



Youth Offending Service Health Needs Assessment Executive Summary

April 2017

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Executive Summary

Children and young people who are in contact with the Youth Justice System (YJS) are generally a socially excluded population with significant complex health needs. There is evidence showing that children and young people who offend are less likely than their peers to have their health needs recognised and these needs tend to remain unrecognised and unsupported when they enter the YJS. Children who get into trouble are often troubled children and those who come into contact with the criminal justice system often have multiple needs and difficulties which must be identified and addressed in order to reduce their risk of re-offending.

The health outcomes for young people who offend are poor and associated with poorer physical, emotional and socio-economic wellbeing. Supporting these vulnerable young people is an essential element for the prevention agenda. Tackling the health and wellbeing needs of these young people is a complex issue and depends on many underlying factors such as: low educational attainment; poor attendance at school; non-participation in post-16 learning; unidentified speech, language and communication problems; mental health issues and increased risk taking behaviour relating to smoking, drug and alcohol use and risky sexual activity.

It is also recognised that resilience in young people could contribute to healthy behaviours, higher qualifications and skills, better employment, better mental wellbeing, and a quicker or more successful recovery from illness. Building resilience in young people may help to protect against engaging in risky health behaviour. Targeting those young people at most risk cannot be undertaken in isolation and requires a commitment from partner agencies to create a greater impact on reducing the health inequalities and improve the outcomes for young people who offend.

County Durham Youth Offending Service (CDYOS) recognises the health needs of young people who offend and partners of CDYOS Management Board have a clear commitment to improve the health and wellbeing outcomes for young people. To achieve this, CDYOS worked closely with Public Health colleagues to undertake a Health Needs Assessment (HNA) of young people who offend in County Durham. Key findings and recommendation from the HNA will help to inform service development to improve the health and wellbeing outcomes and reduce health inequalities for young people who offend in County Durham.

Summary and Key Statistics of the HNA findings

Young people who offend have a range of needs that affect their overall wellbeing. Key findings are summarised from various national and local evidence and data.

Local Data – Asset (April – September 2015)

In 2015/16 CDYOS worked with 576 young people who had offended and who received an Out of Court Disposal (Pre Caution Disposal, Youth Caution, Youth Conditional Caution) or court conviction.

Analysis was carried out on all 722 Asset assessments (national youth justice criminogenic assessment tool) of the 416 young people receiving a Youth Caution, Youth Conditional Caution or court conviction in a 6 month period (1 April – 30 September 2015). N.B. Some young people received more than 1 assessment in the 6 month period.

Of the 416 young people who had an Asset assessment (April – 30 September 2015):

Education / exclusions (not including children who are educated outside of mainstream education and in alternative provision, or managed moves)

- 314 (75.5%) were known to have been excluded from school on a fixed term basis
- **These 314 young people had a total of 2063 separate exclusions between them; an average of 6.6 fixed term exclusions per child**
- 90 young people (21.6%) are known to have been permanently excluded from at least one school
- 89 (98.9%) of the 90 had previously been excluded on a fixed term basis
- 16 (17.8%) of the 90 had previously been permanently excluded from two separate schools
- 243 (58.4%) of the 416 young people had received between 2 and 10 exclusions in their school career to date
- Over 1 in 10 (14.2%) had received between 21 and 30 exclusions in total
(These figures include any exclusion that happened in a Co. Durham school during any academic year)
- 44 (10.6%) of the 416 were known to have a SEND statement or Education Health Care Plan on or since the Jan 2016 census
- 82 (19.7%) of the 416 were not in education, employment or training (NEET) as at 31 July 2016 (young people aged 16-19 only/16-25 for those with intensive support needs)
- 166 (39.9%) of the 416 were identified as being absent from school in the 2014/15 academic year (latest data available)
- 102 (61.4%) of the 166 met the current definition of being 'persistently absent' (pupils missing at least 10% of possible sessions)

Accommodation / Housing (excludes young people in unsuitable housing / sofa surfing)

