

TIME 2 LISTEN

Report Summary
2018



**Northamptonshire Police and Crime
Commission**

Foreword



As Police and Crime Commissioner, everything I do is with the aim of making Northamptonshire safer. A fundamental reason for PCCs to exist is to hear the voices of those we serve. It is vital that we understand the experiences of those who have been touched by the Criminal Justice System, whether they have been victims, offenders or indeed have been caught in the system as a result of their Mental Ill Health, ADHD or Autism.

Mental Health affects us all. We all experience periods of greater or lesser Mental Health. When people hit crisis they often turn to the emergency services for support and often the police are the first people on the scene, charged with making decisions to keep the individual and wider community safe. We must not underestimate the challenging situations that the police and other first responders find themselves in. But equally it is our duty to ask whether there are changes in behaviours, processes or interventions that can improve both the health of the individuals we serve, as well as reduce their impact on the Criminal Justice System and therefore wider society.

Time 2 Listen has been focussed on hearing the experience of individuals who have experienced the Criminal Justice System, whether they are those who have designed the system, the members of the public who have been through it, or those who work on the frontline in it. There is a wealth of experience that my team have captured that cuts across responsibilities of the police, wider Criminal Justice System and health and social care agencies. Those agencies will consider the recommendations in this report and there is commitment across partners to seek to address the findings of Time 2 Listen to improve the systems for everyone.

I believe it is my responsibility as Police and Crime Commissioner to seek to ensure that agencies improve services for everyone. I am determined to do all I can to work with my fellow leaders across the county to better serve us all.

Therefore Northamptonshire Police and Crime Commission launched Time 2 Listen.

A handwritten signature in black ink, reading 'Stephen Mold'. The signature is stylized with a large, flowing 'S' and 'M'.

Stephen Mold,
Police and Crime Commissioner

The Time 2 Listen Aims / Engagement

The aims of Time 2 Listen were:

To **consult** with people who have a **Mental Illness, ADHD or Autism** and their carers about **their experience of the Criminal Justice System** and support services that work alongside it.

Capture experiences of those professionals and support agencies, to **understand** the mental health pathway and service provision

Capture experiences of those who work in **frontline roles**, and **how effectively organisations work together**.

It was important to ensure people with Mental Illness, ADHD or Autism were spoken to and heard through a range of methods so that the consultation was as accessible as possible, and reached both young people and adults, victims and offenders.

Overall
1274

people were engaged through;



one to one interviews



online surveys



support groups



events for service users and carers



In addition a competition was run with young people to respond through creative methods such as art and poetry.



Social media was used to promote the consultation and reached over 300,000 people across Northamptonshire.



Frontline professionals feedback their views through **focus groups, workshops, interviews and via a survey**

in total 262 responded.

Experiences of services - from a service user perspective

Consistency of approach

46% of service users indicated that their **Mental Health needs were taken into consideration**. However, **42% indicated that they were not**. The **top five reasons** given for why they felt that their Mental Health needs were not taken into consideration were:

- They were not taken seriously, listened to or in some cases believed
- The way they were dealt with was not appropriate or helpful
- Did not feel that the professionals seemed like they were trained or prepared
- The service received depends on who you get

39%

indicated that their
ADHD/Autism had
been taken into
consideration

However

50%

indicated that it had
not

**Reasons for this
were;**

No adjustments were
made, e.g. did not
adapt communication
style, did not
understand needs

In the one to one interviews service users experience's of Northamptonshire Police widely ranged and was very dependent on what officer they had interaction with. Even within the same incident they reported officers responding with differing levels of service;

"You have some really good officers that really do get it and not only support my daughter but also a little bit of reassurance for the family and whatever because of some of the situations we've been through. You get someone who really gets it and really supportive, ... fortunately one of the officers that turned up to both incidents was one and the same and he was very good first time and he was even better the second time because he knew my daughter, he knew the traits that she was displaying...You've got some really good officers and some really poor ones."

Experiences of services - from a service user perspective

“Some officers are understanding and other officers call you pathetic, attention seeking, call you simple, call you not right in the head, which just gets you down really. And then you get one officer I ran into said it would have been better if you’d just jumped, which obviously then I went straight to the bridge again...”

