Health needs assessment of young offenders in the youth justice system on Merseyside

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Liverpool Public Health Observatory

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1. Executive Summary

1. Introduction

This is a health needs assessment (HNA) of young offenders aged 10-19 on Merseyside. It covers the areas of Liverpool, Knowsley, Sefton, St Helens, Wirral, and, Halton. It includes young offenders in secure children's homes (SCH), secure training centres (STC), and young offender institutions (YOI), as well as those who are being managed in the community by Merseyside Youth Offending Services (YOSs). The National Institute for Clinical excellence[1] (NICE) defines health needs assessment (HNA) as 'a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities'. A HNA is a vital part of planning and commissioning health care and other services and support to promote well-being. It builds up a clear baseline of current needs and services, so that decisions can be made about how to reduce any mismatch between what is needed and what is provided.

1.2 Background information

This HNA assessment covers young people up to the age of 19, as some 18 year olds remain in the secure estate for children and young people until the age of 19 if they only have a short period of their sentence still to serve. According to the Youth Justice Board, in November 2012, 1,692 children aged 18 or under were in custody, with 1,551 of these under the age of 18. 96% of the latter were male, and 4% were female, so males are over-represented in this population. Young people from ethnic minority backgrounds are over-represented among children in custody - 58.6% of these young people were white, 20.5% were Black, 8.2% were of Mixed ethnicity, and 7.0% were Asian.

Young offenders experience health that is worse than other people of their age, particularly in terms of behavioural and mental health problems. The Bradley Report highlighted the disproportionately high number of people with learning disabilities and mental health problems in the criminal justice system. Of prisoners aged 16-20, around 85% show signs of a personality disorder and 10% show signs of psychotic illness, which is far higher than in the population as a whole.

1.3 The youth justice system on Merseyside

1.3.1 Police custody

From 1st April 2011 to 31st March 2012, 23% of all arrests across Merseyside (12,550) were people aged under 20 [2]. For more information on police custody, please a separate health needs assessment that was completed on police custody across Merseyside (Mercer, 2012).

1.3.2Young offender institutions and secure children's homes

There are no secure training centres or young offender institutions on Merseyside. There is one secure children's home, housing young people who are in contact with the youth justice system (YJS), Red Bank Community Home, in St Helens. There are no young offender institutions on Merseyside, however, because the majority of male offenders who are sent to young offender institutions go to HMYOI Hindley, Hindley was included in this HNA. Table 1 below shows young people in Red Bank Community Home and HMYOI Hindley.

Table 1: Summary of young people in YOI and SCH on Merseyside

	HMYOI Hindley	Red Bank CH
Status	YOI	SCH
Sex of prisoners	Male	Mixed
Operational capacity	440	21[3]
Type of health care services	24 hour healthcare	Primary care

Source: 'Inside Time' (http://www.insidetime.org/index.asp: last accessed April 2012) (http://www.insidetime.org/info-regimes2.asp?nameofprison=HMYOI_HINDLEY)

[1] http://www.nice.org.uk/

[2] Stats from Merseyside police, 1st April 2011 to 31st March 2012.

[3] This figure relates to the contract with YJB as 25th July 2012, 7 females and 14 males. There are also 2 male and 1 female spaces for welfare/non-criminal cases.

1.3.2 Young offenders being managed by Merseyside YOSs

There are six YOSs in the Merseyside area – Liverpool, Knowsley, Sefton, St Helens, Wirral, and Halton and Warrington. 286 young offenders are managed by Liverpool YOS, 244 male and 42 female. 122 young offenders were managed by Knowsley YOS, 108 male and 14 female. 144 young people were managed by Sefton YOS. St Helens YOS managed 70 young offenders, 67 of who were male, and 3 female. Wirral YOS managed 113 young people, 97 male and 16 female. 40 young offenders from the Halton area were managed by Halton and Warrington. 38 of these were male, and 2 were female. [4]

1.3.2.3 Young offenders being managed by Merseyside YOSs by age.

Table 2 below shows that, for all YOS teams on Merseyside, in line with young people nationally, the highest proportion of young offenders are aged 15-18.

Table 2: Youth offending service population by age.

Age	Liverpool		Knowsley		Sefton		St Helens		Wirral[5]		Halton	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
10	0	0	<5	N/A	0	0	0	N/A	<5	N/A	0	N/A
11	0	0	<5	N/A	0	0	<5	N/A	<5	N/A	0	N/A
12	<5	N/A	<5	N/A	<5	N/A	<5	N/A	<5	N/A	<5	N/A
13	11	3.8	12	9.8	5	3.5	<5	N/A	<5	N/A	<5	N/A
14	19	6.6	11	9.1	9	6.3	<5	N/A	7	6.2	<5	N/A
15	36	12.6	26	21.3	30	20.8	8	11.4	20	17.7	6	15
16	63	22.0	33	27.0	32	22.2	16	22.9	30	26.5	8	20
17	67	23.4	31	25.4	34	23.6	26	37.1	38	33.6	13	32.5
18	74	25.9	5	4.1	32	22.2	11	15.7	11	9.7	<5	N/A
19	12	4.2	0	0	<1	N/A	0	N/A	0	N/A	0	N/A
Total	286	100	122	100	144	100	70	100	113	100	40	100

Source: Merseyside Youth Offending Services.

1.3.2.4 Offenders managed by Merseyside YOSs by ethnicity

The proportion of white young people being managed by Merseyside YOSs is higher than it is nationally, reflecting the higher proportion of white young people living in the Merseyside area than nationally. In Liverpool, around 84% of the population aged 5-16 are white/white British, compared to 86% of young offenders aged 10-19 being managed by Liverpool YOS. The majority (90.2%) of young offenders managed by Knowsley YOS were white British, 93.8% in Sefton, 96.8% in St Helens, 95.6% in Wirral, and 95% in Halton. In Liverpool, 6.3% of those being managed by the YOS were African, black, or black other, and 6.3% were of mixed ethnicity. For youth offending services other than Liverpool, numbers of young offenders from other ethnic groups were too small to report.

1.4 Interviews with offenders and staff in prisons and in the community

Interviews were conducted between August 2012 and January 2013, with young offenders at HMOI Hindley, and Red Bank Community Home, and with young offenders being managed in the community by Merseyside YOSs. Interviews were also conducted with members of staff working with these young people, primarily health nurses and CAMHS staff. [6] A total of 22 interviews were carried out. Accessibility was key in terms of ensuring that young people engaged with services in the community, and staff were very flexible about where and when they saw young people. Key areas for improvement identified include gaps in services for those aged 16-18, and in provision for wider health needs, such as accommodation and education, training and employment needs. Earlier identification of health problems, and increasing the confidence of front-line staff to identify these problems, particularly ADHD and mental health problems, was a further recommendation.

1.5 Recommendations

The following recommendations have been produced based upon the national and local evidence, as well as best practice of what is effective in improving the health and wellbeing of offenders.

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[4] Data was provided by Merseyside Youth Offending Services (YOSs). Unless otherwise stated, Liverpool data was a snapshot taken 31st July 2012. Knowsley and Sefton 31st May 2012. St Helens data 11th Jan 2013. Wirral 19th November, 2012. Halton 1st October, 2012, for Halton residents only. Data not available by gender for Sefton YOS.

1.5.1 Core recommendations

- Establish a comprehensive qualification on working with young offenders for health staff working within the YJS.
- Standardise use of IT systems, with each YOS within Merseyside using the same system.
- Ensure NHS staff working with young offenders have access to NHS computer systems.
- Address 'gaps' in provision for young offenders aged 16-18.
- Establish services for young people who have problems with gambling.
- Empower frontline professionals to identify health issues at an early stage.
- Conduct interviews with health care staff and female offenders in young offender institutions/SCH which house female offenders.
- Review this health needs assessment following publication of NICE guidelines on young people in the youth justice system.
- When young people are admitted into Red Bank, name and contact details of their current GP should be passed on to Red Bank from the courts, or other institution.

1.5.2 Recommendations for HMYOI Hindley and Red Bank Community Home

- Ensure health care staff are aware which of the support services they are entitled to use.
- Conduct interviews with prison staff at Hindley, and residential care staff at Red Bank.
- Address the health needs of parents/carers of young offenders.

1.5.3 Additional recommendations for Red Bank Community Home only

- Establish a direct referral process for young people with learning difficulties. Implement a direct referral process for speech and language therapy.

1.5.4 Recommendations for YOSs

- Ensure health care is as accessible as possible, minimise waiting times for appointments, and provide health services under one roof where possible.
- Provide support for young offenders on a one to one basis where necessary, and offer home visits if appropriate.
- Offer support to young people in the evenings and at weekends.
- Standardise use of IT systems, with each YOI and YOS within Merseyside (or the North West) using the same system to record Asset data.
- Ensure that all young people complete a health assessment.
- Liaise with schools to provide support for young people if school attendance is poor.
- Provide an email alert for YOS staff when young people are transferred to custody.
- Conduct interviews with young people in St Helens, Sefton and Wirral.
- Conduct interviews with health care staff in St Helens and Sefton.

1.5.6 Recommendations: wider health needs

- Ensure that appropriate accommodation for young offenders is available. Accommodation needs to be managed by sufficient numbers of experienced staff. Accommodation should be appropriate to both the needs and the age of the young person. Provide an environment that is free from drugs and alcohol for young people.

1.6 Conclusion.

This health needs assessment demonstrated that services that were available to young offenders were of high quality. The key to enabling young people to engage with services was accessibility, particularly in the community. Young people are more likely to engage where several services are provided under one roof, and if they can see health workers at venues that are convenient for them. Areas where improvement could be made were in transition from community to secure accommodation, and transition from children's to adult services. There were gaps in provision of appropriate accommodation and education, employment and training opportunities for these young people. Staff working with young people felt that a comprehensive qualification for staff working with young offenders should be introduced.

2. Full report

2.1 Health needs assessment overview.

2.1.1 Aims

- To determine the health needs of the Merseyside young offender population.
- To investigate the extent to which current service provision is addressing the health needs of the Merseyside offender population.

2.1.2 Objectives

- Assess existing evidence on young offender health needs.
- Analyse available quantitative data relevant to young offender health needs in Merseyside.
- Describe key characteristics of the offender population in Merseyside relevant to commissioning health services.
- Detail current health service provision for young offenders across Merseyside.

2.1.3 Scope

- Male and female offenders aged 10-19 in YOI and SCH.
- Male and female offenders aged 10-19 who are being managed by Merseyside YOSs.

2.1.4 Key steps

- Obtaining necessary ethics/research committee approvals.
- Conducting a brief literature review looking at relevant studies.
- Assessment of available relevant data sources.
- Collation and analysis of available quantitative data.
- Compiling a detailed description of the young offender population on Merseyside.
- Mapping of offender population flows around the youth justice system in Merseyside.
- Mapping of current service provision across the young offender pathway.
- Acquiring data from key stakeholders (including offenders) to identify priority health issues, barriers to accessing services and barriers to delivering services.
- Analysis of data obtained from stakeholders.
- Drawing conclusions from data and making recommendations

2.1.5 What is a health and well-being needs assessment?

This is a health and well-being needs assessment of young offenders aged 10-19 on Merseyside. It covers the areas of Liverpool, Knowsley, Sefton, St Helens, Wirral, and, Halton. The National Institute for Clinical Excellence (NICE) defines health needs assessment (HNA) as 'a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities' (NICE, 2005). A HNA, more appropriately now called a health and well-being needs assessment[7] (HWBNA), is a vital part of planning and commissioning health care and other services and support to promote well-being. It builds up a clear baseline of current needs and services so that decisions can be made about how to reduce any mismatch between what is needed and what is provided. The work provides an opportunity to make services more responsive to needs, to identify newly-emerging needs, to take account of the increasing knowledge base about effective interventions, and to harness the experience of different stakeholders, in order to improve outcomes.

[7] http://www.chimat.org.uk/yj/na/aboutHWBNA/def

3. National context

3.1 The legal framework and service drivers

The age of criminal responsibility in [8] England and Wales is 10 years. The youth justice system (YJS) was set up under the Crime and Disorder Act 1998, to prevent young people offending or re-offending. The formal youth justice system begins once a child aged 10 and over has committed an offence and receives a reprimand or warning, or is charged to appear in court. From 2013, reprimands and warnings will be replaced by restorative solutions and cautions[9].

