London Health Committee review into mental health for offenders and ex-offenders in London

About Revolving Doors Agency

Revolving Doors Agency is a charity working to change systems and improve services for people who face multiple and complex needs, including poor mental health, and come into repeated contact with the police and criminal justice system. We work with policymakers, commissioners, local decision-makers, and frontline professionals to share evidence, demonstrate effective solutions, and change policy, while involving people with direct experience of the problem in all our work through our London Service User Forum. Our work in London is supported by Trust for London.

The revolving doors group

Too many Londoners still face entrenched social and economic exclusion linked to a range of problems, including: poverty; poor mental health; homelessness; substance misuse issues; repeat victimisation; and offending. For the most disadvantaged people, these problems overlap and they become caught in a negative 'revolving door' cycle of crisis and crime.

Evidence from one national study[1] suggests there are at least 7,000 individuals experiencing a combination of substance misuse, offending, and homelessness across London each year. There are a further 32,000 facing two of these needs at once. People in this group also face a range of additional problems, including:

- poor mental health - 55% of those facing all 3 needs above had an identified mental health problem
- high levels of unemployment and poverty - over half of those experiencing all 3 needs had been reliant on welfare benefits for most of their adult lives
- histories of trauma - 85% had traumatic experiences in childhood.

A conservative estimate suggests that the repeated demand generated by this combined group results in a combined cost of at least £760 million per year to London's public services. The 7,000 people facing all three needs generate at least £160 million of this total. However, these figures are likely to underestimate the cost of multiple needs across London. Research in some London boroughs suggest that those facing the most complex needs can typically generate higher individual costs to local services of around £30,000- £50,000 per year.

Revolving Doors Agency's London Together manifesto

[1] http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/

In 2016, Revolving Doors published the report *London Together – Transforming services for the most excluded in the capita*[2], along with an accompanying manifesto.[3] Both the report and the manifesto were based on our engagement with people with lived experience, services and other stakeholders, and on analysis of the best publically available evidence about need and service responses. The report and manifesto were sent to all main mayoral candidates, including the current Mayor, ahead of the May 2016 election.

We highlighted a number of areas of opportunity, including devolution, all of which have some relevance to the Committee's review:

1. Earlier intervention in people's problems – developing improved systems and tools to identify those at risk of falling into a negative 'revolving door' cycle wherever they come into contact with the system, and link them into appropriate co-ordinated support.

2. Greater access to targeted and intensive support for those facing the most complex needs – ensuring there are links into intensive and co-ordinated support for those facing severe complex needs in every borough, including gender specific responses for women and girls facing complex needs.

3. Co-ordinated rehabilitation for offenders facing multiple needs – ensuring criminal justice responses are tailored to work more effectively and reduce 'revolving door' offending.

4. Improved health and wellbeing for the most excluded adults – reducing the health inequalities experienced by those facing multiple and complex needs, and targeting improved access to healthcare for the most excluded groups.

5. Creating a system that supports long-term recovery – building a system that takes account of the recovery journey, does not remove support too quickly, and helps to build resilience and networks for the most excluded individuals.

6. Greater user involvement in the design and delivery of services – service users should be involved in the design and delivery of services, coproducing their own support and being involved in the commissioning process. A multiple needs strategy should be coproduced with input from those with 'lived experience' to help set outcomes and advise on delivery.

Review questions

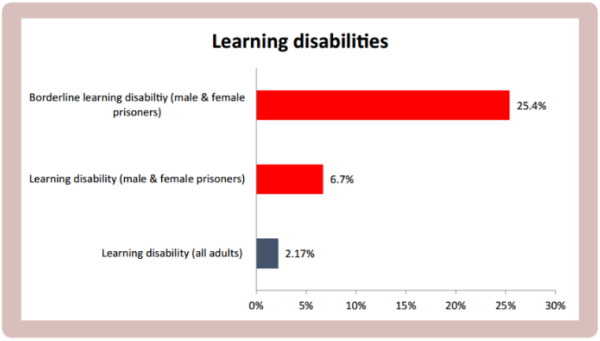
1. What are the main mental health challenges faced by prisoners and ex-offenders in London?