A parent described the negative experience of her son who is autistic with non-verbal communication and the police not listening to requests from parents;

“he’d got put in the back of a van to be taken home and it was sort of sirens and lights on...that heightened the sense of agitation having sirens and lights flashing as well. So we both sat in the back but then they were driving like lunatics and they’d got the sirens on and I was like, ‘can you slow down and turn your sirens off and your lights because you’re making everything worse for him,’ and they’re like, no... It was as if they were showing off, we’ve got the sirens on, we’ve got this and that and I was like, ‘you’re making him worse. You’re not helping,’ but they didn’t stop. Three of them took us home, three cars in the end. We never needed all that. “

When people spoke positively about their experience they spoke about the need for the following qualities; describing officers taking the time, having patience, showing compassion, being respectful, showing empathy, showing respect, listening, treating people as individuals, and being non-judgemental;

“I had a bit of a breakdown and done something really silly... The police got called and they turned up at my house about an hour later and the guys, they didn’t judge me. They wanted to come in to make sure I was safe...And then they took me to get the help that I needed and one of the officers actually said about their experience because I was worried about people judging me. But it was nice to know his story because even people in that profession have mental health issues and when you’re in a different situation and you’re training for a job, it’s nice to know that you can actually get somewhere in life, even though you’ve got all this stuff going on.”

Recommendations:

There is a **lack of a consistent approach** to working with people with Mental Illness, ADHD or Autism. This report has demonstrated that **there is some really good frontline staff** who tailor their behaviour and approach to best meet people's needs however **this is not consistent**. The **majority of the feedback** in relation to this **was in regards to the police** (this may be because the majority experiences people spoke to us involved the police more than any other agency) but **several examples were given in other criminal justice and health settings**;

- **Service users** should be at the **heart of all services** and should expect a **consistency of service**.
- There **needs to be a significant culture change** within the police and the wider criminal justice, health and those within social services, to achieve services that are **compassionate, non-judgemental and treats people as individuals**.

Keep safe

In Northamptonshire a Keep Safe Card Scheme was established by the Learning Disability Partnership. With additional funding provided by the Police and Crime Commission it has recently been relaunched to anyone who has a disability or may be vulnerable including those with a Mental Illness. The Keep Safe Card provides frontline emergency services with information about people's needs, anything that should be avoided and emergency contact details for a carer/organisation that closely works with the individual. When service users were asked what do you think would help others in the future several suggested a card scheme similar to this.



Service users spoke at length of the need for all criminal justice agencies to be made more aware of Mental Illness, Autism and ADHD;

“Police want to protect the public. I think they need to be offered more in-depth training to enable them to protect the public in a way that they feel confident from. I know that when some people are experiencing a psychotic episode, they might become physically dangerous to others around them. I would like for a police officer to have had training that would help them to feel safe in such circumstances.”

“I got mugged in Kettering and when I told the Detective who interviewed me that I was autistic she didn’t really understand that so kept asking me a bunch of questions all in one go and that made me feel confused and I was already scared so the detective scared me even more.



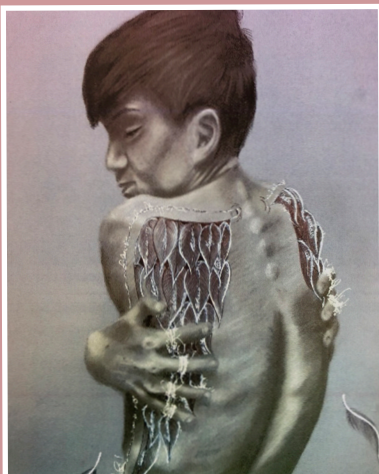
52%

of professionals who worked in frontline roles felt that they do not receive sufficient training to enable them to meet the needs of people with Mental Illness, Autism or ADHD (This was 73% for the police).

“I would love for us to have more training as frontline officers. The 1 day training I have had in my 2 years as an officer is not enough! And it is time that it was not a taboo to talk about. The general public see us as superheroes who know everything and can fix everything. They do not realise just how little training we are expected to work from.”

Recommendations:

- All **criminal justice agencies** should receive **improved awareness** of **Mental Health conditions, Autism and ADHD** and understand what impact they have on other's behaviours and experiences. This **should include awareness of different communication skills, low arousal or de-escalation techniques**.
- To **develop a long-term programme** of training that is multiagency and designed with and **involve service users and Mental Health workers**, delivered in a variety of ways.
- To **improve knowledge** of what support is out there for people and families with Mental Illness, Autism or ADHD. To **increase awareness** of how referrals can be made and where they can seek advice.
- To **establish a project** involving service users and carers looking at recruitment processes across the Criminal Justice System, to **understand** if qualities such as compassion, empathy, being non-judgemental and respect are considered upon appointment of frontline roles.
- To **continue to embed the Keep Safe Scheme** and raise awareness that it now includes Mental Health and Autism.



