

WARWICKSHIRE YOUTH JUSTICE
HEALTH AND WELLBEING NEEDS and ASSETS ASSESSMENT

Executive Summary



1. INTRODUCTION AND BACKGROUND

Purpose of the Review

This Health and Wellbeing Needs and Assets Assessment (HWBNAA) has been undertaken at the request of Warwickshire's Youth Justice Chief Officers Board, who have responsibility for the effective operation of the statutory Youth Offending Team (in Warwickshire this team is called the Warwickshire Youth Justice Service). As the council is required to re-commission the health service currently provided, this has formed a key driver for the work. The assessment will also contribute to Warwickshire's Joint Strategic Needs Assessment (JSNA) and as such the findings will be reported to both the Chief Officer's Board and the JSNA Steering Group.

It is anticipated that the findings will also inform the wider commissioning decisions of CCGs, Warwickshire County Council, NHSE and the office of the Police and Crime Commissioner (PCC). There are expected to be inter-dependencies between this HWBNAA and the current Child and Adolescent Mental Health Service (CAMHS) review and Local Transformation Plan, other children's services plans, as well as plans relating to substance misuse and other risky behaviours among young people. There are also potential links to be made relating to the Special Education Needs and Disability (SEND) reforms as many of the children and young people seen in youth justice services have either been identified as meeting SEND criteria or are identified as having such needs after their referral to youth justice services. In addition, the WYJS is closely aligned with the Priority Families Programme and as such recommendations could inform the scope of further prevention work.

Objectives of the HWBNAA

The scope of this HWBNAA is children and young people resident in Warwickshire who have been in contact with the WYJS (ie age 10 to 17 years). The specific objectives include:

- To quantify the identified health and well-being needs and assets of children and young people accessing the WYJS
- Where relevant, to compare the identified needs of this cohort to young people in Warwickshire who are not in contact with the WYJS and to national profiles of the needs of those who are
- Outline existing models and processes for assessing health needs, and for providing support and interventions to meet these needs
- Assess the quality of existing services and the outcomes achieved
- Evaluate existing models of provision against best practice recommendations
- Identify staff training needs
- Make recommendations to inform the revised specification for the health contribution to the WYJS.

Key Components of the HWBNAA

Key aspects of the HWBNAA include:

- Analysis of available data quantifying the health needs of children and young people in contact with the WYJS, comparing this to national findings
- Views on health and health services from the perspective of children and young people in contact with the WYJS
- Views of the parents of children and young people referred to the WYJS
- Views of the WYJS staff delivering services to the children and young people referred to the service
- Views of partner agencies on their perceptions of the health needs of children and young people in contact with the service and the extent to which these are met

In addition to the above, a review of the evidence for different models of health provision to meet the needs of children and young people in contact with Youth Justice Services is included. Collectively these elements of the HWBNAA have informed the recommendations made by the HWBNAA Steering Group (see membership in Appendix 1).

Background in Relation to Need

Children and young people in contact with the Criminal Justice System (CJS) have more – and more severe – health and well-being needs than other children of their age (3), (4). They have often missed out on early attention to these needs. There is also a growing consensus and evidence that whilst the volume of young people in contact with CJS has decreased over recent years, those that do remain are thought to have more complex, challenging problems requiring more highly skilled and dedicated support (5). There is a growing body of research identifying the impact of Adverse Childhood Experiences (ACEs) on later life health and wellbeing (6), which includes much increased criminality. However, a recent report has pointed out that those with ACEs who exhibit social, emotional or cognitive problems are often misunderstood and are re-traumatised by services (7).

The Warwickshire Youth Justice Service (WYJS)

The purpose of WYJS is to prevent young people from offending and reoffending, to assist those in the CJS to make an accurate assessment of any young person who has committed an offence, and to offer high quality interventions in order to reduce crime and to protect victims.

