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fact for minors

Is a Multi-agency Approach the Key to Child Friendly Justice?

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FACT FOR MINORS
Fostering Alternative Care for Troubled Minors
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Overview – Our Focus Today

- Explore how to provide effective services for children in conflict with the law who have MH/SA problems in alternative care

- Look at how multi-professional and multi-agency service provision can support child-friendly justice and **assure the right to care** for children in conflict with the law in alternative care

Background – Shift from Punishment to Rehabilitation

- General shift in JJ from a punitive framework towards – or return to - a rehabilitative framework and *child-friendly justice*
  - Need to ensure that "rehabilitation" and treatment measures do not violate the child's rights

- International and EU treaties and regulations guarantee the child's right to care, recognizing the special needs of children and their right to well-being, including health and related care and services

Demonstrated Need for Alternative Care

- Practice – and policy – need further development in order to enable the provision of proper care including the utilization of alternative/community care where possible to support child well-being and reintegration
- Children with MH/SA problems are especially vulnerable to the potentially traumatic/negative impact of detention
- Research demonstrates that children with MH/SA are better served in community/alternative care settings

UN – Right to Care

Universal Declaration of Human Rights, Art. 25

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and ***medical care and necessary social services***, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and ***childhood*** are ***entitled to special care and assistance***. All children, whether born in or out of wedlock, shall enjoy the same social protection.

UN – Rights of Children in Penal Matters

UN Convention on the Rights of the Child, Art. 40

"States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law ***to be treated in a manner consistent with the promotion of the child's sense of dignity and worth***, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of ***promoting the child's reintegration and the child's assuming a constructive role in society***.“

EU Right to Well-Being and the Best Interests of the Child

EU Charter of Fundamental Rights, Art. 24

1. **Children shall have the right to such protection and care as is necessary for their well-being.** They may express their views freely. Such views shall be taken into consideration on matters which concern them in accordance with their age and maturity.
2. 2. **In all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration.**

EU Right to Medical Exam and Care

EU Directive 2016/800 on Procedural Safeguards for Children Who Are Suspects or Accused Persons in Criminal Proceedings, Art. 8 Right to a medical examination

- 1. Member States shall ensure that children who are deprived of liberty **have the right to a medical examination without undue delay with a view, in particular, to assessing their general mental and physical condition….**

- 4. …Where required, **medical assistance shall be provided**.

Scope of the Problem (1)

- Country specific data varies, but there is an increasing prevalance of MH/SA problems within the juvenile justice population

- Most available data comes from the USA
  - Estimated 50 to 75% of youth entering the JJ system meet criteria for a MH disorder
  - Ca. 40 to 80% of inacerated youth have at least one diagnosable disorder
  - High co-morbidity rates with an estimated 2/3 meeting the criteria
  - Some disorders common amongst youth increase risks of aggressive behaviours, low self-regulatory functioning (impulse control) and risk taking (See Underwood & Washington, 2016 for a review)

Scope of the Problem (2)

- EU data varies by country (and limited availability). Estimates suggest that 95% of youth detainees have at least one MH problem and 80% suffer from two or more disorders.
  - An estimated 20% have serius mental illnesses

- For some countries low presence in the JJ system is partly a function of the capacity to treat youth with MH problems in the community (The Netherlands)

- Reducing the juvenile prison population is not necessarily associated with a reduction in the MH problems within the population – MH problem prevalence may increase due to increased use of detainment for this group (Finland)

- General ***need in EU countries to assess relation between MH and JJ*** and assure the provision of needed care within a setting that protects the child and reduces future system involvement (justice and non)

Challenges Deriving from the Presence of MH/SA Problems in JJ

- Detainees with MH/SA problems may exhibit more behaviors that are difficult to handle or generally create problems/disruption within custodial settings including harm to self/suicide

- The presence of MH/SA problems increases the difficulty of effectively engaging and working with children in both custodial and non-custodial settings

Barriers to Treatment

- Difficulty for personnel to cope with problems:
  - JJ personnel often lack the skills, resources and training to adequately respond to the needs of youth with MH/SA problems
  - MH personnel may be ill equipped or reluctant to work with delinquent youth due to risk of violence/aggression
  - The situation is especially acute for youth with co-occuring disorders for whom integrated care is essential
- Treatment requires understanding the link between MH and youth offending

Evidence shows that MH disorders are directly and indirectly linked to later offending

The Potential for Intervention

- Treating SA/MH needs supports the capacity to successfully involve the child in rehabilitation & reintegration programs and decreases the risk of recidivism and/or future criminal/civil system involvement
- Justice system involvement is an opportunity to intervene
- Capacity to intervene is limited by sentence lengths and place in the judicial process (e.g., pre-trial, trial, post-adjudication)
- Cooperation with community-based services builds community ties and helps assure continuity of treatment after sentence completion