The artworks displayed throughout this document are entries from young people across the county in to our Time 2 Listen competition, which asked for their take on Mental Ill Health, ADHD and Autism.

Lack of support when discharged from hospital

Several service users and their carers spoke about the lack of support when being discharged from hospital;

“they’d send him on his way with a list of MIND and all of the other different addictions, the list of all the people who could help in the local area. The big issue I had with that was you were giving somebody who can’t wash, can’t leave his bedroom, doesn’t even think about eating and you’re giving him a list of phone numbers to go and get sorted for his future healthcare. That’s not a plan. That is not a care plan under any circumstances. So that sort of caused some problems because there was no engagement with anybody. He felt that he’d just been left to drift so, of course, his mental health just slid back downhill again...

They didn’t even tell us they’d discharged him. He’s over 18...he came out and he was absolutely frightened to death. He felt safe in there. He didn’t want to come out because he didn’t trust himself. He couldn’t cope with life and I think maybe he was in there for a fortnight. He got released 9.00/10.00 at night with the phone numbers. No call to family. Now it might well be that he said no, don’t tell them and because he’s over 18 but actually just because he’s over 18 doesn’t make it okay, because there’s something that could be looked at there. His family could at least be informed... I found out because he’d got a friend...He’d been in touch with her and said that ‘I don’t like it, I can’t cope, I’m down the train station, I want to jump in front of a train... I went down there and there he was, pacing up and down the platform with a can of cider in his hand, looking at this train.”

Recommendations:

- To **review** the process of **discharge from hospitals** with service users and their carers to **understand how communication can be improved**.
- To **improve support on discharge** from hospital to ensure an appropriate **plan is in place**, and also so that families are as involved as much possible so service users no longer feel “exposed to the world” upon discharge, but **understanding where to go for support**.

Lack of preventative support

Lack of preventative support

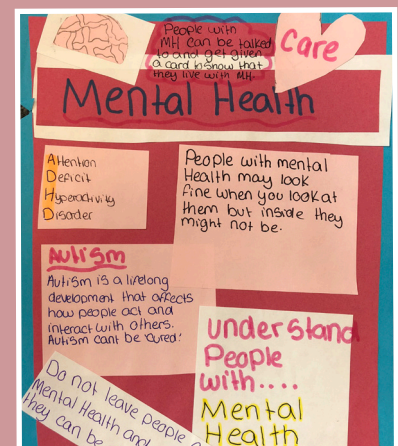
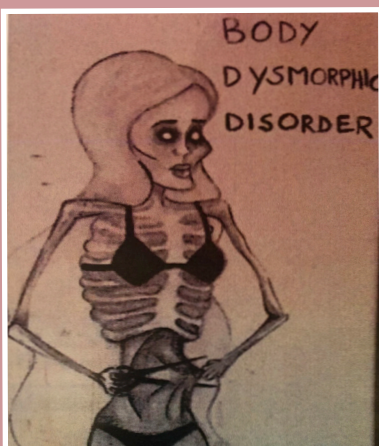
Service users and professionals discussed a lack of access to preventative support when not in crisis.

“you could be asking for help. I have in the past and not one person helps you until you end up in a crisis and the police are called or you end up in hospital coz you’ve overdosed. It’s a shame that it gets to that matter, that you’re either in hospital or you’re 136’d before someone would actually listen to you.”

Recommendations:

To **jointly fund services to prevent people from going into crisis**, that targets people with risk factors related to Mental Health, criminal justice and victimisation (including young people). To also **working with current support services** to achieve this.

Establish a pilot where the police would **work closely with services** such as Mental Health, substance misuse, learning disability and GPs to **identify and support** people in the community.



