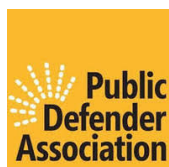


Briefing for the launch of LEAD UK: *Let Everyone Advance with Dignity*

September 2020





About Revolving Doors Agency

Revolving Doors Agency is a national charity that aims to change systems and improve services for people 'in the revolving door' – i.e. people who come into repeat contact with the criminal justice system for relatively minor and non-violent offences due to multiple unmet needs such as mental ill-health, poverty and traumatic life events.

We work to create a smarter criminal justice system that makes the revolving door avoidable and escapable. We do this by working alongside national and local decision-makers. We combine lived experience insight, robust research and system knowledge to create policy and practice solutions that work.

About New Generation Policing

New Generation Policing is delivered by Revolving Doors Agency and supported by three independent funders, the Barrow Cadbury Trust, the Esmee Fairbairn Foundation, and the Lloyds Bank Foundation for England and Wales.

New Generation Policing is an initiative that supports police and crime commissioners and police services to develop and implement new interventions to stop young adults from being caught in the cycle of crime and crisis. Our partnerships with local commissioners and police services aims to create more evidenced and deliberate interventions that divert young adults at the cusp of 'revolving door' away from the criminal justice system and into a better life.



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I. Young adults at risk of entering the revolving door

- I.1. Adults in the revolving door come into repeat contact with the criminal justice system for low-level and non-violent offences, such as theft, summary non-motoring and minor drug offences. Early signs of these same characteristics can be found in young adults between ages 18 to 25.
- I.2. Research shows a consistent pattern of childhood and early adulthood experiences that lead to the revolving door. It involves exceptional levels of abuse, neglect and household disruption¹, multiple and often traumatic losses and bereavement², high levels of exposure to community violence, including witnessing or being the victim of violence. These children and young adults also struggle with the daily stress caused by food poverty and housing insecurity, and they most likely experience persistent poverty throughout their lives, exacerbated by school exclusions, unemployment, or working in underpaid jobs³. Factors associated with poverty such as low neighbourhood safety, daily hassles, alongside racial discrimination increase the risk that trauma will negatively impact their lives.
- I.3. This toxic combination of trauma, poverty and racial discrimination can put them at greater risk of mental ill-health, problematic substance use, domestic abuse and homelessness. These health and social care needs, if unmet, have a negative impact on their life chances (such as educational attainment, life skills, and employment) and put them at a high risk of regular contact with the criminal justice system (both as victims and perpetrators).

¹ Revolving Doors Agency. 2018. 1,800,000 Opportunities http://www.revolving-doors.org.uk/file/2317/download?token=cS_ocem7

² Revolving Doors Agency. 2019. A Literature Review into the prevalence and impact of loss and bereavement on individuals experiencing severe and multiple disadvantage <http://www.revolving-doors.org.uk/file/2331/download?token=K316AqwO>

³ Revolving Doors Agency. 2020. Young adults in the revolving door, <http://www.revolving-doors.org.uk/file/2451/download?token=XT3bl7VL> p. 6-7



2. Why we should focus on these young adults

2.1. Data obtained under the Freedom of Information legislation reveals that:

- Over half of all reoffences committed by young adults are theft and summary non-motoring offences.
- Young adults whose index offences are theft and summary non-motoring offences also have the highest rates of reoffending in the same category as their index offence.
- Theft creates the highest level of churn of repeat offences in the same category, with a ratio of 994 reoffences per 1,000 reoffenders. This rate is strikingly above any other crime category. It is 12 times higher than repeated possession of a weapon (for example carrying knives) and 6 times higher than repeated violence against a person.

2.2. These figures expose the significant demand created by young adults committing 'revolving door' offences; persistent low-level offences driven by a combination of needs stemming from complex trauma and poverty. Repeat and non-violent offences⁴ create high levels of demand for our police, courts and the wider justice system. These offences are driven by underlying, unaddressed need. The volume, churn and eventual costs of young adults who are dragged into the criminal justice system for relatively minor offences highlights the urgent need for a radical new approach.