In December 2007, the Government made a commitment in the Children's Plan to publish a child health strategy jointly between the Department of Health and the Department for Children, Schools and Families[10]. The Healthy Children, Safer Communities (DOH, 2009) is a strategy to promote the health and well-being of children and young people in contact with the youth justice system[11]. You're Welcome criteria (DOH, 2011) sets out principles to make health services more young person friendly, as highlighted in the NHS Operating Framework for 2009/2010. National Service Framework (NSF)[12]for Children, Young People and Maternity Services set out guidelines for quality care. Prisoners are entitled to receive the same range and level of health care service as are available in the community (HM Prison Service, 1994). The government's National Delivery Plan (DOH, 2009b), published in response to the Bradley Report (DOH, 2009), also states the importance of equity of access: offenders should receive services appropriate to their needs regardless of race, gender, disability, age, sexual orientation, religion or belief.

3.2 Youth Offending Services.

The Crime and Disorder Act requires local authorities, the police, probation, and health (PCTs, and from Spring, 2013, Clinical Commissioning Groups), to set up Youth Offending Services (YOSs) to work with children and young people offending or at risk of offending. YOSs must include representatives from the police, probation, health, education and children's services. YOSs continue to have responsibility for children and young people sentenced or remanded to custody. Responsibility for commissioning health services for those in SCHs for children remanded or sentenced to police custody transfers to the NHS in 2012/3.There are also plans to transfer responsibility for commissioning health services in secure training centres (STC) to the NHS.

3.3 Police custody suites

Police custody suites are designated areas in police stations for the processing and, if necessary, detention, of a person who has been arrested. There is currently no standardised process for screening and assessment of health and well-being needs within police custody suites. The treatment of children and young people in custody suites is governed by the Police and Criminal Evidence Act 1984 (PACE). PACE is anomalous with other legislation in the UK in that young people aged 17 are treated as if they were adults for the purposes of police procedure, whereas in all other legislation anyone under 18 is a child or young person. A separate health needs assessment on police custody across Merseyside was carried out by Liverpool PCT in 2012 (Mercer, 2012).

3.4 Youth justice liaison and diversion schemes

The cross-government Health and Criminal Justice Liaison and Diversion programme, led by the DOH, includes a major national programme of pilot youth justice liaison and diversion (YJLD) schemes for children and young people with mental health, learning or communication difficulties, or other vulnerabilities affecting their physical and emotional well-being. The purpose of the programme is to identify all health and social care needs at whatever point children and young people enter the YJS, with a view to securing more systematic access to services and enabling the police and courts to make informed decisions about charging and sentencing.

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[8] http://www.chimat.org.uk/yj/na/ayjs/whatis#YOS

[9] http://www.chimat.org.uk/yj/na/ayjs/whatis

[10] (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400).

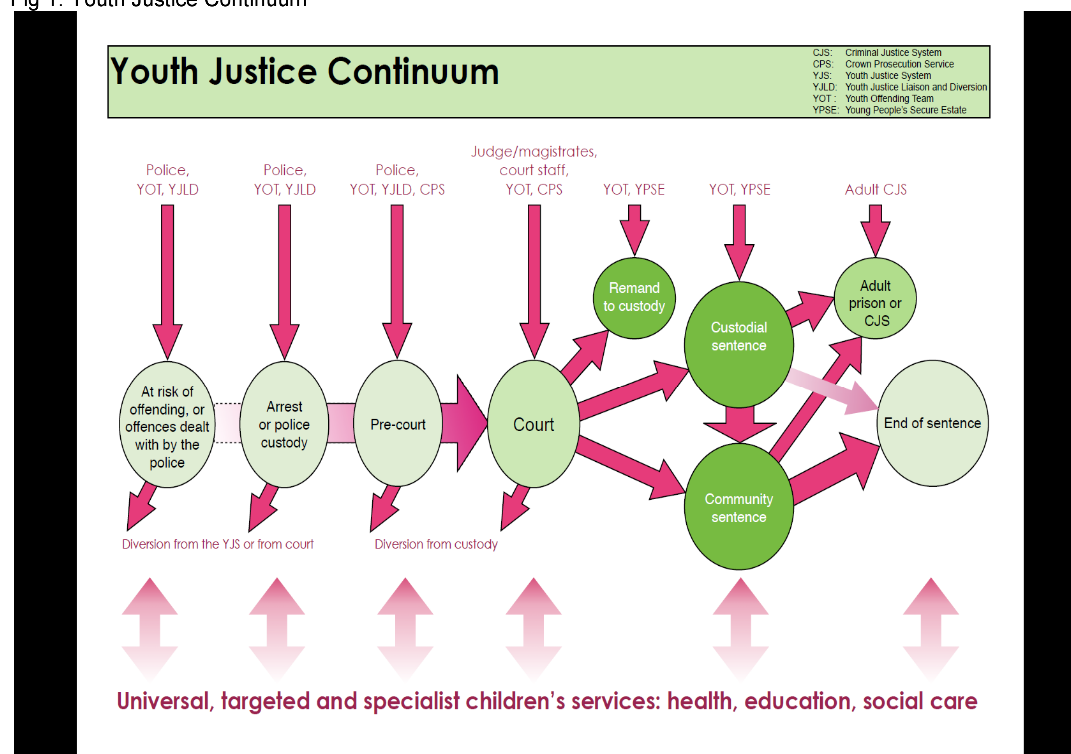
[11] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109771.

[12] Choosing health (2004). http://www.nhs.uk/NHSEngland/NSF/Pages/Nationalserviceframeworks.aspx

3.5 The secure estate for children and young people

The secure estate for children and young people is the umbrella name for the establishments that hold children and young people who are in custody, shown in the diagram below (Figure 1). This includes young offender institutions (YOIs), secure training centres (STCs) and secure children's homes (SCHs YOIs are run as part of HM Prison Service (apart from one which is a private prison run under contract to the Youth Justice Board). They accommodate those aged 15 to 21, and are separated into juvenile units, for those aged 15-17, plus some 18 year olds who are coming to the end of their sentence, and young offender areas for those aged 81-21. STCs are run by private companies, and SCHs are run primarily by local authorities, although they can also be run by private and voluntary organisations. The vast majority of children and young people in custody are held in YOIs, with STCs and SCHs used for children who are younger and deemed more vulnerable. Health needs should also be taken into consideration, in deciding where to place young people.The secure estate provides custodial placements for 10-17 year olds, although some 18 year olds remain if they are near the end of their sentence. Figure 1 below shows the flow of young people through the YJS.

Fig 1: Youth Justice Continuum



Source: Department of Health for the HWBNA toolkit[13], April 2012.

3.6 Young offenders – the national picture

The number of children in custody has fallen in the last five years. According to the Ministry of Justice (2012), the child custodial population reduced by 44%, from 3,029 in June 2008, to 1,551 by November 2012. Use of remand has also reduced. In 2009/10, 240,000 (17%) of the nearly 1.4 million people arrested for notifiable offences were aged 10-17[14] . 23% of all arrests across Merseyside (12,550) were under 20 [15]. According to Youth Justice Board statistics (Ministry of Justice, 2012c), in November 2012, a total of 1,692 children aged 18 or under were in custody, with 1,551 of these under the age of 18. 330 of those under 18 (21.3%) were on remand. Of those aged under 18, 1,489 (96%) were male, and 62 (4%) were female. According to Figures taken from the Audit Commission for Youth Justice (2004), typically over 80 per cent of young people sentenced to custody are reconvicted within two years (Renwick, 2012).

[13] [13] http://www.chimat.org.uk/yj/hwbna

[14] Recorded crime does not include non-notifiable offences such as arrests for breach of the peace, drunk and disorderly arrests under S.136 Mental Health Act 1983. Source: Police Powers and Procedures, 2009/10.

[15] Stats from Merseyside police, 1st April 2011 to 31st March 2012.

4. Literature review

As described below, young people in the YJS generally suffer from worse health than other children of a similar age, particularly in terms of mental health problems, learning difficulties, addictions, and speech and language problems. At a national level, young people from black and minority ethnic backgrounds are over-represented in the YJS, along with looked after children, and those from more deprived areas.

4.1 Ethnicity

While the majority of children and young people in contact with the YJS are white, children from some minority groups are over-represented nationally. This is particularly noticeable for young people in custody (HM Government, 2009). In addition, a higher proportion of children from black and minority ethnic (BME) groups have post-traumatic stress disorder than other children, in both community and custody settings. (Harrington R, Bailey S et al, 2005), which means that it is important to be aware of the number of young people from BME backgrounds. Of 909 of the 1551 young people in custody in November 2012 (Ministry of Justice 2009c), 58.6% were White, 20.5% were Black, 8.2% were of Mixed ethnicity, and 7.0% were Asian. This is higher than for the population as a whole: 24.6% of the school-age population aged 5-16 are from black and minority ethnic groups. With the exception of Liverpool, there are very small proportions of children from black and minority ethnic (BME) groups residing in local authorities in Merseyside, according to ChiMat. In Liverpool, around 1 in 6 (16.1%) of the population aged 5-16 are from BME groups, which is the same as the proportion for the North West as a whole. In Knowsley, that figure was 3.5%, 4.9% in Sefton, 3.6% in St Helens, 5.9% in Wirral, and 2.7% in Halton. There has also been an increase in the last year of 6% of Foreign Nationals being held in Juvenile establishments.

4.2 Mental and physical health of young people in the YJS

Looking at young people as a whole, not just those in the YJS, asthma, along with diabetes and epilepsy, are the most prevalent long-term physical health conditions young people suffer from. Asthma is the most common long-term condition among children and the UK has one of the highest prevalence of asthma symptoms in the world. A report on long-term conditions in the North West indicated that in 2010-11 the North West had the highest levels of emergency admissions in England (364 per 100,000 population[16]) due to asthma amongst 0-18 year olds, and that across PCTs in England there was a significant relationship between admissions for asthma and deprivation.

A 2009 report by the Royal College of Paediatrics and Child Health[17] revealed a 60% increase in the number of children aged 0-17 with diabetes, compared to that reported in the Department of Health 2007 publication. This later data equates to a prevalence rate of 209 per 100,000 population.. In 2008-09 the North West had the second highest emergency admission rate of any region in England and was statistically significantly higher than the England rate.. Nationally, there was no significant relationship between emergency admission rates and deprivation. In 2008-09 whilst the PCT rate was higher than England it was not statistically significantly so. Reductions during 2009-10 and 2010-11 meant rates were slightly lower than England. With a rate of 64 per 100,000 in 2010-11, the PCT ranked 75th out of 151 PCTs with no statistical difference between it and the England average, and was lower than the North West average rate of 75 per 100,000 population.

Epilepsy is the most common serious neurological condition, affecting 48,000 children under the age of 18 in England. A study carried out by Epilepsy Action concluded that current effective provision, as set out in NICE guidance, was patchy across the country with only 28% of PCTs employing specialist epilepsy nurses for children and only 18% knowing how many children in their area had the condition[18]. In 2010-11 the North West rate of emergency admissions due to epilepsy was 97 per 100,000 population, significantly above the England rate (Deacon et al, 2011), Nationally, there was a significant relationship between emergency admissions due to epilepsy and deprivation and since then rates have fallen.

Young people who come into contact with the youth justice system tend to suffer from worse health than other children who are the same age (e.g. DOH, 2009, Ryan et al, 2011). While these are not the cause of offending behaviour, these health problems are they are often linked to issues of self-

[16] CHIMAT Disease Management Information Toolkit (DMIT) - Paediatric Asthma Data Module
[17] *www.diabetes.nhs.uk/document.php?o=340*
[18] Epilepsy Action (2009) *Epilepsy in England: time for change*

esteem, emotional well-being and other factors that influence behaviour more generally (DOH 2009). Young people in the YJS have high levels of problem drinking, use of illegal drugs and use of volatile substances (HM Government, 2009). These increase the risk of young people committing an offence as well as having a detrimental effect on their general health and well-being. Over half of children and young people in custody in the YJS have difficulties with speech, language and communication (DOH, 2009).

