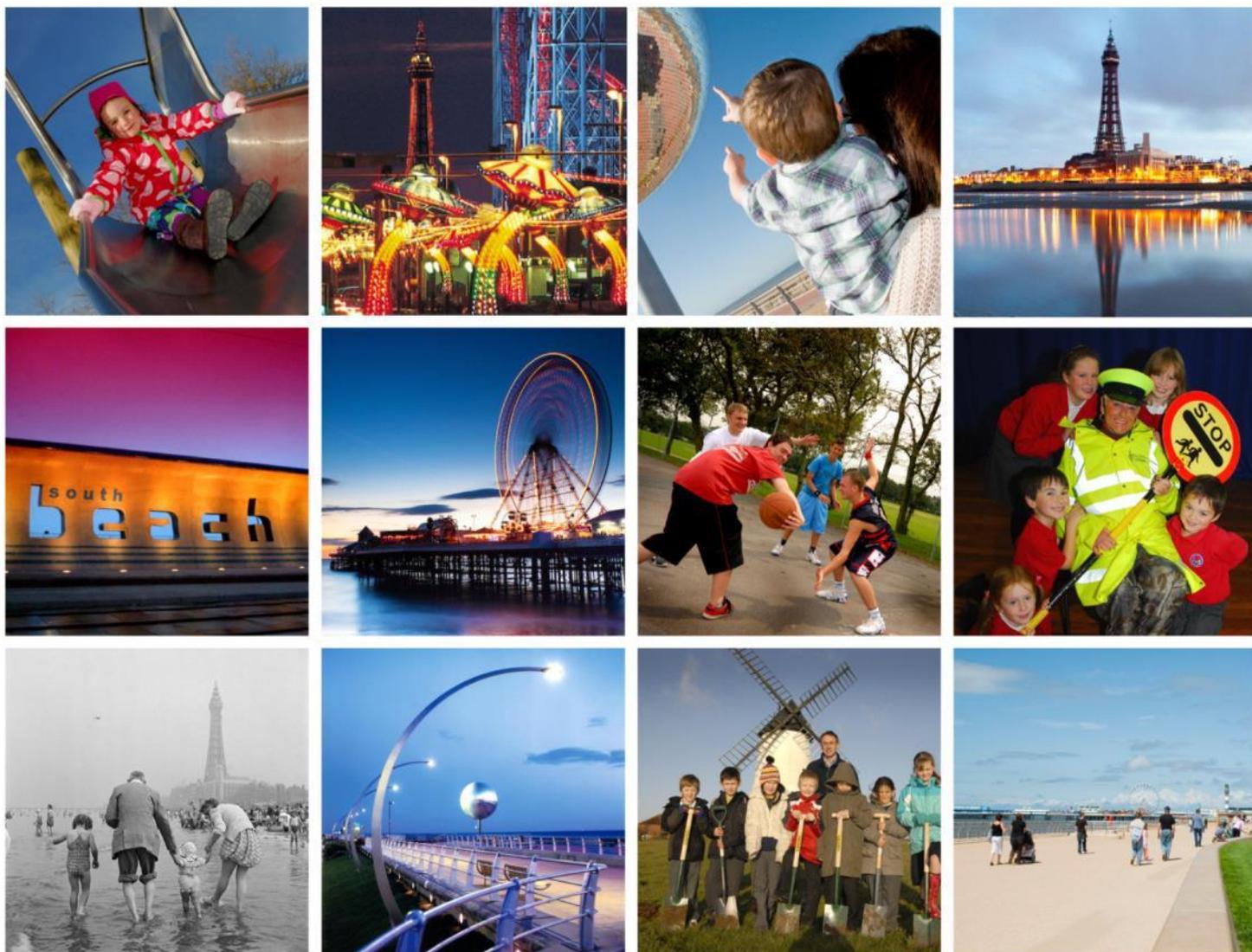


Blackpool Young Offender Health Needs Assessment

August 2014

Blackpool Council



EXECUTIVE SUMMARY

Background

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 Wellbeing Needs Assessment (HWBNA). The YOT Management Board also identified that carrying out a HWBNA is a priority in response to an independent inspection of youth offending work in Blackpool which was conducted by HMI Probation in May 2013.

It has been carried out in partnership by the Public Health Department in Blackpool Council and the Blackpool Youth Offending Service.

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 and 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

- 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
- 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 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.

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 board for monitoring purposes. More importantly data on health outcomes for young offenders should also be collected and reported. See Appendix 1 for summary of services.
- 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 SQIFA. 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.

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Scope of the HWBNA

This HWBNA was based on the Child and Maternal Health Observatory (CHIMAT) tool and available template for a HWBNA for the Youth Justice System in the community.

- This HWBNA was a desktop exercise using available data from established data sources supplemented with a case record review. The HWBNA comprised desk research into national and local policy and context, analysis of available data and service mapping. Stakeholder views were not be obtained or included at this stage but the active engagement of partners on the YOT's strategic management board will be incorporated as the project progresses, with a view to informing the self-assessment and planning process required for the 2014-15 Youth Justice Strategic Plan.
- Data was sourced from the following
 - YOT information system Childview which holds data on offenders obtained from ASSETs and SQIFAs for the last 3 years (population –offenders)
 - Blackpool population data held by public health department (population – young people in Blackpool)
 - National data available through CHIMAT (population – offenders)
 - Additional questionnaires/screening tools used by the three health professionals working for the YOT i.e. nurse, mental health specialist and substance misuse specialist.
- The HWBNA focused on offenders with referral or youth rehabilitation orders. Those with custody orders (~10%) were excluded from this analysis. Offenders with custody orders are a particularly vulnerable group and may be reviewed at a later stage.
- Description of current arrangements for access to other services including current referral process and criteria (if any) to health professionals, interventions from the YOT.
- There are approximately 150-200 YO each year. Data analysis was retrospective and used available data for the past three years (2011-2013).

INTRODUCTION

The purpose of a health and well-being needs assessment (HWBNA)

Health and well-being needs assessments are conducted so that commissioners can make plans for healthcare and other services, based on a sound understanding of current service provision and young people's needs. A HWBNA should enable a service to become more responsive to needs and also to identify newly-emerging needs. The end result should be an agreed action plan that is designed to improve outcomes, in this case for children and young people in contact with the youth justice system.

The purpose of this HWBNA

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 HWBNA. The YOT Management Board also identified that carrying out a HWBNA is a priority in response to an independent inspection of youth offending work in Blackpool which was conducted by HMI Probation in May 2013.

It has been carried out in partnership by the Public Health Department in Blackpool Council and the Blackpool Youth Offending Service.

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. They have often missed out on early attention to these needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships, bereavement, unstable living conditions, and poor or harmful parenting that might be linked to parental poverty, substance misuse and mental health problems ([Healthy children, safer communities](#), DH, 2009; [Evidence of needs paper](#), Ryan M and Tunnard J, 2011). 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. Due attention to their health needs should help reduce health inequalities and reduce the risk of re-offending by young people.

At national level, from April 2013, the Health and Social Care Act 2012 places responsibility for commissioning for health and well-being with NHS England, Clinical Commissioning Groups (CCGs), and local authorities. NHS England became responsible for commissioning all health services (with the exception of emergency care, ambulance services and out-of-hours services) for people in prisons (including youth offender institutions) in England. Responsibility for the commissioning of health services for children and young people in the community on court orders or released from secure estates lies with the CCG.

At the local level, from April 2013, Health and Well-being Boards will have strategic influence over commissioning for health and well-being by CCGs, local authorities and other bodies. This includes public health issues. Commissioning will be informed by the Joint Strategic Needs Assessment (JSNA)

and the joint health and well-being strategy. In addition, from November 2012 the local, elected Police and Crime Commissioners (PCC) will have a duty to co-operate with local authorities and health services to improve outcomes in relation to, among other issues, youth justice, health and safeguarding (section 10, The Police Reform and Social Responsibility Act 2011).