2.3. The current approach has resulted in the proportion of people with a history of repeat offending reaching its highest ever level. Repeat offenders now accounting for nearly two fifths of all offenders. A smarter justice system would stem the tide, invest to save the public purse, and reduce the significant harm caused by these crimes.

⁴ Revolving Doors Agency. 2020. Young adults in the revolving door. Appendix



3. Solutions that prevent young adults from entering the revolving door

- 3.1. There is a plethora of evidence to demonstrate that each contact with the criminal justice system harms future life chances, and that the deeper into the criminal justice system young adults move, the more likely they are to reoffend. A priority for the whole system must be to pro-actively divert young adults in the revolving door away from the criminal justice system and into appropriate support services.
- 3.2. Evidence suggests this is best done at pre-arrest or at the point of arrest. This means, police officers exercise discretionary authority at the point of contact to divert individuals into a community-based harm reduction intervention, rather than deliver the support themselves. Ultimately the solution should be another tool at the disposal for officers and should be no more time consuming or difficult than to arrest someone or put them in custody or refer them for prosecution.
- 3.3. While we do not take a prescriptive approach to, what is essentially, local solutions, we believe that the diversion service will have to centre three main drivers of revolving door: profound and persistent experiences of trauma, poverty and racism.
- 3.4. There is a growing evidence base in the UK around diversion, including the success of schemes such as Checkpoint and DIVERT. LEAD has shown considerable promise in the US, as a way for law enforcement and prosecutors to help communities respond specifically to people in the revolving door, whose repeat offending stem from unaddressed public health and human needs – mental ill health, addiction, homelessness, and extreme poverty - through a public health framework that reduces reliance on the formal criminal justice system.
- 3.5. Inevitably, the implementation of LEAD will require adaptation to fit local needs and circumstances. However, there are certain core principles that ensure model fidelity to achieve transformative outcomes seen in the initial pilot in Seattle. These include their harm reduction approach (similar to the UK Housing First framework), which requires non-coercive and long-term engagement; a focus on individual and community wellness rather than an exclusive focus on sobriety; and the need for rank and file police officers and sergeants to be meaningful partners in program design and operations.



4. A summary of LEAD (Let Everyone Advance with Dignity)

4.1. The basics

- 4.1.1. LEAD is a pre-arrest and at-the-point of arrest diversion approach, specifically designed for people 'in the revolving door', i.e. people who commit repeated low-level and non-violent crimes, often driven by a combination of mental ill-health, problematic substance use, homelessness, trauma and poverty.
- 4.1.2. LEAD is not a project, but an ambitious whole system approach to harm reduction and law enforcement. It requires independent decision-makers to collaborate on a voluntary basis across health, local authority and PCC boundaries. In addition to police, service providers, community groups, prosecutors, elected officials and others, persons with relevant lived experience (e.g. drug use, sex work, homelessness, poverty) are essential stakeholders who should be meaningfully involved partners.
- 4.1.3. LEAD is coordinated by a project manager that keeps the cross-sector partnership alive. They are tasked with troubleshooting stakeholders' concerns, working to identify resources, facilitating meetings, developing information-sharing systems, and streamlining communication. Because LEAD is a consortium of independent actors, it is desirable for the project manager to be primarily loyal to the program itself, independent from all political and operational stakeholders.
- 4.1.4. LEAD approach is proven to achieve 58% decrease in rates of re-arrests and 87% decrease in prison admissions among 'repeat offenders.' It has also shown to reduce some of the racial disparities among this population and bring reconciliation to police and community relations by delivering an evidence-based public health model.

5.2. Policing role

- 5.2.1. **Police discretion:** Police officers exercise discretionary authority at the point of contact to divert individuals into a community-based, harm reduction intervention. In lieu of the normal criminal justice system process, individuals are instead referred into long-term and non-coercive case management.