One of the key objectives in the Government's 'No Health Without Mental Health' (HM Govt., 2011), is to 'Improve early recognition and intervention for mental health problems in children and young people, including those in or at risk of moving into the youth justice system' . Self-harm is an issue of concern in relation to children and young people in the YJS, particularly those in the secure estate (DOH, 2009). Of prisoners aged 16-20, around 85% show signs of a personality disorder and 10% exhibit signs of psychotic illness[19] (Mental Health Foundation, 2007). There is a particularly high prevalence of depression and self-harm among young women in custody (Douglas N and Plugge E, 2006). As many as 30% of adolescents who self harm report previous episodes, many of which have not come to medical attention. Self-harm is also be a risk factor for young people attempting suicide: Hawley et al found that common characteristics of adolescents who self harm are similar to the characteristics of those who commit suicide. Knowledge of risk factors is limited, although, the following factors seem to indicate a risk;

- Being an older teenage male;
- Violent method of self harm
- Multiple previous episodes of self harm;
- Apathy, hopelessness, and insomnia; substance misuse
- Previous admission to a psychiatric hospital.[20]

The 'no health without mental health'[21] implementation framework states that one of the things that CCGs can do for people with mental health problems include ensuring that they consider the needs of the whole population, including seldom-heard groups. This includes those in the youth justice system. The importance of health promotion and mental illness prevention in making commissioning decisions is also highlighted. Early intervention in mental health and behavioural disorders produces significant economic savings: it has been estimated that one-off intervention programmes targeting parents and pre-school children in the UK with conduct disorder (around 5% of the child population) would cost £210 million, but would have potential lifetime benefits equivalent to £5.2 billion (Friedli et al, 2007).

Sexually transmitted diseases are a serious health problem for young people, including those in contact with the YJS. Chlamydia is one of the most common of these conditions. One indicator to consider is the Chlamydia diagnosis rate [22]: the number of positive tests reported to the National Chlamydia Screening Programme for every 100,000 young people aged 15-24 years in the population. This was higher than the England average of 13.4 for all Merseyside local authorities. In Liverpool there were 16.5 positive tests for every 100,000 people aged 15-24 years, with 17.1 for Knowsley, 14.1 for Sefton, 20.4 for St Helens, 20,2 for Wirral, and 21.1 for Halton.

Over half of children and young people in custody in the YJS have difficulties with speech, language and communication (DOH, 2009). Estimates of prevalence of speech impairment from the Royal College of Speech and Language Therapists[23] suggests that Liverpool has1,006 children aged 12-14 years with a speech impairment, with 419 in Knowsley, 725 in Sefton, 472 in St Helens, 828 in Wirral, and 317 in Halton.

The Bradley Report (DOH, 2009) highlighted the disproportionately high number of people with learning disabilities, as well as mental health problems, in the youth justice system. It is estimated that

[19] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090399.

[20] www.chimat.org.uk

[21] http://www.dh.gov.uk/health/2012/07/mentalhealthframework/

[22] www.chlamydiascreening.nhs.uk/ps/publications/new.html.

[23] www.rcslt.org/speech_and_language_therapy/commissioning/sli_plus_intro.

25 to 30 per cent of children and young people in the YJS have learning disabilities, and that this rises to around 50 per cent of those in custody (HM Government, 2009).Estimating the prevalence of learning disability is problematic and should be treated with caution. One general population study (Emerson & Hatton, 2004) estimated that 2% of the total population has a learning disability, and the researchers calculated age related prevalence as follows: 5 to 9 years - 0.96%; 10 to 14 years - 2.26%; and 15 to 19 years - 2.67%. There is a 40% prevalence of mental health problems associated with learning disability (Foundation for People with Learning Disabilities, 2002).

4.3 Looked after children

Evidence suggests that there is considerable overlap between children who are in contact with children's social care services and those in the YJS (Ryan et al 2012). In Liverpool there were 940 looked after children on 31 March 2011, of whom 50 were in residential care[24]. There were 285 looked after children in Knowsley, 30 of whom were in residential care, 380 looked after children in Sefton, with 55 in residential care, 345 in St Helens, with 40 in residential care, 680 in Wirral with 65 in residential care, and 125 in Halton, with 15 in residential care.

4.4 Deprivation

Research indicates that children and young people from more deprived backgrounds are more likely to commit an offence (Harrington et al, 2005). The 2007 Indices of Multiple Deprivation (IMD) indicate that Liverpool is ranked 1 out of 152 top tier local authorities in England, with the local authority ranked at 1 being the most deprived. Knowsley was ranked as 5, Sefton as 68, St Helens at 43, Wirral as 48, and Halton as 25. More detailed information is available by local authority via the Child Well-Being Index[25], which has similarities with the IMD but is an index of child well-being rather than an index of deprivation (Department for Communities and Local Government, 2009). Liverpool is ranked 147 of 152 top tier local authorities in the overall Child Well-Being Index, with the area ranked at 1 having the highest levels of overall child well-being. Knowsley is ranked at 134, Sefton at 62, St Helens at 92, Wirral at 110, and Halton at 102. This suggests that levels of child well-being in all Merseyside local authority areas apart from Sefton are worse than the national average.

4.5 Jobs, education and training.

Exclusion from secondary school is known to be a risk factor in predicting offending behaviour. In Liverpool, 0.21% of young people were permanently excluded from school, which is higher than the North West average of 0.18%, and the England average of 0.15%. In Knowsley, this figure was 0.09%, lower than the North West and England averages, 0.17% in Sefton, 0.18% in St Helens, 0.06% on the Wirral, and 0.24% in Halton, which was the highest of the Merseyside local authorities. Not being in education, employment or training (NEET26) is another risk factor for offending behaviour. The percentage of 16 to 18 year olds who are known to Connexions and who are NEET, in 2010, was 8.2% in Liverpool, which is higher than the North West average of 6.7%, and the England average of 6.7%. The figure was 11.4% for Knowsley, the highest for any of the Merseyside local authorities, 5.8% for Sefton, 7% for St Helens, 8.6% for Wirral, and 9.3% for Halton.

Previous reports (e.g. Ofsted, 2010), have shown that lack of access to education, training, and employment was a significant barrier to changing the behaviour and expectations of children and young people of all ages who offend, or are likely to offend. Problems included the fact there was a lack of understanding among schools, colleges, employers etc, about the role of secure establishments and youth offending services, making it harder for young people to reintegrate into mainstream provision. There were also difficulties around poor arrangements for sending on information about the earlier study that young people had completed. Different secure establishments also offered different subjects and had different examination boards, leading to problems in continuity, and exacerbating problems with reintegration into mainstream provisi5. The Young Offender population on Merseyside

[24] http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=28&geoTypeId=4

[25] Further information on the index can be found at: www.communities.gov.uk/publications/communities/childwellbeing2009.

[26] www.education.gov.uk/a0064101/16-to-18-year-olds-not-in-education-employment-or-training-neet

In 2011-2012, for every 100,000 10-17 year olds in the population of Liverpool, 947 received their first reprimand, warning or conviction.[27] This was higher than the rate of 709 per 100,000 for the North West, and 712 per 100,000 for England as a whole. In Knowsley, the rate was 696 per 100,000, with 649 in Sefton, 424 in St Helens, 725 on the Wirral, and 539 in Halton.

The young offender population on Merseyside includes young people in police custody: from 1st April 2011 to 31st March 2012, 23% of all arrests across Merseyside (12,550) were people aged under 20 [28]. For more information on police custody, please see the separate health needs assessment that was completed on police custody by NHS Liverpool (Mercer, 2012). It also includes young offenders in Red Bank Community Home, a secure children's home[29] , as well as those who are being managed in the community by Merseyside Youth Offending Services (YOSs). There are 6 YOSs covering Merseyside. There are no secure training units or young offender institutions in the Merseyside area. However, the majority of male offenders aged 15-18 who are sent to young offender institutions are sent to HMYOI Hindley, so this was included in the needs assessment. Female offenders are sent to a wide range of young offender institutions elsewhere in the UK.

[27] http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=28&geoTypeId=4
[28] Stats from Merseyside police, 1st April 2011 to 31st March 2012.
[29] The other secure children's home in the Merseyside area, St Catherine's Secure Centre, is a welfare (Sec 25) unit only, and does not accommodate any young people under the Criminal Justice system, so is outside the remit of the HNA. Contract with YJB as 25th July 2010, 7 females and 14 males. This does not include young people in an open unit, which provides a national residential service for 15 young people who have demonstrated sexually inappropriate behaviour.

5. Young offenders on Merseyside

5.1 Young Offender Institutions and Secure Children's Homes

Red Bank Community home provides residential care to 21 young people, 14 male and 7 female[30]. HMYOI Hindley has type 3 healthcare status. It provides twenty-four hour medical cover and has provision for thirteen inpatient beds. In addition to the GP services, the prison healthcare provides a wide range of clinical services delivered by both generic and specialist nurses and allied professionals. Where possible health needs are met within the prison, with referral to external agencies and services as required. Table 3 below provides an overview of Red Bank Community Home and HMYOI Hindley.

Table 3: Overview of YOI/secure children's homes (SCH) included in the HNA

	HMYOI Hindley[31]	Red Bank CH
Status	YOI	SCH
Sex of prisoners	Male	Mixed
Operational capacity	440	21[32]
Type of health care services	24 hour healthcare	Primary care

Source: 'Inside Time' (http://www.insidetime.org/index.asp: last accessed April 2012) (http://www.insidetime.org/info-regimes2.asp?nameofprison=HMYOI_HINDLEY)

5.1.1 Population of young offenders at Red Bank Community Home and HMYOI Hindley by age.

5.1.1.2 Population of Red Bank Community Home, by age

Table 4 below shows that the highest proportion of young people (61.9) in Red Bank Community Home were aged 13-15.

Table 4: population of Red Bank Community Home by age

	Red Bank Community Home (%)
10-12	0 (0)
13-15	13 (61.9)
15-17	8 (38.1)
18 plus	0 (0)
Total	21 (100) 14 male and 7 female[33]

Source: Red Bank Community Home, July 2012

5.1.1.3Population of HMYOI Hindley, by age

Table 5 below shows that the highest number of young people in HMYOI Hindley were aged 17, followed by those aged 16, 18 and 15.

Table 5: Age of young offenders in HMYOI Hindley

	HMYOI Hindley (%)
15	38 (9.7)
16	111 (28.4)
17	184 (47.1)
18	58 (14.8)
Total	391 (100)

Source: Hindley HNA, Renwick 2012.

5.1.2 Ethnicity

While the majority of children and young people in contact with the YJS are white, children from some minority groups are over-represented. This is particularly noticeable for young people in custody. (HM Government, 2009). The majority of young people at Red Bank Community Home (71.4%) are from White British backgrounds, with the remainder from White Irish and Black Mixed backgrounds. The population of HMYOI Hindley is predominantly White British, with small representation from Asian, African and Caribbean groups (Renwick, 2012).

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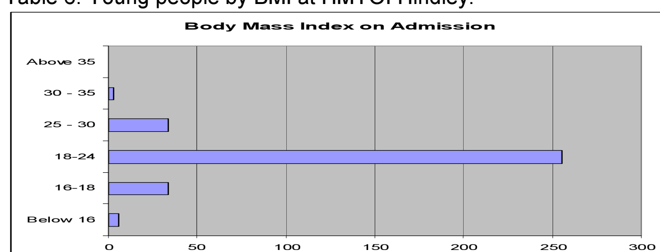
[32] Figures from Red Bank Community Home, 25th July 2012.
[32] Hindley data provided is 1st October 2011 to 31st October 212 inclusive.
[33] Data from 25th July 2012

5.1.4 Physical and mental health problems and lifestyle issues

All young people have an assessment when they first arrive at Red Bank Community Home or HMYOI Hindley. At Red Bank, staff provided data to the researcher by trawling the records of young people currently resident at Red Bank. As at July 2012, of the 21 young offenders housed by Red Bank Community Home, 10 had asthma. As discussed in section 4.2 above, asthma, along with diabetes and epilepsy, is the most prevalent long-term physical health condition that young people suffer from. Numbers of other health problems were suppressed as they were too small to report.

The remainder of the data in this section refers to HMYOI Hindley. All data for Hindley was taken from SystmOne, the clinical recording system. Table 6 below shows that the vast majority of young people entering the prison have a BMI within a healthy range, however significant numbers have a BMI which placed them as either underweight (12%) or overweight (11%). 2% of these were within the range of severely underweight or severely obese (Renwick, 2012).

Table 6: Young people by BMI at HMYOI Hindley.



Source: Hindley HNA, Renwick 2012.

