

- Home
- Developing Well
- Children and young peoples wellbeing
- Children and young peoples wellbeing
- Child and adolescent mental health
- Child neglect
- Child Poverty
- Child Sexual Assault
- Child Sexual Exploitation
- Economic Resilience
- Looked After Children / Children In Need
- Parental Substance Misuse
- School Life
- Special Educational Needs
- Youth Offenders
- Children's Strategic Needs Assessment 2015

Home > Developing Well > Children and young peoples wellbeing > Youth Offenders

## Youth Offenders



Last Modified 13/06/2017 12:27:02

Share this page

**Blackpool Young Offender Health Needs Assessment - August 2014** (1.05 Mb)

### Introduction

Children and young people in contact with the youth justice system have more - and more severe - health and well-being needs than other children of their age. Many of the children and young people in contact with the youth justice system in Blackpool will also be known to children's social care and be among those children and young people who are not in education, employment or training (NEET). Due attention to their health needs should help reduce health inequalities and reduce the risk of re-offending by young people.

New health and well-being commissioning and partnership arrangements, and the need for a better understanding of the health and well-being needs of children and young people in contact with the youth justice system (YJS) in Blackpool have prompted this health and well-being needs assessment (HWBNA).

### Local Youth Justice - the context

The formal Youth Justice System (YJS) begins once a child or young person aged 10 or over (and under the age of 18) has committed an offence and receives a youth caution, a youth conditional caution or is convicted at court. However, some children and young people will be in contact with the police or the youth preventative/early support services even though they are not in the formal YJS. This is because:

- Children younger than 10 might have been identified as at risk of offending and be receiving preventive or early help services.
- Children and young people aged 10 or over might be involved with the police or preventative/early support services because of anti-social behaviour or because they have committed an offence that can be dealt with by the police without the need for referral to the Youth Offending Team (YOT).

The youth offending service in Blackpool is organised into three teams focused on different areas; reducing the numbers of first time entrants to the YOT, reducing reoffending, and reducing the use of custody. The YOT is a statutory multi-disciplinary partnership under the terms of the Crime and Disorder Act 1998. Staff are drawn from children's social care, health, education, police and probation.

Figure 1 shows the age and gender breakdown of those in contact with the YJS in Blackpool during 2012/13. In total 261 children and young people were in contact with the YJS during 2012/13.

**Figure 1 - Age and gender breakdown of those in contact with the Youth Justice System in Blackpool, 2012/13**

	Age (years)				Gender		Total
	10-14	15	16	17+	Female	Male	
Blackpool	65	59	58	79	56	205	261

### Methods

The HWBNA is based on information from a number of sources; desk research into national and local policy and context, an audit of a subset of 'Asset' forms which is a structured assessment tool used by Youth Offending Teams in England and Wales to identify any factors or circumstances, ranging from lack of educational attainment to mental health problems, which may have contributed to such behaviour, an audit of the other health assessment forms used in Blackpool and a description of the services currently available to young people within the young offending service.

### Key Findings

- The ASSETS and any associated notes for the last 50 young people who were referred to YOT prior to the 8th July 2014

were analysed. Only the data from the 44 young people who were subject to referral (29) or rehabilitation (15) orders are presented.

- 23% of 44 cases in audit had not had an ASSET completed.
- 86% of cases were male and 14% female.
- 30% of cases had a reported health condition. This included those with conditions such as Attention Deficit Hyperactivity Disorder, Asperger's Syndrome, and Autism.
- 40% had self-harmed or had suicidal thoughts. Despite this less than half of these young people were scored higher than 2 on the ASSET for emotional and mental health which triggers referral and the completion of the Screening Questionnaire Interview for Adolescents (SQIFA).
- 53% had previous contact with mental health services.
- Almost half (45%) of the young people had experienced bereavement.
- Almost half (48%) of the young people had experienced some form of abuse (physical, emotional or sexual).
- Two thirds (68%) were cannabis users either currently or in the past. In 2012/13, 34% (n=28) of referrals into Young Peoples specialist substance misuse services were from Youth Justice.
- Over a third of young people were either unemployed or had nothing arranged.

## National and Local Strategies

### National Level:

- **Healthy children, safer communities** (Department of Health, 2009) - This government strategy aims to promote the health and well-being of children and young people in contact with the youth justice system.

A series of reports describing the outcome of reviews carried out by the Healthcare Commission, Care Quality Commission and Her Majesty's Inspectorate of Probation have been published. These reviews looked at the role and input made by healthcare organisations in youth offending teams as it is recognised that children and young people who offend have more health needs than the non-offending population. Therefore healthcare organisations need to play a key role in youth justice services in their area in order to meet the health needs of the children and to minimise the extent to which these issues may be contributing to offending behaviour.

