

## **6.9 Health of Young Offenders**

### **6.9.1 Introduction**

This section focuses on the particular health needs of those young people (10-18 yrs old) that are involved in the criminal justice system and as a result have had contact with the Barking and Dagenham Youth Offending Service (YOS).

The aims of this section are to;

- Outline the main health needs of the youth offending population in Barking and Dagenham
- Determine the extent to which current service provision is addressing the needs of the youth offending population
- Make recommendations on how the health of the youth offending population can be improved. This will also inform the multi agency YOS Chief officers group who monitor the delivery and performance of the YOS.

Since the 2015 JSNA report was published the following changes have been implemented, partly in response to previous recommendation and partly in response to continual service review:

- Employment of a full-time YOS nurse to support the YOS Child and Adolescent Mental Health Services (CAMHS) Clinical Psychologist. The YOS nurse has a dual role in that he provides a vital physical health/health promotion input as well as additional resource in addressing the mental health needs of YOS clientele.
- Following the recruitment of the YOS Nurse, there is now routine Physical Health Screening of all Young People in the YOS.
- The YOS Nurse has now received the appropriate training and resources to deliver weekly sexual health sessions to young people in the YOS starting in 2016.
- Over the next year a training needs audit will take place due to staff changes and the new capacity within the YOS health team. Training sessions to address identified needs will be delivered and continually reviewed.
- The process of developing a standard operating procedure has been started.
- The process of reviewing SALT input to the YOS has begun, led by the Clinical lead within the YOS health team and the development of an agreed pathway and suitable screening tools is envisaged in the next few months.

The Youth Offending Service is a multi disciplinary team and includes representatives from the police, probation, health, education, council and children's services.

The health contribution to the YOS consists of a psychologist, health worker and substance misuse workers.

## **6.9.2 Children and Adolescence Mental Health Services (CAMHS)**

There is considerable consensus that levels of psychosocial and psychiatric problems among young people involved in the criminal justice system are significantly higher than in the general population. Rates of mental health problems within the general population of 11-15 year olds is estimated at 13% for girls and 10% for boys compared to research data which suggests that prevalence of mental health problems in young people in the criminal justice system ranges from 25-81% with highest rates seen within custodial settings.

Young offenders are at high risk of mental health problems for three main reasons:

- The same original risk factors that led to their offending are associated with increased risk of mental health problems in the general population as a whole.
- Aspects of offending behaviour itself may contribute to the development of mental health problems in that the risky behaviour characteristic of this population may itself cause stresses.
- Interactions with the criminal justice system may contribute to anxiety and depression.

Research suggests that the identification of mental health problems in young offender cohorts is imprecise, tending towards underestimation, particularly with regards to internalising disorders. The identification and addressing of young offenders mental health needs is critical if youth offending is to be properly addressed and offending rates reduced.

The YOS CAMHS service (which is made up of one full time psychologist and one full time health practitioner), is a specialist provision accessible to all young people supervised by Barking and Dagenham YOS with identified need(s). This differs significantly from the mainstream community CAMHS service in that it aims to be accessible, flexible and responsive to service user need. Where possible, service user preference is prioritised in terms of time, place and days of appointments. This is to take account of the complex and often chaotic background that many young people and families come to us with. The YOS CAMHS model is more assertive and outreach in nature by way of creative and persistent approaches being utilised to avail young people every opportunity to access support once referred. One example of this is text message communication directly between young people and their assigned clinician; and appointments being offered within the young people's homes or satellite bases such as youth centres, schools and even local parks and cafes.

The majority of cases referred to YOS CAMHS have not independently chosen to engage with mental health services via the more usual route of contacting their GP. Many young people are not even registered with a GP nor are they aware of the services available to them. For some young people their contact with a YOS CAMHS worker is their first experience of mental health services. For others, it is another number in a raft of prior assessments or contacts by professionals that for

them have not necessarily led to satisfactory outcomes or experiences in the past. Because of this, and the significant stigma and misinformation surrounding mental health issues and associated services within society that remains today, engaging these young people is the single most important and most challenging aspect of YOS CAMHS' work. Protocols therefore exist to address circumstances in which young people fail to attend appointments, so that cases are not automatically or uniformly discharged due to "non-engagement" without efforts made by clinicians to ensure adequate options or choices have been offered.

All referrals to YOS CAMHS come from a young person's assigned YOS caseworker. This is in order to ensure that the person at the centre of the coordination and delivery of a young person's youth justice package is aware of all professionals and agencies involved with a young person. One exception to this referral rule exists whereby cases referred into community CAMHS by professionals outside of the YOS e.g. GP's, social workers, school personnel can be transferred into the YOS CAMHS by prior agreement with the YOS CAMHS lead.

