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Cheshire Youth Justice Services Health Needs Assessment – Executive Summary Report

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This executive summary report provides an overview of the Health Needs Assessment key findings. This report sits alongside an in-depth full technical report.

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- The commissioners of the HNA; Cheshire Youth Justice Services (including Cheshire East, Cheshire West, Halton & Warrington) and Dr Andrew Davies, Chair of the Health Subgroup to the Cheshire, Warrington, and Halton Youth Justice Board.
- The HNA steering group; Tom Dooks, Kerry Jackson, Dr Andrew Davies, Cheryl Cooper, Ann Wood and Steve Tatham
- Stakeholders from Cheshire and Merseyside Health and Care Partnership
- The wider team at Cheshire Youth Justice Services
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Report contents

Introduction

Preventing children and young people's engagement in crime and violence are key public health issues at local and (inter)national level. In 2020/21, over 15,000 children (aged 10-17 years) were cautioned or sentenced across England and Wales (Youth Justice Board, 2021). The Youth Justice System (YJS) works to prevent offending and reoffending by children (aged 10-17 years), through providing a child-centred service, that is trauma-informed and focuses on assessing the needs of the child and supporting better outcomes for them. The YJS aims to work with children to help them to lead a life free from crime and reduce crime in the local area. The YJS is a statutory partnership that takes a holistic approach to working with children and young people. As such the partnership comprises several specialties such as police, probation, children's social care, health, education, and wider support services (e.g., substance misuse, mental health, housing). Local YJS partnerships/boards enable a place-based approach to supporting children. Across Cheshire, the YJS covers all four local authorities - Cheshire East, Cheshire West, Halton, and Warrington.

The Public Health Institute (PHI), Liverpool John Moores University (LJMU) were commissioned to undertake a Health Needs Assessment (HNA) for Cheshire Youth Justice Services (YJS). The HNA aimed to assess the health and wellbeing needs of the youth offender population across Cheshire East, Cheshire West, Halton, and Warrington. The key objectives included:

- Identify the health and wellbeing needs of children, and key factors that influence these needs.
- Map out the health service provision for children during (and prior to) their engagement with the YJS.
- Examine the impact of children's engagement with the YJS on their health and wellbeing (and wider outcomes relating to the social determinants of health).
- Identify key leverage points and mechanisms for supporting young people's health and wellbeing, prior to, during, and following YJS engagement (focusing on primary prevention and a life course approach).

Methodology

Health needs assessment (HNA) allows us to identify needs and assets for review, to help determine priorities to improve the health and wellbeing needs of young people involved in the Criminal Justice Service (CJS). For the Cheshire YJS needs assessment, the HNA framework developed by the National Institute for Health and Care Excellence (NICE, 2005) was used. This incorporated the cyclical five step methodology:

1. Getting started and the establishment of a project steering group.
2. Identifying health priorities through a desktop analysis of data and through engagement with the target population.
3. Assessing a health priority for action through a comprehensive review of all relevant literature.
4. Planning for change through the development of a series of evidence-based recommendations.
5. Moving on and review through the delivery of this report to allow providers and commissioners to learn from the findings and action plan for change.

2.1 Literature review

A literature review was undertaken to provide context to the research and aide the interpretation of research findings and development of recommendations. Existing documentation, data and information produced or collated by partners that detail the policies, processes, and support mechanisms in place for children at risk of, and/or engaged with the YJS, and/or the health and wellbeing needs, were also collated and explored to inform this HNA.

2.2 Secondary data analysis

Data from YJS case records were extracted from the Cheshire YJS system to identify the health and wellbeing needs of children in contact with the YJS. A data sharing agreement was developed with strict data protection processes to adhere to GDPR legislation. The secondary data sample included the full client caseload and included data on:

- Demographics - age; gender; ethnicity; responsible local authority; education profile (including any exclusions, and special educational needs).
- Neurodiversity and other needs - neurodiverse conditions; speech and language needs; difficulties with social skills; having had a traumatic brain injury.
- Health needs - physical health needs; mental health needs.
- Health risk behaviours - drug, alcohol, and tobacco use.
- Vulnerability and victimisation - social care needs; child exploitation; missing from home incidents; relationships with family; adverse childhood experiences (ACEs); violence victimisation; risk of future adverse outcomes and victimisation.
- Offending and violence perpetration, including the risk of future offending.

Data was extracted from completed Assetplus assessments for statutory cases. The sample included 122 young people, of these 97.5% had a completed Assetplus assessment at the time of extraction (November 2022). Assetplus assessments are comprehensive, containing data on all the above factors in the form of both drop down boxes and free text spaces.

Data was extracted from completed DIVERT assessments for DIVERT cases. The sample included 92 young people, of these 89.1% (n=82) had a completed DIVERT assessment at the time of extraction (November 2022). DIVERT assessments are less comprehensive than Assetplus assessments,

containing data on most of the above in the form of free text spaces primarily, however, tick boxes were used in the same fashion as the Assetplus assessment for data on physical and mental health outcomes, and for educational, social, and speech and language needs. DIVERT assessments did not contain some of the variables that were included in the Assetplus assessments, such as information on qualifications, numeracy and literacy levels, AUDIT assessment for alcohol use, and the Youth Offending Group Reconviction Scale (YOGRS) score.[1] Some young people did not have an assessment completed as data extraction was performed on a live system, as such at the time of extraction the young person was awaiting assessment.

Available national and local data was used as a comparison between the YJS cohort and young people in the general population, highlighting where different needs were overrepresented in the youth justice sample. The values for different variables in the youth justice sample were compared to the expected values that would be present if the YJS data matched data nationally or locally. National and local data sources included for example, surveys of young people and government data sets.

Some variables are based on case notes (e.g., ACEs) and not formally assessed or measured so they represent the minimum prevalence (i.e., a child might have had ACEs but if this does not come up in discussions then it won't be recorded). This is even more relevant for DIVERT cases where the formal Assetplus assessment is not conducted.

2.3 Engagement with stakeholders

Semi-structured interviews and focus groups were carried out with 43 key stakeholders, this included 26 staff members involved in the management and delivery of services at Cheshire YJS, and 17 wider stakeholders involved in the commissioning and delivery of services across Cheshire that support young people and their families.

Engagement with YJS colleagues (n=5 focus groups, n=4 one-to-one interviews, and n=1 paired interview) included case managers, support workers (including both DIVERT and statutory), child and adolescent mental health services (CAMHS), speech and language therapies (SLT), and substance use workers. Wider partner engagement (n=1 focus group and n=16 one-to-one interviews) included a geographical spread across Cheshire (Cheshire East n=2, Cheshire West n=6, Halton n=2, Warrington n=2, and Cheshire wide n=5). Stakeholders included strategic and commissioning, managerial, and operational positions, which focussed on early help, mental health, sexual health, community safety partnership, substance use, health protection, education, youth services, and health services. Interviews and focus groups were carried out using MS Teams and explored views on the health and wellbeing needs of children engaged in the YJS and key risk and protective factors, processes for, and outcome/impacts of identifying and responding to children's health and wellbeing (and wider) needs (both prior to and during engagement with the YJS). Further exploration focused on the key leverage points and mechanisms for supporting children's health and wellbeing, prior to, during, and following YJS engagement (focusing on primary prevention and a life course approach); and areas for transformation (at policy and/or practice level) to enhance children's health and wellbeing and prevent offending and reoffending.

[1] The Youth Offending Group Reconviction Scale (YOGRS) uses an algorithm to estimate the probability that youth offenders will be re-sanctioned for any recordable offence within two years of sentence, or release if sentenced to custody. This provides a percentage estimate of re-sanctioning compared to a similar cohort of individuals.

2.4 Engagement with young people and parents

The research team have engaged with seven individuals. This includes four young people and three adults, comprising of three paired interviews with a young person and parent, and a one-to-one interview with a young person. The young people who have engaged in the needs assessment so far have all been male and aged 10, 15, and two aged 17. They were engaged with Cheshire YJS through DIVERT (n=2) and statutory requirement (n=2), and represented Warrington, Chester, and Halton. Case managers and support workers supported the recruitment and facilitation of the interviews. Interviews were carried out using MS Teams or via telephone. Discussions explored views of the health needs of young people engaged in, or at-risk of engagement with the YJS, approaches to addressing and/or preventing these health needs (including prior to YJS engagement), and views on the YJS support and interventions, and the outcomes and impacts for health and wellbeing (and wider outcomes as relevant).