- 14 (6.1%) of the 229 young people aged 16-18, had a Joint Homeless Protocol (JHP) meeting in the period because they were homeless
- 24 (10.5%) of the 229 young people in the cohort are known to Housing Services either through seeking advice on housing or housing benefit, but did not have a JHP in place

Health

- 293 (70.4%) of the 416 had mental health as a risk for reoffending; for 65 (22%) of the 293 it was a serious risk for reoffending
- 255 (61.3%) of the 416 had substance misuse as a risk for reoffending; for 69 (27%) of the 255 it was a serious risk for reoffending
- 72 (17.3%) of the 416 had physical health as a risk for reoffending; for 3 (4%) of the 72 it was a serious risk for reoffending
- 245 (58.9%) of the 416 had education, training and employment as a risk for reoffending; for 44 (18%) it was a serious risk for reoffending
- 76 (18.3%) of the 416 had been a looked after child at some point in their lives

Local Data – AssetPlus 2016

At the end of 2015 the Youth Justice Board (YJB) began the national roll-out of AssetPlus, the new assessment and planning interventions framework for young people in the youth justice system (to replace Asset, the previous assessment tool). AssetPlus was implemented in CDYOS in November 2015. AssetPlus is designed to provide a holistic end-to-end assessment and intervention plan, allowing one record to follow a child or young person throughout their time in the youth justice system.

AssetPlus identifies the following areas of safeguarding in relation to young people who offend: physical abuse or harm; emotional abuse or harm; sexual abuse/sexual exploitation; bullying; homelessness; neglect/domestic abuse.

Between 1 January and 31 August 2016, CDYOS completed 163 AssetPlus assessments on 95 young people (new cases) receiving a Youth Caution, Youth Conditional Caution or court conviction in the period. N.B. Some young people received more than one assessment in the period.

Of the 95 young people who had an AssetPlus assessment (1 January - 31 August 2016), the following safeguarding concerns were identified:

- 64 (67.4%) physical abuse or harm
- 55 (57.9%) emotional abuse
- 28 (29.5%) sexual abuse/sexual exploitation
- 24 (25.3%) bullying
- 14 (14.7%) homelessness
- 14 (14.7%) neglect/domestic abuse
- 60 (63.2%) of the 95 were assessed as having at least 2 areas of safeguarding concern

- 31 (32.6%) of the 95 had at least 3 areas of safeguarding concern

Speech Language and Communication Needs (SLCN)

- 186 AssetPlus SLCN screens were completed on 186 young people receiving a Youth Caution, Youth Conditional Caution or court conviction between 1 December 2015 - 12 January 2017
- 144 (77.4%) of the 186 had an identified speech, language, communication or neuro-disability need
- Young people with lower level SLCN are supported by CDYOS case managers. Those young people requiring specialist assessment/intervention are referred to the Speech and Language Therapist (SLT) in CDYOS
- 122 young people were referred to the SLT in CDYOS between 1 May 2015 - 9 December 2016 for a specialist SLCN assessment and intervention.
- The 122 are 13.1% of the 742 young people supervised by CDYOS for that period
- **98 (80%) of the 122 had no prior involvement with core SLT services, despite complex SLCN**

Comprehensive Health Assessment Tool (CHAT) 2016

Between 1 January–1 October 2016, CDYOS supervised 239 young people who received either an Out of Court Disposal (Pre Caution Disposal, Youth Caution, Youth Conditional Caution) or court conviction.

All 239 were screened for health needs via AssetPlus and 97 (41%) of the 239 were referred to CDYOS nurses for a detailed health assessment (via the CHAT, a national tool) due to specific health needs.