In addition to accepting referrals for assessments and 1:1 interventions of the YOS population, YOS CAMHS also provides input via consultations, attendance at YOS and multiagency meetings, feedback to staff regarding young people's engagement with the service, for example input into a court report; provision of self-help materials and guidance for working with young people; signposting to alternative or additional support services for young people. It is hoped that YOS CAMHS will be able to offer training to staff and group interventions to young offenders. With the additional resource now available since the appointment of a YOS nurse in 2016, it is envisaged that this will take on a much wider remit.

### **6.9.3 Substance Misuse**

During 2015/16 the substance misuse workers within the YOS received 120 referrals. The majority of these referrals were in relation to alcohol (71%) and cannabis (87%) use. Most substance use amongst the youth offending population remains alcohol and cannabis use with very little class A or new psychoactive substance use. Substance misuse sessions primarily focus on an education and harm reduction model.

### **New Psychoactive Substances**

There has been an increase in B&D young people using new psychoactive substances particularly 'Spice' among males (this is a synthetic cannabinoid designer drug that is chemically different from the chemicals in cannabis but produces the effects of cannabis) and Nitrous Oxide among females. Nitrous Oxide is also known as 'balloons' – it is more commonly known as laughing gas.

However since the ban on legal highs came into practice on the 24th May 2016 there have been no reports of use of these substances.

### **Motivation to use substances**

The majority of young people have reported the following as their motivation to use substances;

- Peer pressure/Influence
- Experimenting
- Social Settings (e.g. usually parties)
- Copy mechanisms

### **Drug Dealing**

There has been an increase in young people disclosing that they are dealing Class B drugs. This is not a new phenomenon, but the few young people who deal in Class A drugs is new. From observation, it does not seem to be the case that those few young people dealing Class A drugs will also use those drugs. It is not known why this is the case.

Young people that sell Class B drugs have shown a pattern in their outcomes of treatment. Young people report that they reduce their drug use for some time whilst dealing, but it is not known why this is the case.

Information from young people indicates that there is a potential link between drug dealing and gang association. Young people travelling outside of London to sell drugs is becoming a trend.

### **6.9.4 Physical health**

Prior to February 2016 there was no provision for physical health assessment and interventions at Barking and Dagenham YOS. This was due to there being no YOS nurse in post during this period. Prior to the time any clients with physical health needs were sign-posted to their GP by the YOS CAMHS psychologist or YOS case workers during this period. A YOS Nurse was recruited and started in this role in February 2016.

This role was developed to deliver holistic physical health interventions including smoking cessation, sexual health advice / contraception, weight management, promoting physical activity and general physical health checkups for the YOS population. Data released by Public Health England in 2015 indicated that Barking and Dagenham outcomes were lower than London for various lifestyle measures for young people's health. These measures are outline in the table below. It is expected that the YOS population in this borough also have high levels of need in terms of these physical health and well-being indicators.

**Table 1: Young People’s health compared to London**

<b>Measure</b>	<b>Barking and Dagenham</b>	<b>London</b>
Obesity Reception Year 6	2014/15 13.4% 25.4%	10.1% 22.6%
Under 18 conceptions	32.4 per 1,000	21.5 per 1,000
Family Homelessness	8.2 per 1,000	3.9 per 1,000
Children in care	77 per 10,000	52 per 10,000

Source: Public Health England

Between February 2016 and June 2016, there have been 27 referrals to the YOS nurse for physical health assessment / support. These referrals were made by either YOS workers or through young people completing health questionnaires indicating that they would like support or advice with physical health needs.