WYJS is made up of staff from various agencies, including Warwickshire County Council, Warwickshire Police and National Probation Service, who are working together with young people, parents and families to prevent crime and anti-social behaviour and to reduce re-offending. It is a county-wide service, with offices based in the two Justice Centre's in Warwickshire (Leamington and Nuneaton) plus a

delivery centre operating in Rugby. The service employs 55 staff, working across a number of disciplines and includes practitioners, managers and support staff. In addition, the service employs 20 sessional workers, 12 panel member volunteers and 8 parenting volunteers.

2. NUMBER AND SOCIO-DEMOGRAPHIC CHARACTERISTICS OF WYJS CLIENTS

Prevention Activity

Whilst the WYJS is essentially focussed on young people formally in the CJS, over recent years the service has had a role in preventing young people committing offences in the first place. There has been a substantial growth in preventive cases in 2015/16 with an annual forecast out-turn of 16 in quarter one, growing to an out-turn of 71 for the year. If the preventive referral rates seen over the last six months are sustained the WYJS will be under significant pressure, as this growth in activity, previously funded through savings, now coincides with budget reductions.

First Time Entrants to the Youth Justice Services

The First Time Entrants (FTEs) statistic is based on data recorded on the Police National Computer (PNC) and includes 10 to 17 year olds committing their first offence. While the number of FTEs to the CJS has fallen by 75% since 2003/04 the data for Warwickshire alongside that for 'like authorities' shows Warwickshire to be towards the upper end of the distribution with a rate of 385.72 FTEs per 100,000. However, when compared to like YOTs (the 'YOT family') WYJS can be seen to have a lower rate of FTEs.

The level of FTEs in Warwickshire is lower than the England average but over recent years the Warwickshire rate has decreased less than the England rate such that the 2014 rate of 409 FTEs for England and 386 FTEs for Warwickshire are statistically similar. This is because Warwickshire tackled the inappropriate criminalisation of youth before other Police Force Areas adopted this practice (ie. other YOTs have now 'caught up' with Warwickshire).

Number and Characteristics of Children and Young People Referred to the WYJS

The findings in relation to health needs relate to children and young people formally referred to the WYJS through the courts (ie statutory or formal clients) over the period 2012/13 through to 2014/15.

The overall rate of young offenders has decreased across Warwickshire from 6.9 in 2012/13 to 5.5 per 1,000 10 to 17 year olds in 2014/15. Each year the rate has been consistently higher for the WNCCG population than for Warwickshire as a whole.

SWCCG has the lowest rate of offenders each year. While there has been a decrease in access for all of the populations over the 3-year period, the Rugby rate has decreased very little.

In 2014/15 there were 268 referrals, 69 fewer than the 337 seen in 2012/13, a decrease of 20%. The proportion of male referrals at 81% is similar to the national gender profile but in 2014/15 Warwickshire had a larger cohort of young offenders (12 to 15 year olds) at 50% of the total than the 41% seen nationally in this age group.

Needs Related to Social Vulnerability Factors

There is evidence that many children and young people in contact with the CJS have a background of severe social exclusion. Data shows that between 5% and 11% of the annual offending cohort are currently looked after and that an additional 9% to 12% had been previously looked after. In 2014/15 23% of the young offenders were either current or previously 'looked after' children (LAC). This compares with 690 (0.6%) of Warwickshire's population (0 to 17) recorded as being LAC in 2014/15.