Defining 'health' and 'well-being'

In this document, **health** refers to both physical and mental health, and to the impact of substance misuse, although on occasions each aspect is considered separately.

There is a strong focus on **well-being**. For vulnerable children and young people, including those in contact with the youth justice system, well-being is about strengthening the protective factors in their life and improving their resilience to the risk factors and setbacks that feature so largely and are likely to have a continuing adverse impact on their long-term development. Well-being is also about children feeling secure about their personal identity and culture.

This use of the term 'health and well-being' is consistent with the World Health Organisation definition of health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It takes account, too, of the duty on agencies to co-operate to improve children's well-being: section 10 of the [Children Act 2004](#) places a duty to co-operate to improve children's well-being on the local authority, the police, the probation service, the youth offending team, the strategic health authority and primary care trusts, and Connexions partnerships.

Methods used

The HWBNA is based on information from a number of sources:

- desk research into national and local policy and context
- audit of a subset of ASSET forms and the other health assessment forms used in Blackpool for 44 young people in contact with YOT as a result of a referral order or youth rehabilitation order
- description of the services currently available to young people within the youth offending service

THE LOCAL YOUTH JUSTICE CONTEXT

Children and young people in contact with the youth justice system (YJS)

The YJS

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 YOT.

In Blackpool the number of children that were in contact with the YOT during the past three years are shown in Table 1. This compares with the population in Blackpool aged 10-18 years which totals 12,673.

Table 1: Number of young people in Blackpool that are in contact with the YOT: 2011-2014

Disposals from YOT Data Summary	2011-12	2012-13	2013-14
Pre-Court	213	133	86
1st Tier	211	160	140
Community	179	123	71
Custody	27	18	13
Number of First Time Entrants	2011-12	2012-13	2013-14
First Time Entrants	181	97	71
Number of Young People with a Triage Outcome	2011-12	2012-13	2013-14
Triage	66	141	189
Number of young people remanded by type	2011-12	2012-13	2013-14
Remand in Custody	15	6	2
Remand Local Authority Accommodation	3	2	2
Court Order Secure Remand	4	4	1

The youth offending service

The youth offending service (YOS)

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. The YOT in Blackpool has three health specialists, a seconded Nurse, an Emotional & Mental Health Worker and a named Substance Misuse Worker, wholly funded by the YOT budget, sited within the Young Peoples Substance Misuse Service, providing health services and referral to other health services.

In May 2013 Blackpool youth offending services were inspected by HM Inspectorate of Probation. The following comments relating to health and wellbeing needs were included in the final report.

Theme 1: Reducing the likelihood of reoffending

- “The involvement of health services in the assessment, planning and delivery of interventions was inconsistent, and was determined by the case manager independently of specialist oversight from any of the health partners. As a result, health needs were not always identified and children and young people did not always receive coordinated and timely care from the YOT health nurse or the emotional and mental health worker.”
- “Children and young people referred to the YOT substance misuse worker received good quality and timely assessments. Accessible interventions were delivered in a range of settings of the child or young person's choice (school, home and council buildings, including the YOT). The substance misuse worker supported caseworkers to deliver lower tiered interventions by providing them with a range of tools to enhance engagement and educated children and young people on substances.”
- “The substance misuse worker reviewed the child and young person's initial assessment, learning style questionnaires, statement of educational need and other health reports when deciding on the most appropriate interventions. This worker then delivered useful interventions such as harm reduction interventions, smoking cessation programmes, and sexual health advice and condom distribution. Children and young people benefited from the worker's close links to the child or young person's specialist prescribing services, the substance misuse nurse and peer advice, guidance and links with the adult substance misuse services and teams. “
- “Children and young people in the YOT experienced difficulties accessing and maintaining engagement with Children and Adolescent Mental Health Services (CAMHS). Despite being supported by a Memorandum of Understanding between CAMHS and the YOT, there was no prioritisation of this vulnerable group and the emotional and mental health worker had to refer into universal services, in line with other service users and often via their GP.

Furthermore, Tier 3 YOT clients, who had disengaged with CAMHS, often found themselves being supported less effectively by the emotional and mental worker while they secured a re-engagement into more appropriate services.”

- “We did not consider that there were effective systems to monitor outcomes and support continuous improvement. But there was good monitoring by the HUB (Blackpool substance misuse service for under-25 year olds) of the number and nature of YOT referrals into their service, which accounted for 19% of their service users. This was achieved by the YOT substance misuse worker recording on both HUB (Framework i and Lilly) and YOIS IT systems. This enabled the YOT substance misuse worker to directly feed into the National Drug Treatment Agency, the Treatment Outcomes Profile and sexual health data, but we did not see evidence of this information being used by the YOT.”

Theme 3: Protecting the child or young person

- “Over one-third of inspected cases did not have a sufficient assessment of vulnerability.”
- “We found evidence of duplication in health assessments. Case managers completed the initial assessment and consistently completed the YOT mental health screening tool with the child or young person. However, the mental health screening tool was not used to inform a Screening Questionnaire Interview for Adolescents (SQIFA) assessment or interventions by the specialist health practitioners who conducted their own individual assessments. The physical health nurse and emotional and mental health worker both conducted holistic assessments capturing family relationships, the child or young person’s emotional mental health, substance misuse, physical health needs, lifestyle and environment. One of the health assessment tools had not been approved by the relevant agency. Nor had either the physical health nurse or the emotional and mental health worker discussed or reviewed their full clinical caseload with their health manager.”
- “The YOT could not be assured that all risks and vulnerabilities had been correctly identified and appropriate referrals and interventions sought or delivered. This valuable information was not routinely used to inform risk and vulnerability assessments because health professionals were not invited to Vulnerable Management Meetings or Risk Management Meetings.”
- “Planning to address vulnerability was not considered sufficient in almost half of the inspected cases. A range of issues were missed including ETE, care arrangements and emotional and mental health.”

Theme 5 Governance

- “The underdeveloped nature of performance management meant that the YOT Management Board were unable to identify when they should be undertaking joint work

with partner agencies to tackle underperformance, and ensure improvements in service delivery were evidenced. For example, there was an absence of evaluative data on the performance of health services operating within the YOT and no outcome measures agreed between the health services and YOT to capture how they contribute to reducing reoffending by children and young people.

- “There was a lack of understanding at every organisational tier (health commissioners, YOT Board members, YOT managers, health/specialist professionals and caseworkers) of the roles, responsibilities and the interventions being delivered by the emotional well-being workers and health nurse. Case managers had only received training in alcohol and cannabis awareness including the recognition of substance misuse, the effects, risks, and harm reduction strategies and no training on physical or emotional mental health. The lack of understanding of the roles and responsibilities of the health professionals was further complicated by a duplication of roles with low tiered interventions designed at addressing self-esteem and anger management being delivered by the health nurse and emotional and mental workers. This conflict had not been identified by the YOT or health worker supervisors, who were unaware of the interventions being delivered to children and young people specifically in relation to anger management.”
- “Specialist health oversight of the health workers was inconsistent. The partnership agreement between the YOT and the NHS stipulated two hours of clinical supervision was to be provided each month to the emotional and mental health worker, but this was actually provided every six weeks. The Hub5 also provided annual leave, sickness cover and training to the YOT substance misuse worker. However, this supervision was not subject to a formal agreement, despite it being necessary to ensure the substance misuse worker could practice safely and effectively at Tier 3.”
- “However, it was the lack of involvement by CAMHS management to ensure appropriate cases were referred/retained that exposed the greatest risks for the children and young people and wider public.”

Equalities issues

Age and gender

In Blackpool, 261 children and young people were in contact with the YOT in 2012/13 (Table 2). Of these 65 were aged between 10 and 14 years while 75% were aged over 15 years. This is similar to the national picture where 77% are aged over 15. Over three quarters (78% n=205) are boys or young men compared to 81% nationally. Whilst the levels of vulnerability among all children and young people in contact with the YJS are high, those for girls and young women, and for younger boys, are particularly high ([Youth justice statistics 2012/2013](#)).