Lack of community based support and waiting times

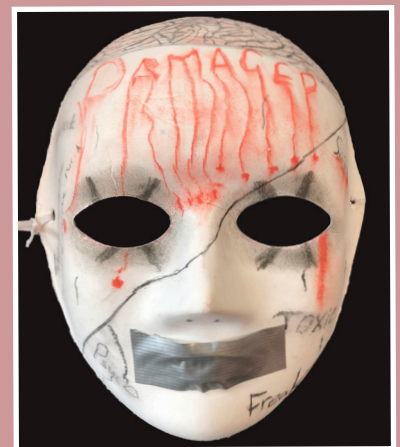
Some service users described their frustration at a lack of action or empathy from community based services, or a difficulty in trying in making contact with them;

“[crisis team] Very dismissive. Because I’ve sought their help, I’m not suicidal. Because I’ve spoken out to somebody, I obviously don’t want to die which maybe 5% of me can understand that. If you want to die, you do it but they must know from me by now that it’s not to die, it’s like I’m at rock bottom, I have to show you that I’m here so I’ve done this. I want help but because I seek the help, they say you don’t need crisis, you don’t need in-patient, you don’t need medication, you’re discharged back to your GP and that’s it. So it’s crazy.”

“mental health service is again a bit flaky really. There’s just not enough of them. They’ve got too much of a caseload. So getting hold of the CPN or somebody when you need them is impossible really. Years ago it used to be a little bit better but even in the ten years I’ve certainly seen less availability.”

Others described excessive waiting times for assessment or treatment;

“Mental health services are just not adequately funded, they just can’t do what they need to do. It’s taken us nine months to get a clinical psychology appointment.”



Lack of support for parents

There was a lack of knowledge about what support is available to parents and carers with only one person interviewed being aware of the services of Northamptonshire Carers;

“It wasn’t until February / March last year and I saw a poster for Northants Carers in the GP surgery and I always thought of carers as the people who wipe bottoms and feed people and take you out in your wheelchair, I never thought of it as me being a carer because I just didn’t. Well, I just didn’t even think about it, I just wasn’t joining the dots up and it said something there about do you... and I thought oh, I do do that. So I gave them a ring and they were utterly fabulous, really very supportive but again the GP, the mental health team, the hospital, nobody had mentioned this at all.”

Recommendations:

People are trying to navigate through a system without anyone directing them where to go, others do not receive enough information about why decisions were made and why support was not given, or information is not updated so they have to tell their story again and again. Service users are still reporting that they are waiting months for assessment and for treatment. Professionals are also not aware of support services available particularly for carers.

A number of referrals are made through GPs and it can be dependent on the information that is included as to whether someone is put through for assessment. However often service users are not always aware they can either self-refer or add information in that they think is relevant;

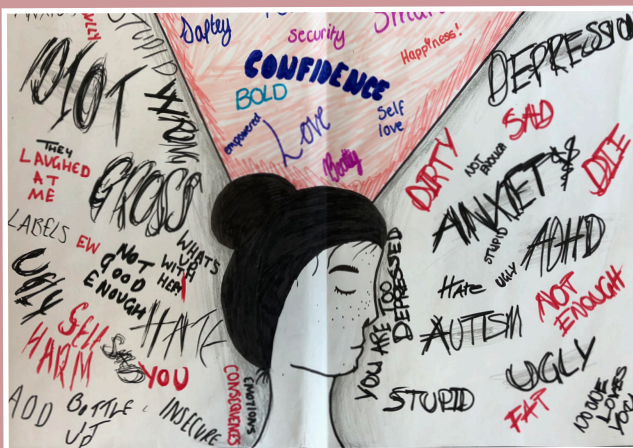
- To **continue to reduce time waiting for assessment and treatment**. Develop two way communication to; ensure families know what is happening and do not feel forgotten, to **inform where additional support can be provided during the waiting period**, and health services can be kept updated by service users if any changes take place that need more immediate support.
- To **design a campaign** to raise awareness of Mental Health, Autism and ADHD support services across frontline practitioners within the Criminal Justice System, health and service users and carers, with the aim of providing support before crisis point.

Lack of support for parents

- To **raise awareness with GPs** regarding the **importance of the detail** required **when making referrals** and to ensure service users are aware that they can self-refer and add relevant information.
- To **consider a one stop shop for Mental Health services** (to consider the role of the NHFT referral centre) where **service users and carers can explain their needs** and be **sign posted to the right services**. So that referral mechanisms can be explained, where service users can access where they are on waiting lists, to **introduce ways in which individuals only have to tell their experience once**, and then this information be passed on, and where they are advised of alternatives for support whilst they are waiting.

Currently parents/carers of autistic children or adults are encouraged to telephone the police if the person they are caring for becomes violent, but the parents/carers do not want to criminalise them and do not think the police is an appropriate response as it could escalate the situation.