In the year ending 31st October 2012, no young people were admitted to HMYOI Hindley with epilepsy. If the prevalence of epilepsy in the community is similar to that in the prison community, we would expect 0.5% of the Hindley population to suffer from epilepsy, so prevalence may be under-reported (Renwick, 2012). Prevalence of diagnosed asthma in the community is also higher (around 20%) than at Hindley (3%). However, whilst the prevalence of Type 1 diabetes in young people under the age of 20 years is 0.14%, within the Hindley population the prevalence is double at 0.28% (Renwick, 2012). Between 1st August and the 30th November 2011 there were 56 referrals to the learning disability service. Since May 2010, 68 referrals have been made to the Speech and Language Therapist. An open referral system exists (Renwick, 2012). Table 7 below shows the prevalence of mental health issues among the population of HMYOI Hindley, which are higher than would be expected in the population as a whole.

Table 7: Mental health issues among the population of HMYOI Hindley.

Health issue	No.	%
Low mood	<5	N/A
Issues with other Young People / bullying	48	10.9
Family/girlfriend concerns	36	8.2
Bereavement	7	1.6
Anger/Frustration	16	3.6
Substance detoxification	<5	N/A
Sentence issues/ nature of offence	5	1.1
Referral by outside agency	9	2.0
To achieve or gain	28	6.4
General issues in regard to being in prison	57	12.9
Frustration / boredom	9	2.0
Complex Needs	<5	N/A
Guilt over offence	<5	N/A
Total of young offenders HMYOI Hindley	440	100

Source: Hindley HNA, Renwick 2012.

5.1.5 Length of stay at Red Bank Community Home and HMYOI Hindley.

The average length of stay in Red Bank Community Home is 96 days[34]. The most frequent stay at HMYOI Hindley is 6 -9 months, with 41% of the population serving less than a 12 month Detention and Training Order sentence. Approximately 15% of the population is being held on remand and so is

[34] Data provided by Red Bank Community Home, Jan 2012.

unsentenced. For both institutions, this means that interventions may need to be prioritised and inputted during this timescale (Renwick, 2012).

5.2 Population being managed by Merseyside YOSs[35]

5.2.1 Population managed by Merseyside YOSs by gender

286 young offenders are managed by Liverpool YOS, 244 male and 42 female. 122 young offenders were managed by Knowsley YOS, 108 male and 14 female. [36]. 144 young people were managed by Sefton YOS. St Helens YOS managed 70 young offenders, 67 of whom were male, and 3 female. Wirral YOS managed 113 young people. 40 young offenders from the Halton area were managed by Halton and Warrington YOS. 38 male, and 2 female. The proportion of young people being managed who are male is much higher than in the population of Merseyside as a whole.

5.2.1 YOS population Merseyside YOS by age.

Table 8 below shows the age profile of offenders aged 10-19 on Merseyside. In line with national statistics, the majority of offenders are in the 15-17 age category.

Table 8: Age profile of young people being managed by Merseyside YOSs.

Age	Liverpool		Knowsley		Sefton		St Helens		Wirral[37]		Halton	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
10	0	0	<5	N/A	0	0	0	N/A	<5	N/A	0	N/A
11	0	0	<5	N/A	0	0	<5	N/A	<5	N/A	0	N/A
12	<5	N/A	<5	N/A	<5	N/A	<5	N/A	<5	N/A	<5	N/A
13	11	3.8	12	9.8	5	3.5	<5	N/A	<5	N/A	<5	N/A
14	19	6.6	11	9.1	9	6.3	<5	N/A	7	6.2	<5	N/A
15	36	12.6	26	21.3	30	20.8	8	11.4	20	17.7	6	15
16	63	22.0	33	27.0	32	22.2	16	22.9	30	26.5	8	20
17	67	23.4	31	25.4	34	23.6	26	37.1	38	33.6	13	32.5
18	74	25.9	5	4.1	32	22.2	11	15.7	11	9.7	<5	N/A
19	12	4.2	0	0	<1	N/A	0	N/A	0	N/A	0	N/A
Total	286	100	122	100	144	100	70	100	113	100	40	100

Source: Merseyside YOSs

5.2.3 Ethnicity

Young people from minority ethnic groups are over-represented within the population of young people in the youth justice system. 86% of young offenders being managed by Liverpool YOS at the time our sample was taken (see below) were White or White British. 6.3% of young offenders from the Liverpool area were African, Black, or Black Other, whilst 6.3% were of mixed ethnicity. Other than for Liverpool YOS, numbers of young offenders from other ethnic groups were too small to be reported. The majority (90.2%) of young offenders managed by Knowsley YOS were White British, with 93.8% in Sefton, 96.8% in St Helens, 95.6% in Wirral, and 95% in Halton. The ethnic composition of school-children in the local authorities in Merseyside is shown in Table 21. According to ChiMat, with the exception of Liverpool, there are very small proportions of children from black and minority ethnic (BME) groups residing in local authorities in Merseyside. In Liverpool, around 1 in 6 (16.1%) of the population aged 5-16 are from BME groups, which is the same as the proportion for the North West as a whole. In Knowsley, that figure was 3.5%, 4.9% in Sefton, 3.6% in St Helens, 5.9 in Wirral, and 2.7% in Halton. There has also been an increase in the last year of 6% of Foreign Nationals being held in Juvenile establishments.

5.2.4 The prevalence of physical and mental health problems

The data presented below was taken from Asset[38], unless otherwise stated. The tables below show that the most common physical health problem, for the YOS areas where this data was available, was

[35] Data was provided by Merseyside YOSs. Unless otherwise stated, Liverpool data was a snapshot taken 31st July 2012. Knowsley and Sefton 31st May 2012. St Helens data 11th Jan 2013. Wirral 19th November, 2012. Halton 1st October, 2012- data for Halton residents only.

[38] Asset provides a common, structured framework for assessment of all young people involved in the criminal justice system. It is a standard assessment of the factors contributing to a young person's offending.
For more information on Asset, visit http://www.justice.gov.uk/youth-justice/assessment

ADHD, followed by asthma. Reported prevalence of ADHD in Wirral YOS was particularly high, at 31%. We requested data on a range of other mental and physical health problems in addition to those listed above, including autism and aspergers syndrome, dyspraxia, epilepsy, and sleep issues – please see appendix 2. However, not all data was available for each YOS, and numbers of young people with health conditions other than those listed above were suppressed as they were too small to report. Available data varied according to YOS, and the IT systems used by each YOS, making comparisons across Merseyside problematic. Data taken from Asset would not always include health needs unless staff felt that they were linked to a young person's offending, so prevalence of mental and physical health conditions is likely to be higher than reported. In addition, many young people have multiple and complex health needs. This is explored more fully in the discussion section.

Table 9: Physical health complaints by YOS

Physical health complaints	Liverpool (%)	Knowsley (%)	Sefton[39] (%)	St Helens (%)	Wirral (%)	Halton (%)
ADHD	31(10.8)	N/A	6 (18.2)	11(15.7)	35 (31.0)	8 (20)
Asthma	19(6.6)	N/A	<5 (N/A)	<5 (N/A)	12 (10.6)	<5

Source: Liverpool YOS 01.07.12, Knowsley, Sefton St Helens 11.01.13, Wirral YOS 19.11.12, Halton 01.10.12

Table 10: Mental health complaints and lifestyle issues by YOS

Mental health complaints and lifestyle issues	Liverpool (%)	Knowsley (%)	Sefton (%)	St Helens (%)	Wirral (%)	Halton (%)
Emotional issues	43 (15.0)	20 (25)	<5 (N/A)	13 (18.6)	<5	9 (22.5)
Anger issues	39 (13.6)	22 (27.5)	7 (21.2)	7 (10.0)	<5	10 (25)
Anxiety	33 (11.5)	10 (12.5)	<5	<5	<5	<5
Threatened/attempted suicide	N/A	13 (16.3)[40]	<5	<5	10 (8.8)	<5
Self harm	22 (7.7)	17 (21.3)	<5	11 (15.7)	9 (7.9)	6 (15)
Cannabis use	16 (5.6)	N/A (70)[41]	18 (54.5)	<5	N/A	<5
Depression	7 (2.4)	12 (15)	<5	<5	<5	<5
Eczema	6 (2.1)	N/A	<5	<5	N/A	<5
Weight issues	6 (2.1)	12[42] (15)	<5	<5	N/A	<5
Sleeping issues	5 (1.7)		<5	<5	N/A	<5
TOTAL	286	80[43]	33	70	113	40

Source: Liverpool YOS 01.07.12, Knowsley, Sefton St Helens 11.01.13, Wirral YOS 19.11.12, Halton 01.10.12

[39] Data on mental and physical health conditions from Sefton YOS was based on a sample of just under a third of the 144 young people managed by Sefton YOS.
[40] Attempted suicide only.
[41] Cannabis use among young people managed by Knowsley YOS estimate received early 2013
[42] Diet issues.
[43] Totals for young people who were screened only.

6. Resources available to YOI, SCH and YOS on Merseyside.

6.1 Resources available to Red Bank Community Home and HMYOI Hindley

6.1.2 Resources available to Red Bank Community Home

At Red Bank Community Home, there is one general nurse, 0.95 WTE, and equivalent 0.80 mental health/CAMHS nurses. A GP visits once per week. A dentist visits every 6 to 8 weeks. There is access to a psychiatrist half a day per week, and a psychologist one day per week. Young people who report toothache on admission are seen locally, nearly always on the same day, whilst the remainder of young people are placed onto a dental examination list with a visiting dentist. There is access to a visiting optician. If there are any other identified health needs these are addressed by health care staff, or by referral to the GP. Visits to hospitals are facilitated by Red Bank Care Staff.

6.1.3 Resources available at HMYOI Hindley

HMYOI Hindley has type 3 healthcare status. It provides twenty-four hour medical cover and has provision for thirteen inpatient beds. In addition to the GP services, the prison healthcare provides a wide range of clinical services delivered by both generic and specialist nurses and allied professionals. Visits to hospitals are facilitated by Hindley care staff. Table 11 below shows health staff at HMYOI Hindley.

Table 11: Health staff at HMYOI Hindley

Post	Quantity
Manager	1 WTE
Operational Governor	1 WTE
Health Development Officer	1 WTE
Band 3 Health Trainer	2 WTE
Band 7 Substance Misuse Nurse	1 WTE
Band 7 RGN	1 WTE
Band 6 RGN Nurses	3 WTE
Band 5 RGN/SEN Nurses	14.5 WTE
Band 4 Support Worker	1 WTE
GP	X 4 weekly plus On Call commitment
Dentist	4 sessions weekly
GUM	2 sessions monthly
Physiotherapist	1 session weekly
Podiatrist	1 session fortnightly
Optician	1 session monthly
Pharmacist technician	30 hours weekly
Psychiatrist	4 sessions weekly
Band 8c Psychologist	4 sessions weekly
Band 7 Psychologist	1 WTE
Trainee Psychologist	0.25WTE
Band 7 Learning Disability Nurse	1 WTE
Band 5 Learning Disability Nurse	1 WTE
Band 7 Speech and Language Therapist	0.5 WTE
Band 8a Clinical Nurse Specialist (RMN)	1 WTE
Band 7 RMN	0.4 WTE
Band 6 RMN	8 WTE
Band 5 RNM	2 WTE
Support Time and Recovery Worker	2 WTE
Art Therapist	1 session weekly
Counsellor	6 sessions weekly
Occupational Therapist	1 session weekly
Administration Assistants – Band 4	1 WTE
- Band 3	2 WTE
- Band 2	0.75 WTE

Source: Renwick, 2012.

6.2 Resources available to YOSs

6.2.1 Liverpool YOS

Liverpool Community Health Youth Offending General Health Team is part of the Liverpool Community Health Safeguarding Service. The team consists of qualified nurses with administrative support based on YOS premises. The purpose of the team is to ensure continued improvement of health outcomes, and promotion of life chances, for children and young people within the Liverpool YOS up to 18 years. Involvement may continue if the young persons order does not cease until after that. The team aims to engage young offenders and their families, to increase their knowledge, skills and confidence to enable them to access mainstream health services. They provide comprehensive primary health screening and assessment for young people at risk of offending or known offenders, health promotion (family planning, teenage pregnancy, substance misuse guidance), as many are excluded or failing to access mainstream services. The team also provide access to inclusive primary health care services via dedicated community nursing support (for example, immunisation, fast-tracking access to doctors, dentists, opticians, Family Nurse Partnership and parenting support). Referrals are made direct to the team via locally agreed referral routes and all contacts are arranged based on where a young person is most comfortable being seen, risk assessment permitting.

