

## Young Offenders Physical Health *Factsheet*

### Tower Hamlets Joint Strategic Needs Assessment 2010-2011

#### Executive Summary

This factsheet reviews the physical health needs of young offenders. It does not consider provision for emotional and mental health and substance abuse needs.

Young offenders are a marginalised group often with complex health needs that are greater than those of the non-offending population. They present unique challenges in terms of health care provision, particularly in terms of access. Use of secondary health care services is high among this group and use of primary healthcare services is low. The health and social needs of the individual and costs to society warrant a systematic approach to assessing their health care needs.

With the extension of the Healthy Child Programme to children aged 5 - 19, guidance for school health teams highlights the importance of providing enhanced support for vulnerable children and young people. In addition, when diversion from the Youth Justice System has failed, we need instead to use the opportunity of young people's contact with it to give them better support.

The multiplicity of challenges experienced by children and families engaged with the YJS frequently makes contact with these children unreliable, and the potential for every contact with the young person to be an opportunity to assess and address their physical health needs should be maximised.

#### Recommendations

- Agree and adopt a local holistic health assessment tool for use with young offenders;
- Provision should be made for a health worker to attend the YOT (with level of provision determined by assessment of need) at an appropriate time;
- Develop clear referral pathways for health and non health YOT workers with feedback mechanism;
- Develop a systematic training programme for YOT non health staff in order to ensure that relevant and appropriate information be provided to young people within the YJS. Make relevant signposting resources available;
- Address communication gaps between specialisms/organisations by identifying an appropriate multi-disciplinary forum with appropriate representation from all relevant staff;
- Identify protocols for sharing information between health services, Tower Hamlets YOT and other authorities; in the absence of any such protocol one should be introduced;
- Develop training for court services in order to allow them to consider health needs more consistently and include health information in packages of support for people on bail and in pre-sentence reports where required.

## 1. The physical health of young offenders: what are the issues?

Young offenders or those at risk of offending, are highly marginalised and present unique challenges for the provision of health care, particularly in terms of access. While acknowledging the difficulties of engaging these young people in regular health service provision because of their social exclusion, the subsequent health and social needs of the individual and costs to society warrant a systematic approach to assessing their health care needs.

They often have greater health needs than the non-offending population, experiencing exposure to inequalities in health that persist into adult life, including a higher incidence of physical and mental ill health, sexually-transmitted disease, injuries, and early pregnancy in females.<sup>1,2,3</sup> Children and young people within the criminal justice system also have very high rates of tobacco use and drug and alcohol dependence<sup>1,4,5</sup> and dual diagnosis (co-morbid substance and mental health difficulties).<sup>6</sup>

Use of secondary health care services is high among this group while their use of primary healthcare services is low. One study found that almost half the young people attending one Youth Offending Team (YOT) had no contact with a GP in the previous year. Young BME people in particular are less likely to seek help from primary healthcare services for mental health problems and as a result are more likely to be admitted to secondary care services in crisis.

This factsheet should be considered in conjunction with Safeguarding Children, Alcohol, Substance Misuse and Child and Adolescent Mental Health factsheets.

## 2. What is the local picture?

Rates of first-time entrance to the criminal justice system in Tower Hamlets fell between 2001-02 and 2004-05, but increased by 53% between 2003-04 and 2007-08. Rates have fallen since 2007-08 by 37%, equating to 258 young people in contact with the criminal justice system for the first time in 2009-10.

Rates of first-time entrants aged 10-17 to the criminal justice system per 100,000 10-17 year old population 2000-01 to 2009-10<sup>6</sup>

	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
England	1,680	1,630	1,510	1,600	1,740	1,960	2,040	1,850	1,480	1,160
London	1,640	1,560	1,360	1,400	1,440	1,600	1,860	1,750	1,610	1,270
Tower Hamlets	1,740	1,820	1,550	1,460	1,830	1,990	2,180	2,240	2,050	1,420

[Let's Talk About It](#) (2006) found that 18% of children and young people in contact with the Youth Justice System (YJS) had physical health needs, 42% had substance misuse issues and 44% had emotional or mental health

<sup>1</sup> Bardone, A.M., Moffitt, T.E., Caspi, A., Dickson, N., Stanton, W.R./, Silva, P.A. (1998) Adult physical health outcomes of adolescent girls with conduct disorder, depression, and anxiety. *Journal of the American Academy of Child and Adolescent Psychiatry* 37 (6): 594–601