In addition to LAC, large proportions of referrals were currently or previously referred to Children's Social Care. Whilst this is likely to include the LAC, those referred to Social Care make up between 36% (in 2012/13) to 55% (in 2014/15) of the total cohort. In addition, between:

- 14% and 30% of the annual WYJS cohort had suffered some type of bereavement or loss.
- 7% and 11% of the annual cohorts were subject to bullying
- 3% to 4% of the annual cohorts were homeless.
- 8% and 12% had been excluded from school.
- 27% and 32% were Not in Education, Employment or Training (NEET)

3. HEALTH NEEDS IDENTIFIED THROUGH YOUTH JUSTICE ASSESSMENT PROCESSES

Sources of Information About Health Needs

Initially it was anticipated that the data captured through routine screening undertaken by the WYJS caseworkers would describe the health needs of the client group. However, compared to national estimates of health needs, data captured through the routine screening tools was found to significantly under represent a number of health needs. Thus use of the Comprehensive Health Assessment Tool (CHAT) was piloted on a consecutive sample of 43 referrals to the WYJS over a three-month period January to April 2016.

Physical Health Needs

The CHAT assessments show that a relatively high proportion of the young people in Warwickshire have 'troubling physical symptoms' (37%) or physical problems related to eyes, hearing or oral health (35%)

A high proportion of the annual cohorts were smokers, ranging from 50% in 2012/13 to 57% of all young offenders in 2014/15 identified through routine screening or 67% identified in the CHAT assessment, compared to an estimate of 8% among 15 year olds in Warwickshire generally.

Likewise, the number of young people drinking alcohol (47% to 54% per annum) and the proportion engaging in substance misuse (45% to 51% per annum) were high. This compares to 8% of 15 year olds in Warwickshire estimated to be regular drinkers.

There was evidence that the Sexual Health of young offenders in Warwickshire is at risk, with 51% confirming that they have had unprotected sex.

Emotional and Mental Health Needs

The prevalence of mental health problems among young people in contact with the CJS is much higher than the general population. A high proportion of the cohort in receipt of a CHAT assessment (61%) had current or previous contact with health services or other support specifically for mental health problems. This compares with an estimated prevalence of mental health disorder among 15 to 16 year olds in Warwickshire of 9%. In addition, there were the following findings:

- 13 (30%) of the cohort who underwent CHAT assessment had 3 or more indicators of depression. This compares with an estimated 3% of young people in Warwickshire estimated to have an emotional disorder (includes depression and anxiety).
- 19 (44%) had deliberately self-harmed at some point in the past. This compares to estimates of 6% to 10% of young people self-harming in the general population (24)
- 8 (19%) of the cohort had previously attempted suicide.
- 15 (35%) of the cohort had 3 or more indicators of anxiety which compares to 3% of young people in Warwickshire estimated to have an emotional disorder (includes anxiety and depression).
- 2 (5%) of the cohort had 3 or more indicators of PTSD.
- 10 (24%) of the young offenders had symptoms (thought to be independent of substance misuse) that could indicate a risk of psychosis, which is very much higher than would be expected and would require further validation
- 13 (30%) of the cohort who underwent CHAT assessment had been previously diagnosed or advised by a doctor that they might have ADHD, which is up to ten times higher than the general population estimate.

- 23 (55%) of the WYJS cohort had sustained a TBI which compares to self-reported TBI of between 5% to 24% in the general population.

Co-Morbid Mental Disorders

Studies show that children and young people in contact with the CJS frequently experience two or more mental health disorders at the same time, thus detailed analysis of the Mental Health CHAT assessments was undertaken to explore the severity of mental illness and the extent of comorbidity in terms of co-occurring symptoms of mental illness.

The following methodology was used to define more significant illness for the purpose of this analysis:

More significant mental illness was considered to be present if:

- Ever attempted suicide: n=8
- Psychotic symptoms (not associated with substance misuse): n=10
- Depression, self-harm, anxiety, PTSD and ADHD – 3 or more symptoms / indicators (see table 6) within each illness category

Clearly any young person who has previously attempted suicide is vulnerable to more severe mental health illnesses. Of the 8 who had previously attempted suicide 4 (50%) had 3 or more symptoms of depression, 4 had self-harmed, 5 (62%) had 3 or more symptoms of anxiety and other co-morbid disorders.

