



INTEGRATED HEALTH AND JUSTICE STRATEGY

2020-2024

**GREATER
MANCHESTER**
DOING THINGS DIFFERENTLY

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In Greater Manchester, justice devolution has provided us with a unique opportunity to address the typically very poor physical and mental health of people, both victims and offenders, who come through our criminal justice system. This includes a focus on earlier identification of health and support needs, more responsive interventions, and providing health and care services, which are equal to those available to people living in the wider community.

This strategy describes in detail the broad range of risk factors and the complexity of individual, family and social circumstances that contribute to victimhood and offending behaviour. These complexities only serve to emphasise the value of closer integration and collaboration between our public services. From services providing health and social care, education and accommodation to the police, Crown Prosecution Service, courts, prisons and probation services – each has collective responsibility to address the issues outlined in this strategy. Justice devolution will help to consolidate and strengthen the way services work together around the needs of people seen in the criminal justice system in Greater Manchester.

"We believe this approach will support the most vulnerable people to recover from their experiences, build their physical and emotional resilience, and eventually enable them to thrive."

The values and priorities represented in this strategy closely reflect our public service reform principles for the city-region and our model of public service delivery – preventative, proactive and person-centred. We believe that this approach will support the most vulnerable members of our community, including victims and offenders, to recover from their experiences, build their physical and emotional resilience, and eventually enable them to succeed and thrive.

Whilst individuals and families benefit most directly from this approach, there is also a 'community dividend' for society as a whole, including safer communities, less children in care, fewer people at risk of homelessness, lower rates of violent crime, more vulnerable children and young people participating in education, and better health for all.

Beverley Hughes
Deputy Mayor for Policing, Crime, Criminal Justice and Fire



The development of this integrated health and justice strategy is a first for Greater Manchester and potentially also the first placed-based strategy in England developed specifically to address the health and social inequalities experienced by vulnerable children, young people and adults seen across our criminal justice systems. Like justice devolution, health and social care devolution in Greater Manchester creates new opportunities to address the ongoing social challenge of health inequalities. This strategy is a significant part of that effort, focusing on perhaps the most vulnerable members of our communities.

The health inequalities experienced by children and adults seen in the criminal justice system are broad and deep, and in some cases, contact with the criminal justice system will be the first time that they have had their health needs assessed or have had any consistent contact with a health or social care professional. This is why the strategy places high value on the early identification of health care and support needs, to ensure that they are recognised on first contact with the criminal justice system and that effective action is taken to prevent issues from getting worse.

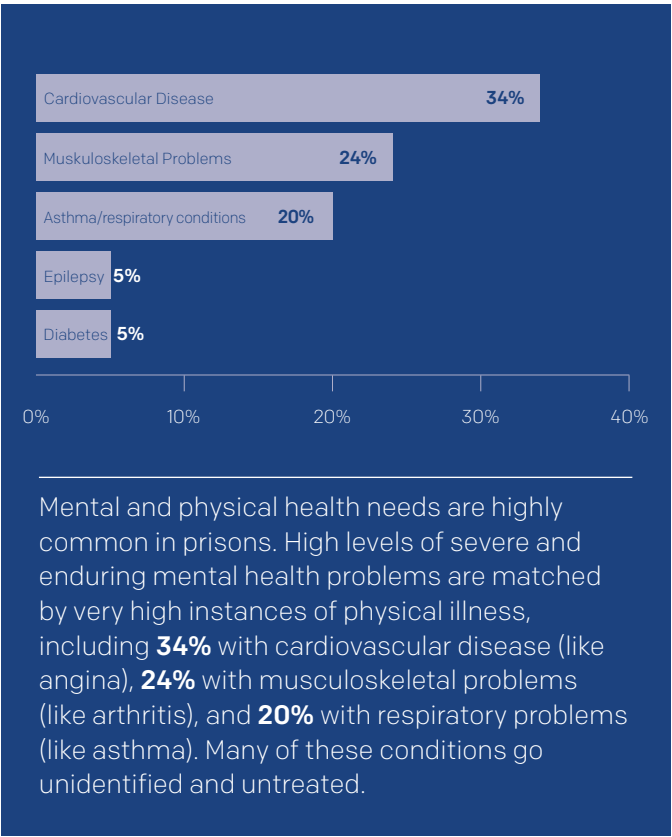
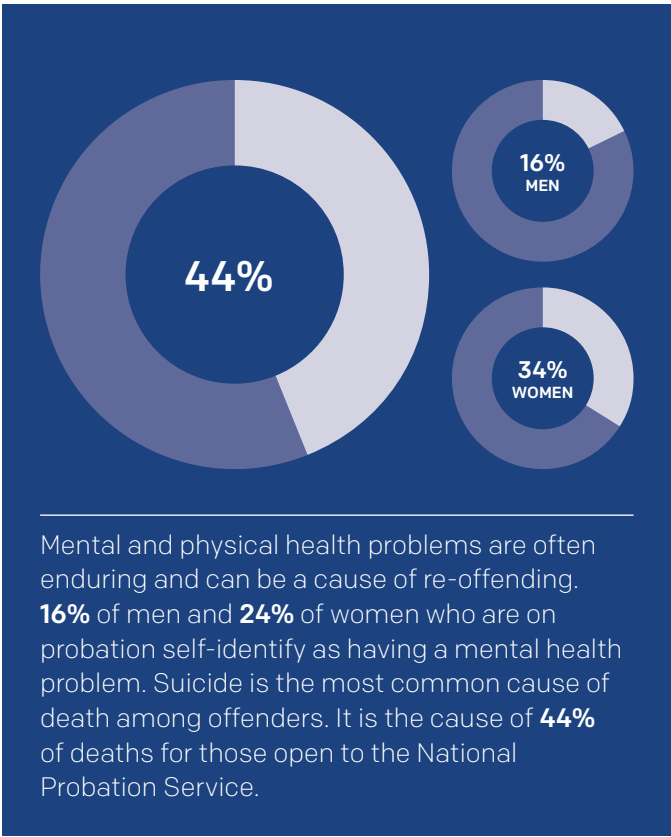
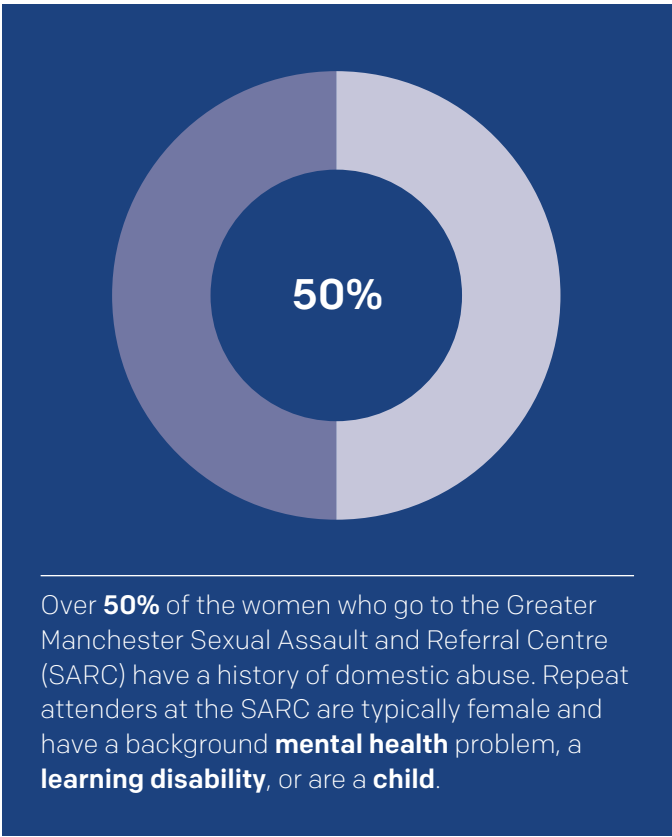
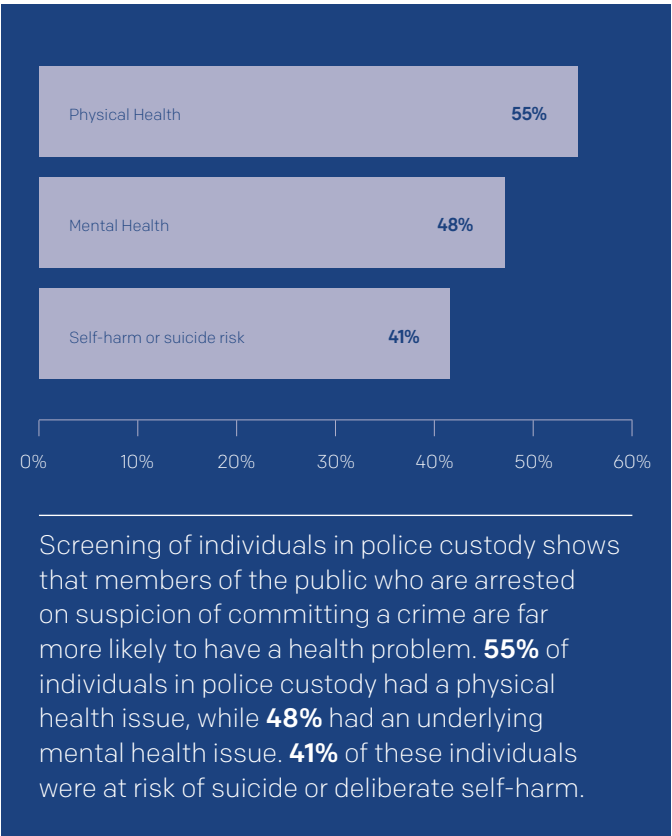
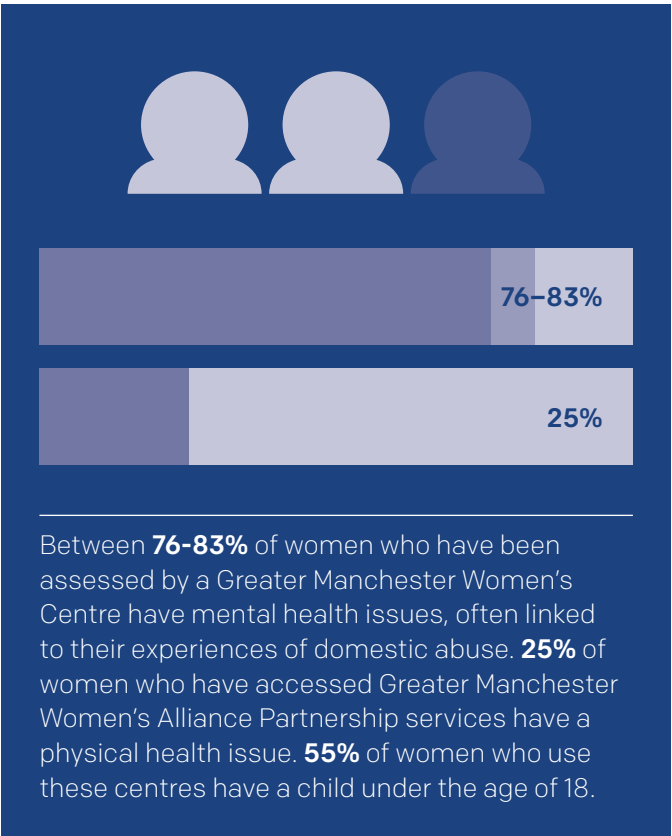
The strategy also adds to our appreciation that being either a victim of serious violent crime, or an offender, is often an indicator of past or current vulnerability. The priority groups that are a focus for our early strategic work reflect this understanding – children and young people; vulnerable and marginalised women; people with learning disabilities, autism or communication disorders; and people who are rough-sleeping. However, the choice of these priority groups has been made with an awareness that the risk factors that lead to victimhood and offending are broad, complex and overlap with each other and this is highlighted in the strategy.