2.5 Stakeholder workshop

An online multi-agency workshop was held towards the end of the HNA to share key findings and facilitate a discussion around shaping the recommendations. The workshop was attended by 33 key partners from across the Cheshire footprint, including representation from Halton, Cheshire East, Cheshire West and Chester, and Warrington. A range of services and strategic and operational roles were represented including the YJS, Local Authority, Public Health, Safeguarding Children Partnership, Children's Services, Early Help, Integrated Care Partnership, CYPMH, CAMHS, and SEND service. The key findings and draft recommendations were presented to the group and discussions focused on:

- Do the key findings reflect your experiences?
- Are there further examples of best practice?
- What are the challenges?
- Are there any gaps within the HNA?
- Are the recommendations feasible?
- How do the findings/recommendations relate to the local children's strategies?

2.6 Analyses

All qualitative interviews were recorded, transcribed, and analysed using thematic analysis. Quantitative data was shared via a secure SharePoint and through secure access to the Cheshire YJS case management system and analysed using SPSS. All research activities were subject to ethical approval through the LJMU Research Ethic Committee (approval reference 22/PHI/011).

Key findings

Identifying need

Data analysis of Cheshire YJS case note data provided a wealth of data on the health needs for young people engaging with the YJS. This was supported and complimented by extensive engagement with key stakeholders across the YJS and wider services across Cheshire, and a small representation from young people and their parents who were engaged with the YJS. The data included 92 (82 with assessments) young people from DIVERT and 122 (119 with assessments) young people from the statutory YJS route. This data also informed the HNA to provide a clear overview of the characteristics and needs of young people entering the Criminal Justice System (CJS) and working with the YJS. Violence was the major contributing factor that had brought them into contact with the YJS, with 85.6% of statutory and 72.4% of DIVERT cases having perpetrated some form of violence (eight in ten statutory, and six in ten DIVERT had perpetrated youth violence). As expected the mean number of offences (7.7 vs 2.4) was higher and incidents (4.1 vs 1.6) were higher for statutory than DIVERT cases. Data also shows that violent related crime has increased since the first HNA which was completed in 2015, highlighting increased complexity (The Centre for Public Innovation, 2015)[2].

"Our kids are deliberately or otherwise, great at camouflaging their unmet health needs and they camouflage it typically through expressive behaviour that brings you into contact with the law" (Stakeholder)

Young people entering the YJS were predominantly males (90.2% statutory and 70.7% DIVERT), aged between 15-17 years (67.2% statutory and 59.8% DIVERT [although DIVERT were generally younger than statutory cases]) and high proportions were currently or had previously been identified as a child in need (75.4% statutory and 39.0% DIVERT). Compared to the national prevalence (3.2%), proportions of young people (15.3% statutory and 19.5% DIVERT) were significantly higher for those currently identified as a child in need. Whilst females were less represented within the YJS (and the CJS nationally), the data did show that they had higher risk factors for some areas, including exploitation, victimisation, and perpetration of child to parent violence. There were also more females engaged with the DIVERT route and some stakeholders reported seeing increased violence amongst this cohort.

"A lot of these kids are in care. We support the care homes because a lot of them have had no training and how to talk to a child for speech, language communication need, which is desperate seeing as most of them have them" (Stakeholder)

Through engagement with stakeholders and service users, multiple and complex issues were identified for the young people involved in the CJS. These issues were seen as both risk factors (and unmet health needs) for them becoming involved in crime, and as impacts of being involved in crime and the CJS. They also created additional barriers for young people and their families for engaging with services and with support services. The COVID-19 pandemic and cost of living crisis were both seen to have exacerbated health needs and negative impacts for young people and their families. Dahlgren and Whitehead (1991) termed the model of health determinants over thirty years ago to understand the factors that increase health inequalities, which included central factors, individual lifestyle factors, social and community networks and socio-economic, cultural, and environmental conditions. The Marmot review (Marmot, 2010), and subsequent 10-year review (Marmot, 2020) of

[2] The Centre for Public Innovation (2015). Health And Well-Being Needs Assessment of Young Offenders Across Halton, Warrington and Cheshire West & Chester. London.

health equity across England calls for action on the social these determinants of health with the aim of reducing inequalities.

"It took (YP) to get in trouble for us to meet the criteria" (Parent)

"You just think this child so vulnerable, and it's taken them committing an offence to get the health needs met" (Stakeholder)

Understanding the findings of the Cheshire YJS HNA, using the model of health determinants, we can see a number of factors that are increasing inequality and health and wellbeing needs for young people involved with the CJS. Stakeholders engaging in the research acknowledged that by the time a young person becomes involved with the YJS, they have usually had involvement with a number of other services. However, findings from the HNA suggest that young people enter the YJS with a number of unmet and unidentified health needs that may have contributed to the reason for needing YJS input, suggesting early intervention is critical.

"I think that's one of the biggest challenges for us, is that they are getting the help after they have committed something. So it's almost a little bit too late. Maybe if they had the right support in school etc. earlier when they were growing up then they might not have committed a crime and end up with our service at all so we're almost trying to go back in time, try and work it out. Look at the history; work out what is going on for that person. Then trying to put strategies and things in place and then start sharing that information with other professionals" (Stakeholder)

"Challenge is that we talk about early help and prevention but pathways/systems wait for things to get worse before services are accessible (parents have highlighted this here). Can't see how things will change until we collectively come together and resource/support universal services" (Stakeholder)

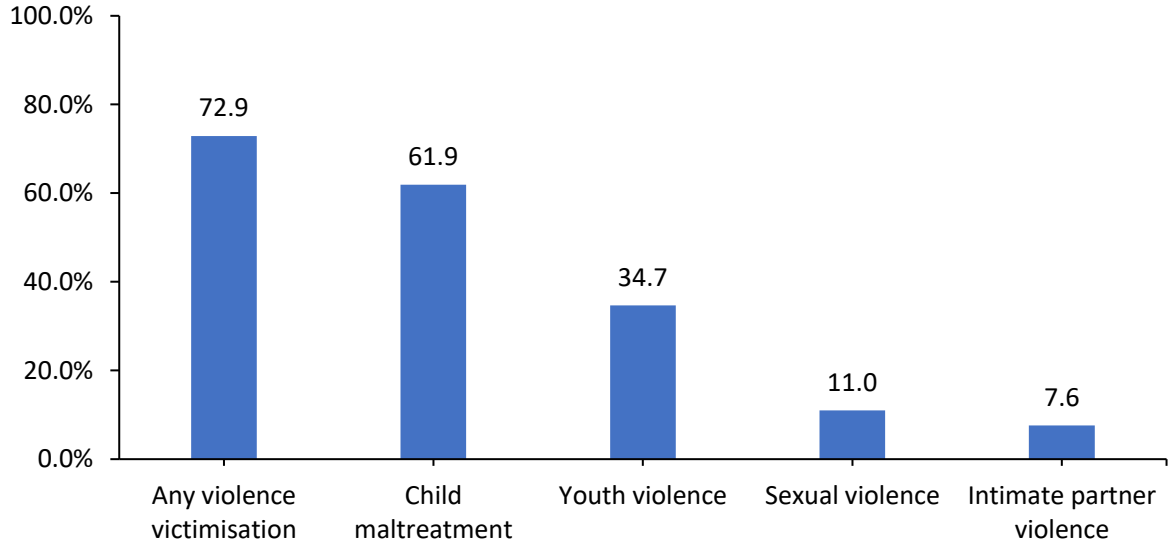
Additional data collected by the YJS, at assessment and during the time the young people were engaged, also provided wider context. This flagged risk factors that may have contributed to the crime and may also contribute to further offending behaviour. This data enables the YJS to work together to develop a tailored strategy and pathway of care for individual young people to help meet their needs and reduce health and re-offending risks (29.4% of statutory cases and 6.1% of DIVERT cases were assessed having a high likelihood of reoffending [27.1% and 1.2% posing a risk of serious harm to others]). Findings from the HNA add to the increasing evidence base for risks associated with young people becoming involved in criminal behaviour, including risk of criminal exploitation. Over half (59.5%) of statutory cases and nearly one third (32.9%) of DIVERT cases were considered vulnerable to criminal exploitation, with high proportions of young people experiencing violent victimisation (72.9% statutory and 59.5% DIVERT). Whilst offences were predominantly perpetrated against other young people, violence experienced by young people was primarily perpetrated by adults, with smaller proportions recorded as victims of youth violence (34.7% statutory and 23.8% DIVERT). Proportions of young people were also deemed at high risk (26.1% statutory and 7.3% DIVERT) and very high (1.7% statutory) of future risks to safety and wellbeing.