Mental health services are provided via the Child and Adolescent Mental Health Service [44] (CAMHS). Alder Hey Children's NHS Foundation Trust provides specialist child and adolescent mental health services directly into Liverpool YOS. CAMHS provision into Liverpool YOS is headed up by a Consultant Clinical Psychologist with support from a multi-disciplinary team of adolescent mental health professionals. CAMHS offers comprehensive mental health assessment and appropriate therapeutic interventions for children and young people appropriately referred via YOS Case Managers, as well as consultation for professionals working with young people under the supervision of Liverpool YOS, and training on the mental health needs of this population. CAMHS undertake mental health assessments, using the appropriate, validated psychometric tools, of all children and young people appropriately referred to them, and develop care plans which are agreed with children, young people, and carers, identifying educational, health and social care needs, with potential therapeutic interventions outlined, and appropriate key workers identified. CAMHS also offers direct psychotherapy with young people, as well as evaluation of outcomes for children, young people and carers accessing this service. CAMHS advise commissioners and the CAMHS partnership, when required, on evidenced based approaches and practice based evidence which supports the development of services to meet the mental health needs of children and young people within the youth justice system. A vast amount of work has been undertaken to ensure that even those young people and families who do not consent to a specialist CAMHS intervention are able to benefit indirectly through anonymous clinical consultation to YOS case managers.

Mersey Care Early Intervention team are frequently involved in joint working with YOSs, in the areas covered by Mersey Care (Liverpool and Sefton). The team works with young people aged 14-35. The philosophy of the service is that the earlier people get help, the better the chance of the person getting better and making a full recovery, preventing the development of a more severe and enduring mental health problem. Referrals can be direct to the team or through the single point of entry, allowing non health professionals to refer, and also GPs to refer directly. The team is multi disciplinary, including nurses, social workers, occupational therapists, doctors, psychologists and employment advisors. The service is community based and young people are seen where they feel most comfortable, risk assessment permitting. The team aim to make the process of meeting a mental health practitioner as easy and none-stigmatising as possible. Support is also provided for young offenders by Liverpool substance misuse team.

6.2.2 Knowsley YOS

Knowsley YOS work to the principle of screening and identifying the physical and emotional health needs of young people at the earliest point of their contact with the service. This is facilitated by the Integrated Health & Well Being Team. The team includes a Senior Health Practitioner who manages the team, who is based at the YOS, as well as a part-time health visitor, and full-time assistant health practitioner, all employed by 5 Boroughs Partnership. It includes one full-time and one part-time CAMHS practitioner, employed by Knowsley CAMHS under 5 Boroughs Partnership, and a full-time substance misuse practitioner, employed by the YOS. All young people are offered a holistic

[44] http://fsd.liverpool.gov.uk/kb5/liverpool/fsd/service.page?record=2oeNisDseYI

assessment at the first point of contact with the service either via Triage or at report writing stage. The holistic assessment focuses on physical, emotional and mental health screening, alongside substance use and speech, language and communication. The assessment also explores the young person's relationships and support. This assessment contributes to the support offered at Triage stage and to the ASSET and reports being written.

The Integrated Health & Well Being Team is further supported by the Education, Training & Employment /Connexions (2 staff), Family Link Practitioners (2 practitioners) and volunteer mentors. Any needs identified are addressed via the delivery of a Health Action Plan which is agreed with the young person and delivered flexibly in a range of community and partner settings. Support can be offered via targeted interventions/ programmes, brief interventions, health promotion activities, support to access universal or specialist services, building confidence and self esteem, promoting independence and independent living skills. Where young people are identified as having multiple or complex needs they are offered a further voluntary intervention called WRAP. The aim of WRAP is to reduce the numbers of professionals/ practitioners involved, build trust and engagement and work with the young person to prioritise the areas of need/ protective factors that will most impact on the young person's wellbeing and positive outcomes. WRAP offers the young person a key worker who is identified on the basis of greatest need/ likelihood of supporting change e.g. a young person could have accommodation, substance use, emotional and mental health issues and family relationship breakdown. The young person and the key worker may agree that the priority area to support is accommodation & family relationships therefore the key worker could be the Family Link Practitioner who will support both of these areas but with advice and consultation from the CAMHS practitioner & the Substance Use Practitioner will continue to offer support in these areas until the young person is ready to engage with them.

The Integrated Health & Well Being team additionally provide advice and consultation to the range of YOS staff, complete Risk of Custody Health Assessments, liaison with YOI's, planning for release and resettlement , liaison with GP's, universal and specialist services and contribute to risk and vulnerability management processes.

6.2.3 Sefton YOS

All workers within the YOS are able to offer general advice guidance and information, as well as signposting to other services to young people and their families. Sefton Community Health Youth Offending General Health Team is part of the Liverpool Community Health Safeguarding Service. The team consists of qualified nurses based on YOS premises. The purpose of the team is to ensure continued improvement of health outcomes, and promotion of life chances, for children and young people within the Sefton YOS up to 18 years. Involvement may continue if the young person's order does not cease until after that. The team aims to engage young offenders and their families, to increase their knowledge, skills and confidence to enable them to access mainstream health services. They provide comprehensive primary health screening and assessment for young people at risk of offending or known offenders, health promotion (family planning, teenage pregnancy, substance misuse guidance), as many are excluded or failing to access mainstream services. The team also provide access to inclusive primary health care services via dedicated community nursing support (for example, immunisation, fast-tracking access to doctors, dentists, opticians, and parenting support). Referrals are made direct to the team via locally agreed referral routes and all contacts are arranged based on where a young person is most comfortable being seen, risk assessment permitting.

In terms of emotional and mental Health, Alder Hey Children's NHS Foundation Trust provides specialist child and adolescent mental health provision directly into Sefton YOS. This takes the form of clinical consultation and training to YOS case managers and comprehensive psychological assessment and therapeutic intervention to young people and families under the supervision of Sefton YOS. CAMHS provision into Sefton YOS is headed up the Clinical Lead for Specialist CAMHS provision in Sefton and is supported by a multi-disciplinary team of adolescent mental health professionals. A vast amount of work has been undertaken to ensure that even those young people and families who do not consent to a specialist CAMHS intervention are able to benefit indirectly through anonymous clinical consultation to YOS case managers.

The SMASH specialist substance misuse team is available to accept referrals from these agencies when the needs of young people are highly complicated and their substance misuse is significant.

As part of the team's preventative role they also work with young people who are at risk of entering the Criminal Justice System. The team also works with other agencies including schools as part of a wider Early Intervention and Prevention (EIP) remit.

6.2.4 St Helens

In terms of physical health, St Helens have a YOS nurse who works on a part-time basis, based at the YOS, who is part of the School Nursing Team. All young people subject to a court order and supervised by the YOS are offered a health assessment appointment. In addition, all young people who receive a triage intervention from the YOS Prevention Team and are not in education, training or employment are offered a health assessment appointment. All young people with a specific need are referred by either the case manager or the young person themselves.

In St Helens there is also a specific nurse for looked after children. There is liaison between this nurse and the YOS nurse to determine who is best placed to undertake any health assessment or specific health need identified when looked after young people are involved with the YOS. There is a CAMHS link worker attached to the YOS who is available during a 2-hour slot one day per week for telephone consultation. The Young People's Drug and Alcohol Team (YPDAAT) is also co-located with the YOS and provide substance misuse interventions to young people subject to court orders, out of court disposals and those involved with the prevention service as a means of early targeted prevention. The YOS also has a substance misuse worker in Red Bank Secure Children's Home, which allows for continuity of care for those individuals from St. Helens who are remanded, sentenced or for welfare reasons are placed in Red Bank. Training and awareness sessions are also delivered to YOS and Red Bank workers in order to enable them to discuss issues of substance use with young people. Nicotine replacement therapy and complementary therapies are also offered. Referral pathways for health assessments are in place via the YOS nurse.

YPDAAT also deliver sexual health interventions, such as access to condoms, chlamydia screening, advice and information and support to access services such as GUM and community sexual health services. The team also accepts referrals from a wide range of services and self-referrals. The team consists of a manager, one senior practitioner, two full-time and one part-time substance misuse workers.

6.2.5 Wirral

All young people are initially screened for physical health as part of their assessment and they are then referred into the health clinic to meet with the nurse to explore general health issues, sexual health awareness, vaccination history and signposting for additional support. In terms of emotional and mental health, all young people are screened, and can be referred to the seconded CAMHS senior mental health nurse, based at YOS, who can link in with the wider borough wide services such as the 16-19 Team. Screening is also done for for substance misuse, and Tier 2 and Tier 3 intervention is offered within YOS. Tier 4 intervention is offered via the local CAMHS team. This approach promotes physical, emotional and social health to all young people at YOS using multi-agency professionals and services.

6.2.6 Halton

Halton do not have a nurse attached to the YOS for physical health. They have one CAMHS worker attached to the YOS in Halton, 2 days YOS and 3 days with the Divert programme. The Divert programme aims to intervene at the point of arrest and divert young people with mental health issues away from the Criminal Justice System. There is one full-time substance misuse worker covering both Halton and Warrington and all case managers and support staff are DANOS trained[45]

[45] DANOS is basic substance misuse work

7. Interviews with offenders and health care staff in prisons and in the community

Interviews were conducted between August 2012 and January 2013, with young offenders at HMOI Hindley, and Red Bank Community Home, and with young offenders being managed in the community by Merseyside YOSs. Interviews were conducted with members of staff, including staff at HMYOI Hindley and at Red Bank Community Home, and with general nurses and CAMHS staff working with young offenders across Merseyside [46]. A total of 22 interviews were conducted. Key areas for improvement identified include transition between services available for young people, and those for adults, and the fact that provision for young offenders was 'patchy' across the Merseyside area, with provision varying widely according to 'postcode'. This also applied to wider health needs, including accommodation, and education, employment and training needs. Accessibility was key in terms of ensuring that young people engaged with services in the community.

7.1 Secure institutions

7.1.1 Overview

Generally, young offenders were able to access high quality health care, for both mental and physical health problems, in a timely manner - in most cases, health care was received far more quickly than it would be outside prison. The longest waiting lists at HMYOI Hindley were reported to be for dental health care. Health care was generally seen as easy to access: at Hindley, there were a variety of ways in which to access health care, from visiting the health care unit, seeing health care staff when they were on the prison wings, asking prison staff for referral to health care, and filling in written applications. At Red Bank, the fact that nurses were visible around secure accommodation made health care easy to access. Many young offenders were more likely to engage with health care in prisons than in the community because, as well as health care being more accessible, they had more spare time, and they knew if they missed an appointment it would be followed up more thoroughly than if they missed one whilst in the community.

Many young offenders have been non-attenders at school, and have missed taking part in school health programmes, so may be behind on immunisations etc. Young offenders from travelling families have sometimes missed out on taking part in school health programmes. Others have missed out due to chaotic lifestyles of their families. Offenders may be more likely to seek help for certain health conditions than for others: young offenders at Hindley were sometimes unwilling to have drug tests on admission, for example, in case it is used against them. Some young offenders may be unlikely to seek help for sexual health problems, although certain health conditions, such as Chlamydia, were worn as a 'badge of honour' by some young people, where having the condition gave them increased status. Conversely, some young offenders may be unwilling to seek help for mental health conditions, sometimes due to concerns about losing status with their peers. Offenders were more likely to seek help that was seen as socially acceptable, e.g. going to see the chaplain was seen as acceptable.

Staff at Red Bank felt that many aspects of the environment were conducive to the well-being of the young people housed there. Each young person had their own room, which helped maintain their privacy. They were cared for, not by prison offices as at YOI, but by residential care staff, who carried out a nurturing, parental, role. Staff felt that the structured routine at Red Bank was beneficial to most of the young people. Young people went to school between 9am and 4pm, and had the opportunity to take part in a programme of 'enrichment' activities after school. The structured environment also meant that young people were more likely to get into regular sleep patterns.

7.1.2 Facilities

Although some facilities at Hindley have been recently refurbished, others are still in need of refurbishment. Some of the treatment rooms, in particular, are old, and lack space on units on which to do treatments. There are only 2 main consulting rooms for mental health at Hindley, so there is not always sufficient private space available. Staff working in mental health at Red Bank Community Home reported similar issues. They felt that a more up to date environment would mean that health care could be delivered more effectively.