One of these risk factors is mental health. The strong association of poor mental wellbeing, low to moderate mental health issues and clinical mental health conditions, with health and justice has been widely referenced by colleagues, partners and the public during the development of and consultation for the strategy. For the purposes of this health and justice strategy, a broad definition of 'mental health' has been adopted, which crucially recognises the psychological and emotional impact of adverse childhood experiences on lifetime mental health and wellbeing. This is why the strategy recommends a trauma-based model of intervention and support, which is also more likely to prevent youth offending and effectively support victims of sexual violence and abuse. This signifies an important change in the way public services will work with victims and offenders in Greater Manchester.

Lord Peter Smith
Chair Greater Manchester Health and Social Care Partnership Board

Health and justice in Greater Manchester

These Greater Manchester specific research and insight exercises tell us that:



Executive summary

The purpose of this first Integrated Health and Justice Strategy for Greater Manchester is to inform and enhance the way in which we understand and address the health, social care and criminal justice factors that can lead to life-long poor physical and emotional health, and reduced life-expectancy, for people who are seen in the criminal justice system, as offenders or victims.

The devolution opportunity

The benefits of focusing on addressing the social and health inequalities experienced by this group of often vulnerable people will be seen at an individual level – in the form of improved physical and mental resilience, healthy relationships, reintegration in community life and the avoidance of first or repeat offending or victimisation – and at a community level, reduced health inequalities, lower crime rates, and safer and more cohesive communities.

Increasing national focus on effective healthcare for the victims of abuse and sexual violence, and offenders in the prison estate, provides a backdrop for the development of this Greater Manchester city-region approach, alongside local needs assessments and strategic review work.

Greater Manchester's long-standing ambition as a city-region has been to take greater control of its own destiny. Our devolution deals, including health and social care and now justice devolution, are enablers to achieving that. Integrating and reforming public services is the key to breaking down service silos and moving towards a preventative approach which serves residents and communities better. This strategy emphasises and embraces this vision of public service reform.



Targeting our efforts

The engagement work that has fed into the development of the strategy has pointed towards an initial strategic focus on four particularly vulnerable groups;

- children and young people
- vulnerable and marginalised female victims of domestic abuse or sexual violence
- people with a learning disability, autism or communication disorder
- and people who are rough sleeping.

Doing things differently

The strategy introduces **two key concepts** that offer the potential to transform the way that public services across all sectors in Greater Manchester identify, engage with and support some of the most vulnerable people living in our communities.

The first is the idea of **adopting a public health informed approach to health and justice strategy, policy and delivery**. This is intended to stimulate a more preventative model of identification and support for victims and offenders, with an explicit aim of intervening earlier to reduce the likelihood of offending or being victimised. In practice, this means using data and intelligence to understand this typically vulnerable population of children, young people and adults and the complex often interdependent factors that have led them to be in contact with the criminal justice system.

The second concept introduced through the strategy is **the development of trauma-informed approaches that involve moving to a position where public services in Greater Manchester regularly and consistently use more therapeutic practices, which recognise the impact of previous trauma or difficult life experiences**. What works to support and address the health, care and wider social needs of people in contact with the criminal justice system is currently an evolving field, and the delivery programmes identified in the strategy will no doubt add to this relatively narrow evidence base.

However, there is broad acknowledgement that the application of trauma-led practice is especially important in supporting this population of children, young people and adults, as many victims and offenders have a history of challenging life experiences including abuse, which can in some cases lead to poor, ongoing psychological and emotional health.

Building on our assets

It is important to recognise that there are already a number of well-established public and VCSE sector services across Greater Manchester whose purpose it is to improve the health and wellbeing of people seen in the criminal justice system, such as the Sexual Assault and Referral Centre (SARC), the Women's Support Alliance services and wider victim support services. Whilst Greater Manchester is leading the way nationally with new, jointly commissioned service models, i.e. Integrated Healthcare in Custody and wider Liaison and Diversion, there is scope for greater alignment and collaboration across Greater Manchester around the needs of this population group, not only across health and justice provision, but across mainstream services and professional domains.

This strategy and the delivery plan in particular reflects this combination of existing development work and new health and justice ambitions and priorities, with a view to bringing greater strategic coherence to both programmes of work, and eventually bringing them together as one. As well as seeing the emergence of a more consistent, whole system approach to health and justice in Greater Manchester within the first 5 years of the strategy, a further success factor will be tangible evidence of health, social care, Voluntary, Community and Social Enterprise (VCSE) sector and criminal justice services providing more trauma-informed, collaborative care and support to this population group, with a stronger emphasis on prevention and earlier intervention. In due course, this should manifest in better health and wellbeing and reduced offending and reoffending.

This first Integrated Health and Justice Strategy for Greater Manchester therefore provides both a case for change and a platform for improvement and development in health and justice intelligence, commissioning and service provision through its delivery plan.



Our priorities

Prevention

1.

Introduce a public health approach to violence reduction across public service provision, with a focus on children and young people at increased risk of committing anti-social or criminal activity

2.

Work with schools, youth justice and children and young people's services to develop upstream, targeted interventions that reduce the risk of first-time entry to the criminal justice system

3.

Building on the work with the Women's Alliance Partnership, extend provision to reach a wider cohort of vulnerable women who are at risk of victimisation or committing criminal activity, and, strengthen health care pathways between existing services

Intervention

4.

Develop best practice approaches and pathways that appropriately identify and support offenders and victims of violence or exploitation who have a learning, autistic spectrum or communication/speech and language issue

5.

Agree a standardised health improvement model with the NHS and youth justice teams that targets and addresses health vulnerability in this group of young adults

6.

Work with partner organisations to promote and embed the principles of Family Justice within the strategic direction and operational delivery of unified public services in Greater Manchester

Enablers/Systems

7.

Develop a long-term, sustainable approach to commissioning services that deliver specialist healthcare and therapeutic support to offenders and the victims of crime, agreeing common quality standards for Greater Manchester

8.

Collaboratively develop workforce training and development programmes that promote insight into trauma, abuse, learning disability and communication disorder presentation and how to identify and support these issues effectively

9.

Establish more consistent approaches to service user engagement in the design and delivery of specialist health and justice services



1. Why focus on health and justice?

Our opportunity in Greater Manchester

The 2016 devolution of responsibilities for health and social care brought to life through 'Taking Charge' Plan, and the 2019-2021 justice devolution agreement, create an opportunity for Greater Manchester to innovate and integrate public policy and services in the field of health and justice.

Devolution has created a framework to do this, enhanced by a new Greater Manchester integrated public services model and reform principles which emphasise prevention, people and place. Together these act as enablers for change, but they are also helping to stimulate a shared understanding of the health needs and health inequalities of a population group who have traditionally been 'seen' separately by public services.

Focusing our collective efforts specifically on the health needs of people in contact with the criminal justice system, or at risk of entering it, is a relatively new approach for the city region, and it presents a chance to deliver high-impact change in the medium to long-term for some of our most marginalised and vulnerable children, young people and adults.

The emphasis throughout this strategy is to integrate policy and services relating to health and justice, including the development of innovative approaches to support people who can often become stuck in a cycle of exclusion, vulnerability, offending, victimhood or exploitation. In line with a shared ambition in Greater Manchester to invest in preventative approaches, the strategy focuses on the need for earlier identification of risk factors and health and social care needs, as well as appropriate interventions and support.

A Focus on Prevention and Intervention



Defining the case for change

The founding premise of this strategy is that health and wellbeing of people in contact with the criminal justice system, as a victim or an offender, is a shared responsibility of local authorities, CCGs, NHS healthcare providers, the Greater Manchester Health and Social Care Partnership (GMHSC), the Greater Manchester Combined Authority (GMCA), the Voluntary Community and Social Enterprise (VCSE) sector and criminal justice services.

This is because the majority of people that have been a victim of crime, or a perpetrator, live in and are part of our local communities and it is in a community setting that health, wellbeing and resilience can be best supported and improved.

In fact, many more offenders are supervised in the community than in secure custody, and the majority of custodial sentences are relatively short at 12 months or less.¹ This means most custodial sentences allow for a relatively limited opportunity for the health and wider care and support needs of offenders to be identified and addressed, before they return to their communities.

In addition, the transitional period of returning to the community after a prison sentence is known to carry significantly increased risks to physical and mental health, including premature death – suicide, accidental death and homicide – and reoffending.² Identifying and supporting the health, care and wider social needs of offenders, as well as victims of crime, whose multiple and complex needs may not always be recognised, is regarded to be a major factor in rehabilitation and recovery.