"There are a lot young people who are vulnerable, who are susceptible to getting involved in in gang culture, who are doing things because they're being told by others that they're going to have a better life because of it" (Stakeholder)

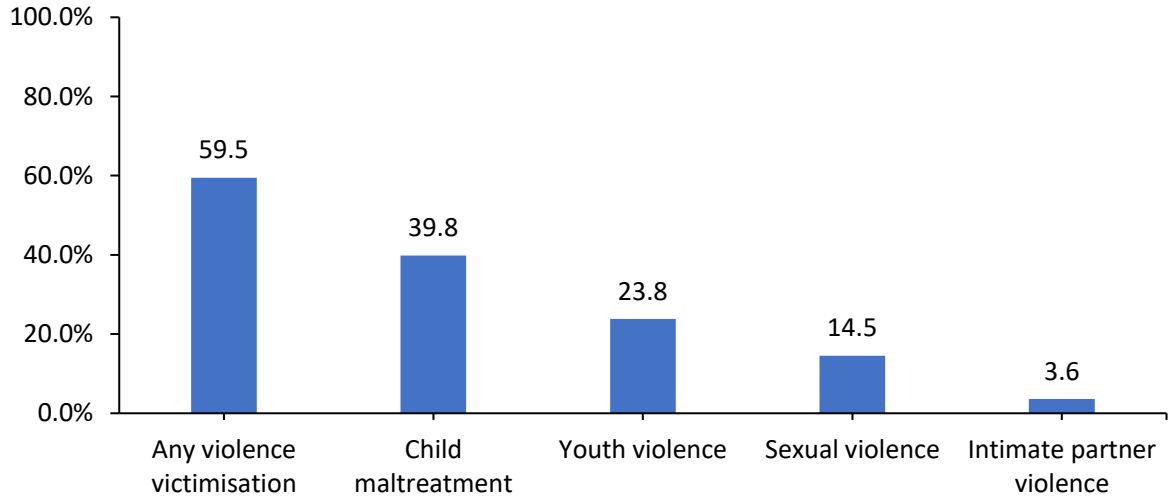
"The problem is if we don't give young people an opportunity to have a positive identity and some sense of self-worth of what they're good at and who they are. If they find themselves

excluded from the traditional system, they'll find other ways of gaining self-worth and self-esteem and identity and that's when often they can be preyed upon" (Stakeholder)

Prevalence of violence victimisation amongst statutory young people



Prevalence of violence victimisation amongst DIVERT young people



This HNA evidences significant unmet health needs in terms of three main areas; mental health, neurodiversity and SEND, and substance use. All of these are linked to additional needs related to the health, social care, criminal justice, and education sector. Stakeholders, parents, and young people provided examples of these health factors, suggesting young people are in need of support in these areas for some time before the criminal activity that had led to their work with the YJS. The quantitative data analysis further confirmed this, by demonstrating that high numbers of young people engaged with YJS had poor mental health, SEND requirements, and were using drugs and alcohol. These three key area all form part of the health offer provided by Cheshire YJS meaning that these needs could be identified, and support put in place to start to address them.

"Mental health needs especially are massively underfunded and under provided for" (Stakeholder)

For mental health, overall, 17.7% of young people had a formally diagnosed mental health condition (22.0% of statutory and 10.8% of DIVERT cases). Overall, 47.9% of young people were accessing mental health services (57.3% of statutory cases and 32.9% of DIVERT cases), suggesting more were engaging in support than had an official diagnosis, bringing into question the unidentified needs of those young people not engaging with any support (these were highlighted in the qualitative work). Of those with a diagnosed mental health condition, 97.1% were accessing mental health services (100.0% for statutory cases and 87.5% for DIVERT). Mental health needs were higher than presenting physical health needs, with one in ten for both statutory and DIVERT having needs in this area. Stakeholders gave examples of the increasing mental and emotional health needs for the young people they work with, as well as the increasing need for their parents and families in this area. The parents and young people participating in the research reported poor mental health, anxiety, low self-esteem and confidence, self-harm, and difficulty in accessing support, including long waiting lists and not meeting risk thresholds for CAMHS. The COVID-19 pandemic and cost of living crisis were seen to have exacerbated these mental health needs, with poverty being flagged as intrinsically linked to poor mental health and increased risk of offending.

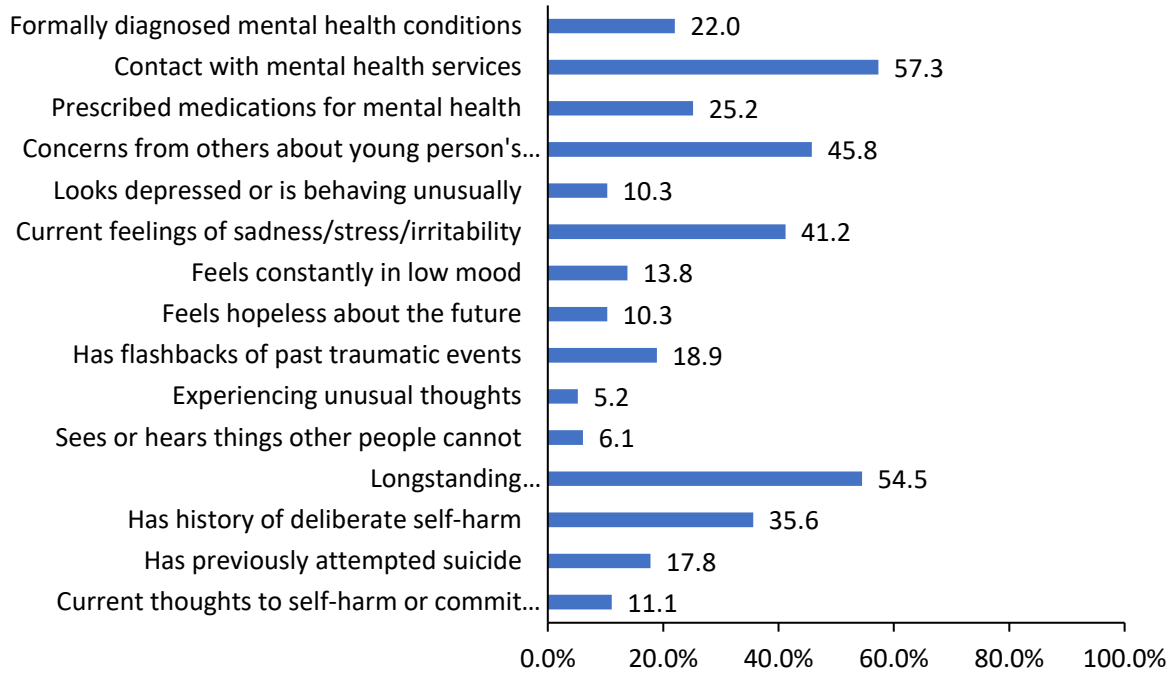
"I think sometimes when we refer our young children to like CAMHS, for instance, I think there's a gap in like counselling and waiting list for the kids, when they need it straight away" (Stakeholder)

"We've got to acknowledge that we've gone through, a very traumatic time for society with reference to the pandemic. But it's amplified a million times for a lot of our children" (Stakeholder)