Likewise, those young people who hear voices or have psychotic thoughts (not thought to be associated with substance misuse) are vulnerable to more severe mental illness. Among the CHAT cohort 10 (23%) fell into this category, which is a comparatively high proportion. Of these young people a high proportion had evidence of more significant disorder in other categories as follows: Anxiety (80%), Depression (50%) and Self Harm (60%).

Speech, Language and Communication Needs

There is evidence of higher levels of speech, language and communication needs (SLCN) amongst young people in the CJS.

The data in Warwickshire indicates that a quarter to a third of the young people assessed showed evidence of SLCN. This is well above the population average of 7-10%. However, the numbers are lower than the national figures for young people who have passed through Youth Offending Institutions and it could be that the national estimates were made using a different methodology and/or that a SLCN specialist would identify additional needs. For example, of the 29 young people who

did not have a previously diagnosed SLCN, 4 (13%) had 3 or more indicators of disorder. Thus the overall prevalence of SLCN could be considerably higher.

Learning Disability and Educational Needs

Defining and assessing learning disability is complex; however, it is well recognized that young people with a learning disability are overrepresented within the CJS. Accordingly, 8 (19%) of the cohort undergoing a CHAT assessment had been in contact with Learning Disability services although there were only records indicating an IQ of <70 for 4 (10.5%) of the young offenders (ie severe learning disability). These figures compare with a Learning Disability prevalence in the general population of 2 to 4%.

Nationally an 18% prevalence of SEND has been reported of among youth offenders. In this review 9 (21%) of the cohort had an existing statement of SEND, which compares to a national average of 2.8% of students and for Warwickshire, 3% of students.

Autistic Spectrum Disorder

The National Autistic Society (2008) suggested that young people with Asperger's syndrome are seven times more likely to come into contact with the CJS than their peers (39). Certain features of Autistic Spectrum Disorder (ASD) may predispose young people to offend including poor empathy, social naivety and misinterpretation of social cues. Five (12%) of the cohort who underwent CHAT assessment had previously been diagnosed with an ASD or a related disorder, which equates with national estimates of the prevalence in youth justice settings.

4. CURRENT HEALTH SERVICE PROVISION

The WYJS Health Team

In recognition of the high levels of physical and mental health problems among children and young people in contact with the CJS, legislation places duties on CCGs to contribute to the YOT budget. In Warwickshire funding currently comes from the Public Health budget and at £103,000 per annum it makes up 3.7% of the total WYJS budget. Nationally the average contribution from health to YOT budgets is 6%.

CWPT are commissioned to provide a 'health team within the YOT' type of service whereby the health team are co-located within the WYJS, working alongside the caseworkers. The health team discuss individual cases with the youth justice caseworkers and/or receive referrals from them. The team undertake health assessments and provide mental health interventions, as described below, as well as making referrals to mainstream or specialist services as necessary.

All young people who are to be sentenced by the courts receive a detailed health assessment as part of their pre-sentence report. In doing this the health team work closely with the courts to ensure that wherever possible appropriate health support can be provided in the community, such that a custodial sentence can be avoided.

A critically important characteristic of the health service provided in Warwickshire is that the professionals can provide therapeutic interventions (some services assess needs and refer young people into CAMHS or other services for support). This means that in Warwickshire young people can benefit from timely interventions delivered flexibly, often on an outreach basis.

The proportion of WYJS clients referred to the Health Team has increased from 28% in 2012/13 to 36% in 2014/15.

Substance Misuse Service Provision

All young people receiving a substantive court outcome with intervention or a youth conditional caution are screened by a specialist WYJS substance misuse worker. Those meeting tier one criteria receive a programme of 'staying safe' work including general education relating to drugs and alcohol, which is undertaken by the case manager. Those meeting tier two criteria receive a six session structured substance misuse programme using the 'Drugs and Me' resource and is undertaken by the WYJS specialist substance misuse staff. Those individuals requiring a therapeutic tier three intervention for poly substance misuse are referred to Compass.