Table 2: Age and gender breakdown of those in contact with 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

Ethnicity

Blackpool has a smaller percentage of ethnic minority groups compared to England or the North West with 4.3% of the population identifying as being from a non-white ethnicity. Young people in the youth justice system are largely representative of the ethnic makeup of Blackpool with 97.7% of those in contact with YJS from a white ethnic background (Table 3). No offenders were from an Asian or Asian British ethnicity although this is the second largest ethnic group in Blackpool (2.1%).

Table 3: Ethnicity breakdown on those in contact with Youth Justice System in Blackpool and England, 2012/13.

Ethnicity	Blackpool	In contact with YJS in Blackpool n (%)	In contact with YJS in England (%)
White	95.7%	255 (97.7%)	81%
Mixed	1.0%	5 (1.9%)	3%
Black or Black British	0.6%	1 (0.4%)	8%
Asian or Asian	2.1%	0 (0%)	4%

British

Other	0.6%	0 (0%)	1%
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The national context

Of those children and young people supervised by YOTs in 2012/13, 81 per cent were from a White ethnic background. There is an over-representation within the YJS of children and young people from a Black ethnic background (8%, compared to 3% of the general population aged 10-17) but an under-representation of young people from an Asian ethnic background (4%, compared to 7% of the general population) (Youth justice statistics 2012/2013).

Disability

There are no national data on the proportion of children and young people in contact with the YJS who have a disability i.e. a learning disability or physical disability. This information is not currently routinely captured.

Sexual Orientation

There are no national data on the sexual orientation of young people in contact with the YJS. It should also be remembered that this is an age group which may be exploring their own sexuality. In Blackpool it is estimated that 7% of the population overall are Lesbian/Gay/Bisexual and Transgender (LGBT).

Main policy drivers for health-related youth justice work

The main policy drivers and policy context for responding to the health and well-being needs of children and young people in contact with YJS include:

National Level:

- Children Act 2004 (sections 10 and 11).
<http://www.legislation.gov.uk/ukpga/2004/31/contents>
- *Healthy children, safer communities* 2009. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109772.pdf
- *Let's Talk About It: A review of healthcare in the community for young people who offend*. Healthcare Commission, 2006. <http://www.chimat.org.uk/resource/view.aspx?RID=124231>

- *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. <http://www.chimat.org.uk/resource/view.aspx?RID=64816>
- *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. http://www.cqc.org.uk/sites/default/files/documents/inspecting_youth_offending_thematic_-_alcohol_misuse_-_message_in_a_bottle.pdf
- *Re: actions: A third review of healthcare in the community for young people who offend.* Care Quality Commission, 2011. <http://www.chimat.org.uk/resource/view.aspx?RID=111611>
- *Fair Society, Healthy Lives* 2010 emphasises action to tackle social inequalities in order to reduce health inequalities
- *Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. Chapter 12. Youth Justice.* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252662/33571_2901304_CMO_Chapter_12.pdf
- *Report of the Children and Young People's Outcome Forum 2012.* <http://www.chimat.org.uk/resource/view.aspx?RID=132558>
- *Public Health Outcomes Framework 2012.* 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:

- *Full Joint Inspection of Youth Offending Work in Blackpool 2013* <http://www.justice.gov.uk/downloads/publications/inspectorate-reports/hmiprobation/youth-inspection-reports/inspection-of-youth-offending-fjs-sqs/blackpool-fji-report-2013.pdf>
- *Blackpool Joint Health and Wellbeing Strategy 2013-2014* 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

HEALTH AND WELL-BEING NEEDS

Health and well-being needs of children and young people

Sources of information about needs

The data presented in this chapter has been obtained from analysis of ASSET forms and additional notes provided by the nurse. Data on the general population in this age group for Blackpool and the national YIS are provided for comparison where appropriate and available.

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. Just 34 out of the 44 cases had had an ASSET completed. In addition aggregate data from the ASSET sections- Substance Use, Physical Health and Emotional Mental Health for the years 2010/11- 2012/13 were available.

Data obtained from the ASSETs should be interpreted with caution as the ASSET is completed and scored to assess the potential risk of re-offending and does not necessarily consider the overall health and well-being of the young person.

The demographic breakdown of the cases included in the audit are presented in the table below. 38/44 (86%) were male and 6 (14%) female. The ages ranged from 14 to 18 (see table 4).

Table 4: Audit cases by age and gender

Age	Male	Female
14	6	2
15	7	0
16	8	0
17	11	3
18	6	1
Total	38	6

Summary of this section about health needs

1. Physical health needs
2. Emotional and mental health needs
3. Substance misuse needs
4. Needs related to social vulnerability factors

1. Physical health needs

Data on physical health needs was obtained from the Blackpool YOT Health Assessment Tool which was developed by the nurse seconded to the YOT. This tool is not a standardised national tool but is fairly comprehensive (see Annex 1). Unfortunately data are not recorded in any systematic electronic format and therefore are not easily accessible electronically.

In Blackpool, 13/44 (29.5%) had a reported health condition. This included those with conditions such as ADHD, Asperger's Syndrome, and autism. In 2012/13 according to the ASSET forms just 9/121 (7%) people were identified as having a health condition which significantly affected everyday life functioning. For comparison in one London borough YOT an audit of 70 cases found that 36% had a chronic health condition ([Meeting the health needs of young offenders](#), Bekaert S, 2008).

The national context

There is a lack of data on the range and extent of physical health problems among children and young people in contact with the YJS, particularly those in the community. Information about the physical health needs of children and young people in custody indicates that they have significantly more physical health problems than the general population of young people, and that they have received less in the way of health promotion, screening and preventive services than their non-offending peers. This evidence suggests that physical health needs among children and young people in contact with the YOT are likely to be high ([Healthy children, safer communities](#), DH, 2009; [Evidence of needs paper](#), Ryan M and Tunnard J, 2011).

Immunisations and vaccinations

The immunisation status of 18 (41%) children was not known or missing. Of the 26 children with known immunisation status 24 (92.3%) were up to date with the immunisations as recommended in the UK routine immunisation schedule with 2 (6.7%) only partially immunised.

Coverage of the HPV vaccine for Year 8 girls in Blackpool is currently 87.2% (12-13 year olds, cohort 10). Data was not available for coverage of the DTP/Men C booster given at age 13-15 years.

Sexual health

Blackpool has one of the highest teenage pregnancy rates in England. In 2010, approximately 50 girls aged under 18 conceived for every 1,000 of the female population aged 15-17 years in Blackpool. This is higher than both the regional and England average.

Only 6 girls were included in the audit so the sample size is too small to draw any conclusions about pregnancy, history of terminations or the use of contraception in this group.

Two young people had a history of STIs but this must be considered in the context of very low screening and STI testing that was recorded for this group.

The national context

Transmission of sexually-transmitted infections, and teenage pregnancy, are important issues related to sexual health in adolescents. Young people (aged 15-24) have the highest rates of sexually transmitted infections with 64% of chlamydia, 54% of genital warts, and 55% of all gonorrhoea infections diagnosed in genitourinary medicine clinics in England in 2012 occurring in this age group (PHE, 2013).

Information from HWBNAs of young people in secure settings identifies sexually-transmitted infections as one of the main physical health problems of young people.

Oral health

Four cases were identified as having no dentist or needing a dentist in the audit.

Dental health amongst children in Blackpool is considerably worse than average (www.blackpooljsna.org.uk). Almost half of twelve year olds (43%) in Blackpool have at least one decayed, missing or filled teeth (DMFT). The average number of DMFT these children have is 2.49. Again this is higher than the national average of 33.4% having an average 2.21 DMFT.

The national context

There is limited information about the oral health of children and young people in contact with the YJS but there is evidence from HWBNAs carried out for young offender institutions (YOIs) that dental health is one of the main physical health problems of young people in custody. There is also a poor attitude to dental health, often reflecting poor knowledge and awareness of dental hygiene. The need for dentistry in the secure estate is estimated to be four times higher than in the general population of the same background.