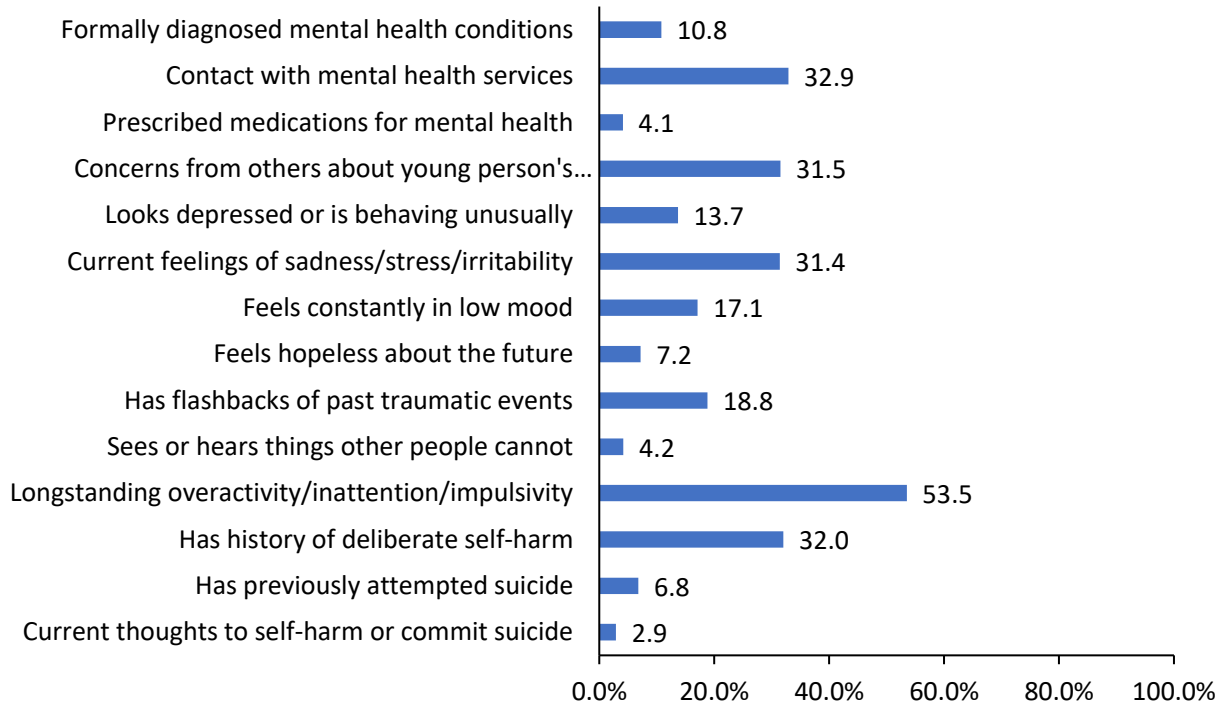
"With COVID as well, a lot more children slipped through the cracks because they've not been in school for us to pick it up" (Stakeholder)

"Mental health needs especially are massively underfunded and under provided for" (Stakeholder)

Prevalence of mental health needs of statutory young people



Prevalence of mental health needs of divert young people



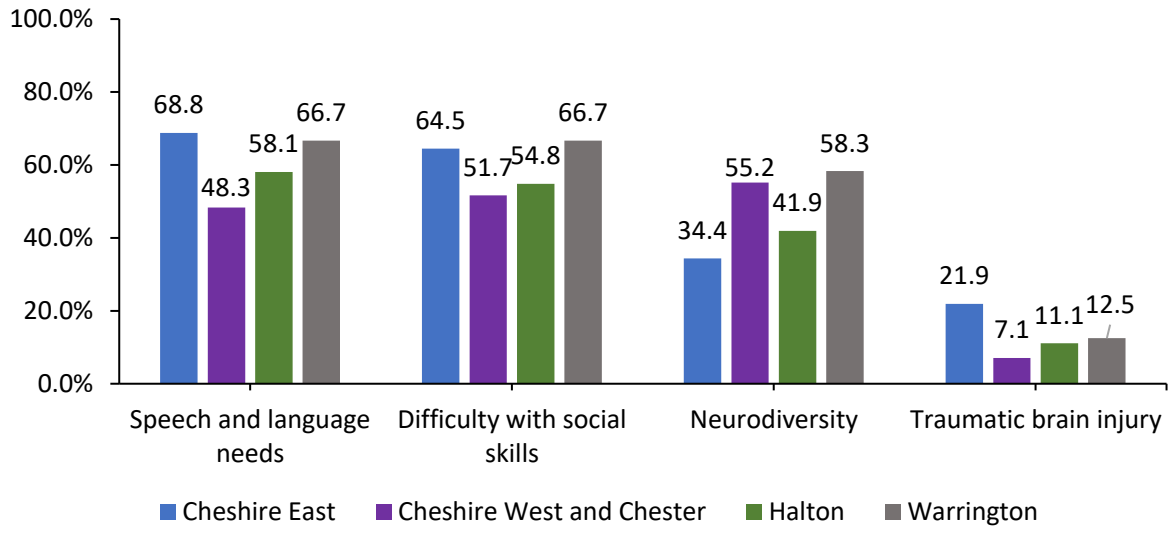
For neurodiversity and SEND, 63.4% of young people had some form of special educational need and disability (SEND) (67.8% for statutory cases and 56.2% for DIVERT), with 45.7% having a SEN that was identified (56.0% of statutory cases and 28.6% of DIVERT). Overall, 63.7% had some type of speech

and language needs (61.3% of statutory cases and 67.6% of DIVERT) and 12.5% of young people had a traumatic brain injury (13.2% of statutory cases and 11.4% of divert). High proportions of young people had social skills difficulties (58.5% statutory and 66.2% DIVERT). Overall, 42.2% of young people had a formal diagnosis of a neurodivergent condition (46.2% statutory, 36.3% DIVERT), while a further 15.6% were awaiting diagnosis or referral (13.4% statutory, 18.8% DIVERT). Prevalence of neurodiversity and other needs amongst young people differed across local authorities, with Warrington in general having higher levels of need. Across all qualitative data collection, SEND and neurodiversity were the most common theme discussed for risks associated with offending (including exploitation) and unmet health needs for this cohort of young people.

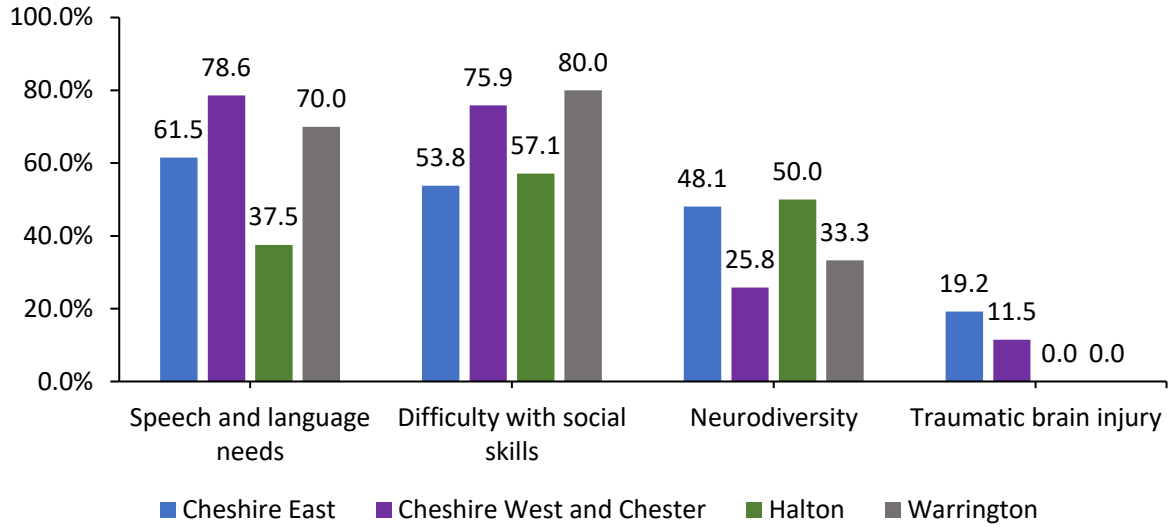
"Probably the biggest health need is in terms of ASD and ADHD, these kinds of diagnoses coming in quite late" (Stakeholder)

"We're missing out on some of the early diagnosis" (Stakeholder)

Prevalence of neurodiversity and other needs amongst statutory clients, by local authority



Prevalence of neurodiversity and other needs amongst divert clients, by local authority



Stakeholders discussed the difficulty and long waiting times for diagnosis and the impacts of this for young people for their behaviour (both inside and outside of school), and the impact of this in terms of their mental health, relationships, and ability to cope. Issues were also raised about wider professional awareness of conditions (especially where there is no diagnosis), and the negative impact this can have on a child throughout the CJS, healthcare and wider sector settings. Young people and parents discussed the struggles at school (and how they had disengaged from school), and the challenges with communication, difficulties in getting help (and a diagnosis) and the negative impacts this had on the young person's life.

