Perspectives of frontline practitioners on reducing criminal justice involvement of persons experiencing homelessness

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Background

- High rates of <u>police interactions</u> and <u>criminal justice involvement</u> among persons experiencing homelessness**:**
  - In Canada: Higher for individuals who identify as Indigenous, who use substances, and who experience victimization (Roy et al 2016a)**.**
- Consequences of justice involvement for individuals, communities and systems (Caton et al 2005; Copeland et al 2009; Frounfelker et al 2010)
  - Mental illness
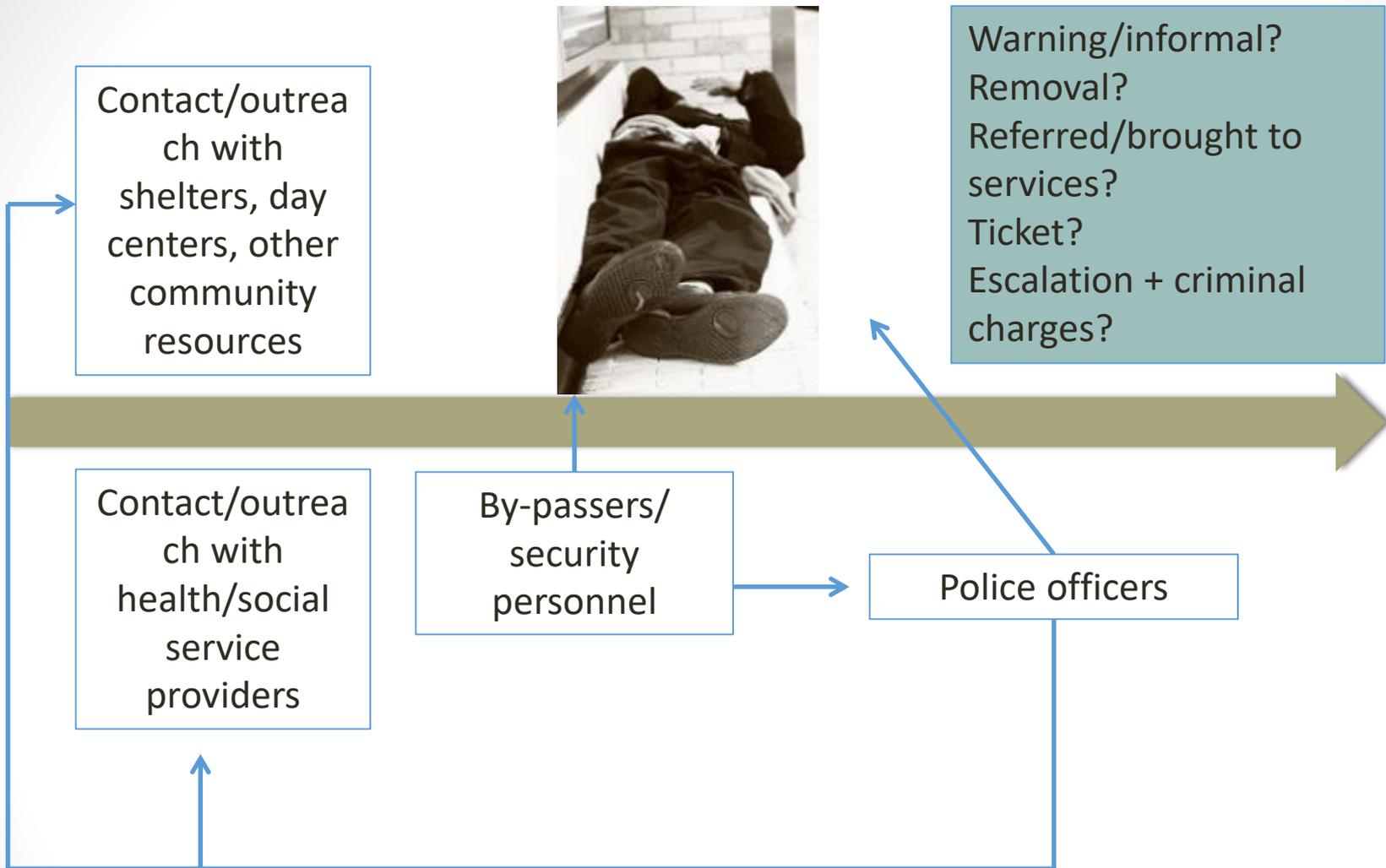- Impact of frontline services on diversion away from criminal justice trajectories (Roy et al 2016b) *– how?*

Visible behavior

POLICE

Ticket
OR
Escalation and criminal charge

Contact/outreach with shelters, day centers, other community resources

Warning/informal?
Removal?
Referred/brought to services?
Ticket?
Escalation + criminal charges?

Contact/outreach with health/social service providers

By-passers/ security personnel

Police officers

Complex practices, shared responsabilities

Research question

What are the perspectives of four groups of stakeholders on practices around criminal justice involvement of persons experiencing homelessness and mental illness?