Sight and hearing

No issues were recorded in the audited cases.

Weight, diet and exercise

No data on this was available from the audit. In Blackpool, 9.4% of reception year children are measured as obese, and 19.0% of year 6 children, these rates are similar to the national average (JSNA Blackpool).

The national context

A third of children and over 60% of adults in England are either overweight or obese. Being overweight increases the risk of diabetes, cancer, heart and liver disease. Rising levels of obesity in both adult and young people in the UK is a major public health problem and there are also clear health inequalities with respect to obesity.

Long-term health conditions

Physical health conditions identified in the audit include asthma (3 cases), eczema (1 case), and 4 cases of rare conditions or disorders.

The national context

A review of the health needs of 16 to 20-year-olds in custody found that about a quarter of male and a third of female young people reported a long-standing physical complaint, of which respiratory problems were the most common.

Table 5 shows the ASSET data for the physical health section for a three year period.

Table 5: ASSET Physical Health Data 2010/11-2012/13

	2010-2011	2011-2012	2012-2013
Health Questions	Number	Number	Number
Health condition which significantly affects everyday life functioning	7	7	9
Physical immaturity/delayed development	5	3	7
Problems caused by not being registered with GP	3	2	1
Lack of access to other appropriate health care services (e.g. dentist)	18	8	5
Health put at risk through his/her own behaviour (e.g. hard drug use, unsafe sex, prostitution)	24	16	20
Other problems (prescribed medication, binge drinking, obesity, poor diet, smoking, hyperactivity, early or late physical maturation)	48	24	29
Asset Scores	2010-2011	2011-2012	2012-2013
0	159	92	104
1	10	7	13
2	2	1	2
3	0	0	0
4	0	0	0
Missing data	5	3	2
Total	176	103	121

2. Emotional and mental health needs

The Youth Justice Board (YJB) assessment tool, Asset, has a section on emotional and mental health. If a child or young person scores 2 or more in this section of Asset, YJB guidance requires the completion of a more detailed mental health screening (using a tool called SQIFA) and, if necessary, a detailed mental health interview by YOT health worker (using a tool called SIFA).

In Blackpool, 35% (12/34) young people scored 2 or more in the ASSET but 18 cases actually had a SQIFA completed. The YOT worker in Blackpool generally completes the SQIFA not the health specialist. The health specialist does not have a formal separate assessment tool but some young people are assessed using the CAMHS referral form as the basis for the assessment. This form however is focused on mental health and not emotional and behavioural health.

More than half of the cases in the audit (16/30) had previous contact with mental health services.

Emotional and mental health needs in general

Mental health problems in children do not manifest themselves as clearly as they do in adults. They can emerge in ways that are less easily defined or diagnosed – for example, through behaviour problems and emotional difficulties, substance misuse and self-harm. This can lead to under-estimates of the extent of mental health problems among groups of children and young people.

Young people who offend are thought to be at higher risk of mental health problems due to three main reasons: (a) the risk factors leading to offending behaviour also predispose to mental health problems – inconsistent and harsh parenting, problematic behaviour, and deprivation; (b) offending behaviour itself may cause mental health problems; and (c) the stress of interactions with the youth justice system, particularly being in custody, may lead to anxiety and depression and exacerbate other mental health problems (The mental health of young offenders. Bright futures: working with vulnerable young people, Hagell A, 2002).

Risk factors for mental health problems

There is a clear overlap between the risk factors for the development of mental health problems and those for offending behaviour. The risk factors include lax, inconsistent, neglectful or punitive parenting, and parental mental health or substance misuse problems. Family-based problems such as these, particularly when experienced in the first two years of life, can adversely affect the development of the brain, can lead to problems with attachment, and can have long-term consequences for mental health.

Co-morbidity

Studies show that children and young people in contact with the YJS frequently experience two or more disorders at the same time, for example conduct disorder with depression, or conduct disorder with depression and/or attention deficit disorder. There is also evidence of the co-occurrence of

mental health problems with learning disability and with substance misuse. Young people with hazardous drinking or drug misuse problems are more likely to have three or four other disorders. Rates for multiple disorders are particularly high amongst young women in custody.

Specific disorders

Prevalence of specific disorders

When considering problems that can be diagnosed, the most common disorders among children and young people in contact with the youth justice system are conduct disorders, followed by anxiety and depression. The prevalence rates for attention disorders, post-traumatic stress disorder (PTSD), self-harm, emerging personality disorder and psychosis are notably higher than in the general population. In relation to the YJS overall, mental health needs are three times greater for these young people than for their peers in the general population, with increasing severity and complexity of need for those in custodial settings ([Healthy children, safer communities](#), DH, 2009; [Evidence of needs paper](#), Ryan M and Tunnard J, 2011).

Conduct disorders

Studies show that the prevalence of conduct disorder, among those children and young people in contact with the YJS who end up in custody, is far higher than among the general population ([Evidence of needs paper](#), Ryan M and Tunnard J, 2011). There is clear evidence from longitudinal studies that early onset of conduct disorder (under age 10) is particularly likely to result in persistent difficulties and poor outcomes, including offending. There is also evidence indicating that children and young people whose conduct problems are below the threshold for a clinical diagnosis also face an increased likelihood of adverse outcomes. One study estimated that around 80 per cent of all criminal activity is attributable to people who had conduct problems in childhood and adolescence, including about 30 per cent specifically associated with conduct disorder ([Childhood mental health and life chances in post-war Britain](#), Richards M, Abbotts R et al, 2009).

Hyperactivity

Although there are no specific questions in ASSET asking about hyperactivity and attention problems, we found information recorded about this in the sections on education, mental health, health, and in the nurse's assessment. Overall, 9% (4/44) of young people had ADHD recorded somewhere on their file. A previous audit in Blackpool had found that 13% (13/99) of young people had a confirmed diagnosis of ADHD although it was noted that there were a further three reported cases of ADHD which upon investigation had not been formally diagnosed.

Self-harm, and suicide thoughts or attempts

Almost two-fifths (39%) of young people in this audit (11/28) had self-harmed (4 girls, 7 boys). Only six of them scored 2 or more on the ASSET for emotional health.

Rates of self-harm have increased in the UK and are much higher among adolescents and young adults. In 2011/12 the rate of hospital admissions for self-harm in Blackpool among children aged

under 17 was 311.9 per 100,000 population which is significantly worse than the national average (child health profile 2013).

The same proportion of young people in the audit had attempted suicide or had suicidal thoughts either currently or in the past (39%; 9/23). Less than half (4/9) of these scored 2 or more in the ASSET section on emotional health.

National context

Suicide is the second largest cause of death after road traffic accidents among young people aged 15-24. Although the number of deaths in young people is low, suicide accounts for a high proportion of these deaths. The risk of suicide among children and young people is much higher if they are in contact with the youth justice system (and are separated from their families), and if they have mental health or substance misuse problems and/or have experienced abuse or neglect. YJB data shows that, in 2011, 18 young people under the supervision of a YOT and living in the community died as a result of suicide or accidental death (some likely to be linked to reckless or risk-taking behaviour), and there were 119 cases of attempted suicide ([Youth Justice Statistics 2011/12](#)). More recent data is not available due to a change in the way information is recorded.

Learning disability

The definition of learning disability in Valuing People 2001 is:

- a significantly reduced ability to understand complex information or learn new skills (impaired intelligence), with
- a reduced ability to cope independently (impaired social functioning), and
- a condition which started before adulthood (18 years of age), and has a lasting effect.

(Valuing people: a new strategy for learning disability for the 21st century, DH, 2001)

Among the young offenders where the information was recorded 27% (8/30) had special educational needs identified which is slightly lower than the local population. Blackpool has a significantly higher prevalence of children with learning difficulties known to schools (32% compared to 24% nationally) (see figure 1).