<sup>2</sup> Dolan, M., Holloway, J., Smith, C. & Bailey, S. (1999) Health status of juvenile offenders: a survey of young offenders appearing before the juvenile courts. *Journal of Adolescence* 22 137–144

<sup>3</sup> Ritakallio, M., Kaltiala-Heino, R., Kivivuori, J. & Rimpelä, M. (2005) Delinquent behaviour and depression in middle adolescence: A Finnish community sample. *Journal of Adolescence* 28 155–159

<sup>4</sup> Galahad SMS Ltd. (2004) *Substance Misuse and Juvenile Offenders*. London: Youth Justice Board.

<sup>5</sup> Galahad SMS Ltd. (2009) *Evaluation of the substance misuse project in the young person's secure estate*. London: Youth Justice Board.

<sup>6</sup> Ministry of Justice Statistics bulletin (2010) <http://www.justice.gov.uk/publications/docs/youth-crime-10-17.pdf>

needs. The follow up report, [Actions Speak Louder](#) (2009), suggested that of the cases reviewed nearly 25% were assessed as having some form of disability (50% of those related to a learning disability, a fifth had a physical impairment and the rest had a disability linked to their mental health or emotional state). It advised that the “overall number may be higher, since we also found that many health needs were not being reliably assessed or, in the case of physical health, too often ignored”.

A review of the Tower Hamlets ASSET<sup>7</sup> database suggested that approximately 300 young people who subsequently receive a substantive outcome from the contact were seen by the YOT annually, which suggests that 54 young people annually would have physical health needs in the more conservative (earlier) estimate, but in line with the later report’s findings this figure is likely to be higher if we include all those young people who may be in need of a physical health intervention.

A substantive outcome is one relating to a reprimand, a final warning with or without an intervention, or a court disposal for those who go directly to court without a reprimand or final warning.

Ethnicity	2007/08		2008/09		2009/10	
	Number	%	Number	%	Number	%
Asian or Asian British	171	55.3%	170	58.0%	163	59.1%
Black or Black British	30	9.7%	26	8.9%	26	9.4%
Chinese or Other Ethnic Group	3	1.0%	3	1.0%	1	0.4%
Mixed	29	9.4%	24	8.2%	23	8.3%
Unknown	0	0.0%	1	0.3%	0	0.0%
White	76	24.6%	69	23.5%	63	22.8%
Total	309		293		276	

<sup>7</sup> ASSET - an assessment profile tool introduced across youth justice system in England in 2000. A score of 2 or more should lead to a referral for a more thorough assessment by a specialist health worker. The scale is 0-4 (0 is not associated and 4 is very strongly associated with the likelihood of further offending).

### 3. What are the effective interventions?

#### Improving access to primary care and universal services

The [Crime and Disorder Act Inter-departmental circular](#) on establishing Youth Offending Teams:

- Described the role of health staff within the YOT in broad terms; (this ambiguity has led to a variety of provision nationally.)
- Emphasised that primary role of healthcare workers would be to help facilitate access for young people, rather than providing healthcare services themselves: *“The role of health staff seconded or otherwise made available to youth offending teams is expected to focus on facilitating access to a broad range of health services, reflecting both the physical and mental health needs of young offenders, rather than on the provision of specific specialist services by the nominees themselves.”*
- Is clear on the rights and responsibilities of authorities with regard to sharing information stating that in order to operate effectively all team members will need to obtain and share information about particular children and young people and their families held by relevant agencies which is relevant to addressing their wider development needs.

[Let's Talk About It](#) (2006):

- Reported that 90% of YOTs had good access to both a substance misuse worker and services, and amongst healthcare staff appointed a significant number specialised in mental health needs, one in six YOTs still had no healthcare worker.

[Actions Speak Louder](#) (2009):

- Reported that the “potential physical health needs of children and young people who offend, or who might offend, were very often poorly assessed, or even ignored, and consequently interventions were frequently very limited”;
- Suggested that if a dedicated health worker is not available to a YOT then a satisfactory alternative arrangement may be that well trained YOT staff would carry out the initial assessments of health need, using the agreed holistic health assessment tool. Referrals to specialist health workers and universal services need to be carried out consistently when required.