Of the 97 young people who had a CHAT assessment (1 Jan – 1 Oct 2016):

Sexual Health

- 46 (47%) of the 97 were/had been sexually active
- 24 (52%) of the 46 had had unprotected sex
- 19 (41%) of the 46 had been tested/treated for a sexually transmitted infection
- 34 (74%) of the 46 were sexually active aged 16-18
- 9 (19.6%) of the 46 were sexually active aged 13-15

Physical Health

- 58 (60%) smoked cigarettes
- 41 (42%) drank alcohol/used substances
- 33 (34%) had problems with eyes/hearing/oral health

Substance Misuse (excludes novel psychoactive substances and misuse of prescription medication)

- 41 (42%) currently used/have used tobacco

- 30 (31%) currently used alcohol
- 15 (15%) used cannabis
- 14 (14%) had family/friends misusing substances

Mental Health (of those registered with a GP)

- 40 (41%) current/previous contact with GP re mental wellbeing
- 46 (47%) problems feeling sad/angry
- 18 (19%) problems sleeping
- 22 (23%) worrying about things over and over again
- 23 (24%) something very frightening/awful happened to them – or they saw it happen to family/friends
- 36 (37%) found it hard to sit still/stop fidgeting
- 32 (33%) found it difficult to concentrate
- 20 (21%) had hurt themselves
- 13 (13%) had tried to take their own life
- 10 (10%) had sometimes thought of taking their own life
- 14 (14%) had been told by a doctor/medical practitioner that they had ADHD/hyperactivity disorder

Neuro-disability

- 20 (21%) had had an injury to the head, resulting in being knocked out/dazed/confused
- 12 (60%) of the 20 sought medical attention for the head injury

Speech Language Communication Needs (SLCN)

- 25 (26%) had a speech problem/found it hard to say words clearly
- 27 (28%) found it hard to explain things/got stuck on words when speaking

Additional Key Issues

Looked After Children

- Analysis of CDYOS caseload on 29 September 2016 (snapshot) showed that 12 (5.6%) of the 216 young people CDYOS was working with at that point in time were currently looked after. 5.6% is in line with national figures for LAC known to youth offending services
- Nationally 0.6% of children in the population are looked after.
- 40 (18.5%) of the 216 had been looked after at some point in their lives.

Participation in Education, Training and Employment

- Participation in education, training and employment (ETE) of 16-18 year olds supervised by CDYOS is significantly lower than the rest of the 16-18 cohort

Child Sexual Exploitation (CSE) /At Risk of CSE

- In August 2015, CDYOS began specifically monitoring young people who offend who might also be victims of CSE
- Since August 2015, 39 young people have been identified as being potential victims of CSE (identified by County Durham's CSE risk assessment matrix)

HNA Consultation Findings

- Young people, parents/carers and CDYOS staff all identified mental health as a key priority
- They also identified a gap in mental health service provision for young people who offend
- Parents/carers raised concerns about healthy eating and substance misuse
- Health professionals also noted concerns about poor accessing of primary care services by young people in the youth justice system (including GPs and dentists)

Recommendations

Targeting those young people at most risk cannot be undertaken in isolation and requires a commitment from partner agencies to create a greater impact on reducing the health inequalities and improve the outcomes for young people who offend.

Key recommendations for County Durham can be collated into four key themes:

1. Strategic development
2. Prevention – including risk taking behaviours and resilience
3. Operational service delivery
4. Data improvement

1. Strategic development

- Ensure sustainability of commissioned services for young people who offend by clarifying current statutory commissioning responsibilities at local and national level.
- Provide integrated Health and Wellbeing Services for young people who offend that are jointly planned and commissioned by Durham County Council, NHS England Health and Justice and CCGs. This will provide service continuity, maximum utilisation of resources and clearly defined pathways in and out of services.
- Continue to commission dedicated specialist speech and language therapists to meet CDYOS need.
- Commission CDYOS mental health support to provide early intervention and specialist support for young people who offend.