No formal assessment of learning disability is made by the YOT. Therefore young people may have a learning disability but not been diagnosed formally or have a statement of educational needs.

Figure 1: Learning Disabilities Profile, Blackpool, 2013

Population	Period	Local value	Eng. value	Eng. lowest	Range	Eng. highest
1 Adults with learning disability known to GPs	2011-12	5.71	4.54	2.08		7.66
2 Adults (18 to 64) with learning disability known to Local Authorities	2011-12	5.53	4.27	2.36		8.63
3 Children with autistic spectrum known to schools	Jan2012	6.91	8.17	2.36		19.71
4 Children with moderate learning difficulties known to schools	Jan2012	26.38	19.65	6.50		51.36
5 Children with severe learning difficulties known to schools	Jan2012	4.80	3.65	1.09		7.53
6 Children with profound and multiple learning difficulties known to schools	Jan2012	0.93	1.23	0.00		4.02
7 Children with learning difficulties known to schools	Jan2012	32.11	24.53	9.57		58.31

National context

Given the difficulties in identifying mild or moderate learning disabilities, and the lack of appropriate screening tools, there are no exact figures for the number of children and young people in the YJS who have a diagnosed learning disability.

Acquired brain injury (ABI)

No information was available from the case records.

National context

Acquired (or traumatic) brain injury (ABI) has recently become an issue of concern within the youth justice system. Moderate to severe ABI (involving loss of consciousness for over half an hour) has wide-ranging cognitive and behavioural consequences which can have a long-term impact. A study looking at self-reported rates of ABI among children and young people in contact with the YJS indicated a moderate to severe level in 16 per cent of the sample. There was also evidence of a significant relationship between three or more reported incidents of ABI and the severity of violence in offences committed ([Self-reported traumatic brain injury in male young offenders: a risk factor for re-offending, poor mental health and violence?](#), *Neuropsychological Rehabilitation* 20(6), Williams HW et al, 2010).

Autism spectrum conditions

Two young people in the audit had an autism spectrum condition recorded which is higher than the general prevalence among children which is thought to be 1 in 100.

There is lack of data on the prevalence of children and young people in the youth justice system with autism spectrum conditions. Some studies suggest a relatively low involvement with offending whilst others suggest an over-representation relative to the number of those with autism spectrum conditions in the general population (although prevalence in the general population is itself unclear). Nevertheless, there is agreement that children and young people on the autism spectrum who come into contact with the YJS as perpetrators of offences are likely to experience additional distress and difficulty because of their condition ([Evidence of needs paper](#), Ryan M and Tunnard J, 2011; [NICE](#)

[guidance for medical staff; Asperger's syndrome and the criminal justice system](#), *Good Autism Practice*, 8(1), Allen D et al, 2007).

Other issues

Other conditions that were recorded in the audited cases were psychosis, post-traumatic stress disorder and pathological avoidance syndrome (one case of each).

The national context - sexually harmful behaviour

The research review into sexually harmful behaviour carried out for the YJB noted that young people who commit sexual offences have frequently experienced sexual, physical or emotional abuse. A significant proportion show poor social competence and high impulsivity, have learning difficulties or disabilities, and are coping with a disrupted and neglectful family background ([Young people who sexually abuse: source document](#), YJB, 2008).

The national context - emerging personality disorder

There is a lack of data on the overall prevalence of emerging personality disorder among young people in contact with the YJS, but the prevalence of conduct disorder among this group might be an indication of the size of the problem because, untreated, a significant number of young people with conduct disorder go on to develop personality disorder.

Table 6: ASSET data on emotional health, 2010/11- 2012/13

Emotional Mental Health Questions	2010-2011	2011-2012	2012-2013
Coming to terms with significant past event/s (e.g. feelings of anger, sadness, grief, bitterness)	70	37	55
Current circumstances (e.g. feelings of frustration, stress, sadness, worry/anxiety)	66	39	45
Concerns about the future (e.g. feelings of worry/anxiety, fear, uncertainty)	45	30	37
Has there been any formal diagnosis of mental illness?	14	14	14
Any other contact with, or referrals to, mental health services?	65	36	44
S/he is affected by other emotional or psychological difficulties (e.g. phobias, eating or sleep disorders, suicidal feelings not yet acted out, obsessive compulsive disorder, hypochondria).	24	19	20
S/he has deliberately harmed her/himself.	31	16	20
S/he has previously attempted suicide.	10	6	10

Asset Scores	2010-2011	2011-2012	2012-2013
0	68	45	39
1	44	20	34
2	42	23	25
3	13	11	11
4	3	1	3
Missing data	6	3	9
Total	176	103	121

3. Substance misuse needs

The substance misuse specialist at Blackpool YOT also uses the assessment tools developed locally by The Hub. These include a comprehensive assessment, risk assessment and a further assessment if young offender has a child. These tools are compliant with the Public Health England (formerly National Treatment Agency) and the National Drug Treatment Monitoring System (NDTMS) data collection. The data from the assessments of young offenders are currently entered into Frameworki (the Hub data system) as these fields are not available on YOIS.

Substance misuse in general

There are high levels of smoking, drinking and illegal drug misuse among young people in contact with the YJS. There is also often an overlap between substance misuse and mental health problems. Consumption of alcohol and drugs are key risk factors associated with offending for 10 to 15-year-olds.

Tobacco and Alcohol

Smoking is the greatest cause of preventable illness and premature death in the UK. Increasing numbers of young people are starting to smoke, with 450 starting every day. 200,000 young people in England aged nine to 15 are smokers. By age 15, 26 per cent of girls and 21 per cent of boys are smokers, and they are highly likely to continue smoking in adulthood. Smoking hits poorer people harder, widening inequalities in health among social groups. Almost three-quarters of those audited were currently smoking or had smoked in the past.

The *Statistics on Alcohol report for England, 2013* found that 45% of the children aged 11-15 surveyed in secondary schools had drunk alcohol at least once, with boys and girls equally likely to report consumption. There was a decline the proportion that had drunk in last week to 12%, in comparison with 26% in 2001, and also in the frequency of consumption. For more information about alcohol consumption and attitudes to drinking please refer to the Blackpool Alcohol Health Needs Assessment (<http://blackpooljsna.org.uk/library-of-reports/lifestyle/alcohol/>).

In Blackpool YJS over 85% of those audited were drinking alcohol. Only three of the young people appeared to have had a brief alcohol audit conducted. No comparable national data are available

but research into young people within the secure estate (age 12 to 18) found that over 60% drank alcohol daily or weekly and 66% reporting binge drinking.

Other drugs

Substance misuse in young people should be taken in the context of ‘normal’ risk taking and adolescent behaviour. Sixty-five (65) per cent of adolescents will experiment with illegal drugs, mostly cannabis, with only 4 per cent moving on to regular misuse and long-term problems.

Risk factors for regular drug misuse include living in an area where substance misuse is prevalent; experiencing exclusion factors such as truancy, offending behaviour and unemployment; experiencing social vulnerability factors including neglect, abuse or domestic conflict; and psychiatric, conduct or emotional disorder.

Two thirds (68%) of young people in the audit were cannabis users either currently or in the past. A fifth had used cocaine while around 8% used solvents, amphetamines or bubble. Heroin was not used by this group. Almost a quarter were polydrug users i.e. they used two or more illegal substances not including tobacco or alcohol. These proportions are slightly lower than the national data although these data refer to those in the secure estate where 75% had used cannabis while ecstasy, cocaine and amphetamines were used by between 25 and 35%. ([Substance misuse services in the secure estate](#), YJB, 2009). Only 39% scored 2 or more on the ASSET form for substance misuse.

In Blackpool there is a specialist treatment service (The Hub) for young people under the age of 25 years. This service provides a central point of contact for initial introduction to treatment for all drug and alcohol users under the age of 25 years. In 2012-13, 34% (n=28) of referrals into Young Peoples specialist substance misuse services were from Youth Justice. A fuller analysis of drug use in the wider Blackpool population and nationally is published in the Blackpool Drug Health Needs Assessment (<http://blackpooljsna.org.uk/library-of-reports/lifestyle/substance-misuse/>)

Table 7: ASSET data on substance misuse, 2010/11-2012/13.