- **Let's Talk About It: A review of healthcare in the community for young people who offend** (Healthcare Commission, 2006)
- **Actions Speak Louder : A second review of healthcare in the community for young people who offend** (Healthcare Commission and Her Majesty's Inspectorate of Probation, 2009)
- **Re: actions: A third review of healthcare in the community for young people who offend** (Care Quality Commission, 2011)

The following inspection of youth offending work explored the work undertaken by Youth Offending Teams with young offenders who were also misusing alcohol.

- **Message in a Bottle: A Joint Inspection of Youth Alcohol Use and Offending** (Inspection by Care Quality Commission, HMI Probation, Healthcare Inspectorate Wales and Estyn, 2010)

The 2012 annual report of the chief medical officer includes a chapter on youth justice which describes the evidence for health and social inequalities for children and young people in the youth justice system, recommends the importance of a life course approach to strengthen the protective factors in children themselves and their surrounding environment.

- **Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. Chapter 12. Youth Justice**
- **Fair Society, Healthy Lives 2010 (The Marmot Review)** emphasises action to tackle social inequalities in order to reduce health inequalities
- **Public Health Outcomes Framework** (Public Health England) - Relevant indicators include three specifically related to criminal justice as well as many others that are pertinent to the health and wellbeing of young people.
  - First time entrants to Youth Justice System
  - Re-offending levels - Percentage of offenders who re-offend
  - Re-offending levels - Average number of re-offences per offender

### Local Level:

In May 2013, Blackpool youth offending services were inspected by HM Inspectorate of Probation. Their report included a number of comments relating to health and wellbeing needs.

- **Full Joint Inspection of Youth Offending Work in Blackpool 2013**
- **Blackpool Joint Health and Wellbeing Strategy 2013-2015** has compiled a number of priorities for action many of which are also priorities for the youth offending population. The following cross-cutting themes have also been identified:

- Safeguard and protect the most vulnerable
- Integrate services
- Focus on prevention, early intervention and self-care
- Increase/improve choice and control

## Recommendations

- The pathway of the young person through the health related aspect of the YJS in Blackpool is not clear. A formal procedure needs to be put in place that can be easily monitored.
- Health services that receive referrals from the YOT should record the source of the referral and these data should be made available to the YOT Partnership Board for monitoring purposes. More importantly data on health outcomes for young offenders should also be collected and reported.
- The proportion of young people who have self-harmed or had suicidal thoughts in this group is high at 40%. Despite this less than half of these young people were scored higher than 2 on the ASSET for emotional and mental health which triggers referral and the completion of the more detailed and comprehensive mental health assessment, SQUIFA. It is accepted that this is not the function of the ASSET but a formal referral process needs to be put in place to ensure that all young people who are known to have emotional and mental health issues are referred to appropriate health services. Ideally all young people in contact with the YJS should see the emotional and mental health specialist given the high rates of emotional and mental health problems seen in this group.
- Cannabis use is highly prevalent among this group. Referrals from YOT should be made to the specialist substance misuse service even if the offence is not linked to the individuals' substance misusing behaviour.
- The commissioning of substance misuse services for the YOT should be reviewed to ensure that youth offenders are being offered and accessing the whole range of services available. There are high levels of substance misuse in this group and it is important that specialist services are available to all young people at all times.
- Speech, Language and Communication Needs are not being met currently. There is no therapeutic service or specialist assessment currently in place.
- The Youth Justice Board is in the process of developing 'AssetPlus' to replace the current 'Asset'. AssetPlus is designed to provide a holistic end-to-end assessment and intervention plan, allowing one record to follow a young person throughout their time in youth justice system. A screening tool for Speech, Language, Communication and Neurodisability is available now and this tool should be used by the health specialists or YOT case workers prior to the roll-out of AssetPlus.
- Information sharing agreements and protocols should be drawn up between Blackpool YOT and all partners with whom they co-operate with and require information from including health agencies and children's social services.
- A formal arrangement for sharing health information should be put in place with all the relevant Young Offenders Institutions (YOI). The YOT should be informed by the YOI of all health interventions and any outstanding health issues upon their release to enable continuous provision of healthcare.

[↑ Back to top](#)

## Social Networks

 Follow us on Twitter



SUPPORTED BY  
**Blackpool Council**

Supported by  
  
**NHS Blackpool**  
 Clinical Commissioning Group