- For **social services to work with the police and parents/carers** about the most appropriate alternative response or action that **reduces criminalisation of autistic people**.



Support alongside punishment

Several ex-offenders that were interviewed discussed the essential need for being treated as an individual, and that rehabilitation and support was needed alongside punishment. They also spoke of the lack of support available to them upon release from prison. They spoke of key individuals who provided that support;

“My probation officer has been absolutely fantastic. I can’t praise her enough. She sat down with me and... we done a timeline of my life because from about 11 to 15, I couldn’t even remember where I lived because I’d been from care to this house to that house, to this house, to my dad’s house, to my nan’s, to my mum’s...it really helped me to put closure on everything that had happened and she said, ‘you are responsible for the next 20 year timeline. You can’t blame mum, dad, nan, do you know what I mean, it’s you.’ So that really helped me to... and I was a very nasty person. I was like ‘don’t talk to me. You can’t tell me nothing, like this is what it is.’ and she really broke me down and I started developing empathy, do you know what I mean? And it started to help me deal with things that I’d done over the years because I could let go a little bit, I weren’t so bitter and resentful over it.”

“Because what I think the issue is within criminal justice is the individualising, looking on an individualised basis at that person; not just the crime but looking at their life.”

Recommendations:

- The **Mental Health Criminal Justice Board** should **work with local prisons** to ensure information relating to mental health needs are provided to relevant criminal justice and Mental Health support organisations. To **review the Mental Health support that prisoners receive after prison** and **identify if any additional services need to be put in place.**

Service users explained difficulty in accessing support at critical times of need such as; the impact of missing appointments meant they could no longer receive treatment for an addiction, or access to medication whilst homeless; Service users also explained the difficulties of services dealing with Mental Illness and substance misuse needs separately. It is positive that the new

Support alongside punishment

substance misuse contract includes support for people with both Mental Illness and substance dependencies.

- To **ensure Mental Health service users feedback informs current and future substance misuse services.**

Young people

Young people shared what Mental Illness/ADHD or Autism meant to them through creative methods such as art and poetry. The benefit of this approach was the honesty and rawness of the feedback received. The OPCC wish to expand this engagement further.

Recommendations:

Further engagement is needed with young people who have experienced the police or wider criminal justice system:

- For the **new Police and Crime Youth Commission members to work with the Commission on obtaining the views of their peers** on their experiences of Mental Health, Autism and ADHD services, and to **work together on activity**, based on their findings utilising creative methods.

The full report including professionals feedback can be found at www.northantspcc.org.uk/Time2Listen

We would like to thank everyone who has told us their own experience, or the experience of those they care for. We thank you for your openness particularly when some of your experiences have been difficult and emotional for you to discuss, without you Time 2 Listen would not have existed.

We would like to thank all the organisations below who either enabled us to talk to their members or service users or helped promote Time 2 Listen.

AGE UK
All Northamptonshire GP Surgeries
Autism Concern
Autistic Children Embraced
BENCH CRC
Berrywood Hospital
C2C
CAMHS
CAN
Children In Care Forum
Community Mental Health Team
Daylight Centre, Wellingborough
Early Help Co-ordinators (NCC)
Full Gospel Church, Rushden
Genesis House
Groundworks
Hope Centre
Kettering General Hospital
Liason and Diversion Team
Local Offer
Local Strategic Partnership, Kettering
Lowdown
Maple Access
Maplefields
Mental Health Crisis Concordat Board
Mental Health Prevention Concordat
Mental Health Crisis Team
Mental Health Transformation Board
MIND- branches across the county
NASS
Northamptonshire Association for Youth Clubs
Northamptonshire Court Service

Northampton General Hospital
Northamptonshire Healthcare Foundation Trust
Northamptonshire Learning Disability Partnership Board
Northamptonshire Emergency Services Cadets
Northamptonshire Police
Northamptonshire Probation Service
Northamptonshire Youth Offending Service
Parents talking Aspergers
S2S
Samaritans
Secondary Schools across Northamptonshire
Service 6
Shared Voice Network
Shooting Stars (Disability Forum)
Special Friends support group
Spectrum
St Andrews Hospital
St Marys Hospital
Teamwork Trust
The Bridge project
The Gathering Circle (FGM)
The Sanctuary Night Shelter
Time2talk
Together
University of Northampton
VOICE
Women's Aid



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