Impact of Providing MH Care

- Research shows that MH referrals w/in JJ reduces recidivism and time to re-offending (Zeola et al., 2017)

- Addressing MH/SA problems within JJ leads to cost-saving (see Cocozza et al., 2010)

MH interventions in the JJ system reduce costs and recidivism

Four Keys to Successful Interventions

1) Leave the institution: Place children in alternative care settings
2) Adopt child-friendly justice that supports the best interests of the child
3) Utilize multi-professional teams capable of addressing all needs
4) Adopt an integrated multi-agency approach that brings together all relevant service providers and ensures continuity of care upon sentence completion

Alternative Care Defined

Resolution 64/142, UN Guidelines for the Alternative Care of Children, Art. 29 (adopted 24 February 2010)

- **Informal care:** any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, the child's parents, or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body;

- **Formal care:** all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a **residential environment**, including in private facilities, whether or not as a result of administrative or judicial measures.

What is Child-Friendly Justice?

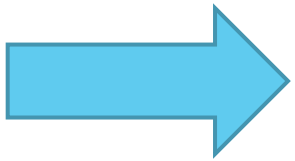
Council of Europe Guidelines

- Accessible
- Age appropriate
- Speedy
- Diligent
- **Adapted to and focused on the needs of the child**
- Respects the right to due proces
- Respects the right to participate in and to understand proceedings
- **Respects the right to private and family life**
- **Respects the right to integrity and dignity**

CoE Guidelines for Implementing Child-friendly Justice After Judicial Proceedings

- Utilization of a multi-disciplinary approach
- Interventions that support the child's capacity for reintegraton
- *Adherence to the best interests of the child principle requires a child-friendly approach to MH/SA service delivery post-adjudication*

What Does This Mean for Care Provision?



Alternative care protects family life and privacy.

A multi-professional multi-agency approach enables the provision of care adapted to the child's needs that respects dignity & integrity.

Multi-Professional Service Provision

- Established practice that generally operates smoothly when all professionals work within the same organization
- Utilizes multiple professionals (e.g., security personnel, health and mental health professionals, teachers/educators, social workers) who work together to meet an identified set of needs
- Issues may arise relating to information sharing, communication and different ethical standards
- Problems can generally be addressed in-house via agency specific guidelines, procedures and training

Multi-Agency Approach

- The bringing together of multiple agencies & services, working cooperatively, to provide services to a given individual
- Has been applied in multiple settings including the justice and mental health system
- Can be conceptualized as a *wraparound* approach that provides comprehensive service delivery for all identified needs building on strengths

The Clinical Need for a Multi-agency Approach

- Children with MH/SA problems present complex and varied problems/needs that require interventions from multiple professionals working in cooperation

- Not all juvenile justice systems employ MH and clinical staff (e.g., as of 2008 all health/MH services in Italy are provided by the National Health Service)

The Clinical Need for a Multi-agency Approach (2)

- Creating links with community-based providers helps assure continuity of care upon leaving the JJ system
- Community-based care promotes integration and the stability of service provision
- Services integration increases the quality of care and capacity for early risk identification by *recognizing the interconnectedness of issues/needs*

Multi-agency Care Supports «Informed» Care

- MH, SA and other services need to be «informed» by the child's complete service needs profile including histories of trauma that can have a significant impact on disorders, behavior and treatment needs

The interconnectedness of services needs to reflect the interconnectedness of the child's problems/needs.

"Informed" services take into consideration other issues/needs and are thus better positioned to provide quality care.

Primary Challenges to Using a Multi-Agency Approach

- Care culture
- Sharing and communication
- Limited resources
- Ethics

Care Culture: Conflicting Objectives

- Challenge: Differing service provider objectives can inhibit efforts to meet the needs of the child

- Response: Need for a common goal and agreed plan that balances security and other justice concerns the need and right to care

Service provision objectives must be child focused, and not system focused

Need for one plan that all providers adhere to

Care Culture: Providing ”Informed” Care

- Challenge: Transforming care provision to incorporate a holitistic view of the child and provide «informed» care

- Response: Co-training and development of informed treatment models

Sharing: Privacy and Data Protection

- Challenge: Consent needed to share data and information with other service providers
- Response: Establish information sharing agreements and protocols to assure data protection and confidentiality including informed consent

- Challenge: Assuring data protection in online and other sharing systems
- Response: Establish high security data storage and sharing platforms

Sharing: Need for Immediate Data/Information Sharing

- Challenge:
  - Informed integrated care provision requires quick, easy access to status updates and other relevant up-to-date information
- Responses:
  - Establish easy access online information sharing systems
  - Have regular meetings with involved care providers
  - Coordinate care and communication via a care coordinator