Substances Used	2010-2011		2011-2012		2012-2013	
	Recent Used	Ever Used	Recent Used	Ever Used	Recent Used	Ever Used
Tobacco	123	17	64	16	74	10
Alcohol	94	41	46	33	48	33
Solvents	1	7	0	4	2	1
Cannabis	68	45	48	28	49	25
Ecstasy	8	21	4	5	2	5
Amphetamines	2	17	2	4	0	9
LSD	0	5	0	0	0	1
Poppers	3	15	2	5	1	5
Cocaine	2	26	2	8	2	10
Crack	0	1	0	0	0	0

Heroin	0	1	0	0	0	0
Methadone	2	3	2	1	0	0
Tranquilisers	1	5	2	2	1	4
Steroids	0	1	1	1	1	0

Asset Scores	2010-2011	2011-2012	2012-2013
0	77	40	48
1	33	23	21
2	40	27	30
3	21	11	13
4	0	0	6
Missing data	5	2	3
Total	176	103	121

4. Needs related to social vulnerability factors

Summary information

There is evidence that many children and young people in contact with the youth justice system have a background of severe social exclusion. This makes it more likely that they will experience risk factors linked both to offending and the development of mental health problems, and so compound the disadvantages they were already facing.

Children and young people in contact with the YJS are more likely than other young people to be victims of crime, to have a parent in prison, and to have been exposed to bullying. Bereavement and loss feature significantly in their life. The proportion of young people in custody who have experienced serious maltreatment within their family is twice that of the population as a whole and many children and young people in the YJS have been in contact with children's social care or have been looked after. Finally, young people in the YJS are more likely to be young parents themselves, in comparison with the general population.

Bereavement and loss

Almost half of the young people in Blackpool had experienced bereavement (45%; 14/31). This is ten times higher than within the general population where 4% experience bereavement. It is also significant higher than found in a study of persistent young offenders where 17% had lost a parent and that these bereavements were disproportionately traumatic or violent. (Vaswani, N. (2008). Persistent Offender Profile: focus on bereavement. Glasgow: Criminal Justice Social Work Development Centre for Scotland.)

There is some limited evidence to suggest that a lack of support for children and young people experiencing the grief of bereavement can contribute to offending behaviour. In addition, many children and young people in contact with the YJS experience the loss of significant relationships through family breakdown, through becoming looked after, or through siblings being adopted.

Experience of abuse

Almost half (48%) of the young people in Blackpool YJS had experienced some form of abuse (physical, emotional or sexual).

Children in need or looked after

Eight young people were reported to be looked after children (LAC).

Although there is a lack of precise data on the number of children and young people in the youth justice system who have also been in contact with children's social care services as a child in need or a looked after child, the evidence indicates considerable overlap between these groups.

Research carried out in 2007 looking at the accommodation needs of children and young people in the YJS found that 71 per cent of the sample had a social worker, indicating that their case was open to children's social care. A recent review of young people in YOIs found that 24 per cent of young men and 49 per cent of young women had been looked after at some point. Other sources suggest that around 40 to 49 per cent of all young people in the YJS (including those in the community, and those across all ages) are, or have recently been, looked after children.

Speech, language and communication needs

Only one young person in Blackpool YJS had reported speech and language difficulties. There is though currently no formal assessment in place.

National context

There is evidence of higher levels of speech, language and communication problems amongst young people in custody. One small study of young people in a YOI showed that up to 73 per cent had language test scores that were significantly below those expected for their age group. A follow-up study in another YOI showed that over half of the 58 young people assessed scored within the 'poor or very poor' range in terms of their speech (67%) and listening skills (62%), rates that are about six times higher than in the typical adolescent population. The researchers' view was that around 40 per cent of these young people would have difficulty benefiting from verbally-mediated interventions such as anger management, offending behaviour programmes and substance misuse courses. (Bryan K (2004) [Preliminary study of the prevalence of speech and language difficulties in young offenders](#). *International Journal of Language & Communication Disorders* 39 (3): 391-400; Bryan K, Freer J and Furlong C (2007) [Language and communication difficulties in juvenile offenders](#). *International Journal of Language & Communication Disorders* 42 (5): 505-520.)

Education, training and employment

Over a third (37%) of young offenders were either unemployed or had nothing arranged (n=11/30). Of those who were of school-age (n=14) three (21%) were in mainstream school with 65% (n=9) in either special schools or the pupil referral unit.

Homelessness

Only one young person included in this review was considered to live in unsuitable accommodation with no one classified as being homeless. Over two-thirds (69% 22/32) of young offenders were living in the family home or with family members.

Victim of bullying

Over a quarter (27%) of those with information recorded had been victims of bullying (n=8/30), with 13% admitting to bullying.

CURRENT SERVICE PROVISION

Healthcare services through youth offending teams (YOTs)

In recognition of the high levels of physical and mental health problems among children and young people in contact with the youth justice system, the legislation that underpins the YJS places duties on PCTs to contribute to the YOT budget and to provide or nominate a member of the YOT team (section 39 of the [Crime and Disorder Act 1998](#)). From April 2013 this duty will apply to Clinical Commissioning Groups (Schedule 5, Part 1 of the Health and Social Care Act 2012).

The YOT in Blackpool has three full-time health specialists, a seconded Nurse, Emotional & Mental Health Worker and Substance Misuse Worker, providing health services and referral to other health services.

The current “health specialists” are managed by a single Operational Team Manager. The YOT has a single health practitioner (school nurse) seconded full time into the service. The post is subject to a Memorandum of Understanding which sets out the arrangements for a day-to-day operational management by the YOT, with tri-partite supervision quarterly with a manager from the Teaching Hospitals Trust.

The YOT fully funds a named Substance Misuse Worker post based in the Young Peoples Substance Misuse Service as the “Named Worker”.

A full-time Emotional Wellbeing/Mental Health Officer is employed by the local authority within the YOT structure and budget.

Links with universal, targeted and specialist children’s services

A partnership agreement with CAMHS is in place to ensure a direct referral process for YOT cases and mental health interventions within court orders and a separate contract is in place for the provision of clinical supervision. The lack of corresponding arrangements with adult mental health services for 16 and 17 year olds has been highlighted by the YOT’s Multi-Agency Operational Group.

Accessibility of services

The young people attending the YOT have access to and are supported by the health workers to engage with or are directly referred to a wide variety of services available in Blackpool. However the waiting times for the services do vary. The Nurse seconded to YOT is now able to transport young people in her car, to attend appointments (this has only been sanctioned in the last six months).

Logging information about service users

The Hub, young people's substance misuse service, collects information about the source of referrals. Sexual health services and the Family Nurse Partnership do not record a YOT referral. The data where collected are not used for monitoring and performance management.

Referrals and pathways

There are no current processes in place for screening and referral of young people in police custody into health services.

The referral process and pathway if in place are described under each service section below. These vary from direct referrals by the YOT health workers via letter, a non-specific referral process for YOT to signposting services.

Information sharing

There are no specific information sharing protocols between YOT and any other organisations e.g. police, NHS trusts and local authorities to enable the sharing of information about children in contact with the YJS.

Co-ordination of services

Currently co-ordination and integration of the work of the health specialists with the case workers is limited for example health specialists are not invited to case management meetings. The referral process used by the YOT case workers to the health specialists is not clearly set out or monitored.

Blackpool YOT is currently finalising their response to the HMI Probation report's recommendations prior to implementation. This is due to include improved integration of the YOT health specialists into the assessment process.

Transitions and continuity of care

Arrangements should be in place to support the young person when they come to end of their sentence or return home following custody. Similarly processes should be in place to ensure continuity of care if the young person is being transferred to the adult criminal justice system or needs to be transferred to adult health and well-being services once they reach 16 years of age.