[46] The other SCH on Merseyside, St. Catherine's, is a welfare (Sec 25) unit only and we does not accommodate any young people under the Criminal Justice system. Interviews with staff at HMYOI Hindley complete.

7.1.3 Parents/carers of young people

Members of staff at secure institutions mentioned that getting parents and carers involved was one area where improvements could be made, perhaps by running a drop-in clinic for parents/carers to ask questions about the young offenders that they cared for, and also to improve the health of visitors themselves: in the past, clinics had been held to address the health needs of visitors, who are themselves likely to be from traditionally 'hard to reach' groups.

7.1.4 Health care staff

There is no recognised or accredited comprehensive health qualification for working with young offenders in YOI, so training is done on an ad-hoc basis. Training tends to be done in-house, and staff in both Red Bank and Hindley have less networking opportunities than professionals working in other areas. There are areas where health care would be improved if more staff were trained, e.g. wound management at HMYOI Hindley. Health care staff at Hindley could and often did use prison staff support services, although there was also a lack of awareness among some staff that they were able to do this. Staff in secure institutions also felt that there was the potential for them to train other staff in mental health issues.

7.1.5 Constraints of working within the prison regime.

At Hindley, health care staff may have to see offenders on the wing, rather than in the mental health unit, for example, as the latter might be perceived as a treat or a privilege. Young offenders may be reluctant to discuss health problems with prison officers, in order to persuade the officers to let them attend health care.

There was no physical and mental health cover at Red Bank from Friday to Sunday. Any mental or physical health emergency during a weekend or evening was dealt with by attendance at Accident and Emergency, accompanied by members of staff, and follows an agreed pathway. Liaison was in place between Red Bank Community Home and local hospitals departments, so that, when a young person was being sent to hospital, a letter/pathway would go with them, allowing them to be dealt with more quickly at the hospital. Staff felt that visits to Accident and Emergency could be handled more effectively if there was a way of finding out which of the local hospitals had shorter waiting times.

There was no direct provision for young offenders with learning disabilities at Red Bank. The process of getting a speech and language assessment, if a young person needed one, would often not be straightforward and would vary according to which area a young person had been sent to Red Bank from. Direct provision would be a recommendation of this report. There is currently no access to complementary therapy or music therapy at Red Bank, which staff felt would enhance the well-being of young people. At Red Bank, young offenders sometimes arrive from court without relevant medication, leading to a potential delay in them receiving it: young people have to be seen by the GP, and a new prescription issued, and all medication, apart from inhalers, which are stocked at Red Bank, has to be obtained from the local pharmacy. Red Bank itself has little control of this, as allocation of placement is made following a court decision to send to a custodial setting, leaving little time for planning. On admission to Red Bank, all young people are assessed by care staff, and a risk management plan is put in place. This remains in place until all health and welfare assessments are completed and any change to the plan is agreed at a review. The mental health team are now implementing broader long term Safety Plans for those young people who need them following assessment.

At HMYOI Hindley, those who had been at the institution for longer were more likely to seek help, so those serving shorter sentences were more likely to have unmet health care needs, meaning that care for these young people has to be prioritised, in order to meet health needs. Younger teenagers were less likely to seek help for mental health problems than older teenagers. There is also a perception among young offenders that mental health services are for those with serious mental health problems.

7.1.6 Continuity of care and IT

Health care staff at Hindley felt that the increased use of SystmOne, which is used in HMYOI Hindley, as well as all North West prisons, and a growing number of prisons nationally, was making a big difference to ensuring continuity of care between institutions. When young offenders were transferred between YOI, transferred from secure children's homes to YOI, and from YOI to prison, health care staff could access their health status on SystmOne. When young offenders were transferred between care of YOS and HMYOI Hindley, the Health Information Sharing Tool (HIST) was used to ensure

continuity of care, although access to a common computer system for these offenders would improve continuity further. Having to check two different computer systems, SystmOne as well as CNomis, the computer system also used by prison health care staff, which includes another system called EAsset, means a great deal of duplication, using time that could be more effectively spent on other activities.

SystmOne was not available at Red Bank. The only online information available to health care staff was eAsset. Young people were usually admitted straight from court, and their YOS worker would fill in details about their health on an eAsset form. However, this was not always completed in full, often because YOS workers did not know the young person prior to their court appearance. When a young person arrived, the best source of information on their health, including health conditions and any medication, was usually the young person themselves. For a minority of young people, this could mean that health conditions were not always recorded fully and accurately. In addition, name and contact details for the GP of the young person being admitted are not provided routinely to Red Bank, meaning that nursing staff have to spend time chasing these contact details. Previous health records take a significant amount of time to arrive, so nurses do not request these until a young person has been sentenced, meaning that there is likely to be a delay in someone's full health history being available. Apart from eAsset, paper records, rather than computerised records are kept, restricting access for health care, and other professionals, who may be caring for the young people in the future, although discharge summaries are completed when someone leaves Red Bank. Access to NHS computer systems at Red Bank would help improve continuity of care.

On release from secure institutions, there is a variation in support available between different districts across Merseyside. There is a lack of specific services for those aged 16-18, as well as unacceptably long waiting lists for those services that do exist. Adult mental health services may only accept young people with psychosis, and some adult services start from the age of 18 only. Many young people who have been prepared to engage with services whilst in HMYOI Hindley are not prepared to wait for appointments, and opportunities for health services to engage with this traditionally 'hard to reach' group of people are lost. Accessibility was seen to be key: for example, young offenders were more likely to engage with health care if they could be seen in YOS offices, before/after existing appointments, by health care staff, rather than having to go elsewhere. Young offenders tend to use Accident and Emergency or Walk-in Centres, rather than go to a GP, and are likely to miss out on preventive health care.

Continuity of care may be more straightforward for young offenders who have more serious mental health problems, e.g. those using the Care Programme Approach. For the small minority of young people at HMYOI Hindley who have serious mental health problems, and need inpatient referral, these can be arranged relatively easily as staff working at HMYOI Hindley are in the same team as those running the inpatient unit at Wrightington, Wigan and Leigh NHS Foundation Trust.

7.1.7 Wider health needs

At Hindley, providing small financial incentives was effective in persuading young people to either engage with the wide range of educational opportunities that were available, or to work within the prison. Accommodation upon release was a problem, particularly as there is a lack of provision for this age group. There was a perception among professionals in the field that those aged 16-18 would be taken care of by parents, which was not the case for many young offenders. Young offenders usually attended a discharge clinic two weeks prior to release, and YOS managers and social workers would then attempt to find accommodation for young offenders at this stage.

At Red Bank, discharge planning starts as soon as a young person is admitted. YOS teams are responsible for resettlement of young offenders. Prior to discharge, young people have exit interviews with staff from both physical and mental health care, as well as with prison staff, and education and care staff. However, once accommodation on exit is formally arranged, e.g. it is decided that a young person is going back to the same children's home, there is a cost implication in holding this place open. There is potential for this to lead to a delay in identifying where young people will be discharged to, which causes additional anxiety for them.

7.2 Youth Offending Services

7.2.1 Overview

We spoke to staff working in the community in Liverpool, Knowsley, Halton, and the Wirral, primarily to general nurses and CAMHS staff, and to young people who were managed by them in Liverpool, Knowsley and Halton. Many of the issues raised were similar to those raised by staff and young people in SCHs and YOIs. Staff and young people generally felt that health care offered was of a high quality. Areas where improvements could be made included transition from child to adult mental health services, transition from community to secure services, and in the area of wider health needs, including accommodation, and education, training and employment needs.

CAMHS staff and YOS staff had good contacts with others working in the field, and a good understanding of which services were on offer. A big part of the role of both CAMHS and YOS workers involved signposting offenders to other services that were available, and referral to other relevant agencies, following assessment. Many young offenders have undiagnosed health issues, particularly ADHD, autistic spectrum disorders and cognitive difficulties, and a part of the role of both CAMHS workers and YOS staff involved referring young people to other agencies for further assessment where appropriate.

Drug and alcohol issues were again identified as a major health need for young offenders, by both staff and young people. Drug culture could lead to offending behaviour, as young people were involved in theft etc in order to get drugs. Although not identified specifically in this cohort, cannabis use is prevalent amongst young people open to the YOS and a significant feature in those young people entering the justice system for the first time via Triage. Knowsley YOS in it's partnership work have been able to confirm anecdotal information that the chemical make up of cannabis is changing due to changes in propagation techniques and this is having an impact on behaviour change in users, giving rise to increased prevalence of violence in the family home, relationship breakdown and homelessness. Many young people also misused steroids. ADHD is a very common health issue. In girls, it is likely to be undiagnosed, or diagnosed later in life, as girls may try harder to 'fit in' and modify their behaviour to match that of other children. Staff and young people that I spoke to reported that young offenders were often prescribed medication for ADHD, but were unwilling to take it due to side-effects.

Smoking is another big health issue that YOS workers come across, although good services are available that young people can be referred to, such as Fag Ends. Gambling is one issue where there is a lack of services for young people – Gamblers Anonymous deal with adult gamblers, and there is no equivalent service for children and young people. Although most of the young people we spoke to were registered with a GP, and few reported complaints in access to the GP, most of them did not regularly visit a dentist. YOS staff reported difficulties in finding an NHS dentist, as many NHS dentists were not currently accepting new patients. Health issues that young offenders may be unwilling to discuss, and need to be broached sensitively by YOS workers, include STDs.

Young people who had been sent to YOI sometimes had better opportunities to tackle drug and alcohol issues, as it was more difficult to access drugs etc inside these institutions, although sometimes it was still possible. Many young people also benefitted from the more rigid structure of being in a YOI or SCH, and the opportunities these establishments provided to engage with education etc. Providing seamless care between community and YOI/SCH was more problematic when young people were only in custody for short periods of time, including those on remand – one young person reported only being in custody for a week. Another reported being placed in hotel accommodation on release from custody, as this was all that was available – he was released from HMYOI Hindley on a Friday, but his appointment at a hostel, to arrange accommodation, was not until Monday.

7.2.2 Accessibilty

CAMHS workers that we spoke to felt that, in addition to gaining the trust of young people, being as flexible as possible was key to ensuring that young people engaged with the service. Rather than discharging young people if they missed a number of appointments, some health workers felt that it was important to keep trying to rearrange appointments. Young people are also likely to stop engaging if they do not get an appointment quickly. Where young people state that they wish to stop engaging with services, such as CAMHS, young people felt that services should be quickly reinstated if they subsequently chaged their minds, and decided that they did want to engage.

Staff would see young people at home, or at other venues convenient for the young person, such as supermarket cafes etc, or at GP surgeries in the Liverpool area. There could be some stigma involved in engaging with CAMHS, and people could be put off if CAMHS were seen as part of the ‘system’, in the same way that social services could be. CAMHS workers often found more informal methods of engaging with young people and their families more effective, such as communicating with parents by text (and avoiding leaving voice mails, which sometimes cost young people/families money to pick up), or, using less informal patterned cards to write notes to young people or their parents, for example, rather than formal headed paper. Finding the money to attend YOS centres and attend other health care facilities could also be problematic for young people. On the Wirral, this was addressed by sending Saveaway tickets out to young people in the post. Some health workers felt that the times when young people could be seen should be extended: YOS often operated 9-5 Monday-Friday, but it was often outside these times when young people, particularly those with drug and alcohol problems, needed support.

Staff saw young people at a time and a venue that was acceptable to the young person, conducting home visits where appropriate, and providing transport to other services, education, etc, where necessary. YOS workers would provide support in attending job centres etc with young offenders. The option to provide support on a one to one basis was also seen as important, as not all young people coped well with group work. A good rapport between the young person and the YOS worker was also seen as important. YOS workers were very flexible and most of the young people found that keeping appointments with YOS workers fitted in well with school/work/attending the Job Centre etc, even those who had to see YOS workers several times a week. Health staff with the YOS team would also see young people immediately if at all possible, without the young person having to wait for an appointment. Being able to give young people time was seen as important for health workers trying to establish rapport with them, as well as health workers being ‘visible; around the YOS, e.g. joining in with other activities such as baking classes in Wirral.