Sharing and Communication: Relationship Building

- Challenge:
  - Lack of **trust** and established relationships and communication channels
- Response:
  - Joint events, trainings and meetings in formal and informal settings to help establish trust and facilitate communication

Sharing: Differences in Professional Language/Terminology

- Challenge:
  - Communicating in a language that all providers can understand
  - Providing clinical and legal information in non-clinical and non-legal terms
- Responses:
  - Use online multi-professional communication systems (e.g., interRai)
  - Meet regularly in person to discuss progress
  - Communication training
  - Create a shared “dictionary” of terms from each service sector

Resource Limitations

- Challenge
  - Limited resources within service systems that create delays, make it difficult to coordinate care and/or contribute to “burden shifting”
    - Who gets the “difficult cases”?
- Responses
  - Recognize the cost savings potential of a community system of care that works together rather than shifting the burden of care to other systems
  - Let each system specialize in its area while working together
  - Re-assess funding streams and establish joint or shared streams
  - Engage in training and awareness raising with non JJ staff focusing on the importance of MH treatment for the target group

Variations in Ethical Codes

- Challenge:
  - Variations in ethical codes lead to reluctance/incapability of sharing information
- Responses:
  - Adopt a common ethical code and shared informed consent for JJ and MH/SA personnel
  - Application of the highest ethical code for all ensures the highest level of protection
  - Provide co-training for all staff

Means for Promoting Integrated Care Provision (Seiter 2017)

1. Address informed consent across MH and JJ staff
2. Joint social events with staff and families from both sectors
3. Use of “boundary spanners” such as liaisons or coordinators to facilitate communication and linkages
4. Involved education, security and support staff early on in the process
5. Establish formal information sharing mechanisms
6. Co-train and co-located staff across departments and agencies
7. Develop shared program manuals
8. Provide targeted staff training focusing on MH

Multi-agency Success Stories
Wraparound Milwaukee – One Child, One Plan

- Established in 1995 in Milwaukee, WI, USA
- System of care for children with serious emotional, behavioral and mental health needs and their families
- Works with 6 community agencies, over 100 care coordinators and over 200 agency and individual providers offering more than 80 services to families
- Provide a strengths-based, highly individualized wraparound approach
- Works to reduce the need for placements, including juvenile detention

Wraparound Milwaukee – One Child, One Plan: Impact

- Average monthly cost of placement reduced from $8000 (in 2007) to $4000 – ***50% reduction***
- Drop in residential placement from 375 in 1996 to 90 placements in 2008 – ***80% reduction***
- Clinical scores indicate an improvement of 20 points
- State and national recognition for innovation and achievement

Multi-agency Success Stories Supporting Families Programme (1)

- Hampshire County Council implementation of the UK Troubled Families Programme
- Focuses on changing the service provision culture in accordance with national guidelines to provide multi-agency care provision for families
- Works with whole families – one family, one plan – to address individual and interconnected problems

Multi-agency Success Stories Supporting Families Programme (2)

- A **care coordinator** is the key to organizing and coordinating care
- Allows flexibility in organizing care provision for the 10 areas within the county – *what works in one area does not necessarily work in another*
- Requires consent from all family members over 13 to share information
- Uses a web-based system run by the police to share information

Supporting Families Programme - Impact

- External assessment indicates **improvements in efficiency and multi-agency cooperation** as well as “hard data” (e.g., employment, school attendance), which is more difficult to obtain

- Significant cost savings in part due to involvement of the employment center – reduced unemployment - which in turn improves parental mental health, reduces stress at home and improves parenting, and improves child well-being and school attendance

- Seen as a success by the County Council due to its **capacity to improve cooperation, change the culture of care, and address interconnected problems**

Concluding Remarks (1)

- A multi-agency, multi-professional approach to providing care for children in conflict with the law with MH/SA disorders responds to the criteria for child-friendly justice, promoting the best interests of the child

- The institution of **cooperation agreements** and **common protocols** for work with the target group is expected to have a positive impact on overall service provision, establishing a **virtuous cycle of integrated care**

- Challenges can be addressed by adherence to **general guidelines** and identification of **local difficulties** as well as **opportunities** and **solutions**

Concluding Remarks (2)

- Steps need to be taken to assure that youth are not shifted from one system to the other based on care availability
- Children in conflict with the law with MH/SA problems are best served within an alternative care setting
- Political elements and service providers need to support a culture of care for young people in which ***the objective is the best outcome for youth***

Proper care now is likely to reduce future costs for all services AND re-offending

Thank you for your attention!

For comments or questions please contact:

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