"When we refer our young children to CAMHS… When they need it straight away, there's a long waiting list for some of our kids" (Stakeholder)

For substance use, higher proportions of young people had ever or were currently using drugs, alcohol, or smoked, when compared to the national averages for these health behaviours. Prevalence rates were higher for all three for young people on statutory orders compared to DIVERT cases. For statutory cases 79.0% (and 48.2% of DIVERT cases) had ever used drugs, and 58.0% (statutory), 32.5% (DIVERT) were currently using drugs (mixed drug use and cannabis were the highest reported). For alcohol 45.4% (statutory), 33.3% (DIVERT) had ever drunk alcohol, with less young people currently drinking alcohol compared to drug use (30.3% statutory, 28.6% DIVERT). Smoking prevalence was also high, with 31.1% (statutory), 12.0% (DIVERT) ever smoking, and of those, many young people were currently smoking tobacco (26.1% statutory, 9.6% DIVERT). The qualitative findings further evidence this with concerns raised about the increased prevalence of cannabis use among young people entering the CJS and the negative impact of this on their physical and mental health, communication, and relationships, and also the increased risks for criminal exploitation (including risks of county lines involvement).

"Kids using drugs and earlier age (since the pandemic) and then that impacting on their emotional health" (Stakeholder)

Risks for CJS involvement also included living in poverty, experience of trauma and ACEs, family and home life issues, and broader contextual safeguarding issues including risks within peer groups and the community (which were both linked to social media use). The majority of statutory (91.5%) and

DIVERT (86.7%) cases had at least one ACE (55.1% and 22.9% respectively had 4+ ACEs), which is significantly higher than the national average (based on a national retrospective study of adults in England; 47.9% one ACE and 9.0% 4+ ACEs) (Bellis et al., 2014[3]).

"We have a lot of families that we deal with who have generations of people who've been involved with the criminal justice system as well" (Stakeholder)

"We are all a product of our environment… if you grow up and that's your social norm, it's hard to escape that, isn't it? So if you grow up around those behaviours, then you're more likely to adopt them yourself" (Stakeholder)

"When somebody's living in a chaotic household, that we see so often in in some deprived areas. If parents don't engage with the services then the children and young people aren't going to engage" (Stakeholder)

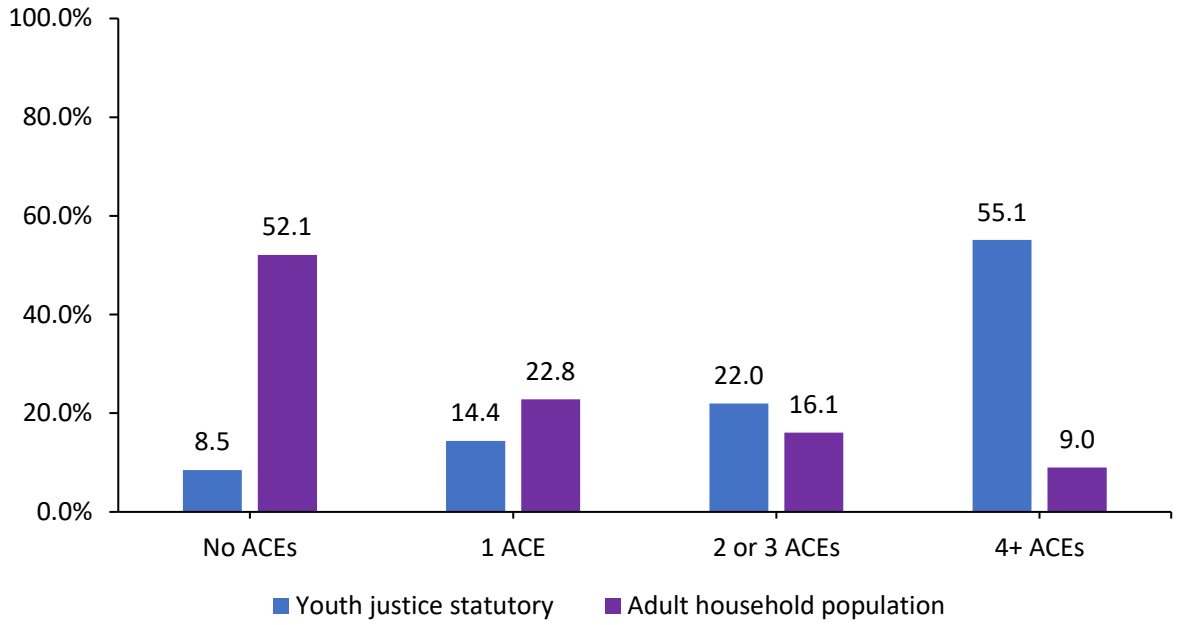
Half of all young people had caregivers who had underlying issues impacting the quality of care they provided for them and had experienced incidents involving their current caregivers that risked the young person's safety and wellbeing. There were also high proportions of young people who had perpetrated child to parent violence and abuse (39.0% statutory cases and 29.8% DIVERT). Transition to adulthood and adult service provision was highlighted as a critical point for young people, with gaps in services identified that put this age group at increased risk, both in terms of their health needs and risk of offending.

"They get to 1718. There's nothing for them really. They fall between the cracks" (Stakeholder)

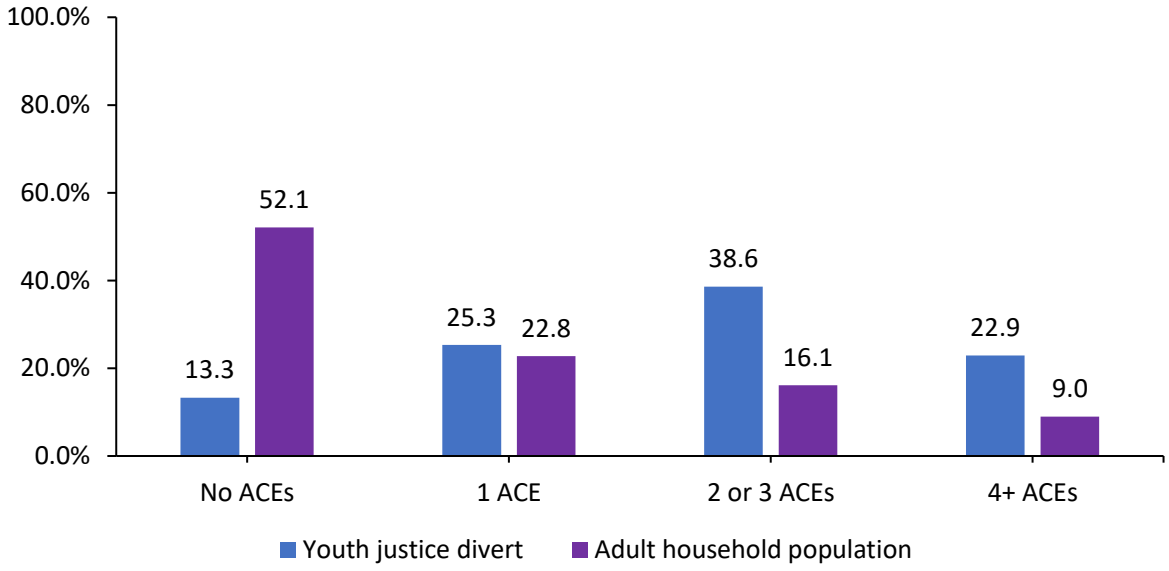
"I've had a few older ones and are really struggle to figure out what to do with them once they hit 18 because pretty much everything just disappears" (Stakeholder)

[3] Bellis, MA., Hughes, K., Leckenby, N., Perkins, C., & Lowey, H. (2014). National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. BMC Medicine volume 12, Article number: 72

Prevalence of ACEs amongst statutory clients/nationally representative population of adults in England



Prevalence of ACEs amongst divert clients/nationally representative population of adults in England



Disengagement from education was also evidenced within the quantitative and qualitative data analysis. Data showed that statutory cases were more likely to be disengaged from school compared to DIVERT cases, however, the other education related data was similar. With 35.6% of statutory cases (8.5% DIVERT) not in any form of education, employment, or training (NEET), and 21.2% of statutory cases (29.3% DIVERT) in alternative education provision (such as a Pupil Referral Unit). Around half of the young people had participation or attendance issues, and half had experienced some form of school exclusion (for both statutory and DIVERT). This is significantly higher than the 4.3% national

prevalence of school exclusions (ONS, 2022)[4]. This was further evidenced through the representation of the voice of four young people within the HNA, all of whom had been disengaged from school before they came into contact with the YJS. Stakeholders at the multi-agency workshop reflected on the barriers for neurodiverse children and young people. Recognising that through unmet need, late diagnosis and lack of education and awareness, that these young people are at risk of becoming marginalised and excluded from education and mainstream services and support, and ultimately excluded from society.