The proportion referred to the 'in-house' provision has increased from 17% of all statutory cases in 2012/13 to 32% of referrals in 2014/15. Likewise, the proportion referred to Compass has increased from 6% to 8% of all referrals.

5. FEEDBACK FROM CONSULTATION

Consultation Undertaken

The HWBNAA has included consultation with:

- Children and young people referred to the service
- The parents of young people referred to the service
- The WYJS staff
- Wider partner agencies (health, social care, police, probation, education, community safety)

Consultation with Young People

Two methods of involvement were used to engage young people; a questionnaire and a focus group. The key issues to be explored included the young people's

perceptions of what undermined their health and wellbeing, their experience of previous support with health issues and what they felt would best enable them to enjoy good health and wellbeing in the future.

The detailed findings of questionnaire are included in appendix 4, but some of the key issues identified are:

- Key factors that undermine the health and wellbeing of the young offenders include pressure from family and friends (including through social media) and emotions (including anger)
- In considering who young people turn to when they need support with health issues, unsurprising family and health services featured strongly in responses
- In terms of resolving previous health issues the young people reported that speedier access to health services would have been beneficial as would having 'someone to talk to'

Key issues that emerged through the young people's focus group included:

- That 'boredom' was an underlying factor which predisposed the young people to substance misuse, even though they acknowledged that their wellbeing was occasionally undermined by 'post drug paranoia'
- There was a strong reliance on family for advising on health issues
- In considering when help was needed but not received, the young people chose to speak about substance misuse services. They felt these services told them what they already knew and introduced them to substances they had not yet tried

Consultation with Parents and Carers

Ten parents attended the parents/carers focus group through recruitment undertaken by the WYJS parent liaison lead. There was good participation by parents in discussing a range of questions related to the health and well-being of young people and a summary of the key points raised is included in appendix 6. Key feedback included:

- Many parents expressed the view that there was insufficient support from schools when problem behaviours were first manifest.
- Parents felt young people need help in understanding their emotions and in building their self-esteem.
- They suggested that non-academic children should have alternative opportunities through schools, for example to develop skills through low cost sporting opportunities and/or through appropriate work –experience.

Consultation with the WYJS Team

In order to gain the views of the WYJS team a staff survey was undertaken and a focus group was held. Details of the findings are included in appendix 7 but key findings were as follows:

- The vast majority of staff (92%) are clear about the health screening tools used and know who to ask for help when necessary
- 25% of staff are unsure how to refer to smoking cessation services
- The majority are able to provide basic lifestyle advice but are less sure about sources of specialist help
- In terms of WYJS capacity to respond to substance misuse, 79% think the service responds well or very well, compared to 87% for MH issues, 54% for a Learning Disability, 68% for a Speech, Language or Communication difficulty, and 73% for a physical health problem.

Consultation with 'Wider Partners'

Engagement with 'wider partners' was undertaken to gauge the perceptions of a wide range of professionals with respect to the health challenges faced by young people, their confidence that the WYJS was able to support resolution of these problems and to identify opportunities for improvement. Key points that were raised include:

- Areas where it was felt improved support was required by young people include in relation to mental health problems, substance misuse, health literacy and SLCN, ADHD and transition to adult services
- Others felt that health matters particularly well managed by the WYJS include mental health and substance misuse
- In terms of interventions or developments that would most improve the health of young people respondents identified early identification of problems and interventions with families, improved specialist support, increased promotion of wellbeing, better access to mental health support and improved education.

6. ANALYSIS AND RECOMMENDATIONS

Overview WYJS Activity

Whilst there is a reduction in the statutory workload of the WYJS, there has been a commensurate increase in the number of 'preventive' cases, particularly during 2015/16. It is unlikely that the growth seen can be sustained within existing resources and it will also be necessary to agree what access preventive cases should have to the WYJS health team or whether these young people should receive mental health support through mainstream CAMHs.