5.2.2. Pre-arrest and social contact referrals: Although originally designed as at the point of arrest diversion for individuals, the value of allowing for referral via a social contact route has been well demonstrated. The model allows some flexibility for the police officers not to rely on arrest as the sole means of referral, as this can be counterproductive and can delay engagement. One key learning from the US experience is that officers who are accustomed to using LEAD may come to regard arrest as a last resort for low-level and non-violent offences that are linked to ill health and/or poverty.

5.2.3. Mainstreaming harm reduction approaches in policing. LEAD referrals are no more time consuming or difficult or expensive than it is to arrest, put someone in custody and refer them for prosecution. For the programme to be truly effective on a large scale, the programme must be integrated in the mainstream, rather than rely on small teams for diversion. Otherwise the bulk of appropriate suspects will go through “system as usual” processing.

5.2.4. Documentation is key. As LEAD relies on officer/inspector discretion, it is essential that they document *why* they have taken the decision *to or not to* use diversion for eligible offences.

5.2.5. Prosecutors and police officers work closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecutions for other offences, are coordinated with the service plan for the participant to maximise the opportunity to achieve behavioural change.

5.3. Case management (non-police)

5.3.1. A harm reduction philosophy. Participants are engaged where they are, physically and metaphorically; they are penalised or denied services if they do not achieve abstinence, engage in specific services, seek stable housing, or cease involvement in sex work.

5.3.2. Trauma-informed care perspective. Addressing and understanding underlying psychological trauma by listening to participants and working to integrate their voices into their service delivery plan is key.

5.3.3. Peer outreach and support is core to the programme so that individuals can engage and deal with people they view as knowledgeable and reliable about their situation.



5.3.4. Led by people and needs. Once the acute needs have been addressed, the case manager works with each individual to design an Individual Intervention Plan which may include assistance with housing, treatment, education, training, job placement, licensing assistance, child care, or other services.

5.3.4 Cultural competency. It is essential that programs (including outreach, case management and support) are tailored to the needs of different racial and ethnic groups, LGBTQ people, immigrants, and other key populations. Meaningful involvement of persons with relevant lived experience in project design, implementation, and evaluation is one way to establish cultural competency.

5.4. Length of intervention and caseload

5.4.1. Length of intervention can vary between 6-24 months. LEAD offers an open-ended support, which, almost never, closes cases until the individual specifically asks them to close the case.

5.4.2. Average caseload is smaller than of probation. On average, case managers coordinate support for 15 people.

Further resources on LEAD

Essential Principles for Successful Implementation - [Click here](#)

Core Principles for Case Management Role - [Click here](#)

Core Principles for Policing Role - [Click here](#)

Core Principles for Prosecutor Role - [Click here](#)



Annex: Characteristics of young adults at risk of entering the revolving door

I. Characteristics of the population

- 1.1. **Offence type:** Analysis carried out by the Ministry of Justice shows that so called 'prolific offenders' (people with 16 or more cautions or convictions) largely commit similar offences throughout their offending history. The most common offence types for the first and the last offence are theft and summary non-motoring offences. The next most prominent is drug offences, and interestingly it is also the one that increases most between first and last offence and largely begins in young adulthood.
- 1.2. **Offending frequency:** The reoffending rate for young adults committing the offences described above is significantly higher than all other young adults in the criminal justice system. For example, a young adult committing theft offences is 1.4 times more likely to reoffend than any other young adult in the criminal justice system. The more entrenched the young adult is in the revolving door, the more likely they are to reoffend. For example, a young adult with 11 or more previous offences is 5.8 times more likely to reoffend than a first-time entrant in that age group.
- 1.3. **Critical time:** Once a young adult exceeds six previous offences the likelihood of reoffending escalates dramatically, indicating that this may be a tipping point at which some young adults start to enter the revolving door. This also corresponds to the time when young adults more likely to be sent to court and receive sentences other than conditional discharge or fine.
- 1.4. **Gender:** The Ministry of Justice's analysis also shows that this is a population that is mostly male. Just 4% of women in the criminal justice system get caught in the revolving door, compared to 11% of men in the criminal justice system. That does not discount the need for a distinct approach for women in this category, but the volume will be lower.
- 1.5. **Ethnicity:** The Ministry of Justice reports ethnicity among this population as identified by police officers. In 2016, 86% of people in the revolving door were judged to be white, which is close to the population estimate for white British/other white combined. In contrast, 10% of people in the revolving door are identified as Black, compared to 3.3% of the population of England and Wales. We know that the proportion of Black adults in this population has doubled between 2000 and 2016.
- 1.6. **Racial disparities:** Over the last 10 years the number young adults going through the criminal justice system for low-level and non-violent crimes has significantly decreased, but