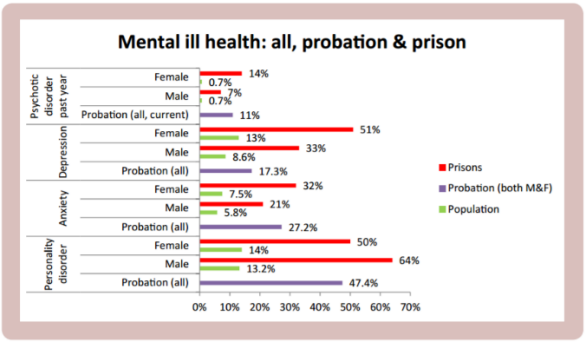
Our recent report *Rebalancing Act*[4] highlighted some of the combinations of needs faced by those in contact with the criminal justice system, some examples relating to mental health are set out below. Two important points must be emphasised. Firstly, Revolving Doors was using data on prison health which date from a time when the size and composition of the prison population was very different. Secondly, the data on the probation population is more recent, but is mostly based on studies of single areas, which may not be representative of the probation population in London. Additionally, the Transforming Rehabilitation reforms will have resulted in a different probation population, with short sentence prisoners receiving probation support for the first time as a matter of routine.

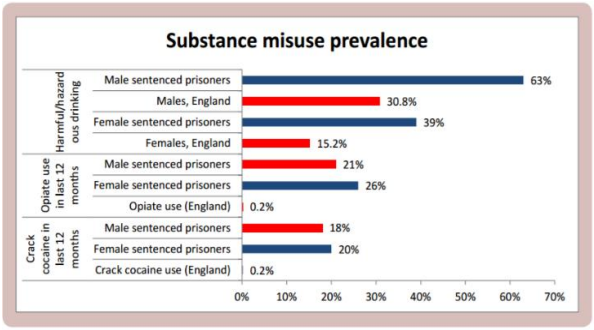
[2] http://www.revolving-doors.org.uk/file/1854/download?token=4Y807jtO
[3] http://www.revolving-doors.org.uk/file/1852/download?token=W8axXjWF
[4] http://www.revolving-doors.org.uk/blog/rebalancing-act

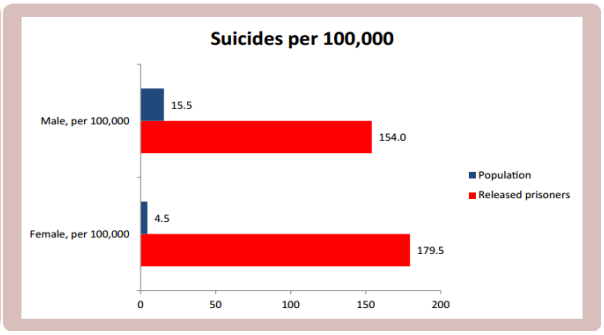
A further observation is that many more people come into contact with the CJS than are sentenced to immediate custody. At the time of drafting *Rebalancing Act*, we found that while the police in England had dealt with 1.7 million people, resulting in 1.25 million sentences, there were only 140,000 probation starts and 88,500 sentenced to immediate custody. Further, there is good evidence that the population in contact with the CJS doesn't divide neatly into perpetrators and victims. Perpetrators of crimes themselves face an increased likelihood of victimisation, and the reality is that personal identities – victim and perpetrator – can often be fluid. Consequently, when considering offender mental health and access to mental health treatment, support and care, it is essential to consider the wider population in contact with the criminal justice system, and not just those who are in or have been through the prison system.