"One of the key flags for CSE (criminal or sexual exploitation) is low school attendance. If someone is going to school then that is a massive positive in their lives" (Stakeholder)

"I've been quite disappointed in what support the schools offer as well, and the amount of young people we're meeting, you know, 14/15. They've got through the 10 years of school and it's (neurodiversity) not picked up. That's quite sad because we all know that when it does, it can take a couple of years before they get their education and healthcare plan. That's quite sad really that it has to get to the point where the committing offence before somebody will really delve into what may be the issues with the behaviour" (Stakeholder)

Information provided by parents, young people and stakeholders suggested that high proportions of young people had co-morbidities, meaning that young people had multiple, complex needs and many of these health needs were interlinked and co-existing for many of them. This included, for example, young people who were neurodiverse, who were struggling with their social skills, experiencing poor mental health, and had disengaged from school. Other examples were provided for young people using cannabis to self-medicate (for both mental health and neurodiversity) or as a form of self-harm, and examples for looked after children and children in need, experiencing multiple risk factors and unmet health needs compared to their peers. The quantitative data confirmed this, showing that higher (and significantly higher) proportions of young people (compared to their peers and those in YJS without these needs), were more likely to have additional needs. A higher proportion of those with educational needs had been diagnosed with a mental health condition, were vulnerable to criminal exploitation, had a concern noted about their significant relationships, and had a higher mean number of incidents of offending and risk of re-offending. A higher proportion of those diagnosed with a mental health condition had also used drugs, had four or more ACEs, and a higher mean number of incidents of offending and risk of reoffending. A higher proportion of those with speech and language needs had experienced violent victimisation and also had perpetrated violence, had caregivers with underlying issues impacting the quality of care, had been excluded from school and had a higher mean number of offences and a higher risk of re-offending. A higher proportion of those who had difficulties with social skills had self-harmed and were more likely to have experienced violent victimisation. There were also significant associations between ever being a child in need and educational needs, neurodiverse diagnosis, and mental health condition.

"I think we struggle to reach them sometimes because they've met so many professionals and it's just another person. Their lives are often all over the place or they're not in a good place in with mental health issues or communication issues and neurodivergent young people as well, struggle to engage for that reason" (Stakeholder)

The unmet health needs and risk factors experienced by young people and their families, created barriers for them engaging in mainstream sectors such as education and barriers to engaging with

[4] Office for National Statistics (2022). Permanent exclusions and suspensions in England. Data collected by the school census. https://explore-education-statistics.service.gov.uk/find-statistics/permanent-and-fixed-period-exclusions-in-england

support from services. Additional barriers also included knowing where and how to access support, long waiting times and difficulty with diagnosis. Previous negative experiences or negative perceptions of services (for both young people and parents) also make it more difficult to engage, due to stigma and fear. Parents own health needs, capacity and barriers played a significant part of how well young people were able to engage with services. Families involved with multiple agencies also had increased challenges of navigating support if services were not well connected.

"Initial reflection is that we are in effect, punishing SEND and other childhood adversities" (Stakeholder)

Identifying assets

Findings from the HNA and the wider evidence base demonstrate that there are a number of protective factors that can reduce the risk of young people becoming involved in the CJS. These protective factors were seen to provide young people with better chances in life, have more positive experiences and help them make more positive choices. This in turn is thought to prevent and reduce offending behaviour and prevent re-offending.

Stakeholders and families participating in this HNA highlighted what young people and their families need from the YJS to meet their health needs and overcome some of the challenges that may have contributed to them entering the CJS, and the barriers they face in engaging with services. This included a trauma-informed system that understands the impacts of ACEs and trauma and looks beyond the presenting behaviour or crime, and also involves skilled and experienced staff who could build trusted relationships with them, with knowledge of wider support pathways for appropriate referral and signposting. This requires a system that puts the child first and provides a bespoke and tailored care for their individual needs, using a flexible and adaptable approach to develop a trusted relationship. Understanding complex health needs is important for preventing young people entering the CJS, and supporting those who do, through the system. This means working in a way to understand the context, help young people feel understood through listening to them, exploring their frustrations, and building trust with them. Providing a safe and non-judgemental space was key, as well as utilising innovative and accessible communication methods and activities. Understanding of the wider context and barriers for parents was also seen as essential in supporting them to support their children, as was understanding the challenges some people may have in attending appointments (and not closing these people off from support). Using this approach was seen as a way to not missed opportunities to engage families in timely and effective support best placed to meet their needs.

"You're going to be aware of trauma and the impacts of it on people's lives. But then there's been a journey to become more trauma informed and aware of evidence-based interventions for trauma. Best practises are really helpful way of operating with kids who have experienced trauma, rather than thinking clinically" (Stakeholder)

Supporting vulnerable children and young people through the CJS is a key priority, with the Health and Justice Specialised Commissioning Workstream, and other key initiatives in place across the CJS to meet the mental health and wider health needs of young people. Stakeholders involved in this research suggested that nationally, the Youth Justice Board is ahead of the curve with their child first approach. Cheshire YJS adopting the health offer was seen as a way to begin to address these unmet heath needs, and to better support young people to minimise further inequality for young people involved in the CJS and reduce the likelihood of them staying or returning to the CJS.

This pathway was seen as critical given the risk factors and unmet need associated with neurodiversity, coupled with findings from other research, evidencing that neurodiverse young people are

disproportionately represented within the YJS. Studies also suggest that aspects of the system including custody can be more traumatic and damaging for those who are neurodiverse. This highlights that system-wider change is needed to understand and treat this population with dignity and care, as well as support and understanding around their communication barriers, especially when it comes to sharing how they are feeling and being able to advocate for themselves in the CJS and other settings.

"That sort of multidisciplinary approach is it's really positive" (Stakeholder)

The health model at Cheshire YJS provides a good opportunity to bring specialist providers together to deliver a cohesive offer. This takes on board key findings and recommendations from the previous HNA (Centre for Public Innovation, 2015), which highlighted the unequitable access to healthcare for young people engaged in the CJS across Cheshire. The offer now provides that key link into mental health, substance use and SLT support, through an equitable healthcare assessment available to all young people entering the YJS. This provided a key opportunity to assess and identify any unmet health needs in these three areas (and wider health and safeguarding needs), which may not have otherwise been identified, and for many was the first time they had access to such healthcare screening. This multi-agency approach not only allowed for quicker identification during the healthcare screening, but it also meant more timely specialist support for families who would have otherwise had long waiting lists to see specialists from CAMHS and SLT. This was identified as an effective way to open the door to this pathway of wider support, recognising that these health needs were associated to the offending behaviour and need to be addressed to prevent further re-offending.

"Embedded teams that provide psychological support. So CAMHS workers, speech and language therapists looking at communication issues. We've provided training to the justice service around sort of trauma, informed practice, sensory processing disorder. Led to an increased recognition of healthcare as a risk factor for offending behaviour" (Stakeholder)

The Cheshire YJS model also provides an opportunity for multi-agency working, not only to provide that overarching multi-disciplinary offer for children and young people, but also in terms of how services work together across Cheshire. This was identified as good opportunity to create awareness across the area around the different pathways of support available with clear communication around signposting and referral, highlighting the impact across the system (which also included potential reduction in demand and increased awareness and training opportunities). Considering the health offer and the wider support beyond this, across Cheshire, findings suggest that there is good coverage of service provision to meet the healthcare needs for young people and their families. However, the high levels of risk and unmet need identified does highlight that more support is needed around early intervention within the system, and more capacity across the system for specialist services such as CAMHS and SLT. Parents also believed that not enough support was in place at earlier points for their child and family.