the rate of fall has been different across ethnicities. The fall for white young adults was 55% and for Black young adults was 34%. This has led to an increase in the proportion of Black young adults in the system. Currently, Black young adults aged 18-25 are twice as likely to receive a caution, 8.4 times more likely to receive a conviction, 1.5 times more likely to be sent to prison, and serve prison sentences that are 80% longer than white young adults who commit similar low-level and non-violent offences.

2. Multiple transitions and a cliff edge in support

- 2.1. Young adults who experience a multiplicity of problems may be in contact with a wide range of services such as mental health, substance misuse, and homelessness. They are often expected to maintain engagement with all these simultaneously, sometimes with the added pressure of mandated engagement with criminal justice agencies. On reaching adulthood they are faced with transitions from children's or adolescent services to the adult equivalent.
- 2.2. Common barriers to successful transition include: higher thresholds for equivalent adult services; discontinuation of adolescent services, such as for ADHD, gaps in available support between the ages of 16 and 18, and differing modes of practice and culture. Transitioning from one service or system to another inevitably entails a change of professionals, disrupting relationships which have been built over time.⁵
- 2.3. Multiple and concurrent service transitions often happen at age 18. These include a transition from youth to adult justice, Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS), young people's drug and alcohol services to adult services, education to employment or HE, new housing regulations; new benefit entitlements. Young adults in the care system have different legal rights, that can extend up to 25. However, it is worth noting that of young adults leaving care in 2013, 33% of those aged 16 or over who left care did so before their 18th birthday.⁶

⁵ CMH <https://www.centreformentalhealth.org.uk/bradley-briefing2>

⁶ National Audit Office. 2015. Care leavers' transitions to adulthood <https://www.nao.org.uk/report/care-leavers-transitions-to-adulthood>



3. Brain maturity and the impact of trauma

- 3.1. The evidence that young adults aged 18-25 are a distinct group is robust. Findings from neuroscience show clearly that brain is not fully developed till mid 20s and forward planning, rational thinking, and empathy are the last elements to develop.⁷
- 3.2. The Justice Select Committee concluded that “For young adults with neuro-disabilities maturity may be significantly hindered or delayed.”⁸
- 3.3. Research shows that brain injury in childhood and young adulthood is associated with offending behaviour⁹. Coming from a deprived socio-economic group, living in an urban dwelling and use of alcohol and drugs put young adults in greater risk of brain injury¹⁰. These risk factors combined put young adults at greater risk of problems with memory, attention and socio-communication, mood and behaviour.

4. Engagement with services

- 4.1. Distrust of services, linked to previous negative experiences of contact with statutory services, such as being taken into care, is identified as a barrier in accessing support services in interviews with young adults in the revolving door. Sometimes, services refer to this as ‘low levels of help-seeking behaviour’.
- 4.2. Young adults entering the revolving door may be the bearers of multiple labels, which carry, or are perceived to carry, stigma, such as ‘difficult’, ‘chaotic’, ‘mentally ill’, ‘homeless’ or ‘addict’. Such labels can lead to negative attitudes from professionals and act as a barrier to access or engagement with support services.
- 4.3. Poorly designed services and challenging personal and social circumstances can lead to difficulties in adhering to rigid appointment systems, attending during regular hours, or visiting offices in areas that young adults want to avoid.