In Blackpool the YOT nurse receives updated Health Information Sharing Tool (HIST) documentation from Hindley Young Offenders Institution (YOI), when a young person is released from custody, which summarises any interventions the young person received while there and any outstanding issues. There is no formal arrangement or pathway with any other secure setting but the nurse receives a brief summary from Barton Moss and Hassockfield and informally requests information from other units. The nurse offers to see all young people on release from custody to address any outstanding health needs but no information is available as to how many young people avail of this.

The YOT is currently reviewing their “Integrated Resettlement Service”.

The nurse at YOT liaises regularly with the LAC Nurse.

For any transfers out of area the nurse liaises with the relevant LAC nurse or YOT nurse.

Workforce development

All partner and specialist staff receive the youth justice training provided to YOT Case Managers to enable them to deliver their services in the context of the Youth Offending Service.

YOT staff do not receive any training on child development or child and adolescent mental health problems. Training in adolescent development from the Education Psychology Service has previously been commissioned. They have previously received speech, language and communication needs training and a second course is due to be held in 2015. All staff undertake the statutory training on safeguarding delivered by the Blackpool Safeguarding Children Board (BSCB).

The Substance Misuse Worker has access to all training that is available at The Hub. The nurse has undergone the relevant NHS safeguarding and mandatory training. It is also possible for the nurse to access Hub training.

Local services: physical health (primary care and public health)

Immunisation

The routine immunisation schedule 2013/14 includes the following :

- Girls aged 12 to 13 HPV
- Around 14 years old Tetanus, diphtheria and polio, and Meningitis C boosters

In addition, there are a number of immunisations for those at risk including:

- Two years up to Under 65 Pneumococcal disease
- Over two up to less than 18 Influenza (from September) – Flu nasal spray

MMR (Measles, Mumps and Rubella) vaccination was introduced to the childhood vaccination schedule in 1998. Coverage has recently been improved amongst young children having reached a low around 2003-04. Although young people are not routinely offered a booster during their teenage years, historical low coverage means it makes sense to check vaccine history should the opportunity arise.

For the past six months the nurse has had access to the Child Health System and can now check and verify the immunisation history of each child. This had not been available previously. However the Child Health System is not updated past school age. The nurse therefore has to contact the GP who will generally not provide immunisation history over the phone and requires a faxed request. Obtaining up to date immunisation history remains a problem.

Whilst the nurse is not able to deliver immunisations during the health assessment they can refer the young person. It is not clear whether there is any follow up of the referrals to determine if the young person has received the required immunisations.

Sexual health

The following sexual health services are available for young people in Blackpool.

- Blackpool Sexual Health Services at Whitegate Health Centre provide genitourinary medicine (GUM) and contraceptive services. It offers a drop-in clinic every weekday and Saturday and appointments in the day and some evenings are available.
- Connect Young People's Centre on Talbot Road provides STI testing and contraceptive services.
- Blackpool has five Tier 2 GP Practices who offer specialised sexual health clinics, providing contraception and STI screening. These are Harris Medical Centre, Gorton St Practice, North Shore Surgery, Waterloo Medical Centre and Stonyhill Medical Practice.
- A number of GP practices in Blackpool provide contraceptive implants and intrauterine contraceptive devices (IUCD) for their registered and non-registered patients

- Emergency hormonal contraception is available free of charge for Blackpool residents at most pharmacies in Blackpool – chlamydia testing kits are also offered as part of this scheme.
- A mobile provision, called “The Bus”, also operates for young people aged 13-19 years. The bus allows health and other professionals to listen, give advice and information on sexual health, relationships, drugs, alcohol, smoking and other issues. Condoms and chlamydia testing kits are available. All sessions are delivered in wards and locations where vulnerable young people can access.
- The C Card (condom distribution) Scheme is a free condom distribution scheme providing quick, easy and confidential access to condoms for 13-18 year olds. Young people are registered onto the scheme by a nurse or other trained professional. Under-16’s have to re-register after getting six lots of condoms and over-16’s after ten lots of condoms. This allows the nurse/trained professional to monitor the sexual activity and safeguard the young people where issues are identified.

The YOT nurse offers sexual health and relationship advice, gives out condoms and offers pregnancy tests and chlamydia tests. The nurse also refers and supports young people to get appointments at the Sexual Health Clinic at Whitegate Health Centre which carries out full STI screens and HIV testing or Connect. The nurse can accompany them if needed, especially if they have never accessed this service before. No issues identified with accessing this service. Both the nurse and substance misuse worker can register young people with the c-card scheme.

Currently the number of referrals made by YOT to Blackpool sexual health services are not monitored and data are not available.

Weight, diet and exercise

The Blackpool Energise Teens Community Weight Management Programme is a free nutrition, weight loss and physical activity programme for 14-18 year olds who are above their ideal weight and are above the 91st centile on the healthy height/weight chart. Teenagers can access the programme via self-referral or referral by a health professional.

For young people aged 7-13 a free programme entitled Kids Get Active (MEND) is offered in Blackpool. This programme follows the principles of the National “Mind, Exercise, Nutrition, Do It” (MEND) system. Families can access the programmes via self-referral or be referred by a school nurse or other health professional.

Weight, diet and exercise are discussed with all young people as part of the health assessment carried out by the nurse. Weight and height are not routinely measured although it is offered. The YOT nurse should make referrals to the above programmes as appropriate. However in the past ten years the nurse has only seen one young person who was over the ideal weight and referred to the MEND programme.

YOT put in place activity programmes for young people on court orders. The available activities include a successful football team with coaching commissioned from council services. Arrangements are in place to enable the use of council gym facilities by the young people and a summer holiday

programme is also organised which provides opportunities to participate in sport, music, art, fishing and horse-riding.

Oral health

Young people who do not have a regular dentist are supported by the nurse to contact the Dental Access Service at Whitegate Health Centre to either access an emergency appointment or to get onto the waiting list for a dentist. The length of time on the waiting list fluctuates from weeks to months. Emergency appointments can normally be obtained for the next day or sometimes even the same day. The young person can be accompanied by the nurse to the dentist if needed. Toothbrushes and toothpaste are also provided by the nurse.

Sight and hearing

Sight and hearing checks are not routinely carried out by the health team within the service. The nurse can refer to audiology if there is a concern and signposts the young person to other services.

Smoking

Advice and support on smoking cessation are routinely offered by the nurse and substance misuse worker. The nurse is an intermediate smoking cessation advisor and so can prescribe Nicotine Replacement Therapy. The nurse also refers young people to the Blackpool Stop Smoking Service where they can make individual appointments to suit or attend a drop-in clinic. Although at the time of writing information on the number of referrals from the YOT team was not available, Blackpool Stop Smoking Service will record this as a source and so data should be available for future use.

Other issues

Access to primary care

Young people who are not registered with a GP are supported to register. This has become more difficult recently due to photo id and other identification requirements by many practices which many young people at YOT are unable to provide.

Healthy Child Programme 5-19

The national Healthy Child Programme (HCP) for 5-19s in Blackpool is commissioned by Blackpool Council and provided by Blackpool Teaching Hospitals NHS Trust. Children and Young people in the YJS will have access to the HCP 0-5 if in school settings, PRU's etc. via access to School Nursing services. School Nurses provide the lead for the delivery of the Healthy Child Programme to children and young people aged 5-19 years and their families, focusing on early intervention, prevention and health promotion. The Core offer for school nurse children includes:

- Healthy Child Programme 5-19 (working closely with NHS Services, Children's services and education providers
- Public Health services including mental health for children
- Health promotion and prevention by multi-disciplinary team

- Support for children with additional and complex health needs
- Targeted support

Local services: emotional and mental health

The Emotional and Mental Health Worker can directly refer young people under 16 years of age into Child and Adolescent Mental Health Services (CAMHS) by writing a referral letter stating the reason for referral and the services required. For this age group permission from the parents/carers is obtained prior to referral to CAMHS.