"I think we've come a long way from having the health workers in the team. The SLT are really keen to maybe get involved with more pre court stuff. To explain to children about the language that people use in court and what it means… Just embed that as usual practise and but that's only been because we've got the health workers in the team that we're able to even consider doing things like that. It's really, really beneficial. I think we've always been that advocate and we've always will" (Stakeholder)

For the healthcare model itself, there were a few challenges reported. Staff were able to identify where there are gaps in support, which was a positive, but it meant that services may use them as a 'fixing service' and often they would end up 'filling' these gaps which added additional pressures to

their workload. It was also agreed that a clearer pathway aid/resource would be useful in relation to the health aspect so that for someone looking in on the service from the outside (including quality assessors etc.) would be able to understand how it works. There were also complexities for staff working as part of the YJS services, but based within other areas of work across Cheshire, meaning that working policies and procedures are not consistent or equitable for key members with similar roles.

Concerns were also raised about the complexity of the DIVERT caseload. Whilst the DIVERT route provided a good opportunity to provide early intervention to prevent further offending and the young person receiving a criminal record. Stakeholders reported that there used to be a clear distinction between the differences in complexity (and resource required) for a DIVERT case compared to a statutory case which were deemed often more complex and resource intensive, but that DIVERT were now just as complex. The quantitative data does show high risks for both statutory and DIVERT cases. Stakeholders were unsure whether young people's needs were increasing and whether this was related to the pandemic and cost of living rise, but it does pose a question around the use of the DIVERT pathway (and resources available for this). Given the unmet need for these young people, findings suggest that this would be the appropriate pathway, although further longitudinal work would be needed around the outcomes for young people following DIVERT work.

"Parents that have come back and said 'I've been saying this for years, or you're doing assessment and your feedback and they say everything you've just said, fully described my child'" (Stakeholder)

Feedback from providers and engagement with young people and their parents (from both statutory and DIVERT cases) allowed the HNA to capture the outcomes and impact for some of the young people engaged with Cheshire YJS and what this involvement meant to them. Parents described the upset which had got to the point of offending, both in terms of the negative impact for any victims involved in the criminal behaviour, and the negative impact for the young person themselves and their family. It was, however, seen that this had led them to the YJS and the opportunity for much needed support. Engaging with the healthcare assessment had provided direct support around mental health and neurodiversity, the family had increased awareness around these issues and how they could impact on behaviour, and the staff had advocated for the young person in a number of settings. The young people had been supported to re-engage with education, training, and employment, with a place at a new school designed to support SEND, a training qualification, and employment, meaning that these young people felt they had future options they did not have beforehand. There were reports of increased confidence and self-esteem and reduced anxiety. Significant improvements in communication and improved relationships were also reported, with parents and young people feeling that the rusted relationship with YJS staff had helped them to open up, which had then impacted positively on wider relationships. The work carried out at YJS had also improved knowledge for young people around the impact of their crime and for any victims of this. Wider potential impacts for the community included increased feelings of safety and community cohesion, improved awareness (of the challenges faced by young people), and reduced anti-social behaviour, violence, and crime.

"I didn't know what to expect. I felt like we was going to be judged because of what's happened. But that's not what they've been about. Everybody has been fantastic. What's been a really awful experience personally for us, the help and support that's there and things that they've done with (YP) has been amazing" (Parent)

"I think it made him realise more what he done was wrong and it helped him move on from what he'd done and change his ways" (Young person)

"I look back at the memories on my phone and I don't know why I lived like that" (Young person)

Sustainable support for those completing their statutory and DIVERT order was also highlighted, and especially for those on the DIVERT pathway when support closes with YJS following completion of the 12 week scheme. Stakeholders reported more complex needs for DIVERT than previously, which is further evidenced by the high levels of risk and need within the quantitative analysis. This made it difficult to identify and address these issues (especially taking time into account to break down barriers and build trust) during the 12-week timeframe, meaning often more work was needed beyond this time. Whilst parents praised the wraparound support that the YJS offer provided, stakeholders reported concerns on having an influx of support available (often to families who do not have any other support) for it then to be removed at the end of the order, and the associated impacts of this.

Community based support was seen as key, not only in taking that support out to the young people (YJS using home visits was seen as key in breaking down attendance barriers), but also for linking in community organisations as way to provide local support and support families to feel more connected to their community. Involving grassroots organisations and the voluntary sector was identified as a gap in service provision linked to supporting young people with more community based diversionary activities. The YJS are piloting social prescribing based initiatives to try to bridge this gap and provide a more sustainable offer beyond the young person's time with the YJS. Linking young people into the appropriate healthcare pathways in a timely way, and having opportunities for ongoing statutory and mainstream support, as well as community-based support was identified as essential. A transparent exit plan and aftercare provision were seen as important for those completing their order or transitioning into adult services.

"What I worry about as well is when whilst our kids are on this order, they're getting lots of this specialist help and support and would go that extra mile, it's just that when they finish their order, that's what worries me most, can young people access these resources and get support? So then it's like, the circle, they reoffend again" (Stakeholder)

Determining priorities

The HNA provided an opportunity to engage with stakeholder and young people (and their parents) who were working with Cheshire YJS, to capture their voice and understand their experiences of support and any unmet health needs. Stakeholders who recognised the challenges of engaging young people in more formal feedback processes saw this as particularly important in understanding their needs, experiences and view of the support provided via the YJS, and more widely across Cheshire.

The HNA engaged with a wide range of professional stakeholders and brought partners together to share views and experiences, providing a forum for shared learning. This allowed stakeholders to help identify needs and assets and determine priorities together. The multiagency stakeholder workshop built on this, through shaping the recommendations for effective action. The HNA involved a multi-agency team of cross sector stakeholders who are able to undertake actions and take recommendations forward to improve delivery for the health and wellbeing of young people involved in the CJS. This highlights the importance of partnership working and strategic and operational buy in from partners to take these actions forward.

"We need to work more systemically with young people, don't we? We need to get much better at building that multidisciplinary, holistic kind of approach around schools and communities and families where we've got children who are presenting with risks or their families and we need to get have more capacity to do that and be better at it and understand what's going on for these kids, and clearly we need to be identifying those risk factors around speech and language and mental health and much earlier stage" (Stakeholder)

At the multi-agency workshop, stakeholders discussed the impact of the HNA key findings and agreed how that intelligence produced through the HNA should be used to raise awareness, promote action, and influence practice across partnerships. Stakeholders were appreciative that the HNA had enabled discussions and opportunity to promote change within the wider system across Cheshire, translate into practice and how services are delivered moving forward.

"We don't have to accept the criminalisation of kids in the way that it's happening, and that there are interventions that we can apply through our communities, support for families, local authorities, healthcare, education and policing and the justice system itself" (Stakeholder)

"The real challenge is how we 'tie in' other services… youth justice issues are everybody's business!" (Stakeholder)

"I think we kind of owe it to ourselves to get this information and research across Cheshire to think about what we can do to create even more opportunities for good practice. But that requires all partners to be around the table and all partners to commit to that, to try and change behaviour and change mindset and that also means we some of our parents as well as with our kind of our colleagues in schools, local authority colleagues, our police colleagues and those that are in our health system. So huge amount of work to be done really… There is something around a need to influence it at central government level as well" (Stakeholder)