The data indicates that Warwickshire has a higher rate of FTEs to youth justice services, when compared to the rate in 'like' authorities (from a health perspective)

being towards the upper end of the range (although not statistically different). The decrease in FTEs seen nationally over recent years has been less in Warwickshire such that whilst Warwickshire still has a lower rate of FTEs, it is now closer to the national average. This is a reflection of the fact that Warwickshire addressed the issue of the inappropriate criminalisation of young people earlier than other YOTs. Thus, the slowing in the decrease in FTEs in Warwickshire that has coincided with a reduced spend per head of population on youth justice services, is not thought to be related.

As expected there are differences in the rates of offenders across the County with the North having higher rates than the South. The Rugby rate appears to have decreased very little compared to other parts of the county (and country), however the numbers are small and confidence intervals would be wide such that without further information, no conclusion can be drawn in relation to this finding.

There is also evidence indicating that for 2014/15 the youth offending population in Warwickshire is younger than the national profile. Future years will determine whether this is the start of a trend or a random variation.

Overview of Findings: Socio-demographic and Health Statistics

The profile of those who enter the WYJS shows a high degree of vulnerability with referrals presenting with complex and entrenched problems. High proportions of the WYJS population smoke, drink alcohol and/or misuse substances. There is evidence of sexual health needs and a high proportion of the young offenders reported 'troubling' physical health symptoms.

In terms of Mental Health there is evidence of significant need, as indicated through the CHAT assessments, including:

- 61% had previous input from mental health and related services, prior to referral
- 44% had self-harmed
- 19% had attempted suicide
- At least 30% had ADHD
- 55% had sustained a TBI

The Strengths and Difficulty Questionnaires (SDQs) undertaken on referrals to the health team amplify the mental health problems suffered by this population with 41% having a high or very high score for 'total difficulties', as compared to a population value of 5%. Whilst there may be some limitations in the assessment of needs using the CHAT as it is a relatively new tool and staff have no previous experience of using it, it does provide strong evidence of co-morbidity among the cohort.

Overview of Findings: Learning Disability, SEN and SLCN

The findings among the WYJS clients, mirrors the national picture with high levels of Learning Disability and SEN being identified, including the following:

- 21% had an existing SEN
- 28% had been to a 'special' school
- 45% had some type of learning need
- 10.5% had documented evidence of an IQ <70
- 12% were identified with ASD

The findings among the WYJS clients, demonstrates high levels of SLCN with a quarter to a third of the young people assessed showed evidence of SLCN, well above the population average of 7-10%. This significantly undermines the potential for interventions to have any impact, which may play some part in explaining re-offending rates.

It can be concluded that there is a high level of neurodisability and learning needs among the population, comparable with those nationally reported among YJS populations.

Overview of Findings: Current Service Provision

There is evidence that the generic case workers need more support in screening for health needs. The current 'in house' health and substance misuse services appear to be well-understood and accessed appropriately by the caseworkers. The mental health outcomes for those managed by the health team appear to be good and there is evidence that they contribute to reduced re-offending. The capability of the team in providing mental health interventions is considered a key attribute of the service and should remain a priority in terms of the future service specification.

Areas of concern include:

- The lack of collaborative assessment (ie caseworkers should undertake the Asset assessment, refer to the health team if indicated and then review their original assessment through a joint meeting with a member of the health team). (This is being addressed in part through the introduction of AssetPlus)
- The detection and management of SLCNs
- The detection of physical health problems
- Access to Learning Disability/Neurodisability services for those with identified problems
- Ensuring referrals are made to lifestyle behaviour support, in particular smoking cessation and sexual health services

There are opportunities for improved connection to mainstream universal services, in particular to the School Health and Wellbeing Service.