⁷University of Birmingham. 2011. Neurodevelopmental Maturity and Crime, T2A: London <https://www.t2a.org.uk/wp-content/uploads/2016/02/Birmingham-University-Maturity-final-literature-review-report.pdf>

⁸ Justice Select Committee. 2016. Young adults in the criminal justice system https://publications.parliament.uk/pa/cm201617/cmselect/cmjust/169/16902.htm?utm_source=169&utm_campaign=modulereports&utm_medium=fullbullet

⁹ Williams H. (2012) Shattered Lives, T2A: London https://www.barrowcadbury.org.uk/wp-content/uploads/2012/11/Repairing-Shattered-Lives_Report.pdf

¹⁰Prof Huw Williams https://www.barrowcadbury.org.uk/wp-content/uploads/2012/11/Repairing-Shattered-Lives_Report.pdf



- 4.4. There is strong evidence that Black and ethnic minority children¹¹ and young adults are less likely than their white counterparts to access traditional mental health services. Racism, lack of information about services, and lack of culturally competent support are major barriers.

5. Criminal justice contact

- 5.1. Taken together, the transition from childhood to adulthood is a time when the needs escalate, and many opportunities for early identification, treatment and rehabilitation is missed. This makes young adults at higher risk of using relatively costly emergency services, including an increased use of police attendance to issues such as mental health crisis. At the same time, the criminal justice responses become harsher. Young adults are expected to 'grow up', 'be an adult', and 'take responsibility' for their actions. Or the interpretation of their action changes – what was a safeguarding issue when they loitered or drank as a child, can become a public disorder charge.
- 5.2. Once 18, a young adult loses access to youth diversion schemes, faces a greater likelihood of being charged, and will be tried in an adult court rather than a youth court. They do not have anonymity during court proceedings, face adult sentences and much more lengthy rehabilitation periods impacting their future life chances.
- 5.3. An “out of court disposal” is a way of dealing with an offence when an admission of guilt has been made and it is not in the public interest to prosecute. If someone is under 18 at the date of disposal there is a strong presumption in favour of diversion. This presumption in favour of diversion is no longer there if someone reaches their 18th birthday after the offence, regardless of their age when the crime occurred. Young adults are no longer eligible for the types of out of court disposal they would have been given had their case progressed sooner. Youth cautions and youth conditional cautions are only available to children aged between 10 and 17 and cannot be given to an 18-year-old regardless of their age when the offence was committed.
- 5.4. These justice responses, including each police contact, can exacerbate the existing experiences of trauma, discrimination and social exclusion. Research carried out by Revolving Doors Agency based on interviews with 100 people with lived experience of revolving door shows that young adults can:

¹¹ Education Policy Institute. 2018. Access to Child and Adolescent Mental Health Services [https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019/#:~:text=The%20Education%20Policy%20Institute%20\(EPI,mental%20health%20services%20\(CAMHS\).&text=The%20research%20is%20based%20on,the%20course%20of%20a%20year](https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019/#:~:text=The%20Education%20Policy%20Institute%20(EPI,mental%20health%20services%20(CAMHS).&text=The%20research%20is%20based%20on,the%20course%20of%20a%20year)



- feel disoriented, stressed and overwhelmed when arrested, and on reflection, could see that they had often misunderstood their rights and obligations
- accept cautions, or make false confessions, impulsively or without understanding the consequences
- be significantly impacted by the level of noise in custody. The custody environment can make it difficult for them to understand and process information, and makes them feel 'on edge', or act 'out of character'. Young adults thought this was misinterpreted as rudeness, non-compliance or being difficult; they experienced it as "trying to cope".
- demonstrate anger and other challenging behaviours, not necessarily a symptom of "mental ill-health", but rather an unhelpful reaction to what they were experiencing. These emotional responses were described as caused by experiences of repeatedly being let down by services and unable to trust anyone, or an echo of previous traumatic experiences.

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