The fact that several services could be accessed under one roof, e.g. YOS, drug and alcohol services, was also seen as beneficial for young people. In Liverpool, the fact that YOS services were now centralised in one building – in the past there were several YOS buildings in different parts of the city – meant that some young people had further to travel. However, this had been offset by the fact that more health resources were able to be provided under one roof. There were also links in with other agencies such as food banks, in order to allow young people and their families access to emergency supplies of food, although pressure on food banks was increasing.

Where health care/YOS staff referred young people to partner agencies, e.g. due to learning disabilities, or to primary care services such as orthodontist or dermatology, waiting times were often so long that, by the time the appointment came round, the young person was no longer seeing the YOS team, and the team were unable to support young people in attending appointments etc, meaning that it was less likely that young people would engage. In addition, YOS/health staff were not always included when these agencies gave feedback after assessing a young person.

7.2.3 Continuity of care and IT

Health care staff working in the community reported similar concerns to those in secure settings, with regards to the difficulties in having to record notes on two different computer systems, NHS and YOS. In theory, health workers should be able to cut and paste from one system to another, to save time. However, NHS notes could contain more sensitive information, meaning that often notes had to be written separately, for each of the 2 systems. A common computer system within the YOS building would be beneficial. Several different IT systems were used by YOS teams across Merseyside, making comparisons across the region problematic. When someone is referred from YOS to CAMHS, background information received is often inadequate. GP details are not always completed on the referral for that CAMHS receive from YOS. In addition, it was sometimes difficult to work out from a referral form exactly why a young person had been referred: there was no specific area on the form to record medical history.

7.2.4 Early identification of health needs

As with staff working in young secure institutions, early identification of health problems was a recommendation from health care staff in the community. Front line health professionals, including GPs, teachers, social workers, nurse, etc, need to be able to identify mental health problems at an early stage. Welcome to Alder Hey Children's NHS Foundation Trust 47 are already working to address early identification of mental health problems by running Master Classes for frontline professionals.

7.2.5 Transition from child to adult services, and from community to secure services

As in the interviews in secure settings, transition from child to adult services was seen as an area where there was room for improvement. When someone turned 16, there may not be an appropriate equivalent adult service to refer young people to – for example, adult mental health services may only cater for those with severe and enduring mental health problems. Therefore, an opportunity may be lost to engage with a young person, who may have been engaging with children's mental health services. Some services only cater for those up to age 16, with adult services starting at the age of 18, so there is a gap for the 16-18 age group.

Strong links were in place between hospitals and workers seconded to the YOS, although there was some variation across Merseyside. There were strong links between health staff seconded to the YOS, and liaison nurses at Royal Liverpool Hospital and Alder Hey: it was possible to put 'flags' on young people, so that health staff seconded to the YOS were informed if the young people presented at A and E. School nurses were notified when a young person aged under 16 attended A and E, and details were passed on to the YOS, where the young person had given consent for this. However, this did not happen for young people aged 16 and over.

If someone was transferred to custody, in some areas, health workers in the community felt that they could be the last to know, particularly as young offenders receiving custodial sentences are likely to be those who have stopped engaging with services. A 'service' email would help, to alert health staff when someone has gone into custody. In other areas, including Knowsley, health staff felt that they found out quickly if someone had been admitted, usually through court officers. CAMHS workers visit young people when they are in custody. However, health staff in some areas felt that more regular meetings with staff in secure institutions, e.g. bi-monthly meetings, would be beneficial. Some YOS health staff also mentioned difficulties in getting through on the phone to health staff in secure institutions.

In addition, young people could be sent to YOI a great distance from where they lived, which could cause great difficulties in maintaining contact with family and friends, leading to more difficulties on release. There is one secure children's home for young offenders in the Merseyside area, Red Bank Community Home. There are no YOI on Merseyside - Hindley YOI is accessible from Merseyside, but this caters for male offenders only, and female offenders sent to YOI will be based a greater distance from home.

7.2.6 Wider health needs

Wider health needs were again identified as an area for improvement by YOS staff working in the community. YOS workers had developed good links with other agencies that provided services for this group of young people. However, accommodation was identified in particular as one area where there was a lack of appropriate provision, particularly for 16-17 year olds. There were issues around young people being placed in residential accommodation which was likely to be detrimental to their health, e.g. those with drug and alcohol problems being placed with other people with drug and alcohol problems, which made it difficult for them not to use drugs/alcohol themselves. A related issue was 10 year olds being placed in residential accommodation with 16 year olds, and being influenced by their behaviour, e.g. drug taking etc, or younger children may be used by older children to commit crimes. In Wirral, for accommodation, the problem was not the number of beds available for young offenders, as up to 60 were available, but the fact that the accommodation did not meet the needs of the young offenders. Being with other young people with similar health issues could be detrimental to young people: for example, young people with drug/alcohol problems may find staying off them difficult, as

[47] http://www.alderhey.co.uk/

other young people are using them. Although these housing facilities are usually managed by staff, ratios of staff to young people are usually quite small.

There was a lack of foster placements for young people, meaning that they had to be placed in residential care, which some young people found too restrictive. In some cases, young people had been banned from all the residential establishments in the area that they were originally from, and had been moved to the Merseyside area, or to another area within Merseyside, as accommodation was available in the area, meaning that they were a distance from the support networks of family and friends. There was also a cost implication, when YOS/health care staff had to visit young people housed outside the area, or transportation had to be arranged for the young person back to the area. This also meant that health services, e.g. GP etc had to be arranged in the new area, and, often, young people were less likely to engage.

Whilst courts had the right to say that parents should look after young people, parents were not always willing to do this, particularly where relationships between young people and their parents had already broken down. Parents often had drug and alcohol problems themselves, or were struggling to cope with challenging behaviour from the young people. One YOS worker suggested that a 'halfway house' might be a good idea, where young people are given accommodation for a short period of about 6 weeks, on the understanding that parents, the young person and the YOS team would be working towards the goal of the young person returning home at the end of the 6 week placement.

YOS workers suggested that giving young people more of a say in the accommodation that they were moving into, e.g. how they wanted it painting etc, would make it more likely that living there would work well for them. Reparation schemes could also include painting/DIY on accommodation for young offenders. Staff and young people reported a lack of employment/training opportunities for this group, particularly in the current economic climate. Staff reported that, while at one stage there had been many projects providing educational and training opportunities to this group, at the current time there were far less. The voluntary sector[48] played an important role in addressing health needs of young offenders, The Prince's Trust[49] was one organisation providing a range of work/training opportunities for this group of young people. Health staff in some areas reported that the job centre has quite strict rules, and don't allow young people to use mobile phones etc, which can sometimes deter this group from engaging. Connexions workers provide valuable support to young offenders, but they have recently reduced in number, and continue to do so. However, the number of apprenticeships available has increased in recent years, and a number of young offenders have been able to access these. Progress Sport also provides educational and training opportunities for young offenders, including one scheme which allows young people the opportunity to undertake a 13 week placement in Germany.

There were similar issues around finding appropriate educational opportunities for young people. Many young offenders had been excluded from mainstream schooling, and there was a lack of appropriate educational provision for YOS staff to refer young people to. Many young offenders thrive in a nurturing environment, where they are taught in small groups, such as those provided by the educational establishments in the Wirral area that constitute Wirral Hospitals School'50, such as Adcote House, a short-term pupil assessment unit for both primary and secondary students, run jointly by Wirral Hospitals School CAMHS Child & Family Service. However, insufficient numbers of places were available, resulting in a delay in young offenders receiving the educational support they needed. Where young people also attended schools attached to residential homes, they only had the opportunity to interact with a small number of other children, resulting in a lack of opportunities for young people to socialise with others the same age.

Where young offenders breached court orders, multi-disciplinary 'breach' meetings were held, to see if further breaches could be avoided, rather than immediately taking the young person back to court.

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[48] It was beyond the remit of this health needs assessment to provide a comprehensive account of all the voluntary provision available in the Merseyside area. However, this has been reported where possible, including where mentioned by interview respondents.

[49] http://www.princes-trust.org.uk/?gclid=CLmUxazO-bQCFcYf4Qodc0AAIg

[50] http://www.wirralhs.co.uk/index.php?page=about
Wirral Hospitals School comprises a number of different education settings, in various locations. They include Adcote House, as described above, as well as Joseph Paxton Campus, which provides small group provision in Key Stages 3 and 4, broadly following National Curriculum programmes of study up to GCSE.

YOSs are also implementing the Troubled Families Scheme[51], which targets families where there is a young person under the age of 18 who has committed an offence, and aims to provide support to the whole family. YOSs are building databases of families where the whole family can benefit from interventions, in an attempt to provide support to siblings of young offenders, and for parents, who may benefit from support in parenting young offenders. Interviewees felt that early intervention was key to prevention.

8. Discussion

There were challenges in obtaining both quantitative and qualitative data for this health needs assessment. Collecting quantitative health data was problematic, firstly because Youth Offending Services across Merseyside use different systems to record eAsset. All YOSs are aiming to move towards using ChildView, but this has been delayed in Liverpool, due to reported problems in other districts. Sefton have already moved over to ChildView, but Sefton, St Helens, Wirral and Knowsley still use YOIS, and Sefton and Halton use CareWorks. This meant that there was some variation in available data across YOS services. There are also some issues around information sharing: health care staff who are employed by the NHS do not always have access to the NHS computer data system, in which they would be able to check which GP young people were registered with, for example. At Red Bank, electronic assessment documentation forwarded by the young person's YOS does not include a section to record details about the GP. Difficulties for health care staff in obtaining health and medical information relating to individual young people, including finding out details about the young person's GP, has been documented in previous OFSTED reports for Red Bank (2009). A recommendation of this report would be that the NHS computer system is also implemented into Red Bank, and for YOS teams to have access to a common computer system within the YOS building. One interview respondent suggested the use of a universal IT system for all partners, including YOS, YOI, social services, police, etc, perhaps with different services receiveing different levels of access. YOS health care staff are very well intergrated into the YOS, but health care staff in some areas felt that, because of this, they were less intergrated into the NHS. Access to health data is an ongoing issue, although The NHS Commissioning Board (NHS CB) has recently published a document[52] setting out how the management of IT systems will be organised for offender health care from April 2013. Securing Excellence in IT Services Operating model for offender health care provides a system which ensures the safe transfer of offender health IT from primary care trusts (PCTs) to the NHS Commissioning Board, so there is clarity for all stakeholders, safety for patients and business continuity for the NHS.

Prevalence of mental and physical health conditions was lower than would be expected, from what we know about national prevalence levels. The main source of prevalence data for this health needs assessment was from assessments conducted by YOS workers, and data recorded on Asset. However, health problems would not always be recorded in their assessment if the worker did not link this to their offending, or the young person did not disclose this at the time of the assessment. Not all young people had completed an assessment. In addition, the way that the data is presented in this report, showing numbers of people with each health condition, does not fully reflect the multiple and complex nature of many of the young people's health needs. Also, many young people had undiagnosed health needs – for example, a snapshot provided by Knowsley YOS from January 2011 found that, whilst only 6% of young people had a formal diagnosis of mental health issues, more than three times that amount (21%) had evidence of mental health issues.

In addition, we were unable to carry out interviews with young people in the Wirral and St Helens areas, and with any staff in Sefton and St Helens. There were a number of reasons for this, including the lengthy process of obtaining relevant ethical and Research and Development approval, and inspection being conducted in Sefton at the time the needs assessment was being carried out. In addition, interviews were conducted with male offenders in YOI, but interviewed female offenders who had been sent to YOI once they returned to the Merseyside area. If more time was available, interviews could have been conducted with female offenders in YOI, to check if their main health concerns were significantly different to young offenders who had already been discharged.

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[51] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/11469/2117840.pdf
[52] http://www.commissioningboard.nhs.uk/blog/2013/02/18/offender-health-it/

Young people with learning difficulties are considered a young person until the age of 25 years. Most YOS teams will assess young people at 18, and make a decision as to their suitability for transfer and ability to cope with the adult system. In some cases, transfer to probation may be delayed until the young person is 19 years old, to ensure a smooth transition to adult learning difficulties or health services, or specific individual arrangements put in place to support the young people.