Overview of Assets

There was limited scope to identify the individual assets of the young people, as meaningful engagement was understandably difficult. However, the questionnaires administered by the WYJS caseworkers, with whom the young people have developed a relationship, did indicate that a number of young people recognised the importance of developing skills (in particular in relation to future work) and that they

were aware of some of the issues that they needed to deal with (eg. anger management). In terms of the assets available to the young people and their families there was some evidence that the WYJS and the health team were a valued resource. For parents, there was a sense that some benefitted from community resources and groups, whilst others, often through lack of knowledge, did not.

Recommendations in Relation to Commissioning

NHS Commissioners of the WYJS Health Service need to ensure that:

- In keeping with the requirements set out in legislation CCGs should be represented on the Chief Officers Board that oversees the delivery of Youth Justice Services in Warwickshire.
- The commissioning of the WYJS Health Service is aligned with the commissioning of other health and support services for young people, so the holistic needs of this client group can be better addressed by all services.
- Consideration is given to commissioning a therapeutic SLT service for WYJS clients with SLCNs, as justified in appendix 10.
- That the role of the wider WYJS in relation to 'prevention' is clarified and quantified and that the role of the WYJS Health Service is specifically considered in this context.
- Consideration is given to the level of health funding to the WYJS. Current investment (3.7%) falls short of the national average (6%). This would increase the health contribution from £103,000 to £165,000 per annum.
- Consideration is given to the merits of providing the health input into youth justice services on wider footprint (eg. Across Coventry and Warwickshire) to give economies of scale and the potential for a more diverse skill-mix within the health team.
- Should funding become available for a liaison and diversion service, consideration should be given to enhancing the WYJS health team to enable them to deliver the young people's aspect of this service.
- In relation to CAMHS services commissioners should seek to ensure that there is better integration between specialist and mainstream services and that information is shared with interested parties (eg schools) as appropriate (and without contravening data protection requirements).

Recommendations in Relation to the Specification for WYJS Health Service

It is recommended that commissioners should:

- Be clear about the balance between assessing and identifying need versus the capacity and capability of the WYJS health service (or other services) to address the needs identified.
- The capacity and capability of the health team needs to be sufficient to sustain evidence based therapeutic mental health support/ interventions that are highly valued by young people and both keep them out of mainstream CAMHS and out of custodial settings
- Ensure that there are sustainable arrangements in place to provide the required clinical supervision for the WYJS health team.

- Ensure that the WYJS Health Service provides more support for WYJS caseworkers so they are better able to screen for the range of health problems that may be present including
 - Physical health problems, including sexual health issues
 - Poor Mental Wellbeing and Mental Health problems
 - Substance mis-use problems and associated health risks
 - Neurodisabilities including Speech Language and Communication difficulties, Learning Disabilities/difficulties, traumatic brain injury ADHD and ASD
- Ensure the commissioned service includes staff with a wide range of skills and competence in relation to: Physical health problems, Mental health problems, substance misuse, and neurodisabilities as well as lifestyle related behaviours including risks to sexual health. As identified above specific separate consideration needs to be given to meeting SLCNs.
- The health team should support delivery of the outcomes agreed for the general CAMHs population.
- The health team should provide training and support to WYJS caseworkers and other relevant services (eg the School Health and Wellbeing service).
- The opportunity for closer working between the Educational Psychologists and the health team should be explored.
- For young people in custodial settings the service should meet YJB recommendations in relation to planning and resettlement.

In relation to introducing CHAT assessments, it is recommended that:

- A trial of use of the CHAT assessment should be undertaken on a defined cohort of young people with the express aims of determining how the CHAT can be undertaken:
 - through drawing on the Asset Assessments already undertaken.
 - through working with the WYJS caseworker in completing the CHAT.
 - with a view to identifying the difference completing a CHAT makes in terms of referral and/or outcome for the young people (ie what benefit does it confer in terms of improved outcome).

It is important to recognise that whilst there may be benefit in undertaking CHAT assessments this cannot be at the expense of capacity to provide therapeutic interventions. Separate resourcing of CHAT assessment should be considered in light of the findings of the trial.