Referrals for the over 16s to adult mental health services are made via the Single Point of Access using their referral form. For complex cases a covering letter and other supporting documents are provided and the Emotional and Mental Health Worker will also indicate which service is required e.g. therapies team, ADHD clinic, early intervention (psychosis). This prevents the need for an initial assessment to be undertaken by adult mental health which currently has a waiting time of approximately 6-8 weeks.

Direct referrals are also provided to the Linden Centre for Bereavement or Forensic CAMHS. Referrals can also be made to The DEN, a children's independent domestic violence advisory (IDVA) service in Blackpool for young people affected by domestic abuse. There is an Emotional Wellbeing in Schools (EWIS) team that are attached to schools in Blackpool and support young people. There is also a counselling service for young people (Based at Connect Young Person Centre).

The young people may have to wait a long time with little support to access the service with for example a 12 month waiting time to see the therapies team.

Local services: substance misuse

Public Health commission the Hub and Wish to deliver a service to Young People up to the age of 25 years old. The overall aim of the service is to build resilience and to prevent or reduce risk taking behaviours. A range of interventions are utilised which focus on raising self-esteem and aspirations to allow young people to plan their futures and engage in behaviours which improve their health outcomes. Detailed below is a summary of the interventions available from these services for young people:-

- Sexual health services
- Assertive outreach
- Brief Intervention
- Extended brief intervention
- PHSE within schools
- Training of front line workers in motivational interviewing and extended brief interventions
- Structured treatment for young people who are entrenched in their addiction
- Cognitive behavioural therapy
- Harm reduction
- Community Detoxification
- Mental health pilot for low level mental health issues
- Facilitate employment, training and education opportunities
- Addressing personal development and skills
- Family support

In reviewing the number in treatment at the end of 2011/12 there were 127 young people in total in Blackpool in treatment. At the end of 2012/13 the numbers have reduced considerably to 73 young people engaged in treatment. There is a concern at the low numbers of young people accessing services. This data only relates to individuals in structured treatment, and does not capture young people receiving low level interventions such as brief interventions and extended brief interventions.

The number of youths engaged with YOT who report a drug or alcohol issue are high but the referral rate appears low. Despite this low referral rate YOT refers the largest proportion of young people to the specialist services with a third of referrals into Young Peoples specialist substance misuse services during 2011/12 coming from Youth Justice.

Local services: well-being and social vulnerability

Bereavement and loss

In Blackpool, bereavement counselling for children is offered by CASCADE at The Linden Centre. CASCADE requires young people to be ready to start counselling and they do not offer a motivational service. The emotional and mental health worker can refer to this service but often young people refuse as they either feel like they are coping well or they are not ready to attend.

Children in need or looked after

The YOT nurse liaises with the LAC nurse for looked after children. The YOT including health specialists also attend child in need meetings and deliver ongoing support to the young person.

Needs of parents and others close to the child

The YOT do not currently have a parenting worker (and have not for some time) to work closely with parents in helping addressing needs. However the YOT Accommodation Officer works with parents as do the YOT workers and the nurse as appropriate. Multi-agency meetings are held and planning meetings with the young person and family members or appropriate other. These meetings enable YOT to ascertain the needs of the family and address some of the issues that may be contributing to the offending behaviour or detriment to the wellbeing of the young person.

Needs arising from being a young parent

The nurse checks whether any pregnant young person has a midwife (via the Safeguarding Midwife or GP) and then refers as appropriate.

Family Nurse Partnership is in place in Blackpool. This service is currently commissioned by NHS England and provided by Blackpool Teaching Hospitals NHS Trust. The commissioning responsibility for Healthy Child Programme 0-5, which comprises health visiting service and FNP, is set to transfer to local authority in October 2015. There are no services available in Blackpool to work with teenage male parents. Hindley YOI offer an intense parenting course for young dads.

Family Nurse Partnership do not formerly record whether their clients are contact with the youth offending service but have had clients and/or their partners currently and in the past who are involved with the youth offending service.

Needs arising from being a young carer

There is a service for young carers in Blackpool which the nurse can refer young people to for support.

Victims of crime, bullying, harassment and discrimination

While a targeted service for young people who are victims of crime is not provided, vulnerability is assessed in every case and specific actions included in plans to reduce the risk of harm to the young person. Should levels of harm be assessed as high, a specific Vulnerability Management Plan must be put in place and a Multi-Agency Risk Management Meeting called to share information and direct actions with the necessary management oversight.

Homelessness/unsuitable accommodation

The YOT monitors the suitability of the young person's accommodation at the end of their sentence. YOT employs an Accommodation Officer who works with homeless young people and families within the constraints and limitations of the council and supported housing providers. Risks and issues have been raised in previous council reviews and are currently being considered by the Transformation Group.

Education, training and employment

YOT employs a seconded education officer to ensure that every school age child is accessing education to the expected level. The education officer completes a Personal Education Plan (PEP) for each young person in contact with YJS. The links with education psychology and special education need (SEN) are poor..

YOT funds a Learning Adviser post to support and reduce the number of over school age young people not in education, employment or training. This post holder is seconded into the service from Connexions.

Speech, language and communication problems

YOT staff have previously received speech, language and communication needs training and a second course is due to be held in 2015. The YOT have also invited magistrates to attend a speech, language and communication needs conferences.

Arrangements are in place for YOT to purchase specialist SLCN assessments and interventions from a therapist commissioned by the Pupil Referral Unit.

KEY FINDINGS AND 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. The findings from the audit suggest that too many young people are not being seen by the health specialists in the YOT or if they are this is not recorded in a way that can be monitored on a routine basis. Analysis of the 44 cases in the audit showed that 9 did not have an ASSET completed. Twenty-five cases had not been seen by the nurse (7 of whom had been assessed elsewhere as a LAC). Many of the other assessments by the nurse were carried out at an earlier contact with the YJS. There were only apparent referrals for 7 young people to the substance misuse specialist and 3 to the emotional and mental health specialist.
- Health services that receive referrals from the YOT should record the source of the referral and these data should be made available to the board for monitoring purposes. More importantly data on health outcomes for young offenders should also be collected and reported. See Appendix 1 for summary of services.
- 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 SQIFA. 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.
- Half the young people in contact with the YJS in Blackpool have experienced bereavement in their lives which is significantly higher than the general population.
- 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. AssetPlus includes a number of screening tools which have been developed in consultation with local, national and specialist organisations. 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. These protocols should be produced in line with the Youth Justice Board suggested standards on information management. (Advice on Information Management in Youth Offending Teams (England), 2011
<https://www.justice.gov.uk/downloads/youth-justice/monitoring-performance/young-offenders/AdviceonInformationManagementinYouthOffendingTeamsEngland.pdf>)
- 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.

Appendix 1: Summary of health services available for referral

Health Need	Health Service
Substance Misuse	<ul style="list-style-type: none"> The Hub
Sexual Health	<ul style="list-style-type: none"> Whitegate Health Centre Connect Young People's Centre Five Tier 2 GP practices
Weight, diet and exercise	<ul style="list-style-type: none"> Blackpool Energise Teens Community Weight Management Programme (14-18 years) Kids Get Active (7-13)
Oral Health	<ul style="list-style-type: none"> Dental Access Centre at Whitegate Health Centre
Smoking	<ul style="list-style-type: none"> Blackpool Stop Smoking Service
Emotional and Mental Health	<ul style="list-style-type: none"> CAMHS CASCADE at The Linden Centre (bereavement) The DEN (domestic violence) Connect Young Person Centre (counselling)
Young Parent - female	<ul style="list-style-type: none"> Family Nurse Partnership
Young Parent - male	<ul style="list-style-type: none"> No service provided
Victims of crime, bullying, harassment	<ul style="list-style-type: none"> No service provided
Speech, language and communication	<ul style="list-style-type: none"> No service provided

Data on referrals from YOT is currently only available from The Hub. Blackpool Stop Smoking Service has agreed to collect this data.

Health outcome data for young offenders are not collected by any service.