- Ensure all young people with a statement of special educational need or an education health care plan (EHCP) continue to be supported through identified pathways into adult services.
- Develop a vulnerable child pathway for County Durham that provides holistic multi-agency support for vulnerable children and young people, including:
 - Those supervised by the youth offending service
 - Teenage parents
 - Looked after children (LAC)
 - Care leavers
 - Young people with special educational needs
 - Young carers
 - Young people with low levels of educational attainment at 16
- CDYOS Management Board to ensure that mainstream and specialist services work in partnership to ensure that risk factors for offending in pre-teenage children are minimised and resilience is promoted.
- Commission alcohol and substance misuse specialist support within CDYOS for young people who offend.
- Increase participation in education, employment and training of 16-18 year olds who are supervised by CDYOS by implementing actions contained in County Durham's Participation Plan.
- Continue to work with the Missing & Exploited Group, the ERASE Team and CDYOS case managers to deliver the County Durham Child Sexual Exploitation Strategy 2014 – 2017 and action plan.
- Review provision for Domestic Violence against parents and for young people where they are the perpetrator of the violence.
- Review and improve links between community health and custodial health for young people in the youth justice system
- Complete a detailed review of fixed term exclusion for young people in the youth justice system, including those at risk of offending, with the aim of reducing the number of fixed term exclusions, improve outcomes and reduce inequality

2. Prevention

- Provide dedicated CDYOS nurse support to deliver early intervention and provide lifestyle support, attend multi-agency meetings and ensure clear pathways are developed with the 5-19 growing health school nurse service.
- Expand the supportive role of volunteer mentoring for young people and families to improve access to primary care services and appointments for young people who offend.
- Ensure Durham Resilience Programme is delivered in all mainstream schools to build resilience in young people and help prevent / reduce the risk of offending and re-offending behaviour taking place.
- Ensure appropriate and timely referrals are made to the DCC Stronger Families programme to help reduce the potential for re-offending 'Family' risk factors.

3. Operational Service Delivery

- Work with education psychology to develop clear early intervention pathways that support schools and young people to manage behaviour to minimise school exclusions.
- Ensure safeguarding pathways remain robust and are reviewed annually. This will provide assurance that the needs of young people with concerns regarding physical or emotional abuse or neglect, or sexual abuse are being met
- Provide a sexual health promotion programme / support that has a focus on reducing risks of sexually transmitted infections as a motivation for change and not focused on reducing risk of pregnancy.

4. Data Improvement

- Ensure a comprehensive health assessment is completed by appropriately trained health staff for **all** young people on entry to CDYOS to assist with early identification of needs, improving quality of care and reducing duplication during transition periods. This should be reviewed as necessary. All health assessments should be recorded electronically and information shared with relevant agencies. This will be supported with appropriate data sharing agreements between agencies.
- Undertake an audit of health assessment data in April 2018 to identify specific needs to inform future planning
- Continue to screen all young people for speech, language and communication needs to ensure early identification of need.

Next Steps

The Health Needs Assessment will shape the health services commissioning intentions, in respect of young people who offend, from 2017 onwards.

As most health and wellbeing needs are inter-related, solutions to address these needs must take a holistic and multi-agency approach. This will require active involvement of commissioners and providers.

A proposed interim health model considers the findings within the HNA. A multi-agency steering group will support the commissioning and provision of dedicated services for CDYOS to include:

- Speech and language therapist
- Mental health workers
- Specialist children's public health nurse
- Drug and alcohol workers

Proposed New CDYOS Health Model

A new co-commissioned model of health provision in CDYOS for 2017-19 has been agreed and is currently being implemented. Funding has been secured from a range of sources for the 2 year period. Background, challenges and opportunities of the new model are outlined in the following report: 'Health Provision in CDYOS – a new model for 2017/19'. The additional +1 year in the current HDFT contract for 2018/19 is to be confirmed.

Progress to date

Considerable progress has been made to develop the new model for 2017/19. We are very grateful to all partners who have risen to the challenge to pool resources, 'bend' currently commissioned services, and co-commission the innovative new provision.

The contribution of Public Health to improve outcomes for young people in the youth justice system has been significant – not only in relation to the HNA. Public Health have provided 80k non-recurrent funding to support a nurse post for 2 years; aligned that function to the current 0-19 contract with HDFT until March 2019; and included 2fte substance misuse posts for CDYOS in the new Drug and Alcohol service specification.