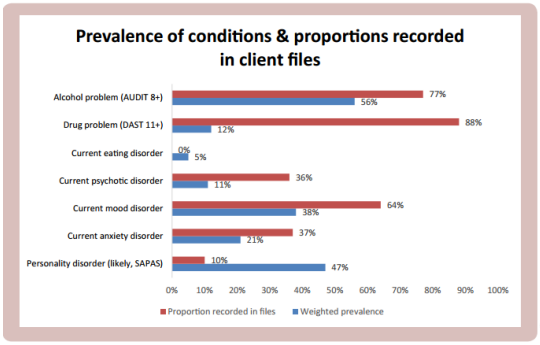
There is one further factor that the committee might want to consider. In addition to people who come into contact with victims of, witnesses to or suspected perpetrators of crime, the Metropolitan Police respond to thousands of mental health crises each year – almost 3,700 in 2015-16.[5] It is important to note that many or most of these people will not be offenders, although as people with likely mental health needs that come into contact with the police, the Committee may want to give some consideration to them.

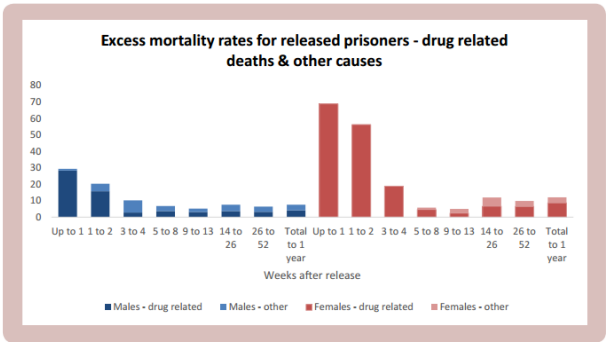












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[5] http://www.npcc.police.uk/documents/S136%20Data%202015%2016.pdf

[6] This *Rebalancing Act* chart is based on a study of a single former probation trust.

Where data is available, there is often a marked disparity between male and female offenders, with women often exhibiting more needs, and/or higher levels of need. There are distinct disparities of vulnerability and risk among the prison population, with the rate of instances of self-harm per 1,000 prisoners being approximately five times higher for women than men. The rate of self-inflicted deaths is twice as high for women than men, at 2.6 per 1,000 prisoners compared to 1.3, both rates being the highest since at least 2008.[7]

In addition to these selected headline measures, people in contact with the criminal justice system face elevated mortality rates, are disproportionately likely to have worse physical health, higher prevalence of blood-borne viruses, low educational attainment. Pre-conviction homelessness rates are high, as is the need for housing support to prisoners on release, and care-leavers are grossly over-represented across the CJS. People in prison are also likely to have additional vulnerabilities, or to have experienced additional adverse experiences, including being in care (31% f, 24% m), or having experienced emotional, physical and/or sexual abuse (53% f, 27% m).

2. What measures are in place to prevent people with mental health needs entering the criminal justice system and how are they supported through prison, probation and release? Are these measures sufficient?

In a broad sense, the measures and systems that are (or could be) put in place need to focus on ensuring that mental health needs are identified and met, that the appropriate course through or diversion out of the CJS is chosen, and that risk factors for reoffending are addressed.

The primary mechanism for doing the above in the community is Liaison and Diversion, for which Revolving Doors provides lived experience support to NHS commissioners, and co-produced the national operating model. With national roll-out following the publication of the 2009 Bradley Report,[8] Liaison and Diversion builds on previous, local diversion schemes, and on the track record of national initiatives such as the Drug Interventions Programme (DIP). Aiming to identify and initiate responses to a range of vulnerabilities such as, mental health, learning disability, substance misuse, housing, education, Liaison and Diversion is nominally broader in scope than previous initiatives. Improved access to healthcare and support services for vulnerable individuals through effective liaison with appropriate services.