However, poor physical and mental health amongst victims and offenders is also attributed in part to the priority and value that individuals place on their own health, with vulnerable people often not accessing health and care support in proportion with their needs, leading to pronounced differences in life course health and life expectancy. Whilst health inequalities are often driven by socio-economic disadvantage and poorer opportunities and life chances, amongst children, young people and adults who come into contact with the criminal justice system, it is common to see a further layer of complexity which increases the risk of exposure to criminality or victimhood. These risk factors include:

- complex and traumatic personal histories and relationships, which may also include abuse and exploitation;
- enduring mental health and/or substance misuse issues;
- learning disabilities, autistic spectrum disorders and communication disorders;
- gender, in particular women and girls; and
- race, particularly Black and mixed ethnic minority men in terms of offending.³

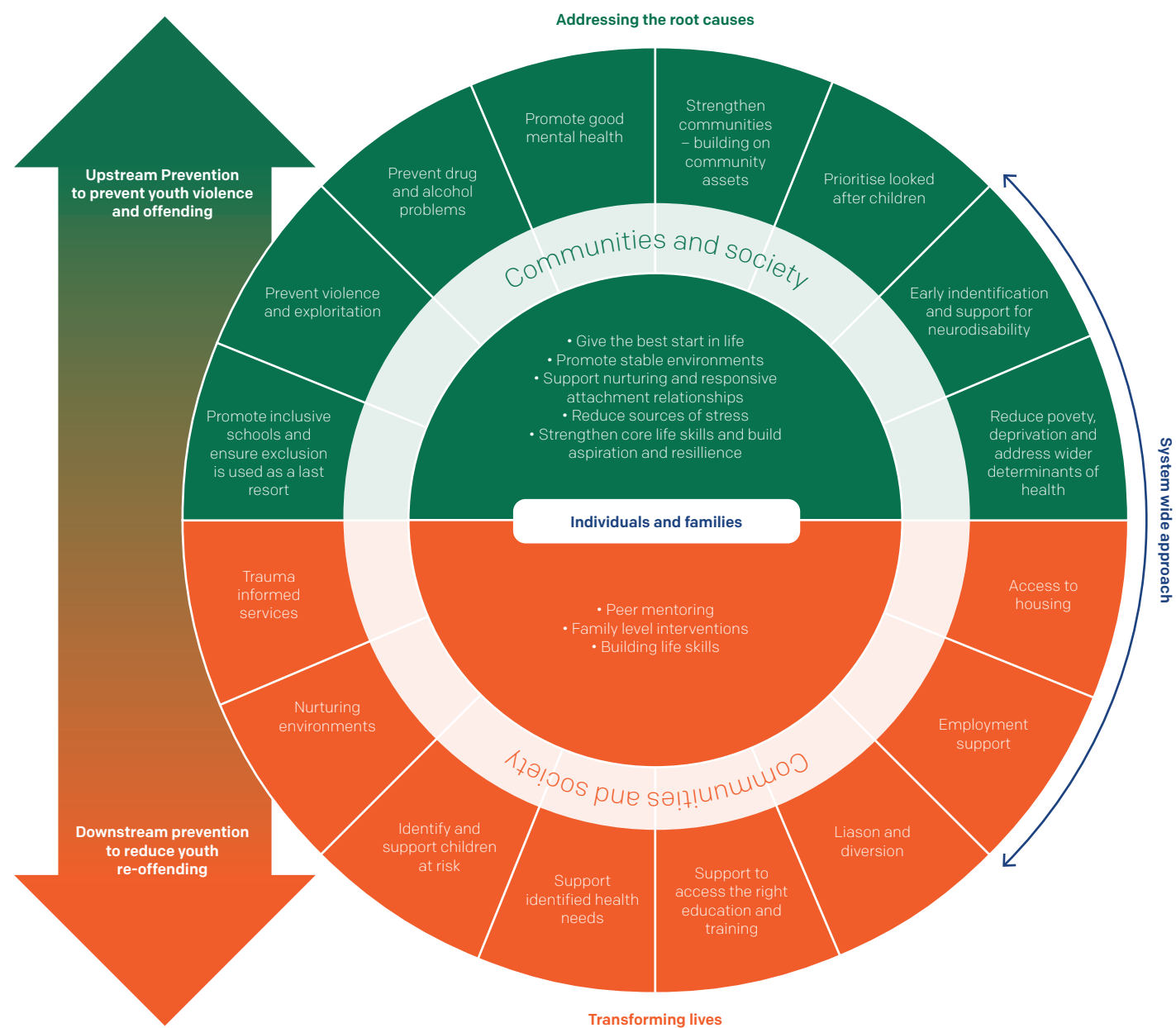
This combination of risk factors can lead to entrenched health inequalities, which then negatively impact upon personal resilience and reinforce vulnerability, meaning that **people in contact with the criminal justice system are some of the most marginalised, vulnerable and health-deprived population groups in any community.**

¹ Balancing Act, published by Revolving Doors Agency 2013

² As 1

³ The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System, September 2017

The Public Health Engand CAPRICORN framework, showing the interaction between risk and protective factors for children and young people



The following graphic showing the Public Health England CAPRICORN framework⁴ demonstrates the interaction between risk and protective factors for offending in children and young people.

In the case of victims of interpersonal violence or harm, there is an opportunity to improve identification and specialist support, initially through mainstream health and care provision. Victims of violence, including domestic abuse and sexual abuse or exploitation, are

more likely to be seen in a healthcare or social care context, so for many victims the route to accessing help and support is typically outside of the criminal justice system. Existing examples of this in Greater Manchester include the independent domestic and sexual violence advocates and the GP-based IRIS domestic abuse referral programme. Further details of existing health and justice programmes are set out on p36.

⁴ Public Health England (PHE) Collaborative approaches to preventing offending and re-offending in children (CAPRICORN): A resource for local health & justice system leaders to support collaborative working for children and young people with complex needs, published July 2019



**CASE STUDY:
Support for Victims of Violence**

An individual was referred to the Women's Centre by her Offender Manager after receiving a community sentence for assault. At this point, her children had been taken into care. In addition to managing her probation, the Centre identified that she needed support with several areas, including substance misuse, financial problems and relationship issues. Together, these factors had given her the unstable lifestyle that had led to the assault.

The Women's Centre worked with her to address her most immediate needs. This included:

- Working to help her maintain her tenancy, avoiding potential homelessness
- Providing her with advice, support and advocacy regarding how social services were working with her children
- Supporting her to access donations from a local food bank
- Liaising with probation staff to help her understand how to avoid breaching her Community Order (which may have resulted in prison)
- Supporting her into drug and alcohol services to help her stop misusing substances
- Providing her with support to stop self-harming.

It took some time to build a trusting relationship with the woman. After a period of disengagement, she returned to the service, disclosing that she was suffering domestic violence, and was traumatised by an abusive childhood. Her disclosure became possible because her lifestyle had become more settled, including having suitable accommodation. She also stopped abusing substances, and her drug and alcohol worker agreed that she seemed to have given up for good. She also became more aware of the coercive nature of some of her relationships.

Through ongoing work with health and justice professionals over several months, and in particular with the support of her key worker, the woman was able to have more positive discussions with social care regarding her children, increasing her access to them with a view to them returning to her full-time care.

A focus on health and social care needs in a criminal justice context justice therefore has the potential to:



Increase identification of people affected by interpersonal violence or abuse



Improve the health, wellbeing and resilience of people seen in the health and justice context, including their sense of safety and security



Create an awareness that offending and victimhood can be markers of poor psychological and physical health and wellbeing



Reduce health inequalities in a locality



Reduce the risks associated with offending or becoming a victim of violence or harm



Reduce offending and reoffending rates

The associated opportunity is to use this strategy to reinforce and enhance a shared understanding of the interaction of complex risk factors that can lead to acts of crime and exploitation or becoming a victim of it, and, develop a more attuned and integrated public service and VCSE response to addressing and mitigating the effects of those risk factors.



Risk factors associated with contact with the criminal justice system

The risk factors associated with offending behaviour and victimhood range from individual, relationship and situational factors – such as race, gender, relationship/parenting styles, exposure to substance misuse, being a refugee or asylum seeker – to wider social norms, inequalities and determinants, including access to education, secure housing and work.

However, the evidence suggests that some risk factors may have a more pronounced effect by inherently increasing vulnerability to violent crime, offending and being a victim of abuse.

These risk factors include

- adverse childhood experiences
- mental health issues and psychological trauma
- having a learning disability, autism or a communication disorder.⁵

Whilst multiple factors combined may increase the risk of entering the criminal justice system, including factors commonly associated with socio-economic disadvantage and social exclusion e.g. homelessness, unemployment, some factors may also create a context in which the risk of violence or harm is normalised e.g. trans-generational family violence or abuse.

These risk factors apply to children and young people as well as adults, but in the case of children and young people, exposure to multiple adverse childhood events can significantly impact upon child development – neurologically, psychologically and in terms of health-related behaviours – and increases vulnerability to both victimhood and offending.⁶

Responding to the risks

Many of the strategic interventions recommended by the World Health Organisation (WHO) (see page 22) focus on protective factors or provision which evidence suggests may mitigate some of these risk factors.

Public Health England⁷ (see page 14) also emphasises the value of individual, family and social protective factors for vulnerable children and young people.

The following case studies from existing services in Greater Manchester, and further examples throughout the strategy, exemplify effective responses to various presenting risk factors.



CASE STUDY:

Adverse Childhood Experiences

A vulnerable 8-year-old child, who was living in a household where there was frequent domestic abuse, arrived at a new school. It wasn't long before he began displaying some extremely violent and disturbing behaviour towards other pupils and staff. The school is a trauma informed school. Trauma informed practice is a cornerstone of the approach set out in this strategy. Instead of approaching the child with traditional sanctions for disruptive and threatening behaviour, the child was supported with interventions that recognise the effects of adverse childhood experiences (ACEs). The child was allocated a 1-1 worker and also given access to a 'calm room'.

Accompanied by some 1-1 therapeutic support this meant that the child's disruptive and often violent episodes at school reduced from around 6 per month to nil, over the course of 6 months. This didn't just support the child, but also prevented the disruption of other pupils at the school, allowing the focus to remain on learning and education. Without these intensive trauma-informed interventions, it is likely that the child would have been permanently excluded, at significant cost to both the child and the school.

⁵ Mental health and learning disabilities are both highlighted in the 2009 Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system

⁶ As 4 – Public Health England (PHE) Collaborative approaches to preventing offending and re-offending in children (CAPRICORN): A resource for local health & justice system leaders to support collaborative working for children and young people with complex needs, published July 2019

⁷ As 6



National and international policy and evidence

The national context for health and justice

In the UK over the period 2013-14, a series of structural and policy changes took effect in the delivery of local and national public health provision, the rehabilitation of offenders and the National Probation Service.

