidence or to receive a delegation from the committee to either our Prison Project, based in Polmont, Cornton-Vale and Saughton or to our core Fairbridge programmes in Edinburgh, Glasgow and Dundee.

Please do not hesitate to contact me if you have any queries regarding this matter.

Yours sincerely

Alex Cole-Hamilton
Policy and Communications Officer
Fairbridge in Scotland