Liaison and diversion aims to achieve:

- The diversion of individuals into health or other supportive services
- Diversion out of the youth or criminal justice system (where appropriate)
- A reduction in re-offending
- A reduction of health inequalities
- A reduction of first time entrants to the CJS

The continued roll-out of Liaison and Diversion is very welcome. To genuinely succeed, however, Liaison and Diversion services must be thoroughly integrated with local community services and be supported by effective flows of data within the criminal justice system. While thresholds to and waiting times for some services, such as substance misuse, might mean that they are readily accessible, this may be less the case with access to mental health service. A corollary of this is that for some services and some needs, there are no rapidly available referral routes. In some respects, Liaison and Diversion has conceptually more in common with an intervention that a service, with

[7] https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-december-2016--2
[8] https://www.rcpsych.ac.uk/pdf/Bradleyreport.pdf

only very limited case holding and management envisaged. Discussions with expert stakeholders suggests that in reality Liaison and Diversion services are, in effect, assuming something of a case management role. This may be better than an individual receiving no support at all, but it is a suboptimal situation in several respects.

With regard to prison services, mental health in-reach and substance misuse services are available in every establishment; sometimes provided by the same provider in an integrated system, or by separate providers working, at least in theory, in close partnership. Recent reports by HM Chief Inspector of Prisons have highlighted the triple problems of mental health, drugs and violence in prisons, compounded by overcrowding, poor physical environments, and understaffing. The latter also includes prison officers, where reduced numbers[9] appear to have led to more use of restrictive regimes, and have impeded the ability of prisoners to attend activities and healthcare appointments. There are further concerns around the availability of beds in forensic mental health units that ill prisoners can be moved to, and whether ACCT is fit for purpose and/or delivered effectively as a suicide prevention tool.[10]

Through the gate initiatives, propagated in connection with the Transforming Rehabilitation reforms, although not part of them, are an essential component in supporting the safe and effective resettlement of a person leaving prison. TTG services aim (as the name suggests) to provide a continuous, or at least seamless, package of support including meeting needs around housing, employment, and health, including substance misuse and mental health. A recent Criminal Justice Joint Inspection by HM Inspectorate of Prisons and HM Inspectorate of Probation[11] found that 'services were poor and there was little to commend. Too many prisoners reached their release date without their immediate resettlement needs having been met or even recognised.' The Inspectorates found that out of 86 male cases reviewed, 22 had mental health needs prior to incarceration, and that only in 1 case had sufficient work to meet these needs been done prior to release. The corresponding figures for women were 24 cases reviewed, 12 with mental health needs, and 5 with sufficient work done prior to release. While needs went unmet across both male and female cases reviewed, the gaps between needs identified and met was particularly stark for male prisoners across the spectrum of needs considered.

A recent HM Inspectorate of Probation review of services in North London[12] raised a number of concerns in respect of the Community Rehabilitation Company (CRC) and, to a lesser extent, the National Probation Service (NPS) that deals with offenders assessed as being higher risk. While the CRC had adopted a cohort model, including a mental health and intellectual disabilities cohort, the Inspectorate found that this raised practical challenges. To a large extent, probation services will be reliant on NHS community and/or forensic mental health service provision and, as referred to elsewhere and widely acknowledged, accessing these services can be challenging. This can often be the case with the revolving door cohort, many of whom may have illnesses or conditions that are sub-threshold for routine service access, but that cumulatively result in a significant impairment.

[9] Numbers have fallen nationally by approximately 25%, although Ministry of Justice has announced a recruitment drive which should partially offset this fall, although presumably at the cost of replacing departing experienced officers with inexperienced recruits.