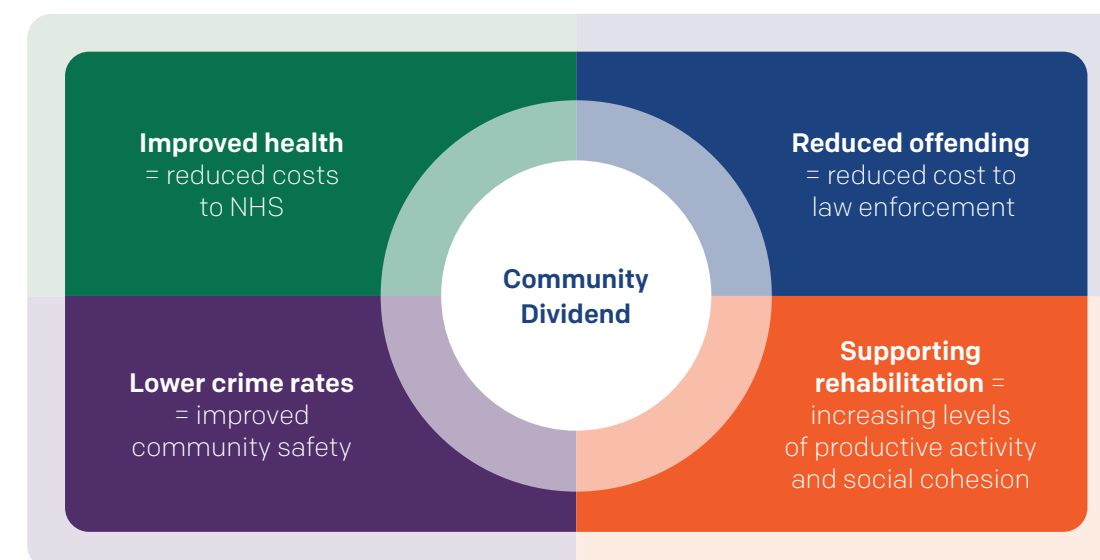
Public Health England (PHE), The Probation Chiefs Association (PCA) and the Revolving Doors Agency (a specialist national charity) responded to these changes by collaborating to produce a briefing paper called **Balancing Act**: addressing health inequalities among people in contact with the criminal justice system.

The briefing highlighted that male and female offenders and ex-offenders are an often-overlooked group who disproportionately experience poor physical

and mental health, who commonly engage in high-risk behaviours and whose needs are often multiple and complex.

In the intervening period since the publication of Balancing Act, the Revolving Doors Agency has published **Rebalancing Act** in January 2017. The primary message of Rebalancing Act is that a whole-system, integrated response is the only solution to supporting people with multiple, complex health and social needs and circumstances, and that addressing people's needs in this way will give rise to wider social and community benefit – what they refer to as a 'community dividend'.⁸

Benefits of the Community Dividend



One example of this is breaking the pattern of offending, abuse or psychological trauma that can sometimes be 'passed' between generations of the same family e.g. domestic abuse reducing the likelihood of poor mental health amongst wider family members, supporting effective parenting and caring, meaning that children are less likely to become 'looked after' by the state due to concerns about safeguarding. An example of this in Greater Manchester is the success of the Women's Support Alliance in reducing offending rates amongst women offenders, by tackling the issues that have contributed to offending which

often include coercive and/or physically abusive relationships.

However, Rebalancing Act acknowledges that working in the arena of health inequalities with people who often have complex and multiple health, care and social needs is challenging. Whilst our understanding of the characteristics and needs of this population group is improving, our understanding of what works to reduce the health and social inequalities they experience is less well-developed.

⁸ Diagram courtesy of PHE

Health care in the criminal justice system

NHS England also published its **Strategic direction for health services in the justice system: 2016-2020**, covering the provision of care for men and women in all custodial settings (pre-, during and post-custody). The strategic priorities include:

- A radical upgrade in early intervention
- A decisive shift towards person-centred care that provides the right treatment and support
- Strengthening the voice and involvement of those with lived experience
- Supporting rehabilitation and the move to a pathway of recovery
- Ensuring continuity of care, on reception and post release, by bridging the divide between healthcare services provided in justice, detained and community settings
- Greater integration of services driven by better partnerships, collaboration and delivery



Following on from this, NHS England then published its **Strategic direction for sexual assault and abuse services** – Lifelong care for victims and survivors: 2018-2023, which highlights:

- Strengthening the approach to prevention
- Promoting safeguarding and the safety, protection and welfare of victims and survivors
- Involving victims and survivors in the development and improvement of services
- Introducing consistent quality standards
- Driving collaboration and reducing fragmentation
- Ensuring an appropriately trained workforce

Most recently, the **NHS Long Term Plan** published in January 2019 reinforces the importance of access to health and social care for the vulnerable young people and adults seen in the criminal justice system. It also makes specific references to national pilot schemes including the Community Service Treatment Requirement (CSTR) programme and RECONNECT. The CSTR enables courts to require people to participate in community treatment, instead of a custodial sentence, whilst RECONNECT is a care after custody service which works with people before they leave prison to assist the transition to health and social care community-based services.

These national strategies set out expectations for the way healthcare needs to evolve for offenders in custody and victims and survivors. Similarly, this Greater Manchester Health and Justice Strategy creates a set of priorities for improving access to health and care provision for offenders, ex-offenders and the victims of abuse and sexual violence living in our Greater Manchester communities. As the work to develop the strategy has progressed, it is clear that many of the principles expressed in the national strategies are equally relevant to offenders, and victims of violence and abuse, living in the city region.

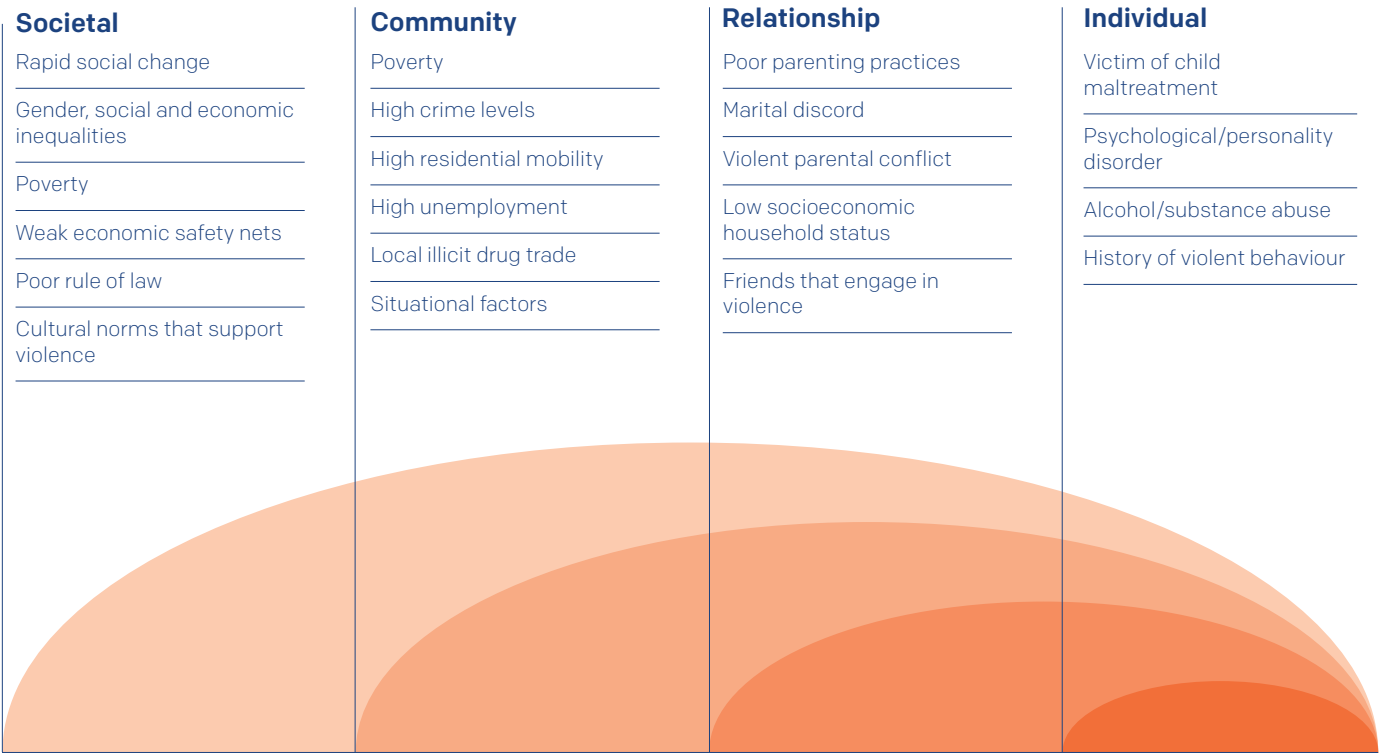


Violence reduction as a public service and population health goal

The World Health Organisation has been advocating for better awareness about violence as a public health issue, and the multiple effects of violence on health and wellbeing, since the publication of its first World report on violence and health in 2002.

It has developed an ‘ecological framework’ as a way of understanding the factors that influence violence, showing the interaction of multiple factors that can lead to violent behaviour and it is regarded to be a sound basis for understanding the issue.

Factors that Influence Violence – World Health Organisation



In 2010, WHO published a series of evidence briefings on violence prevention, in which it advocated 7 main strategic interventions, based on a review of the available international evidence. They are listed below with some examples.

Public Health England has also developed a resource to support the local system response to violent crime, which advocates a balance between prevention and enforcement, and aligns with the evidence above.⁹ The resource outlines an approach to serious violence prevention (defined by the national Serious Violence

Strategy) that is characterised by a multi-agency system response that is place-based, and which draws on public health thinking. It recommends five components to successful serious violence prevention:

- collaboration
- co-production
- co-operation in data and intelligence sharing,
- counter-narrative development
- community consensus.