### **Teenage Pregnancy and sexual health**

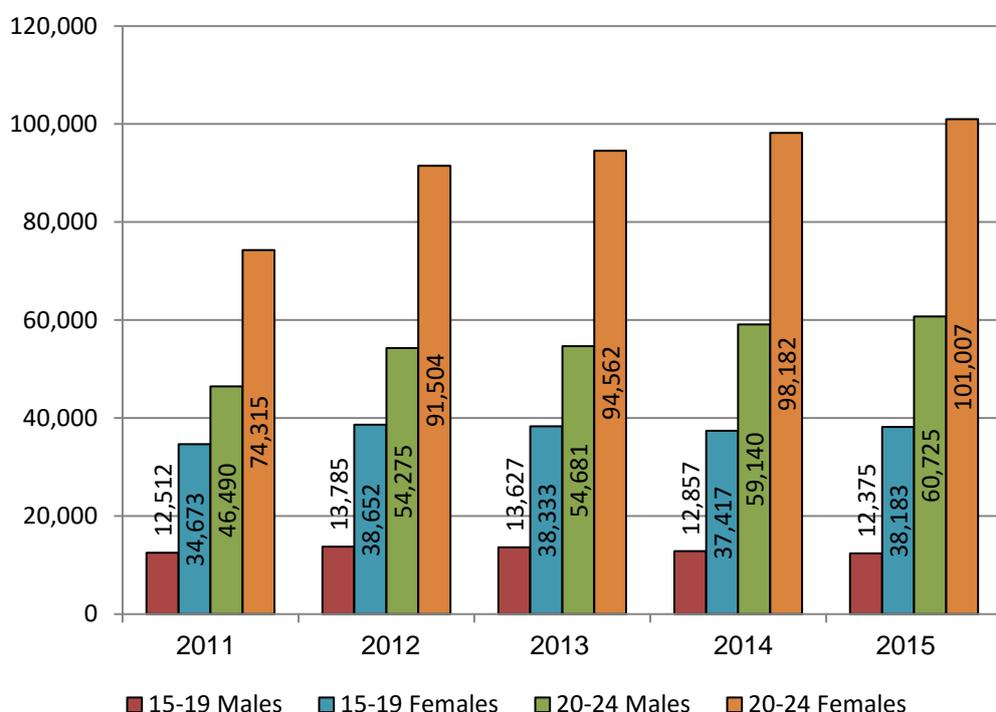
Nationally, data taken from the Office of National Statistics (2014/15) indicates that Barking and Dagenham have the 3<sup>rd</sup> Highest Conception rate for 15-17 year olds in London and joint highest rate for under 18 abortions, equal to Lewisham. This places Barking and Dagenham within the worst performing quartile and all these rates are significantly higher than the London and England rates. This data is reflected in the referral figures of the last 4 months at B&D YOS which indicate that sexual health is the most common need young people are seeking support for by way of self referral.

The YOS nurse is fully trained to deliver sexual health advice and support to the YOS population as well as distribute free contraception under the local authority sponsored C-Card Scheme.

Of the 27 physical health referrals, 44% were referred primarily for Sexual health advice or free contraception / condoms. However, it should be noted that a total of 54% of all referrals eventually required sexual health advice or were registered onto the free contraception programme (C card scheme) by the YOS nurse following assessment of their needs. Of those 27 referrals, 90% admitted to being sexually active, although 36% of this total were already accessing support and advice in the wider community via the C Card free contraception scheme.

Between February and June 2016 92% of individuals seeking sexual health advice were male. This could be because the YOS nurse is male and the young men at the YOS feel a lot more comfortable when discussing intimate issues of sexual activity / STI and contraception. The YOS is now aware of this as an issue and the YOS nurse has developed a strategy to mitigate this apparent barrier in engaging with young women. There is no borough level data available to show the level of STIs in young people. Figure 6.9.4 shows that of the young person age group 15 – 24 years old who accessed GUM clinical in London between 2011 and 2015, females aged 20 to 24 year old attended 67% more times than males of the same age group and 145% more times than females aged 15 to 19.

**Figure 6.9.4: Attendances at GUM clinics for Males and Females aged 15 – 24, London, 2011-2015**



Source: Public Health England

It is therefore clear that sexual health education and distribution of free contraception is the most pressing need for the YOS population in Barking and Dagenham. The extent of this need will be better assessed once the YOS nurse has been in post for at least a year and more young people are made aware of the availability of support and free contraception. Additionally, the availability of a full year of YOS data should inform future delivery.

The YOS nurse will become involved in all cases where young people under the age of 16 are sexually active, to ensure that a robust safeguarding plan is in place and that the young people are provided with sexual safety and awareness information in line with the Child Sexual Exploitation (CSE) / safeguarding guidelines.

### Smoking cessation

Only 4% of referrals were for smoking cessation advice despite 40% of all referred cases stating that they smoke regularly. This does not reflect figures released by Public Health England in January 2015 which showed that nationally, an estimated 12.71% of 15 year olds are regular or occasional smokers. However, the study also acknowledged that smoking rates vary considerably across the country and smoking causes greater harm to more deprived communities like Barking and Dagenham. Smoking is the single biggest cause of the difference in life expectancy between the richest and poorest in England and it's imperative that we support all young people to stop and reduce the impact it has on their health (NICE guidelines 2016).