[10] http://www.ppo.gov.uk/wp-content/uploads/2014/07/ACCT_thematic_final_web.pdf

[11] https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2016/09/Through-the-Gate.pdf

[12] https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2016/12/North-of-London-QI-Report.pdf

3. Which groups within the offender population are specifically at-risk of developing mental health problems?

As illustrated by the *Rebalancing Act* charts above, mental ill health is highly prevalent across the CJS pathway. The associations between mental ill health and offending are complex, and often compounded by aggravating factors such as substance misuse housing problems, and a range of excluding factors. Comorbidity of conditions, and coexistence of mental ill health with non-medical needs is commonplace, with substance misuse being a clear case in point, where comorbidity could arguably be considered the norm (at least for common mental illnesses) rather than the exception. This is particularly the case with the revolving door group, where persistent (but often relatively low level) offending can be indicative of multiple needs, including mental ill health.

There is evidence that prison is detrimental to an individual's mental ill health and can have a traumatising effect. People in prison are exposed to high levels of criminal activity (such as violent crimes and drug-dealing) and social isolation. The exposure to crime and isolation can lead to increased levels of mental health problems and institutionalisation, in the long-run leading to increased re-offending rates. As above, rates of suicide, self-harm and mortality more generally are higher for prisoners and released prisoners.

There is ample evidence that, for many offenders and types of offence, community sentences are more effective in reducing reoffending, and more cost effective than prison. Despite this, the use of community sentences has, with little exaggeration, dropped off a cliff, falling by half over the course of the last ten years. Further, requirements included in community sentence orders may not match need, with only 0.4% to 0.7% of community or suspended sentence orders including a mental health treatment requirement, despite the level of mental health need among the offender population being substantially higher. A recent review[13] found that community sentences were being used in a way that paid little heed to evidence around reducing reoffending, that they had limited impact in turning lives around, and had lost the confidence of sentencers.

A factor that the Committee may want to consider, although with some circumspection, is the effects that childhood experiences, including adverse childhood experiences (ACEs) can have on the likelihood of a child having increased risks of experiencing mental ill health, and of coming into contact with the criminal justice system. As we highlighted in Rebalancing Act, risk factors include socioeconomic factors such as familial and neighbourhood deprivation but also parental characteristics such as parental offending, substance misuse and mental ill health, and relationship factors such as abuse, discord and inconsistent or neglectful parenting. A recent and large Welsh study concluded that if no child had been exposed to ACEs, the Welsh prison population might be almost 2/3 smaller.[14]

4. What steps could mental health service providers take to make their services more accessible for ex-offenders?

Access to mental health services is problematic across the spectrum of provision. There are many explanations for this. Inevitably, resourcing will be a factor. While there are now waiting time standards,[15] access to mental health services in the community is often problematic, as is access to a hospital place in an emergency. The same applies to child and adolescent mental health services

[13] http://crestadvisory.com/wp-content/uploads/2017/04/community-sentences-report-where-did-it-all-go-wrong.pdf
[14] *Rebalancing Act*
[15] https://www.england.nhs.uk/mental-health/resources/access-waiting-time/

(CAMHS), with the unfortunate consequence that for many people transitioning into adulthood, there may effectively be no community mental health provision available.

Engagement with experts by experience also suggests that service thresholds may also form barriers. This may manifest in at least two ways: people with multiple and complex needs may have needs which are, individually, below usual service or clinical thresholds, while cumulatively having a significant impact on the individual's life. Conversely, people with multiple and complex needs, can be perceived as chaotic and/or higher risk, and thus difficult for community services to cope with. A further complication in the case of coexisting substance misuse and mental ill health is the risk of falling between two stools – that mental health services will refuse to treat someone until their substance misuse needs have been addressed or, less commonly, that substance misuse services will decline to treat until the person's mental health needs have been met. NHS England and Public Health England will be publishing a revised good practice guide later this year, although it should be notes that previous attempts to improve provision and practice in this area had limited impact.

In addition to capacity, resources and thresholds, there are some specific shortages of services in London compared to other large UK citizens, women's centres being a case in point. While these are not specifically mental health services, they are services that have a great deal to contribute in meeting women's mental health needs.