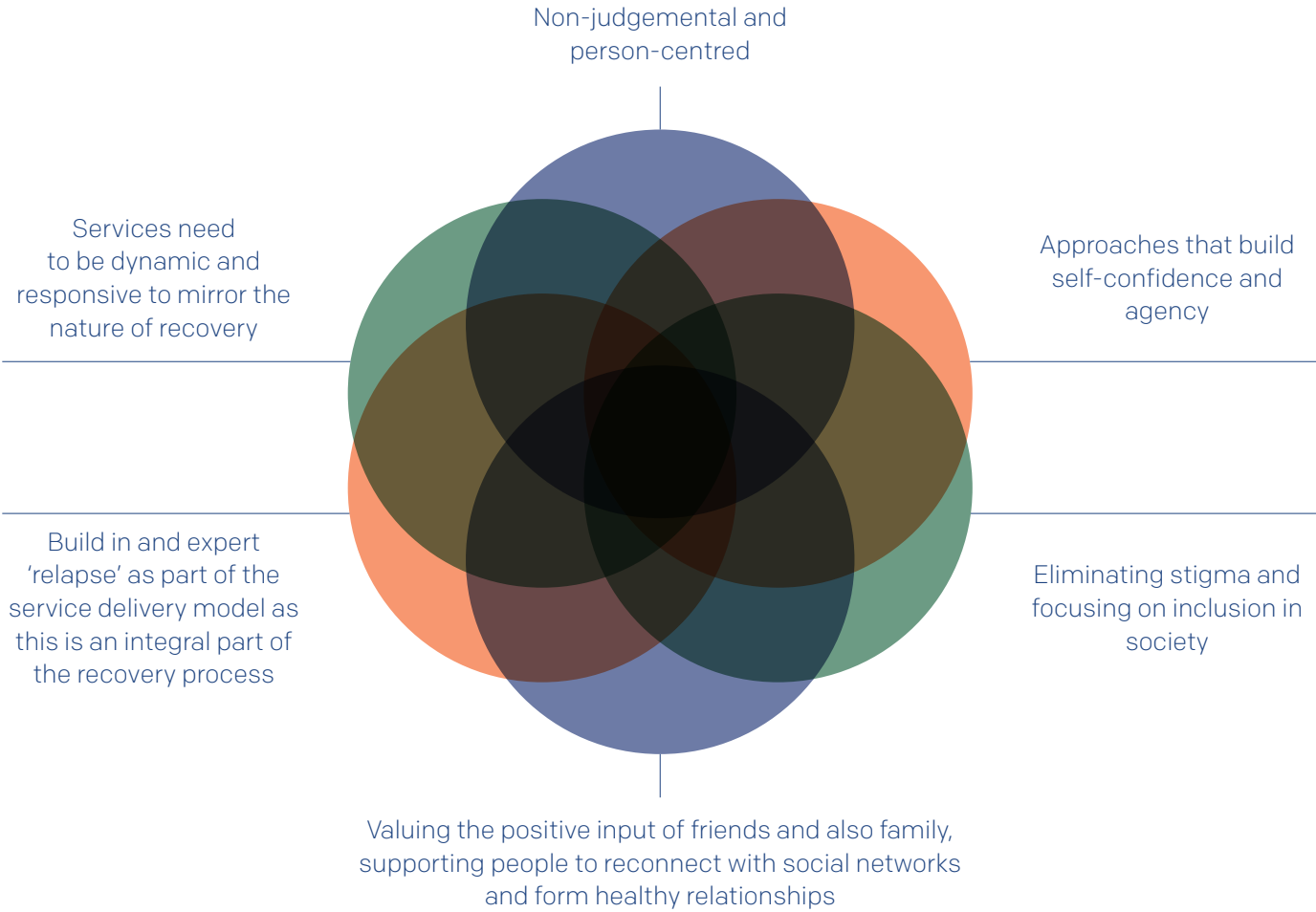
WHO strategic interventions	Examples of practical support / services that show emerging evidence of effectiveness
Increasing safe, stable and nurturing relationships between children and their parents and caregivers	<p>Programmes that provide parental support and family approaches / therapies which focus on attachment, family bonds and healthy relationships often in the Early Years e.g. Family Nurse Partnership, Triple P, Incredible Years Pre-school.</p> <p>Multi-component approaches e.g. Multi-systemic therapy (an intensive family therapy which addresses multiple issues) and Sure Start programmes are also thought to have a positive effect.</p>
Developing life skills in children and adolescents	Programmes that address life, social and emotional skills and competencies e.g. Incredible Years Child / teacher programmes, Training Promoting Alternative Thinking Strategies (PATHS).
Reducing availability and harmful use of alcohol	Programmes that offer brief interventions and longer-term treatment for problem drinking, including psychotherapeutic interventions such as CBT. Reducing alcohol sales has also been linked to reducing violence.
Reducing access to guns, knives and pesticides	Programmes that directly target young people in gangs e.g. as in USA and Glasgow.
Promoting gender equality	School-based programmes that address gender norms and attitudes and issues of gender-based power and control.
Changing cultural norms that support violence	Programmes that address dating violence and sexual violence amongst young people by challenging social and cultural norms.
Victim identification, care and support	Programmes that aim to identify victims e.g. through screening and referral, alongside interventions such as advocacy for victims of violence e.g. IRIS domestic violence intervention, and psychosocial interventions which address psychological trauma.

⁹ Public Health England. A whole-system multi-agency approach to serious violence prevention: A resource for local system leaders in England, published October 2019

The evidence-base for what works to support vulnerable and marginalised people whose needs cut across health, care and the criminal justice system is still an emerging field in the UK, but current

evidence and insight indicates that the style, aims and responsiveness of support may be as important as the focus of the intervention.

Some characteristics of positive support include¹⁰:



Reducing serious violence

Greater Manchester is one of several regions to have adopted a public health informed approach to violence reduction and has recently established a Violence Reduction Unit (VRU). This VRU is a dedicated, co-located, multi-agency team including representation from across policing, health, local authorities, schools and the voluntary sector. These partners will work together to tackle violent crime and its underlying causes, by identifying the drivers of serious violence locally and developing a coordinated response to tackle them.

Greater Manchester has modelled elements of its approach on the Scottish Violence Reduction Unit

(SVRU), which has been operating since 2006. Other UK regions, including the West Midlands Violence Prevention Alliance and the Cardiff Model for Violence Prevention, have adopted approaches designed to understand and predict the prevalence, types and causes of violence within a community and take steps to address those issues through co-ordinated multi-agency action.

In developing its approach to violence reduction, the new Greater Manchester Serious Violence Action Plan will be informed by the most up to date evidence in the field and expertise in criminology, through a collaboration with Manchester Metropolitan University (MMU) academics.

¹⁰ Based on Greater Manchester analysis of common themes drawn from multiple evidence sources used to develop the strategy



Greater Manchester evidence and insight

Local research

Understanding the health and social care needs of the offender population and the victims of violence and abuse in depth is a relatively new arena of public policy and service delivery for public health and criminal justice teams, but the same principles apply as for other population health work:

- understand the needs of the population of interest;
- identify health-related risk factors and their causes; and
- intervene in ways that reduce the exposure to or offer protection from the detrimental effects of those risk factors.

Work has already been completed that will support the development of this strategy and advance our understanding of the needs and characteristics of people in contact with the criminal justice system in Greater Manchester. These include:

- A Greater Manchester Criminal Justice System Health Needs Assessment (CJS HNA) (2018)
- An independent Health and Criminal Justice Strategic Commissioning Review (2018)

There are also a number of pieces of victim-focused research and insight which have been undertaken by Greater Manchester partners working to support victims of domestic and sexual violence which inform this strategy.

They are:

- A Health Needs Assessment of the population served by the St Mary's Sexual Advice and Referral Centre (SARC), which summarises the characteristics and needs of the people who have used the service, in particular multiple attendances
- The Voice of Survivors Research: Hearing Women for Change – conducted by MMU, MASH and Manchester Rape Crisis

All four documents are available separately and a collated summary of their main insights has fed into the development of this strategy.

Overall, local insight and research is consistent with national and international findings. These point towards a range of complex often interrelated factors that increase an individual's vulnerability to contact with the criminal justice system, including poor physical and mental health, and lifestyle factors including smoking, drug and alcohol use, alongside previous life experiences which may have been traumatic or challenging.

Additional insight from health and justice focused workshops

Several workshops were hosted as part of the stakeholder engagement for the development of the strategy. Some of these were general, whilst others focused on specific issues and groups, including children and young people, vulnerable and marginalised women, and people with learning disabilities and autism.

The feedback at the workshops reinforced many of the messages from the evidence above. Discussions at the children and young people's engagement event in particular drew attention to the additional vulnerability associated with having a learning disability, having autism, and/or having difficulties communicating, and their presentation among young people in contact with youth justice services.

Other service user feedback highlighted the following themes and issues:

- the long lasting and devastating impact of domestic violence and abuse within families and a reluctance to disclose it because of fear both of the perpetrator and of children being taken into care
- the impact of domestic violence and abuse on children and the need for services supporting children to be trauma-informed
- services in the right place, at the right time, for as long as people need support
- transition points and their impact on individuals are often particularly difficult and require additional and consistent support – including from primary to high school, from children's to adult social care, from prison to community, from a home environment to being looked after

Acting on what we know

Based on this Greater Manchester-specific evidence, and reinforced by wider national and international sources, this first integrated health and justice strategy for Greater Manchester has a strong focus on the groups of people in our communities who appear to be at an increased risk of violent crime and abuse.

This might be because of characteristics or circumstances which seem to increase vulnerability to criminality or victimhood, such as race, gender, having a learning disability/autism/communication issue, and rough-sleeping.

Alternately, it could be because evidence and insight suggests that intervening earlier to reduce the risks associated with offending behaviour is the most effective approach e.g. focusing on identifying and supporting potentially vulnerable children and young people and addressing underlying problems as early as possible, such as trauma or hidden mental health issues.



Benefits of violence reduction in human and system costs

The World Health Organisation reports that although the economic case for a focus on interpersonal violence prevention isn't currently well-developed¹¹, "the provision of treatment, mental health services, emergency care and criminal justice responses are some of the direct costs associated with violence."

The need for additional and sometimes intensive support from public and voluntary services including health, social care and criminal justice services, for both victims of violence and offenders, is self-evident but largely unquantifiable.

Individuals, and their families, bear the most serious consequences of interpersonal violence including sometimes life-long effects on behaviour and health, including:¹²

- Acute physical injury or disability: Lacerations, fractures, brain or major organ injury, burn and scalds.
- Mental health and behavioural effects Alcohol and drug abuse, depression and anxiety, post-traumatic stress disorder, suicidal thoughts or behaviour, eating and sleep disorders, smoking, unsafe sex
- Sexual and reproductive effects: Unintended pregnancy, pregnancy complications, gynaecological disorders, chronic pelvic pain, HIV and other sexually transmitted infections
- Chronic disease: Arthritis and asthma, cancer, cardiovascular diseases, diabetes, kidney problems, liver disease



In Rebalancing Act, The Revolving Doors Agency also put forward the concept of a 'community dividend' which points to the wider societal benefits of addressing the health inequalities associated with crime, violence and offending, because of the extended impact on the families and communities who surround and support offenders and victims.