The Youth Justice Board is currently leading the development of two regional resettlement consortia[53], one of which is in the North West, each led by project managers. The aim is to encourage integrated working between the youth justice system, children's services and other services in local authority areas with a shared interest in the same custodial establishments. The projects will be evaluated to determine lessons learned and quantify the benefits. Young offenders coming out of custody within the consortia areas will receive enhanced resettlement support including mentoring and extra support with accommodation and education, training and employment. This will help to address the issues of lack of appropriate accommodation etc that was mentioned by staff and young people in our study. In the North West, an agreement has been made with Catch 22[54], a social business who aim to help those that they work with steer clear of crime or substance misuse, to provide supported accommodation for up to 10 young people released from HMYOI Hindley into one of the consortium member authorities.

On 2nd April 2012, the topics below were referred to NICE. Therefore, in the near future, there will be clear national guidelines covering these areas. This health needs assessment should be reviewed following publication of these guidelines.

- Public health guidance for those working in health, youth and criminal justice, education and social care sectors on the effectiveness and cost effectiveness of interventions for the prevention and early treatment of the mental health problems of offenders taking account of the whole offender pathway.
- Public health guidance for those working in health, youth and criminal justice, education and social care sectors on the early identification and management of young people who display sexually harmful behaviour.
- Joint clinical guidelines and public health guidance for commissioners and service providers working in health and criminal justice sectors on ensuring people in prison have full and appropriate access to care known to be effective and cost effective in preventing, diagnosing and managing physical health problems (both acute and chronic, infectious and non-infectious).
- Joint clinical guidelines and public health guidance for those working in health, social care and criminal justice sectors on an integrated model for addressing mental health in prisons.

[53] http://www.justice.gov.uk/youth-justice/reducing-re-offending
[54] http://www.catch-22.org.uk/About-Us

9. Recommendations

The following recommendations have been produced based upon the national and local evidence, as well as best practice of what is effective in improving the health and wellbeing of offenders.

9.1 Core recommendations

- Establish a comprehensive qualification for health staff working with young people within the YJS.
- Standardise use of IT systems, with each YOS within Merseyside using the same system.
- Ensure NHS staff working with young offenders have access to NHS computer systems.
- Address 'gaps' in provision for young offenders aged 16-18.
- Establish services for young people who have problems with gambling.
- Empower frontline professionals to identify health issues at an early stage
- Conduct interviews with health care staff and female offenders in young offender institutions/SCH which house female offenders.
- Review this health needs assessment following publication of NICE guidelines on young people in the youth justice system.
- When young people are admitted into Red Bank, name and contact details of their current GP should be passed on to Red Bank from the courts, or other institution.

9.2 Recommendations for HMYOI Hindley and Red Bank Community Home

- Ensure health care staff are aware which of the support services they are entitled to use.
- Conduct interviews with prison staff at Hindley, and residential care staff at Red Bank.
- Address the health needs of parents/carers of young offenders, perhaps through drop-in clinics.

9.3 Additional recommendations for Red Bank Community Home only

- Establish a direct referral process for young people with learning difficulties.
- Implement a direct referral process for speech and language therapy.

9.4 Recommendations for YOSs

- Ensure health care is as accessible as possible, minimise waiting times for appointments, and provide health services under one roof where possible.
- Provide support for young offenders on a one to one basis where necessary, and offer home visits if appropriate.
- Offer support to young people in the evenings and at weekends.
- Standardise use of IT systems, with each YOI and YOS within Merseyside (or the North West) using the same system to record Asset data.
- Ensure that all young people complete a health assessment.
- Liaise with schools to provide support for young people if school attendance is poor.
- Provide an email alert for YOS staff when young people are transferred to custody.
- Conduct interviews with young people in St Helens, Sefton and Wirral.
- Conduct interviews with health care staff in St Helens and Sefton.

9.5. Recommendations: wider health needs

- Ensure that appropriate accommodation for young offenders is available. Accommodation needs to be managed by sufficient numbers of experienced staff. Accommodation should be appropriate to both the needs and the age of the young person. Provide an environment that is free from drugs and alcohol for young people.

10. Conclusion

This health needs assessment demonstrated that services that were available to young offenders were of high quality. The key to enabling young people to engage with services was accessibility - young people are more likely engage where several services are provided under one roof, and at venues that are convenient for them. Improvements could be made around transition from community to young offender institutions and secure children's homes, and transition from children's to adult services, and in addressing wider health needs. Staff working with young people felt that a comprehensive qualification for staff working with this group of young people should be introduced.

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12. Appendix 1: interview schedules

12.1 Interviews with offenders in Young Offender Institutions (YOI) and Secure Children's Homes (SCH)

Date of interview........................

Name of YOI/ SCH

Length of sentence? More than 12 months ☐
Less than 12 months ☐

Age 10-12 ☐
13-15 ☐
16 + ☐

Gender Male ☐
Female ☐

Ethnic group White British, Irish or other White background ☐
Mixed ☐
Asian – Indian, Pakistani, Bangladeshi, Other Asian ☐
Black or Black British ☐
Chinese or other ethnic group ☐

How is your health? Any health issues (include both mental and physical health issues). If so which health issues are you most worried about? (prompts including sleep etc)

While you have been in ....(name of YOI/SCH), have you been able to get all the health information/advice/care that you need? If not, possible reasons why? How could health information/advice/care in this YOI/SCH be improved? Are there certain health issues that you are less likely to seek help for? Have you ever had any caring responsibilities, e.g. are you a parent, carer for family members etc?
Discuss wider health needs including education/training/employment etc.

Have you ever been transferred between YOI/SCH? Have you ever been transferred from YOI/SCH to hospital? If you are going to be transferred between YOI/SCH and prison anything, is there anything that would help support you to make this transition?

Before you were in ....(name of YOI/SCH), did you always seek help for any health issues? If not, possible reasons why? Were there certain health issues that you were less likely to seek help for? Is there any support that would have helped you, e.g. could a teacher/youth worker/ parents/ extended family/ friend/carer have helped?

Did you have a GP before in the 12 months you were in YOI/SCH YES/ NO. When was the last time you saw a GP? Any comments about the care that you currently receive from your GP? How could this be improved?

Did you have a dentist in the 12 months before you were in YOI/SCH YES/NO
If YES, was this an NHS or a private dentist? When was the last time you saw a dentist?

How often do you get advice on issues such as healthy eating, exercise, smoking, sexual health, alcohol, keeping well etc? How could this be improved?

Is this the first time that you have been in a YOI/ SCH? If you have left a YOI/SCH before, were there issues with accessing healthcare on leaving the YOI? What would have helped you to get the health care that you needed?
Any other comments about health care in YO/SCHI or outside YOI/SCH?

12.2 Interviews with health care staff in Young Offender Institutions/ Secure Children's Homes

Date of interview

Name of YOI

Job title

Do you feel that young people always seek help for their health issues whilst in YOI/SCH?

Are there certain health issues that young offenders are less likely to seek help for?

How could the health care offered to offenders be improved?

Any issues around quality?

Any issues around transfer between YOI/SCH? How could this be improved?

Any issues around transfer from YOI/SCH to prison? How could this be improved?

Any issues around transfer from YOI/SCH I to hospital? How could this be improved?

How could preventive health services such as diet, smoking, exercise, sexual health, alcohol etc be improved?

Do you feel that offenders seek help for health issues prior to being in YOI? How could support provided to young offenders in terms of wider health needs (e.g. education/training/ employment) be improved? How about support to young offenders in terms of any caring responsibilities that they may have?

Do you feel that offenders get all the support they need following discharge from YOI? What sort of additional support do you feel would help (if appropriate). How could the transition between community and YOI/ SCH be improved?

How could the support that parents/other relatives/carers of YOI/SCH receive be improved? Support for YO who are parents?

Any other issues?

12.3 Interviews with offenders who are being managed by Merseyside YOS.

Date of interview........................

District
- Liverpool ☐
- Sefton ☐
- Knowsley ☐
- St Helens ☐
- Wirral ☐

Age
- 10-12 ☐
- 13-15 ☐
- 16 + ☐

Gender
- Male ☐
- Female ☐

Ethnic group
- White British, Irish or other White background ☐
- Mixed ☐
- Asian – Indian, Pakistani, Bangladeshi, Other Asian ☐
- Black or Black British ☐
- Chinese or other ethnic group ☐

How is your health? Do you consider that you have any mental health issues? Do you have any physical health issues? If so which are the health issues that cause you the most concern? (prompts including sleep etc)

Do you have or have you ever had any caring responsibilities, e.g. are you a parent, carer for family members etc?

Do you have any long-term health issues or disabilities which limit your daily activities or the work that you can do?

Do you have a GP? YES/ NO
Do you have a dentist? YES/NO
How easy is it access the GP and dentist? How could this service be improved?

Which health services do you use (e.g. drug/alcohol treatment services, mental health services etc)?

What do you think about the health services (e.g. drug and alcohol treatment services, mental health services etc) that you use? How could these services be improved?

Are you able to get all the health information/advice/care that you need? If not, possible reasons why? Are there certain health issues that you are less likely to seek help for? (Discuss wider health needs such as accommodation, employment etc as part of this).

Is this the first time that you have been in contact with MYOS? Before you were in contact with MYOS, were you able to get all the health care that you needed? Were there certain health issues that you were less likely to seek help for? Is there any support that would have helped you, e.g. could a teacher/youth worker/ parents/ extended family/ friend/carer have helped?

If you have been in a YOI/SCH in the past, how easy was it to get the health care that you needed? What did you think about the quality of health care in YOI/SCH? How could this be improved?

If you have left a YOI/SCH in the past, how easy was it to get all the health information/advice/ care that you needed when you left (discuss wider health needs such as accommodation, education/ employment etc as part of this). How could this process be improved? Is there any support that could be put in place that would have made this transition easier? **Any other comments?**

12.4 Interviews with health care staff working with offenders who are being managed by Merseyside YOS.

Date of interview........................

District		
	Liverpool	☐
	Sefton	☐
	Knowsley	☐
	St Helens	☐
	Wirral	☐

Job title and place of work.....................................

Do you think there is a link between offending and health?

What are the most common health issues that YO ask for help with?

Do you feel that young offenders always seek help for their health issues? If not, are there certain health issues that offenders least likely to seek help for?

How commonly do offenders access advice on issues such as diet, exercise, smoking, sexual health, alcohol, etc?

Are you aware of any problems encountered by offenders in accessing health services?

What are your feelings about the quality of health services used by offenders outside YOI/SCH? How could these be improved? Are there any specific issues around quality?

How could the support for YO in transition from the community to YOI/SCH, be improved? How could support for YO who access secondary health care (e.g. hospital care) be improved? How could support for young people who are parents/carers for other family members be improved?

Do you feel that the current provision is meeting the health care needs of offenders? If not, how could this be improved? *(include all issues not covered by the questions above).*

Any other comments?

Appendix 2: Quantitative data required for Young Offenders Health and Well-being Needs Assessment.

National data – from relevant reports etc.

- Numbers of male and female young offenders in YOIs
- Number of male and female young offenders being managed by YOSs.
- National data on ethnicity and nationality of young offenders.
- Health status of young offenders, including mental health problems, drug misuse, learning disabilities, dental health, health of female offenders including pregnancy, BMI
- Specific challenges of delivering health care in YOI

Data to request from Young Offender Institutions

- Capacity of YOI
- YO by age
- YO by ethnicity
- BMI
- Prevalence of physical health problems among young offenders¨ including asthma, speech and language problems, epilepsy, learning difficulties/disabilities, blood borne virus
- Prevalence of mental health problems including anxiety, depression, personality disorder, self-harm,/suicide, phobias, PTSD, substance misuse
- Number of health care staff working in each YOI
- Health care services available to each YOI and how frequently services are available (e.g. how often does GP come in to YOI if applicable)
- Waiting lists for key health care services, e.g. waiting times to see a dentist for routine health care
- Health and well-being questionnaire? Information on healthy eating/physical activity if available.

Data to request from Merseyside Youth Offending Services.

- Total number of YO being managed in each district YO by age
- YO by ethnicity
- Prevalence of physical health problems among young offenders¨ including asthma, speech and language problems, epilepsy, learning difficulties/disabilities, blood borne virus
- Prevalence of mental health problems including anxiety, depression, personality disorder, self-harm,/suicide, phobias, PTSD
- Number of health care staff working within each YOS
- Health care services available to each YOS
- Waiting lists for key health care services, e.g. waiting times to see a dentist for routine health care (where applicable).
- Health and well-being questionnaire? Information on healthy eating/physical activity if available.
- BMI

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