Also in addition to resources, capacity and thresholds, mental health services need to engage with the inequities of access, experience and outcomes of their services, particularly where these intersect with criminal justice pathways. For example, certain ethnic and (perhaps) religious minority (principally the Black and Muslim) groups experience higher prevalence of severe and enduring mental ill-health, higher rates of both detention and Community Treatment Orders under the Mental Health Act and lower rates of referral from primary care; they are also disproportionately represented in both the criminal justice systems and in the diversion from court into secondary mental health services. These groups also show both lower satisfaction and higher distrust of mental health services and the greater reluctance to re-engage with the services. Similarly, one of the largest health inequalities for men, suicide, suggests a degree of unmet need that mental health services currently struggle to engage with. Mental health services need to engage in true coproduction with communities to design services in appropriate places, that connect with people at appropriate times and engage their trust over extended treatment times.

5. How effective are programmes that aim to support continuity of mental health support when people have returned to their communities following prison?

Following from the above, ensuring continuity of access to generalist and specialist health services must be prioritised. The London GP Registration for Offenders Scheme points to one means of doing this, and the Health and Justice Information Service should ensure smoother movement of records through the system. Ultimately, however, much depends on the individual in need of treatment. As an example, the pick-up rate between prison and community substance misuse treatment in London is 20.1%,[16] a rate that is well under half that of the highest performing region, the North East. Discussion with expert stakeholders suggests that generally, pick up rates with substance misuse treatment are likely to be higher than for other specialist services. If this is the case, it seems likely that there will be a significant level of unmet need, both nationally and in London.

[16] http://www.nta.nhs.uk/uploads/secure-setting-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016.pdf

The restructuring of the make prison estate to include resettlement prisons is, in some respects, a welcome move. Where it is possible to resettle someone relatively locally (with a key caveat being the fragmented provision of services based on borough boundaries in London), one would hope that TTG and other resettlement services would find it easier to work effectively than when resettling someone a considerable distance. With a limited number of women's prisons, the resettlement prison model has always seemed less convincing. Now that there are no female prisons at all in London, following the closure of HMP Holloway, this situation may be exacerbated.

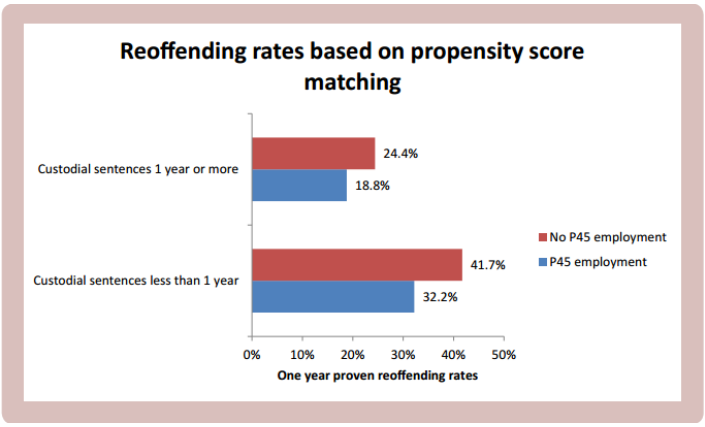
6. How do issues such as housing and unemployment affect the mental wellbeing of offenders and ex-offenders?

Many who have themselves used services for people with complex needs, including ex-prisoners, are keen to 'give something back' or to create a new identity for themselves through employment. Through work, people can have the chance to work and to benefit from the improved financial resilience, self-esteem and new social networks employment can bring. Good quality, appropriate work can also be supportive of health,[17] although there is evidence that not only do poor quality jobs not provide the same health benefits as good jobs,[18] but also that some aspects of poorer quality jobs may cause some common mental health problems, such as depression.[19]

Research by the Home Office suggests that employment is associated with significantly reduced rates of reoffending, although some caution is needed in extrapolating the results from this modelling to the entire prison population; people given non-custodial sentences are excluded entirely. Nevertheless, given the substantial reductions, the relatively buoyant current job market and the relatively low unit cost of labour market interventions, supporting ex-offenders into employment seems likely to achieve reduced rates of reoffending, alongside economic value of almost £15k achieved.[20]