"The community dividend model suggests that by addressing the health needs of those in contact with the criminal justice system there can be positive effects on the wider population. People in prison or those in their friendship, family and social networks also disproportionately experience wider societal health and social inequalities – they often come from under-served populations and return to those communities when their immediate involvement in the criminal justice system has ended. Therefore, meeting the health needs of people in contact with the criminal justice system can help to achieve reductions in crime, reduce offending and improve the individual's health."¹³



2. Whole-system leadership for health and justice

Our one system approach

This strategy will be delivered by a wide variety of public service partners in the statutory and VCSE sectors and the implementation of the strategy will reinforce and complement a series of existing Greater Manchester-wide programmes, including programmes in support of:

- Gender based abuse and domestic violence
- Serious Violence Action Plan
- Learning disability
- Autism
- Mental health, including suicide prevention
- Substance misuse
- Homelessness

Alignment and integration with other Greater Manchester-wide strategies will be essential to achieving improvements in the field of health and justice. These programmes of work include:

- The Greater Manchester Children's Plan
- The Children and Young People's Health and Wellbeing Framework
- The Greater Manchester Mental Health in Education (MHiE) programme
- The 'A Bed Every Night' scheme and the Housing First Greater Manchester regional pilot
- The Justice and Rehabilitation Devolution memorandum of understanding
- The White Paper on Unified Public Services for the People of Greater Manchester
- Standing Together – The Police and Crime Plan
- Our People, Our Place – the Greater Manchester Strategy

Along with identifying what we plan to do differently in Greater Manchester to reduce health inequalities and improve life chances for victims and offenders, the strategy also sets out how the conditions will be created for professionals and practitioners to improve what they currently do and the way they do it.

Our strategy aims

In considering what is needed to create an environment in which colleagues are informed, equipped and supported to improve practice, the aims of the strategy are to:

- Highlight the risk factors, health vulnerabilities and health inequalities experienced by offenders, ex-offenders and the victims of personal violence
- Provide clarity on the existing evidence base (and its limitations)
- Advocate for the introduction of trauma-informed practices proportionately across the workforce which emphasise the strong association between adverse childhood and life experiences and victimhood/offending – and collaboratively identify the resources to deliver high-quality workforce development
- Inform integrated, whole system public health approaches to violence reduction with an emphasis on early help, early in life and stimulate Greater Manchester partners to work towards delivering this collaboratively
- Create a clear account of 'health and justice' for mainstream health, care and criminal justice services, using and sharing data and intelligence, so that vulnerable and marginalised people are better identified and appropriately supported
- Acknowledge the complexity of working where health and justice issues intersect and explore with localities and partners how to develop and share best practice across Greater Manchester and learn from each other, in the short and medium term
- Understand how current organisational practices and processes may need to change to facilitate more effective early identification and intervention of vulnerable children, young people and adults, within organisations and between them e.g. assessment and referral practices
- Emphasise collaboration amongst commissioners and providers in order to improve the accessibility and quality of support for this population group.

¹¹ WHO Global Status Report on Violence Prevention (2014)

¹² Based on findings of WHO Global Status Report on Violence Prevention (2014)

¹³ Rebalancing Act 2017, p. 12



CASE STUDY:
A Place-Based Approach to Supporting Families

A place-based team in Holts and Lees draw on support from probation services. This provides an enhanced way of working with ex-offenders and their families in a local setting. In one particular example, the probation worker was aware that it was highly likely one of her clients would receive a custodial sentence of up to 6 months.

This offender expressed concern about the impact his time in prison would have on his family and home, as he was the sole tenant for his two-bedroom property, as well as the main claimant for all their benefits. The probation worker brokered a relationship with the place-based team who supported the offender to complete a deed of assignment to put the tenancy in joint names and, once sentenced, a local support worker was immediately available to support his girlfriend to apply for welfare benefits in her own right. The team also offered ongoing support to the family whilst the offender completed his five-month sentence.

When released from prison, the offender stated to the probation worker that for the first time he felt he was being released into a more stable environment where historically his life would have been much more chaotic. He wanted to stop offending, and he stated that a more stable home life would help him to do this.

A whole-system approach to Family Justice

Family Justice is a branch of the Health and Justice agenda which pursues the provision of integrated support for vulnerable families engaged in the criminal justice system. Its purpose is to ensure that services make decisions together which promote the holistic wellbeing of the whole family.

The internationally recognised principles of Family Justice are:




- Safety focused: Increase safety, promote healing, and foster empowerment through services for victims and their children
- Victim-centred: Provide victim-centred services that promote victim autonomy
- Survivor-driven: Shape services to clients by asking them what they need
- Relationship-based: Maintain close working relationships among all collaborators/agencies
- Offender-accountability: Increase offender accountability through evidence-based prosecution strategies and/or evidence-based treatment programs
- Transformative: Evaluate and adjust services by including survivor input and evidence based best practices
- Culturally competent: Commitment to the utilisation of culturally competent services
- Empowered: Offer survivors a place to belong even after crisis intervention services are no longer necessary
- Kind-hearted: Develop an approach that values, affirms, recognises and supports staff, volunteers, and clients.¹⁴

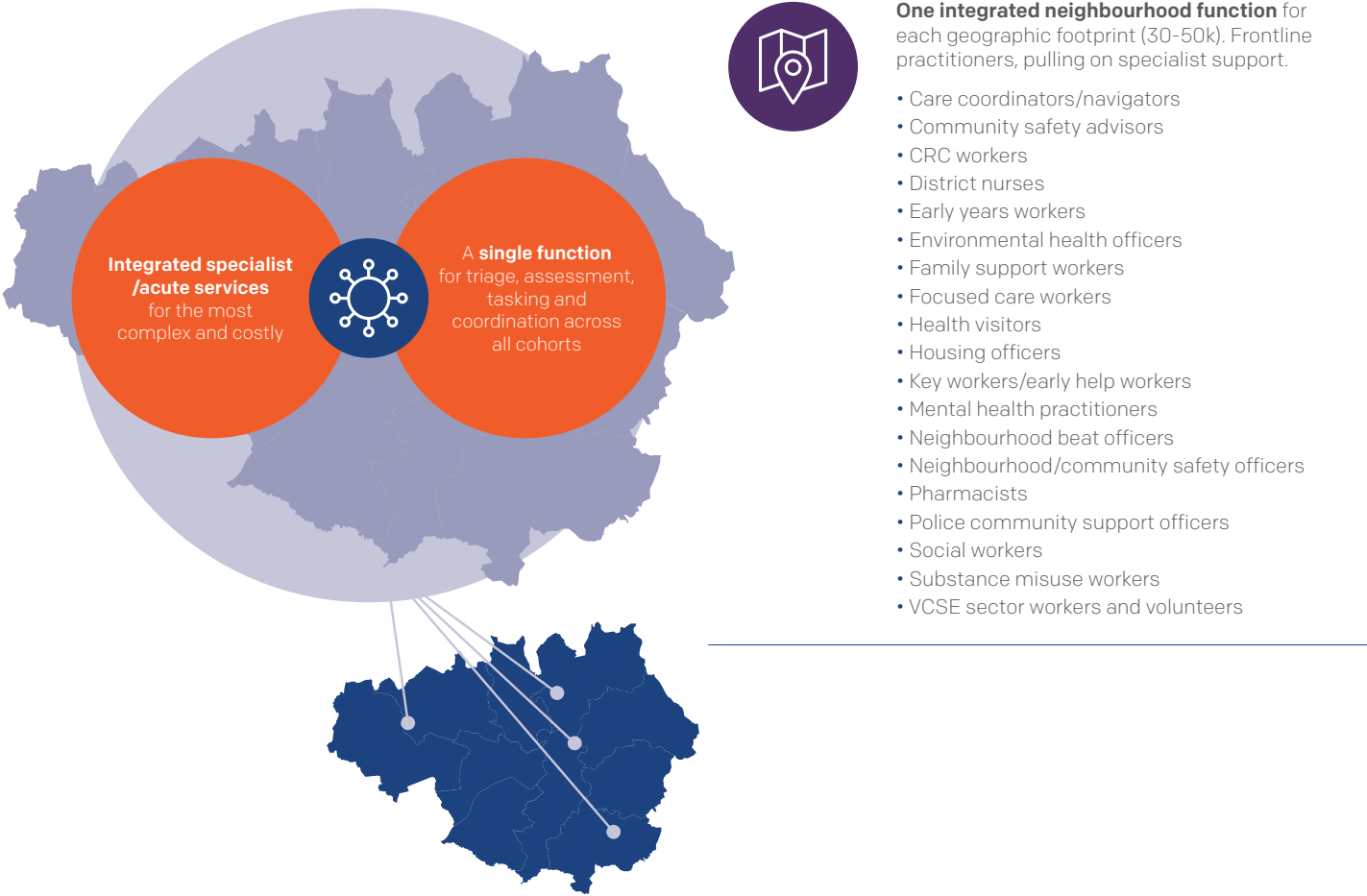
¹⁴ EFJCA, 'About the Family Justice Centers', <https://www.efjca.eu/centers>

In Greater Manchester, the principles of Family Justice are well-aligned with the broader ambitions set out in our approach to unify public services within a single, coherent and effective model.¹⁵ More specifically, integrated, place-based teams working within some of Greater Manchester’s neighbourhoods present an opportunity to deliver a Family Justice approach

– and in some instances this is already the case. Colleagues from the Centre for Mental Health were asked to review emergent place-based initiatives already being delivered in Greater Manchester and found that they demonstrated “the ready capacity to deliver” on the principles of Family Justice.

Unified Public Services in GM

 <p>Directed by one public service leadership team.</p>	 <p>Information is shared between agencies safely to support effective delivery and identifying those most at risk.</p>
 <p>A single commissioning function for the locality.</p>	 <p>Working as one public service workforce, with redesigned roles and shared Job Descriptions across organisations.</p>
 <p>Universal services, like schools and GPs, are cornerstones of public services in their communities and are connected with other public services through integrated neighbourhood functions.</p>	 <p>The VCSE sector are part of the fabric of public services. Public services are delivered with local citizens, communities businesses.</p>



¹⁵ The Greater Manchester Model: Further, Faster 2019

3. Overview of specialist health and justice provision in Greater Manchester

Greater Manchester already has a strong record of accomplishment in health and justice, which includes ambitious collaboration between commissioners in health and policing. Building on national developments in health and justice provision, Greater Manchester has already developed a number of exciting and unique initiatives. The common feature of these services is a shared approach to commissioning, which recognises the interconnection between mitigating health needs, reducing demand on services, and improving the lives of Greater Manchester's citizens.

This strategy will seek to build on learning from the health and justice services which it has established in recent years.