Challenges and risks have been acknowledged and mitigated, including:

- Safeguarding vulnerable young people in the youth justice system
- Meeting their health needs to reduce reoffending
- Reputational risk to CDYOS partnership
- Potential inspection risk if CDYOS has no health provision post April.

Opportunities include:

- Development of a SLCN Strategy for Co Durham
- Current core SLT service contract review (2017)
- Sexual Health Service Review (currently underway)
- New Drug and Alcohol Service commission (go live Oct 2017)
- School Nursing Service review (2019)
- CAMHS Transformation funding (2017 onwards)
- Liaison and Diversion Service (extension to March 2018)

Partnership Involvement

Meetings/discussions have involved the following commissioners:

- CDYOS
- Public Health, DCC
- DCC Commissioners
- NHS England (Health and Justice)
- CCGs (DDES and NDCCG)
- Office of the Police, Crime and Victims Commissioner

Health Steering Group

The Health Steering Group will be a subgroup of the Management Board to ensure robust governance.

CDYOS Health Provision 2017/19

CDYOS Health provision will be co-commissioned by DCC Public Health, NHS England, CDYOS, the Office of the Police, Crime and Victims Commissioner, and CCGs. An overarching document which sets out the model, functions, service specifications, performance management, and information sharing agreements is in place. All secondments to CDYOS will be subject to SLAs with commissioners and providers. These will include ISAs/DSAs. This approach will ensure an innovative partnership approach, value for money, and robust performance management framework to monitor impact and outcomes.

Funding has been secured from a range of sources to support some posts. Funding sources are outlined below. Other posts/functions will be provided by shaping commissioned services to address the needs identified in the HNA.

The model offers the opportunity for joint work, co-commissioning and innovation – thinking ‘outside the box’ to develop and implement a new model to meet the health needs of young people who offend.

The HNA identified the need for specific functions in CDYOS. Based on the findings of the HNA, CDYOS Health provision for 2017/19 will be:

- 1fte Speech and Language Therapist
- 1fte Specialist Children’s Public Health Nurse
- 2fte Drug and Alcohol staff
- 2fte Health Care Support Workers (Mental Health)
- 1.5fte Liaison & Diversion Link Workers

Discussions will need to take place at strategic level about current commissioning responsibilities to ensure sustainability beyond March 2019.

Table of provision

Post/Function	Cost/Source of funding	Provider	Comments
1fte Speech & Language Therapist (Band 6) 2017/18	c.27k (0.64 CDYOS); 0.36 NTHFT CDYOS non-recurrent funding	NTHFT	Current CDYOS DCC contract extended for 8 months (April – end Nov 2017). CDYOS post/function to be incorporated into core SLT contract.
2fte Health Care Support Workers (Mental Health) (Band 3) 2017/19	c.60k per year for 2fte NHS England Health & Justice Non Recurring	TEWV	NHS England Health & Justice to commission/fund 3fte for Durham & Darlington YOS (2fte CDYOS; 1fte DYOS). Total cost c.87k per year. TEWV to employ & align to L&D. NHS England Health & Justice to fund via CAMHS Transformation.
2fte Drug & Alcohol staff Oct 2017 onwards	No cost to CDYOS	Provider tbc	2fte young people's posts to be included in new Drug and Alcohol service spec (Public Health commission). Posts in CDYOS from Oct 2017 – for duration of contract
1fte Specialist Children's Public Health Nurse (Band 6) 2017/18 - 2018/19(TBC)	C.60k per year. (40k Public Health; 20k OPCVC) for 2 years Non – recurrent 2017/19 only	Harrogate and District Foundation Trust	Public Health non -recurrent funding: 80k (40k per year) for 17/18 and 18/19. Public Health commission. Shortfall of 20k per year to be funded by the OPCVC. Post to be aligned to HDFT from April 2017
1.5fte Liaison and Diversion Workers 2017/18	No cost to CDYOS – in L&D structure	TEWV	L&D model includes 1.5fte staff to link with CDYOS and 0.5fte Darlington YOS. Links to Police custody suites/courts etc. Additional capacity/functions – not full time in the YOS.