However, many people with histories of offending (or of related factors such as substance misuse) are highly disadvantaged in the job market, despite the (patchy) provision of specialist labour market programmes, and the success of initiatives such as Business In The Community's *Ban the Box* campaign.[21] Given that alongside the evidence around reducing reoffending and health and wellbeing, employment is also associated with improved outcomes from substance misuse treatment,[22] there are clearly opportunities to make and lock in progress against a number of different priorities.

[17] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf
[18] http://oem.bmj.com/content/68/11/806
[19] http://oem.bmj.com/content/74/4/301
[20] http://www.neweconomymanchester.com/media/1446/3316-150327-unit-cost-database-v1-4.xlsx
[21] http://www.bitc.org.uk/programmes/ban-box/why-should-we-ban-box
[22] https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes



With regard to homelessness, UK Government research frequently cited[23] suggests that stable accommodation can reduce reoffending by a fifth. It is difficult to be sure of the quality of this particular research as it remains unpublished and, as with other data cited, it is an old study. Nevertheless, a study from 2012 found that 15% of prisoners had been homeless immediately prior to custody, compared to a lifetime experience of homelessness of 3.5% in the wider population. More than three-quarters of prisoners (79%) who reported being homeless before custody were reconvicted in the first year after release, compared with less than half (47%) of those who did not report being homeless before custody. 37% of prisoners felt they would need help to find accommodation on release, with almost all of them (84%) thinking they would need a lot of help.[24]

With this high level of need and, on the other hand, such high prevalence of mental ill health, substance misuse and histories of offending on the part of people who sleep rough in London,[25] it would stand to reason that there should be a significant gain in reducing reoffending where stable accommodation is secured. It goes almost without saying that there are strong associations between homelessness and mental ill health, which can be both a cause and a consequence of homelessness.

As the Committee will know, London has particularly severe problems with homelessness in any case, including rough sleeping, applications, use of temporary accommodation and so on. Reports such as the report into TTG services referred to above, and a recent HM Inspectorate of Prisons report into HMP Wormwood Scrubs[26] where the proportion of prisoners recorded by the prison as having accommodation on discharge had fallen from 95.3% (April 2015) to 59.4% (October 2015) may not be, in themselves, proof of a crisis, but nor are they reassuring.

7. What examples of good practice are there in London and further afield?

Several examples of positive practice have been highlighted in *Rebalancing Act*, and we hope to accompany that later this year with a review of co-commissioning and co-delivery of services.

Revolving Doors has recently concluded a project in the London boroughs of Wandsworth and Barking & Dagenham. In which we investigated possible ways of improving the service experience of

[23] http://webarchive.nationalarchives.gov.uk/+/http:/www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/reducing_summary.pdf
[24] *Rebalancing Act*
[25] https://files.datapress.com/london/dataset/chain-reports/2016-06-29T11:14:50/Greater%20London%20full%202015-16.pdf
[26] https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/04/Wormwood-Scrubs-web2015.pdf

people with mental health problems and multiple complex needs – individuals who very often feel excluded and let down by the system – across the two boroughs.

Our team needed to understand the everyday reality experienced by vulnerable people who are very often unwilling to discuss issues with those they see 'in authority'. Our approach was to use trained experts by experience – people with direct experience of being failed by the system – to explore the issues with those currently facing problems.