Among our successes in bringing together health and justice to date, with some examples of effectiveness, are:

- **Integrated Healthcare in Custody and Wider Liaison & Diversion** – this service simultaneously delivers the traditional aspects of custody healthcare and the liaison and diversion offer rolled out across England in recent years. The integration of these services at the point of commissioning was nationally unique. By unifying them, Greater Manchester has been able to enhance the scale of health support which is available to individuals with issues relating to physical or mental health, or substance misuse, when they come into contact with the criminal justice system. They are also able to ensure that these vulnerabilities are better supported when individuals return to the community – reducing the likelihood of re-offending in the long-term. This service is present in all police custody suites across Greater Manchester, and in our magistrates' and crown courts.
- **Mental Health Tactical Advice Service (formerly Control Room Triage)** – this service was commissioned in the context of the ever-increasing burden placed on frontline police by mental ill health in the wider population. This service situates a team of mental health practitioners, including representation from all three of Greater Manchester's mental health providers, within the police control room. This team provide frontline police officers with real-time advice on live incidents that are mental health-related, allowing for enhanced critical risk management and more appropriate outcomes. This team's ability to advise on the needs of every mentally ill member of the public presenting to the police in Greater Manchester gives them a reach which surpasses that of other similar street triage schemes in England.

- **Sexual Assault and Referral Centre (SARC)** – Saint Mary's Sexual Assault Referral Centre provides a comprehensive and co-ordinated forensic, counselling and aftercare service to men, women and children living in the Greater Manchester and Cheshire area who have experienced rape or sexual assault, recently or in the past. Partners from NHS England and GMCA work together to commission forensic support services and aftercare respectively as part of one service.

CASE STUDY:

Mental Health Tactical Advice Service

A resident contacted Greater Manchester Police (GMP) expressing concern that she was going to carry out a desire to stab someone. She also referred to hearing voices and told them that she was under the influence. GMP officers attended the home address to determine whether the woman posed a risk to herself or other members of the public. They quickly determined that they were able to manage and support the woman at her home address, and they were not concerned that she was an immediate threat to others. However, because she presented with mental ill health and had expressed an intent to harm, consideration needed to be given to appropriate follow-up measures. The police officers contacted the GMP mental health tactical advice service, an NHS service we have embedded in the police control room, via the police radio.

The advice service consulted the woman's health care records. They were able to see that she had a diagnosis of paranoid schizophrenia and that she was being supported by her local community mental health team. The service provided the officers at the scene with these background details. They then contacted the woman's community mental health team to see if they could better support her needs. It was agreed that community mental health would prioritise seeing the woman that day, and her psychiatrist made an appointment to visit her at home. This collaborative approach enabled a prompt response which offered the most appropriate support to meet the woman's needs, avoiding unnecessary escalation. GMP withdrew, and the police officers were able to attend to other police business, confident that the woman would receive the help she needed.



CASE STUDY:

Integrated Healthcare in Custody and Wider L&D Service #1

A young woman was arrested by the police for a minor crime and taken to the police station. While she was being processed in police custody, she was picked up by the Liaison and Diversion (L&D) team. This is a new health service based in police custody suites and courts which supports vulnerable people with mental or physical health needs. The service helps people access health and care support in the community.

The L&D team put the girl in touch with a health care professional. This professional found bruising and a bite mark on the girl's body. The girl disclosed to the health professional that these were caused by her mother and sister. This information was passed on to the arresting officer, and a social worker was called in to support the girl in custody. Appropriate arrangements were put in place to begin to safeguard the young woman back home after the police had finished processing her in custody.

CASE STUDY:

Integrated Healthcare in Custody and Wider L&D Service #2

A police officer on a routine patrol of police cells found a detainee breathing oddly in his cell. Prior to the integration of custody healthcare with liaison and diversion in the custody suites, the normal police response would have been to call for medical support when it next became available. Instead, the duty health care professional we have commissioned to assess and treat sick people in custody was requested and immediately attended the cell.

This health care professional diagnosed a suspected heroin overdose, and that the man was therefore at risk of death. An ambulance was called on a category 2 (i.e. emergency) response. The healthcare professional stayed with the man, and when he began to deteriorate, contacted the ambulance service and had the response grade updated to category 1 (i.e. life-threatening). The ambulance arrived promptly. The paramedic and health care professional together saved the man's life.



Greater Manchester is also home to a range of complementary services which contribute to our wider health and justice offer. These services are each commissioned by individual commissioners within locality footprints. Achieving the priorities in this strategy will mean seeking guidance and partnership from stakeholders involved in commissioning and delivering these services, and other key services in Greater Manchester.

Examples include:

- **Identification and Referral to Improve Safety (IRIS)** – IRIS is a general practice-based domestic violence and abuse (DVA) training support and referral programme. It is a collaboration between primary care and third sector organisations specialising in DVA. An advocate educator is linked to general practices and based in a local specialist DVA service. It is aimed at women who are experiencing DVA from a current partner, ex-partner or adult family member. IRIS also provides information and signposting for male victims and for perpetrators. IRIS is currently commissioned in Manchester and Bolton.
- **Independent domestic abuse/sexual violence advocacy** – Independent domestic abuse advocates (IDVA) or sexual violence advocates (ISVA) who take referrals from a wide range of services where people have been identified as the victim of domestic or sexual violence. Advocates support victims of abuse to make the right decision for them, from reporting experiences to the police to offering support, advice, information and advocacy through the criminal justice process.
- **Women’s Support Alliance** – The Women’s Support Alliance is made up of the providers who deliver nine women’s centres across Greater Manchester. These services are commissioned to support women offenders and reduce re-offending across the city region. Each women’s centre has a bespoke offer, and some support a wider cohort of vulnerable women who are at risk of entering the criminal justice system, taking account of complex need.
- **Existing support in youth justice services** – many of Greater Manchester’s existing statutory, multi-disciplinary youth offending teams (YOTs) already include offers of support for the health needs of young offenders, and other young people at risk of first-time entry into the criminal justice system. YOTs take a holistic approach towards young people and the issues they face, identifying and managing the risks they pose to themselves and to other people, and reducing the likelihood of them re-offending in the future. These risks often include health vulnerability or underlying and sometimes undiagnosed conditions as a driver of crime.

- **The Greater Manchester Autism Consortium** – providing forensic autism assessment and wider support to teams supporting people with autism across Greater Manchester. A commitment to ‘make Greater Manchester autism-friendly’ was set out in Andy Burnham’s mayoral manifesto. Early in 2019, a strategy was launched which seeks to establish Greater Manchester as the first autism-friendly city-region in the UK.
- **Services that are funded by the Ministry of Justice (MOJ) victim grant** – these grants enable services to provide support locally to victims of crime and focus on enabling them to cope and recover. The MOJ categories of need provide a framework against which progress and outcomes can be monitored, including documenting support provided through the criminal justice system.

Part of the remit of the Greater Manchester Deputy Mayor is to deliver services for the victims of crime. Each of Greater Manchester’s localities has a local victim support service offer, commissioned in line with that locality’s population and their needs.

CASE STUDY:
Vulnerable and Marginalised Women

A 57 year-old women finally felt able to speak to the Victim Support service about sexual abuse which she experienced between the ages of 9 and 14. She had kept this abuse to herself for her entire life, but was finally compelled to come forwards after her sister made a disclosure at a family event, revealing the full extent of the situation.

After hiding the abuse all her life, the woman’s disclosure had a dramatic effect on her health and wellbeing – she struggled to physically talk, her sleep was badly affected, and her physical health also deteriorated. She attended Victim Support for face to face sessions on a regular basis, and these were reinforced with phone contact in between. She was also referred to an independent advocate and a counsellor.

She needed help to understand the legal and court process alongside intensive emotional support to come to terms with the abuse she had suffered. This included help practising wellbeing techniques to independently manage her levels of stress, anxiety and anger. With support from a combination of health and justice services working together, she was gradually able to process the event and understand the full nature of the abuse. This included discussing some aspects of the crime with her own family, which had initially been a severe cause of distress for her.

4. Rationale for strategic focus on particular groups

The emphasis on particular priority groups in the strategy has been informed by a range of sources including, in particular, international evidence from WHO; national strategies and evidence from Public Health England and NHS England; national reports such as Beyond the High Fence, which represents the voices of people with a learning disability or autism in the criminal justice system; Rebalancing Act; the independently conducted Greater Manchester Health and Criminal Justice System Strategic Commissioning Review; and the stakeholder engagement process.

Whilst all children, young people and adults seen in the criminal justice system across Greater Manchester will benefit from the intent to reduce the prevalence and effects of health inequalities they experience. The four groups that the strategy will initially focus on are:

- Children and young people up to age 18, however, where young adults have additional vulnerabilities this could extend to age 25;
- Marginalised female victims of domestic abuse and/or sexual violence;
- People with a learning disability, autism or a communication disorder;
- People who are rough-sleeping

However, all children, young people and adults seen in the criminal justice system will benefit from our intent to reduce the prevalence and effect of health inequalities they experience.

Within the above priority groups, specific vulnerabilities or risk factors may also be present. In the case of children and young people, for example, children who have been ‘looked after’ by the state for prolonged periods of time, children who have gone missing from their families, the children of refugee and asylum seeker families, and young people who have been permanently excluded from a school setting, may be at an increased risk.

Within and beyond these four priority groups, there is a recognition that both victims and offenders may have other characteristics which increase the likelihood of them being seen in a health and justice context, for example, Black and Minority Ethnic (BAME) young men are over-represented in the youth justice system and offender and prison populations, as are adult BAME men generally.¹⁶

Although the development of the strategy led to the prioritisation of the four population groups above, this

does not discount the presence or cumulative impact of ‘intersectional’ inequalities. Intersectionality is the idea that vulnerability, disadvantage and discrimination can arise from multiple, overlapping individual and social characteristics e.g. race, gender, age, sexuality, socio-economic status, educational attainment, ability to work and so on.

These factors, and specifically the 9 protected characteristics covered in the Equality Act (2010), will be considered in the implementation of the strategy, through the delivery planning process.

CASE STUDY:
Children and Young People

A boy came into the youth offending service after committing multiple offences. When he was first seen by a case worker, she suspected that he may have ADHD. She was able to call for support from a child mental health worker, who undertook a quick screening and agreed with this impression. This mental health worker then made the child an appointment to attend a formal assessment. She built a trusting relationship with him, and made sure he made it to the appointment, where he was formally diagnosed with ADHD. After this, the same mental health worker then ensured that he picked up his prescription, and that and his parents understood how it worked and what it was for.

As a result of the health offer being made available in the youth justice system, staff working with the boy noticed a marked improvement in his behaviour. The case worker at the youth offending service continued to work with him and was able to help him to learn to use strategies that prevented him from behaving anti-socially or offending again.



¹⁶ As 3

Additional context for the choice of priority groups

WHO¹⁷ reports worldwide that women, children and elderly people experience the greatest non-fatal consequences of physical, sexual and psychological abuse and that the resulting negative health consequences of violence disproportionately affect women and children across the life-span. Public Health England¹⁸ also highlights the particular vulnerabilities of **children and young people** and the developmental and lifetime implications of offending behaviour from a young age.