Evidence from numerous studies on smoking indicates that smokers are up to 4 times more likely to quit with the right advice, support and medication compared to not accessing any services. It is therefore evident that this should be a focus for the YOS nurse going forward to assist in improving the health outcomes of young offenders open to the YOS.

### **Healthy eating and weight management**

Section 7.8 of this JSNA looks at obesity and healthy weight in more detail, however it should be noted that according to the National Child Weight Measurement Programme (NCMP) data for 2014/15, Barking and Dagenham had the highest proportion of overweight and obese children in Reception class (27.5%) and the seventh highest proportion in Year 6 (40.6%) in London.

YOS CAMHS has developed close links with the local authority teams combating weight management and will shortly be able to replicate all the interventions offered in the community here at the YOS.

According to the Public Health Outcomes Framework (PHOF) individuals in Barking and Dagenham are less likely to eat 5 portions of fruits and vegetables by the time they reach 16 years of age than the England average. This possibly points to a high need for healthy eating advice in the YOS population which has currently not been addressed but will inform future activities that the new YOS nurse post will cover.

### **Healthy Lifestyle Club**

The YOS nurse is in the final stages of starting a multi activity group program for young people aimed at promoting healthier, more active lives as one way of combating obesity and improving self confidence / promoting positive body image. This will be a multi-component intervention which includes a physical activity, behaviour change and nutrition element. This approach is in line with National Institute for Health and Care Excellence (NICE) guidance on weight management programmes / healthier lifestyles.

The YOS nurse has also established links with the local authority to enable YOS clients taking part in these group sessions to access the Active for Life program already running in the Borough. On completion of their orders, young people will be able to access numerous free structured activities run by the local authority, including free or subsidised gym membership in order to maintain lifelong improvements in living healthier lifestyles. Access to free healthy food from charities and supermarkets which can be used in healthy cooking sessions with young people in the near future has also been secured.

The YOS nurse will start gathering data relating to young people who may be overweight, obese or at risk of developing such problems as soon as they are referred / self refer to the service. Measurements will also be taken where possible to better assess weight and track progress. These young people can then be offered 1:1 support with all their health and well-being needs. Young people who consent will also be routinely weighed and advised in order to encourage healthier lifestyles.

YOS case workers will be encouraged to attend the physical activity group periodically in order to share knowledge and keep the “active for life” health agenda for young people high on the list of activities for the whole YOS. Staff will also be encouraged during good practice team meetings to refer young people to the physical activity group as a priority activity which can be a useful platform for engaging with young people and reducing re-offending.

### **Speech & Language Therapy**

Over 60% of young people in the youth justice systems are reported to have a communication difficulty (Bryan et al, 2007).

Speech and Language therapists are trained to assess and intervene with speech, language and communication problems to help them communicate and overcome any difficulties.

SALT interventions can ultimately help prevent and reduce re-offending rates by increasing access to a wider range of rehabilitation and treatment programmes and subsequently empower them to change their offending behaviour.

For a number of years there has been access to the community SALT team within NELFT for the youth offending population, however in recent years there have been few if any referrals to them. The current screening tool available to staff is cumbersome and somewhat complex to someone without specialist skills in speech and language difficulties. As such it is possible that this has been a barrier to YOS workers making appropriate referrals into the SALT team. Furthermore it has been over 3 years since YOS staff have received training from SALT regarding language and communication difficulties experienced by young people and the nature of support available. At the same time there has been considerable change within the YOS staff such that many were not present when the previous SALT training was provided.

The YOS is aware that this is a priority for the service in 2016/17 and the health professionals within the YOS are currently exploring a more appropriate screening tool, clarifying the most appropriate referral pathways into the SALT service and updating staff training to include a SALT input. This data will be collated to inform service needs and appropriate pathways into SALT services.

## **Recommendations**

Scoping of Speech, Language and communication needs within the service over a six month period to assess needs and identify to inform future commissioning arrangements.

To expand current data set within the Youth Offending Service (YOS) to better understand and inform current and future services commissioned by the YOS

Further develop health provision within the YOS to address wider issues, including sexual health, obesity, smoking cessation and emotional health and well being which will include young people on out of court disposals as well as those on orders.

Focus on specific needs of those young people involved in serious youth violence and gang activity to ensure that commissioned services continue to meet these needs.

Further development of training programme for staff within the YOS to ensure they are able to identify and respond to all health needs of young people who are involved in the criminal justice system.

Review service specification for health provision within the YOS and consider any commissioning implications.