Our approach involved:

- Recruiting, training and supporting 29 service users – our experts by experience – to conduct six peer-led research programmes over three years with 118 offenders and ex-offenders about their experience of current services. These insights were pivotal in identifying opportunities to look at familiar problems in new ways.
- Organising and supporting user groups who could meet directly with commissioners from health, housing, social care and criminal justice agencies.
- Users then collaborating with these professionals to influence local commissioning processes, producing more effective joined-up responses to those with multiple and complex needs across areas including needs assessment, evaluation of existing services, design of new service models and pathways, procurement of new services and monitoring quality

The programme has addressed a number of priority areas for commissioning, including:

- Male ex-offenders' experience of mental health support in the criminal justice system
- Women's experiences of the criminal justice system
- Experience of service users in substance misuse provision around how domestic abuse and violence are addressed
- Women's involvement with Integrated Offender Management schemes
- Experience of housing support and homelessness
- Experience of mandatory substance misuse assessment appointments and experiences of transition to voluntary engagement.

The programme achieved impact because of the commitment of both the peer research groups and the commissioners involved. To date, as a result of our lived experience input, a service in Wandsworth has been decommissioned and a new mental health service funded in its place.

8. What can the Mayor and the London Assembly do to support better mental health for this group?

To some extent, the precise details of how the Assembly and Mayor can support better mental health for offenders, ex-offenders and others in contact with the CJS will depend upon the scale and scope of the forthcoming devolution agreement, particularly with regard to the criminal justice and health systems. That said, the following may be worthy of consideration:

- The design of the Transforming Rehabilitation reforms, and specifically the incentives incorporated into the payment by results mechanism, have been identified by multiple stakeholders as not driving CRC behaviour in the desired ways. More must be done to ensure that resettlement, including accommodation, employment support needs and health needs, is addressed. The Committee will be aware that there are multiple reviews of probation taking place at the Ministry of Justice; engaging in that process may also be prudent, given the reported shortcomings in London. Given the failure of differential incentive payments to influence

provider behaviour in the DWP Work Programme to the extent originally envisaged, a more interventionist approach than varying incentives may be worth considering.

- The Mayor may be able to use his profile to increase the use of community sentences where appropriate. This may best be done through partnership work with London boroughs to ensure that community services with appropriate pathways are not only in place, but are seen to be in place. Working with the representative and/or membership bodies of sentencers may also be worth considering.
- As we argue above, the quality of a job is important, with good quality jobs being associated with improved health and wellbeing, and growing evidence that poor quality jobs are associated with and may cause worse mental health and wellbeing. The Mayor should ensure that the recommendations in the Trust for London/Centre for Economic and Social Inclusion[27]report *Work in Progress*[28] are embedded in employment support programmes in London, and with employers via the London Enterprise Panel.
- London already benefits from *Working Capital*, a specialist labour market programme for disadvantaged jobseekers. The Work Programme is due to be replaced by the Work and Health Programme from early 2018, with the latter being co-designed and co-commissioned in London. The Work and Health Programme is intended specifically for disadvantaged jobseekers, including those with disability and health related barriers to work, and the very long-term unemployed. While some ex-offenders and others with multiple and complex needs will fall into one or both of those categories, others will not, and measures to ensure that those with offending and/or mental health related barriers to work are not overlooked would be welcome.
- Homelessness in all its forms continues to be a problem in London, and continues to worsen. We acknowledge and appreciate the measures that the Assembly, Mayor and individual London boroughs are already taking to tackle homelessness, but there is much left to do. As above, ensuring that resettlement in the broadest sense is a priority for all involved is likely to be one part of the solution; another is likely to be in improving homelessness services more generally. We suggest that the Mayor and Assembly take note of the many housing first initiatives, and consider the viability of increasing that sort of provision in London.
- Finally, in *Rebalancing Act*, we argued that leadership is crucial. While written with an audience of Police and Crime Commissioners, Directors of Public Health and similar in mind, we were agnostic about where that leadership should come from. The office of the Mayor, as one of the most powerful and high profile directly elected politicians in the country, is supremely placed to provide that leadership.

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[27] Now the Learning and Work Institute
[28] https://www.trustforlondon.org.uk/research/publication/work-in-progress-low-pay-and-progression-in-london-and-the-uk/