A study found that while ASSET had good ability to identify the factors likely to increase a young person’s risk of reoffending<sup>8</sup> it has been shown to under identify health inequalities or conditions if these are not considered to be directly linked to any risk of further offending.<sup>9</sup>

[Healthy Children, Safer Communities](#) (2009):

- Noted the gaps in collecting information about the health and well-being needs of children and young people in contact with the Youth Justice System (YJS). Promised a review of health assessment that would inform the future development of a robust assessment process covering each stage of the YJS pathway;
- Emphasises that intervention should be done “more effectively, providing the right help at the right time and in the right place. When diversion from the YJS has failed, we need instead to use the opportunity of young people’s contact with it to give them better support” and in line with the extension of the Healthy Child Programme to children aged 5 - 19, guidance for school health teams highlights the importance of providing enhanced support for vulnerable children and young people;

<sup>8</sup> Baker K et al (2003). The evaluation of the validity and reliability of the Youth Justice Board's assessment for young offenders: findings from the first two years of the use of ASSET. London: Youth Justice Board, 2003.

<sup>9</sup> Khan L, Wilson J (2010). You just get on and do it: healthcare provision in Youth Offending Teams. Centre for Mental Health

- Highlighted that effective access to mainstream health services for children and young people in the YJS must be underpinned by an effective holistic assessment of their health needs, but acknowledged that this is challenging due to: the number of different assessment tools in existence, gaps in the information collected (YJS assessment tools are designed to assess risk in relation to re-offending, thus overlooking physical health problems) or that specialist mental health screening tools do not assess for learning disability, speech and language needs or conduct disorders;
- Emphasises need to ensure potential for every contact with the young person as an opportunity to ensure that their physical health needs are addressed (in addition to their other needs) is maximised;
- Recommends that if health workers within a YOT are unable to offer preventative interventions then clear and useful links must be made with local universal health services in order to ensure that the necessary support to young people and their families is provided;
- Observes that where training by health workers to the court magistrates is provided (particularly in relation to developing a greater understanding of the causes, effects and treatment of substance misuse), benefits have included a greater awareness of what support can be provided; sentencing that has included more specific health components; sentencing that has benefited from good health information.

#### **4. What is being done locally to address this issue?**

##### **Improving access to primary care and universal services**

Currently a lack of clarity by LBTH YOT about the nature of the 'health offer' to the YOT. The LBTH YOT has a Children and Adolescents Mental Health Service (CAMHS) forensic nurse (locum cover was provided until 4/10/2010) in post, and a DAAT substance misuse worker.

A .75 WTE School Nurse with the remit of provision of health care and assessment is attached to the five LBTH pupil referral units (PRUs); Bromley Hall, Harpley, Cable Street, Docklands and Third Base, each with a specific remit around male/female/mixed 11 to 15 year olds or 15 to 16 year olds.

A 2008 report on the Tower Hamlets National Regeneration Framework funded PRU school nurse project recommended "developing formal links/partnership with the YOT where there is currently no formal input with respect to physical needs assessment of clients"; this remains to be realised. This post was mainstreamed in 2008.

While the PRU school nurse does offer support to YOT staff, the only formal links are via the monthly Social Inclusion Panel. The PRU School Nurse takes referrals and passes them onto the School Health team either for a health assessment or for information.

While provision is made locally for the health needs of children and young people in PRUs, there is a clear gap for those aged 16 – 19. In a sample of cases reviewed for Actions Speak Louder only 61% of children and young people were in full-time education and 35% were unemployed or 'other'. In addition, many of those young people of school age may have been persistently absent for significant periods of time, therefore missing out on any school/PRU based health offer.

##### **YOT staff training**

Currently health related training for the YOT is not provided in a systematic fashion.

##### **Information sharing**

Within a local (as well as national) context a lack of sufficient information with which to inform assessments of need and avoid duplication of assessment was cited as a continued barrier to effective joint working and planning. In particular difficulties in accessing information from schools and social care were identified by the YOT.

While there is an interim LBTH 2010 draft agreement forming part of the wider corporate information sharing review (due to take place by the London Borough of Tower Hamlets Information Governance Team by January 2011), this specifically relates to the context of the prevention, detection and reduction of Crime and Disorder, in particular Anti-Social Behaviour.