The independent Strategic Commissioning Review also recommended that pathways of support for **marginalised and vulnerable women**, and children and young people in contact with the criminal justice system, would be a constructive focus from a Greater Manchester strategic commissioning viewpoint.

Although specific data about the impact of violence and abuse in childhood is not available at a Greater Manchester level, the Crime Survey for England and Wales (2016) published a specific report on the effect of **violent or abusive relationships** in childhood.¹⁹ Data from the Crime Survey showed that 51% of adults who were abused as children (under the age of 16) experienced domestic abuse in later life, suggesting a strong correlation between psychological, physical or sexual abuse, including witnessing abuse in childhood, and later abuse in adulthood. This supports a case for early intervention and prevention of violence and harm in childhood as an end in itself, but also as a way of reducing the risk of lifetime abuse.

There is also growing awareness that people with a **learning disability, learning difficulty, autistic spectrum disorder or communication issues** are disproportionately represented in the criminal justice system, but in apparent contrast, their needs are often not recognised until after the fact.

Beyond the High Fence²⁰ captures the experiences of people with learning disabilities and autism in the criminal justice system, creating a shared narrative of life before, during and after prison or hospital. In Greater Manchester, it is thought that people with a learning disability or autism are significantly under-reported across criminal justice system data compared to national estimates, suggesting that the true extent of the issue is masked, which in turn may indicate low rates of early identification of people with learning, autistic spectrum and communication issues in contact with the criminal justice system.

Addressing **rough-sleeping and homelessness** is a local priority in Greater Manchester and there is a strong association between becoming homeless and victimhood and/or offending. Among the population of homeless people, a substantial proportion are believed to be care leavers, former prisoners and victims of domestic violence or abuse.²¹ Victimisation and offending both appear to be risk factors in homelessness, but for some people there is evidence that previous rough sleeping and homelessness can remain a risk factor for ongoing victimisation.²²

There is also a correlation between homelessness and poor health, with the LGA reporting in 2017 that "41 per cent of homeless people reported a long term physical health problem and 45 per cent had a diagnosed mental health problem, compared with 28 per cent and 25 per cent, respectively, in the general population."²³

It is also said that 25% of people in contact with multiple support services covering homelessness, criminal justice, healthcare and treatment services are young people aged 18-24.²⁴

¹⁷ WHO Global Status Report on Violence Prevention (2014)
¹⁸ As 4
¹⁹ ONS: People who were abused as children are more likely to be abused as an adult: Exploring the impact of what can sometimes be hidden crimes.
²⁰ Beyond the high fence – From the unheard voices of people with a learning disability, autism or both – Pathways Associates and NHS England (2019)
²¹ Briefing 20, September 2017. Rough Sleeping: enforcement and austerity. Centre for Crime and Justice Studies
²² Revolving Doors Agency / Trust for London, July 2019, We are victims too: A peer study into repeat victimisation among people who moved from the streets into supported accommodation in London
²³ The Local Government Association, September 2017. The impact of homelessness on health – a guide for Local Authorities
²⁴ As 14, citing data from Lankelly Chase (2015)



5. Health and justice strategic framework and priorities

Whole system change requires a holistic framework which addresses prevention and risk reduction, integrated care and support for victims and offenders, and facilitates system change through effective use of data and resources.

Across Greater Manchester there have already been ambitious new developments in the field of health and justice such as the Integrated Healthcare in Custody and Wider Liaison and Diversion Liaison function and Mental Health Tactical Advice Service (formerly Control Room Triage). This strategy is an opportunity to realise greater strategic coherence, unifying existing provision and learning with the new activities and priorities identified in the strategy.

Developing this strategy has highlighted a series of existing activities and programmes within the health and justice arena that have strategic importance, alongside the recognition of additional or new issues which represent an opportunity to transform practice by focusing attention on whole system and integrated responses to health and justice issues. The strategy therefore incorporates:

- Priorities reflecting new strategic objectives, with the potential for high impact system change in the medium to longer-term, initially up to 5 years; and
- Existing and ongoing strategic developments which are likely to be delivered over the next 1-3 years

Resilience is a common theme throughout the strategy and the intention is that this approach will, over a 5-year period initially, consolidate existing practice whilst building knowledge, increasing expertise, identifying barriers to progress and create resilience at a system level that will provide the foundations for increased strategic integration across health and justice provision in Greater Manchester.

Existing health and justice work programmes

Six existing programmes of work that are underway (or are in planning) will set the immediate strategic direction of health and justice provision in Greater Manchester for the next 1-3 years are:

1. Improve the identification of health needs and support for young offenders and victims who may face barriers to accessing services through the newly established Collaborative Commissioning Network
2. Enhance the Greater Manchester-wide response to members of the public with health vulnerabilities who come into contact with the police, including:
 - Services that ensure the most appropriate response and reduce the likelihood of re-presentation for those individuals who present to the police in a state of mental health crisis e.g. control room triage
 - The Greater Manchester Integrated Custody Healthcare and Wider Liaison and Diversion Service, which identifies and addresses the mental & physical health needs of children and young people (and other priority cohorts)
3. Work with NHS England commissioners to address continuity of care for people on reception and post release from prison by agreeing clear communication, transition and service pathways
4. Review the current model and approach to commissioning of rape and sexual assault services to ensure the needs of victims are met
5. Explore with locality commissioners the scope for developing a city region model for improving the primary care response to sexual and domestic violence and abuse, such as the evidenced based IRIS general practice programme
6. Use data and intelligence available across the health and justice interface to enable earlier and more focused intervention, establish data sharing protocols that support this approach and develop a consistent set of indicators which can track progress against health and justice strategic aims and outcomes

New strategic priorities

The new strategic objectives that have been identified and prioritised during the strategy development process are:

Prevention

1. Introduce a public health approach to violence reduction across public service provision, with a focus on children and young people at increased risk of committing anti-social or criminal activity
2. Work with schools, youth justice and children and young people's services to develop upstream, targeted interventions that reduce the risk of first-time entry to the criminal justice system
3. Building on the work with the Women's Alliance Partnership, extend provision to reach a wider cohort of vulnerable women who are at risk of victimisation or committing criminal activity, and, strengthen health care pathways between existing services

Intervention

4. Develop best practice approaches and pathways that appropriately identify and support offenders and victims of violence or exploitation who have a learning, autistic spectrum or communication/speech and language issue
5. Agree a standardised health improvement model with the NHS and youth justice teams that targets and addresses health vulnerability in this group of young adults
6. Work with partner organisations to promote and embed the principles of Family Justice within the strategic direction and operational delivery of unified public services in Greater Manchester

Enablers/Systems

7. Develop a long-term, sustainable approach to commissioning services that deliver specialist healthcare and therapeutic support to offenders and the victims of crime, agreeing common quality standards for Greater Manchester
8. Collaboratively develop workforce training and development programmes that promote insight into trauma, abuse, learning disability and communication disorder presentation and how to identify and support these issues effectively
9. Establish more consistent approaches to service user engagement in the design and delivery of specialist health and justice services

6. Delivery and resource planning

Delivery

A separate delivery plan accompanies the strategy, which provides greater detail on the proposed implementation of the new and existing work programmes set out above.

The common thread connecting all the strategic objectives is to secure reductions in the health and wider inequalities and exclusion experienced by people seen in the criminal justice system, by working with individuals in a more cohesive and person-centred way. In practice this will be achieved through:

- Enhancements to the way current services work with vulnerable children and adults
- Earlier identification of vulnerable children, young people and adults and supporting them to access existing services
- Improvements in communication and collaboration across agencies around the needs of individuals and families
- Collaborative commissioning approaches which target unmet system needs
- Workforce development and training
- Developing an in-depth and robust Greater Manchester health and justice 'profile' covering people and services, which informs strategy and delivery

In order to track performance against the strategic objectives and the outcomes for vulnerable children, young people and adults, a dashboard and outcomes framework will be developed for periodic monitoring by the Health and Justice Board. This will be the main method for understanding and tracking benefits realisation at a system and cohort level.

However, building on recent independent and in-house evaluations, such as those covering the women offenders model, an independent review of Independent Sexual Violence Advisor provision, the Control Room Triage evaluation, and the Health and Criminal Justice Strategic Commissioning Review, other targeted analyses and evaluations will be undertaken to enhance the understanding of health and justice delivery in the round.

Resource planning

Because the strategy identifies several new and developmental programmes of work, some of which are intended to be achieved over a period of up to five years, the implementation of some programmes necessarily includes the identification of resources and/or the development of business cases to potentially secure funding.

The existing programmes of work and some of the new programmes are largely funded from existing resources and do not depend on business case development to move forward, however, the more ambitious medium to longer-term work captured in the new priorities will need new and, in some cases, substantial funding to deliver systemic change in practice.

Activities which will take place in support of the priorities contained in this strategy broadly fall into three categories:

1. Activities which can be achieved within existing resources, including by reprioritising within existing human and financial resources
2. Activities which require moderate investment that could be achieved through joint commissioning at a Greater Manchester level and/or already have an associated funding stream, but this could also involve decommissioning/budget reallocation
3. Activities which require new and significant funding and for which a business case will be developed collaboratively

Expected outcomes arising from the delivery plans include improvements in early identification, accessibility, quality, timeliness and continuity of care, including:

- Vulnerable young people will have their psychological and mental health, physical health, and specific developmental/learning disability/autistic spectrum/communication needs comprehensively assessed in a timely way
- Better support for vulnerable young people with additional vulnerabilities such as learning disability, autism, school exclusion, or childhood trauma or adverse experiences, will help to break the cycle of becoming a victim or offender
- Tailored support for vulnerable women at risk of offending or re-offending will improve their access to healthcare provision they may not otherwise have accessed independently
- Victims of rape and sexual assault will receive high quality forensic and therapeutic services at the right time and in the right location for them
- Decisions about people who present to the police in a state of mental health distress
- will be supported by 24/7 access to a mental health professional, increasing the likelihood of people being supported in their own home and community
- The public service and voluntary sector workforce will be more able to meet the needs of vulnerable people by providing more responsive, trauma-informed support
- People disclosing domestic violence or abuse in a healthcare setting will receive prompt, specialist advice
- Work will start with people before they are released from prison so that they receive continuous community-based health and care services that provide the support that they need
- People with lived experience of health and justice services will be engaged on an ongoing basis so that their real-world perspectives help to improve the way services are commissioned and delivered