- Persons experiencing homelessness
- Police officers
- Health and social service providers
- Community organization frontline service providers

What we did

- Six focus groups with 55 frontline service providers:
  - Some homogeneous and some mixed groups (8-11 participants/group)
  - 11 health and social service providers
  - 19 community organization service providers
  - 25 police officers (patrol and specialized)
  - Qualitative, descriptive thematic analysis with member checking and intersectoral reflexive meetings
- Individual interviews with service users → in progress

Overview of results

	Health/social/community service providers	Police
Helpful practices	Some similarities, mostly different practices	
Unhelpful practices/need for professional development	Some similarities, mostly different practices	
Organizational and policy issues	Almost identical	

1. Helpful practices

	Health, social, community services	Police
Common themes	1. Integrated police, justice, health and social service interventions, in particular EMRII (joint police/health & social service mobile team) 2. « Out of the box », informal integrated interventions or partnerships	
Specific themes	3. In-depth assessment of the service user's legal situation, its consequences, and risks 4. Building rapport and not being afraid to discuss legal/judicial issues 5. Community integration practices 6. Accompaniment and advocacy through the justice process	7. Sensitivity to specific aspects of street life (e.g. communication styles, pets, belongings) 8. Crisis intervention training (CIT) 9. Quick access to risk assessment team and/or trained officers

> *«With EMRII, we are always at the courts, and it's a real effective intervention strategy. And it really brings about change. We need to be there to talk to the attorneys,it's a lot of work, but we can suggest release conditions, we can suggest detention schedules. The other intervention teams don't have the means to do that. »*

themes	In particular EMRII (joint police/health~~...~~ ~~...~~ mobile team) 2. « Out of the box » integrated interventions or partnerships	
Specific themes	3. In-depth assessment of the service user's legal situation, its consequences, and risks 4. Building rapport and not being afraid to discuss legal/judicial issues 5. Community integration practices 6. Social support and assistance through the justice process - advocacy	7. Acknowledgement of and respect for specific aspects of street life (e.g. communication styles, pets, belongings) 8. Crisis intervention training (CIT) 9. Quick access to risk assessment team and/or trained officers

2. « Problem » practices

	Health, social, community services	Police
Common themes	1. Lack of legal and ethical knowledge to handle complex situations (e.g. transmission of information, informed clinical consent) 2. Challenge of intersectoral work/understanding other actors' intentions and actions 3. Role confusion	
Specific themes	3. Inability to offer well-informed judicial and legal advices; 4. Lack of knowledge of impact of complex (e.g. neurological) conditions on behaviors and risk 5. Community integration practices and support after episodes of incarceration	6. Police practices and legal framework for service users under NCRMD follow-up 7. Lack of follow-up mechanisms for individuals who do not fit EMRII/ « high need » profile 8. Practices causing internal tensions within police professional culture

> *«We want legal counselling. We don't have it. It's a problem. Sometimes we'd like to sit down and have a chat about a situation. I'm not an expert, I know some things, but we're really limited, with our knowledge, what we do, sometimes it's questionable, well...we would need legal counselling.»*

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3. Organizational and policy issues

1. Inadequate knowledge, implementation and timely use of civil mental health mechanisms (e.g. treatment orders) by doctors
2. Limited access to health, justice, social, and housing services for persons experiencing homelessness influenced by:
   - Multiple intersecting stigma
   - Multiple exclusion criteria (compliance, comorbidity, etc.)
   - Geographical disparities
3. Challenging and fragmented information transmission processes within and across systems
4. Incarceration processes inadequate for supporting the recovery of individuals who are homeless and/or have mental health issues
5. Lack of housing alternatives for individuals with behavioural problems

Health provider: « And I think Oh my God, he's going to get shot by the police, he's going to kill someone. We're really scared. And I try and look for the clinical team, any clinical team responsible for this person, and I get answers like: 'Oh well you've got to get the justice involved, you've got to have a NCR verdict.' And then I explain to the psychiatrist that in order to get a NCR verdict, he has to commit a crime, you know, and I, I'm trying to prevent a crime, sir. Can we act before the crime. And sometimes what I hear back is that they're too scared to do something. »

Police officer: « Well in the health care system, lots of them work with a person when they're compliant, but I think of some psychiatrists with whom I talked who said: you've got to get him a NCR verdict. And I think, you know, could you request a court order instead of…you know, before something bad happens, maybe you could put some kind of structure? He hasn't done anything criminal yet, maybe we don't have to get there.»

Discussion & limitations

- Working across sectors: Not a simple business
  - Maintaining one's professional identity while working on collective goals;
  - Meaning and interpretation of other actors' behaviours and use of justice system.

- Implementation of "helpful practices"

- Missing voices

Future research

- Need for in-depth examination of the processes involved in accessing mental health services for persons experiencing homelessness, voluntarily or not.

- Next steps of our research:
  - Organization of an intersectoral training session on legislative and ethical decision-making;
  - Evaluation of current frontline practices with the community sector (e.g. social accompaniment throughout judicial procedures).

Conclusions

- Results suggest many opportunities for partnerships between research and frontline services;

- Results support the use of diverse, flexible, individualized interventions to reduce criminal justice involvement;

- Service providers need an intersectoral space for dialogue and exchange around ethical tensions.

Questions?

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