##### **The court based offer**

There is currently no local ongoing provision of training locally by health workers to the court magistrates, particularly in relation to developing a greater understanding of the causes, effects and treatment of substance misuse.

## 5. What evidence is there that we are making a difference?

We currently have little data relating to contacts with children and young people in contact with the YOT in terms of their health needs, referrals or outcomes. There is little evidence as to the effectiveness of interventions or the appropriateness of the health response.

## 6. What is the perspective of the public on support available to them?

We have yet to seek the views of young offenders on their health needs or service provision.

## 7. What more do we need to know?

- Recommend future health needs assessment;
- Equalities impact assessment;
- Service user perspective on health needs as well as service provision;

As YJS assessment tools are designed to assess risk in relation to re-offending, thus overlooking physical health problem there are gaps around knowing what the provision of assessment, signposting and outcomes are for young offender's physical health needs.

## 8. What are the priorities for improvement over the next 5 years?

### Key Insights

There is clear statutory guidance on assessing the physical health needs of those in contact with the YJS and facilitating access to universal service provision; while there is currently health input to young people at risk of offending through PRU provision, there is a gap for those who may be persistently absent and those aged 16-19.

Where provision cannot be met by a dedicated health worker then appropriately trained and supported TYOT staff could carry out the assessment function and refer appropriately to universal and/or specialist services.

Irrespective of whether a dedicated health worker is available a systematic and rolling programme of training should be provided to YOT staff, and also to court magistrates in order to develop better understanding of cause, effects and treatment for substance misuse and to deliver sentencing that benefits from good health information.

There is no mechanism for assessing the physical health needs of young people coming into contact with the YOT. There is no national assessment tool, which was identified as a gap by the previous government's Healthy Children, Safer Communities strategy. Information sharing by agencies should be enhanced as there is often a lack of sufficient information to inform assessment of need and avoid duplication.

We are currently not able to monitor or track contacts and referrals made for physical health needs, nor assess the effectiveness of such interventions. It is challenging therefore to know what gaps may exist in provision and whether we are addressing inequity/inequality by means of those interventions.

### Key Recommendations

- In the absence of a nationally agreed standard a local holistic health assessment tool should be agreed for use within Tower Hamlets YOT;
- Provision should be made for a health worker to attend the YOT (with level of provision determined by assessment of need) at an appropriate time. Their role would be to carry out a holistic health assessment on each individual, provide those health interventions that may reasonably be provided in this setting and to signpost to relevant mainstream services;
- Clear referral pathways need to be developed for health and non health YOT workers in order that timely and appropriate referrals are made. Systems need to be put in place to ensure that once referrals are made

they are acted upon in a timely fashion and that feedback occurs to referring individual;

- A systematic and rolling programme of training should be developed and provided to YOT non health staff in order to ensure that relevant and appropriate information is provided to young people within the YJS. Resources should be made available for YOT staff to pass on to those requiring signposting or health information;
- Communication gaps between specialisms/ organisations should be addressed by identifying an appropriate multi-disciplinary forum with appropriate representation from all relevant staff;
- Protocols for sharing information between health services, Tower Hamlets YOT and other authorities should be identified; in the absence of any such protocol one should be introduced;
- Court services are encouraged to consider health needs more consistently by receiving training and also through health information being included in packages of support for people on bail and in pre-sentence reports where required.

## 9. Key Contacts

- For queries relating to this factsheet contact [Simon.Twite@thpct.nhs.uk](mailto:Simon.Twite@thpct.nhs.uk)
- For generic JSNA queries contact [JSNA@towerhamlets.gov.uk](mailto:JSNA@towerhamlets.gov.uk)

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<b>Date signed off by Senior JSNA Leads:</b>	<i>Date factsheet signed off by senior JSNA leads from Public Health and LBTH</i>	<b>Signed off by (Public Health Lead):</b>	<i>e.g. Director or Associate Director</i>	<b>Date signed off by Strategic Group:</b>	<i>Date factsheet signed off by Strategic Group</i>	<b>Sign off by Strategic Group:</b>	<i>Name the relevant Strategic Group</i>
		<b>Signed off by (LBTH Lead):</b>	<i>e.g. Director of Adults/CFS</i>				