Recommendations for the Wider WYJS in Identifying Health Needs

- WYJS caseworkers need to be supported in improving their ability to screen clients in relation to health problems and in relation to health risk factors, enabling appropriate referrals. This should include training for the caseworkers by the health team in using the Asset screening tools. In addition, specialist training could be provided by external agencies where there are gaps in the health worker's skill base.

- WYJS caseworkers need to be skilled in enabling young people to engage with wider health services such as:
 - Lifestyle services (smoking, healthy weight, sexual health)
 - Universal health services (GP, Dentist, etc)
- Information should be made available to caseworkers about available services and referral pathways (eg Warwickshire has well-being hubs and lifestyle services that they could refer clients to).
- There should be ongoing supervision and periodic routine audit of the health screening undertaken by WYJS caseworkers to identify any training or support needs.
- WYJS caseworkers should adopt best practice, which states that the Asset assessment should be officially reviewed once a health assessment is completed.
- On an annual basis the routine health report should be expanded to include details of the health needs of the entire WYJS cohort as identified through routine screening processes (ie not just the health needs of the smaller cohort who are referred to the health team).

Recommendations in Relation to Prevention

- Commissioners of Early Years, Children and Young People Services need to agree how the evidence in relation to Adverse Childhood Experiences should be implemented in local strategies and services

Early years providers and schools need to ensure:

- The early identification of social, emotional and mental health needs of pupils and the consequent presenting behaviours, establishing effective early intervention, engaging family members and wider support as appropriate
- The early identification of children with SEND and/or SLC difficulties, ensuring effective early intervention
- The provision of effective support to pupils who have difficulties that might not reach SEND criteria

Those commissioning/supporting or monitoring the provision of education services need to ensure:

- That schools are appropriately supported in tackling pupil non-attendance and in avoiding pupil exclusions
- That there is appropriate support and safeguarding of excluded pupils and that the length of time pupils are excluded is minimised
- Consideration should be given to referring excluded and other 'at risk' young people to the WYJS for preventative work.

Those commissioning children's social care services and the 'Priority Families' programme should ensure that:

- There is adequate support and training for staff working with children and families to recognise needs and behaviours among children that could predispose to youth offending.

- There is training and support available to foster parents and LAC to tackle problems behaviours that could lead to youth offending.
- There is access to appropriate behavioural support services, including CAMHS, to address behavioural problems among children and families.

There is a strong evidence base for interventions in early years to tackle behaviour and conduct disorders that indicate good cost-effectiveness (47).

Recommendations in Relation to Other Services

The WYJS is advised to work with the relevant commissioners and providers of services to ensure that:

- Universal services, in particular the School Health and Wellbeing Service, make information that they have (eg. from previous health assessments) available to the WYJS and that the two services should work in partnership in addressing health needs.
- Appropriate links between Speech, Language and Communication services and the WYJS are developed aimed at ensuring the service provides a 'communication friendly' environment.
- A pathway between the WYJS and mainstream Learning Disability/Neurodisability services needs to be established.
- Specific consideration should be given to identifying joint commissioning opportunities with other agencies and organisations for example to provide consistent and streamlined support to young people with substance misuse problems.
- With the support of the educational psychologists the WYJS should develop a strong working relationship with the SEND team, to support those who require a EHC plan and/or have other support needs, including SLCN.
- Wherever possible work is aligned with services such as targeted youth support, to ensure the best possible use of collective resources.

WYJS has a clear focus on building motivation and raising aspirations of the young people they supervise. Desistance theory is applied and the relationships WYJS develop with young people are effective in supporting the interventions delivered, resulting in the demonstrated reduced re-offending rates. Whilst the use of positive role models is included in the work with young people opportunities to increase this should be explored so that more young people are able to experience first-hand the benefits of adopting a crime free life.

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