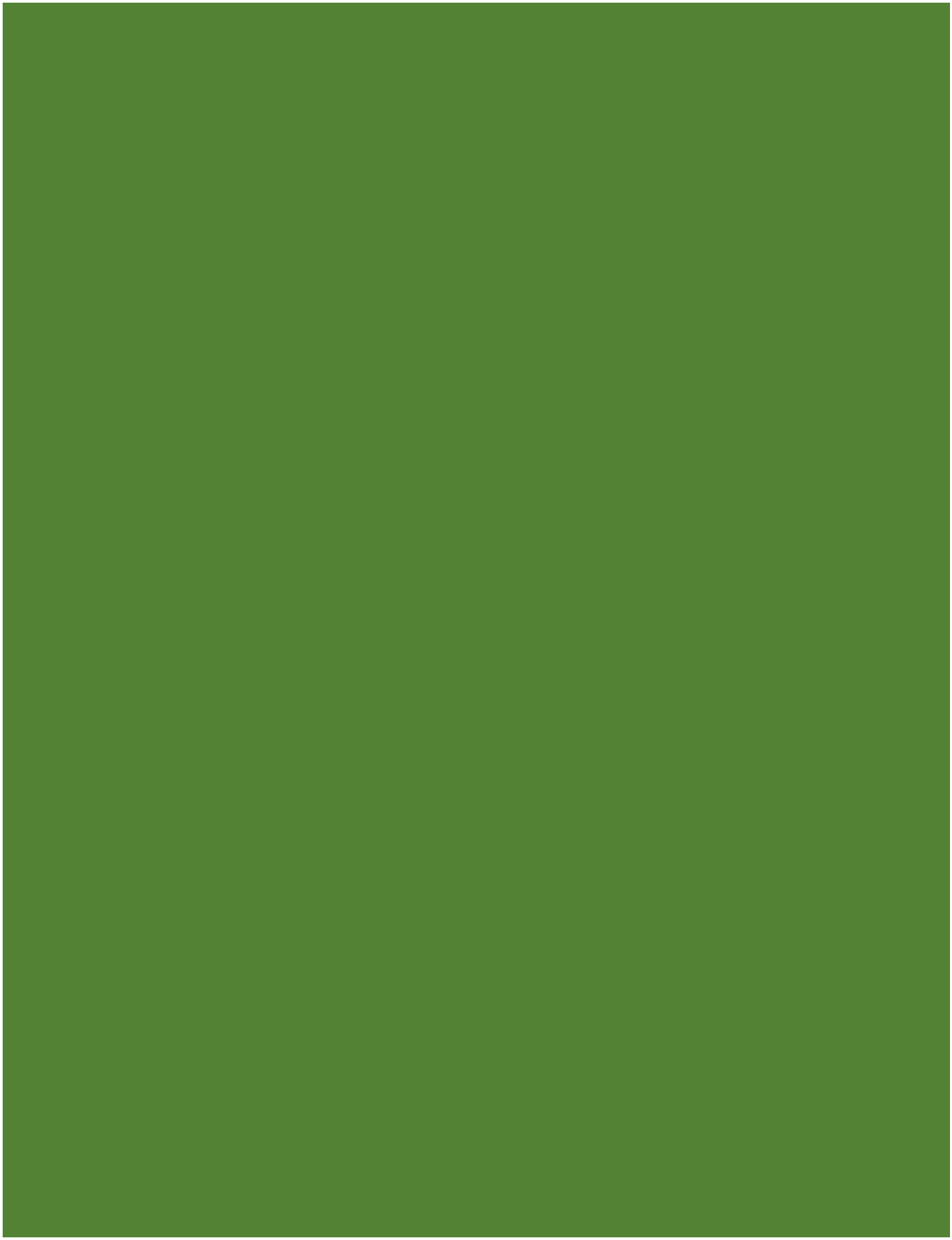
Considerations for dissemination of findings included:

- Share throughout Cheshire YJS and more widely across Northwest and national YJS, including publishing the HNA on the YJS Resource Hub and other YJS resources including Basecamp.
- Inform the forthcoming annual youth justice plan.
- Inform Joint Strategic Needs Assessment (JSNA) which will be carried out as part of the new Serious Youth Violence strategy requirements, including informing a public health approach to tackling serious violence
- Sharing with the Cheshire Early Help Boards, Children's Trust, and Starting Well Programme Boards.
- Data should be fed into the new pan-Cheshire extra familiar harms strategy which is being developed with Cheshire Constabulary.
- The health subgroup will support dissemination and sharing of findings across partners.

Recommendations

- The high levels of unmet need when entering the YJS is demonstrated throughout the HNA, and further work is needed externally to the YJS to ensure early intervention is prioritised. Cheshire YJS have highlighted a priority of further understanding unmet need in terms of diagnosis so they can work with partners to identify needs earlier, provide more timely support, and potentially prevent offending occurring in the first place. The data items within the case management system at the YJS provide good key indicators around this area, however, additional detail could be provided for a distinction between unmet and undiagnosed health needs prior to the young person coming into YJS. Measures and guidance need to be put in place to ensure consistency of reporting. This would firmly evidence the unmet need to lever changes within the wider system.
- The data set derived from the case management system provides a wealth of data and has allowed exploration of data around ACEs and contextual safeguarding that is not always possible to report on and therefore provides key insight. However, the majority of this data is not readily available to routinely monitor and much of this data was derived from individual case notes, which would be resource and time intensive outside of the HNA. Further exploration of how these data items could be more easily and routinely captured and monitored would be useful.
- Further data analysis is needed to explore changes in complexity of DIVERT caseloads cross time. Additional longitudinal research could be implemented to investigate the outcomes of these cases in relation to that wider healthcare need being met and the impact on re-offending. Exploration of the changing complexity would also be required. This would strengthen the evidence for the DIVERT pathway and argue the case for additional resource and funding to support the changing complexity.
- Findings demonstrate the high demand for SLT and CAMHS provision, linking into the wider CAMHS and SLT provision within the community beyond the YJS involvement. Additional capacity is required for cases that cannot be fully supported during the YJS timeframe (especially DIVERT cases). This is especially important given the high levels of co-morbidity in this cohort.
- Having SLT support to advocate for young people and explain their communication difficulties was seen as key in helping the young people navigate the system and understand their own feelings and behaviour. This would be beneficial in other settings of the CJS (and often before it reaches YJS), in settings such as arrest interviews, custody and court, as this may change the outcome of that process for some young people. Additional resource would be required for this.
- The YJS health offer has increased equity for healthcare screening in the CJS for young people across the four areas in Cheshire. However, there are still travel and accessibility issues for some young people from the more rural parts of Cheshire. YJS takes support directly to the young people with home visits, although this option is not always possible for diversionary activities that take place in other parts of Cheshire. To increase the equity of this offer additional support in terms of funding and buy in from other providers across the area (including grassroots organisations) could help facilitate more local access.
- Whilst incorporating key staff from each of the four areas ensures equitable access for young people, the working policies, and procedures within the four areas are not consistent or equitable for staff members with similar roles. YJS link in with each area to explore whether this can be streamlines, taking different working practices into account.

- The social prescribing pilot interventions offer a good opportunity to link in with community and grassroots services, to provide local aftercare and a more sustainable offer. This also enables the commissioning of services that are shaped by and for children and families to support engagement. YJS could look to extend the health offer to develop a structured key role for community services within this model. This is especially important for alternative holistic options and for aftercare and exit strategies as young people move on from YJS.
- The YJS healthcare specialists have been able to provide training within YJS and externally to wider services across Cheshire to upskill staff on key areas around young people's healthcare needs, in particular for SLT. This could be developed into a more formal offer, with pre and post evaluation to explore changes in knowledge, attitude and working practices.
- The HNA highlights the key work from YJS and wider services across Cheshire in support families to reduce inequalities, improve wellbeing, and reduce offending. This required skilled, experienced staff working in a trauma-informed way, using a child focused approach. Support for these staff should be recognised with further opportunity for training and supervision.
- HNA key findings and intelligence should be shared with relevant partnerships and board across Cheshire. Information should also be shared with partners as part of key safeguarding training for colleagues including education, healthcare including A&E and police (including neighbourhood policing teams) to support earlier identification of risk factors and neurodiverse condition. This would also enable other partners to advocate for children and young people, which in turn would reduce reliance on Youth Justice Services for this support.
- Further exploration around impacts of school exclusions and work alongside education to support teachers to recognise and support children and young people (and their families) with additional needs. Utilising the Thrive model for building mental health resilience across education and wider services would support a systemic approach to supporting families and reducing exclusion.
- The HNA highlights a significant level of trauma experiences by children and young people engaging with YJS. Supervision and support for staff, alongside ongoing training is essential.
- Partnership buy-in across Cheshire is required to mobilise change in practice and provide a multi-agency response in supporting families moving forward.



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