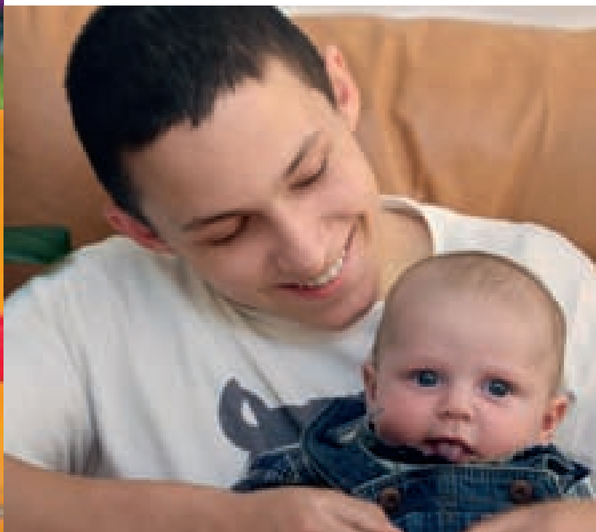
HM Government

Healthy Children, Safer Communities

A strategy to promote the health and well-being of children and young people in contact with the youth justice system



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Ministerial Foreword

Phil Hope

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Maria Eagle

David Hanson

> Our vision is that children and young people will be healthy and safe, and stay away from crime and anti-social behaviour.

We all have a role to play in helping achieve this goal. But health and partner agencies are especially important, because health and well-being exert such a strong influence on how children and young people think and behave.

We know that some children still miss out on services designed to give them a good start in life. We know that poor physical and mental health is often linked to problems about education and disrupted family life. And we know, only too well, that if needs are left unattended there is a higher risk of children getting drawn into anti-social behaviour and of offending behaviour continuing into adulthood.

The harm caused by youth crime extends beyond the children and their families – it affects their victims and the wider community too. This is another reason for having a shared commitment to tackling the root causes of children's offending behaviour. We want to create safe communities for everyone.

Healthy Children, Safer Communities sets out our vision for taking action. It builds on the work already under way to tackle youth crime and to respond more effectively to children and young people's health and well-being needs. The Youth Crime Action Plan is in place, and so too is *Healthy Lives, Brighter Futures*, our strategy for improving the health of all children and young people. These developments are already making a difference to the lives of children, families and local communities. The recent report from Lord Bradley has given us added impetus to respond to the needs of children and young people with mental health problems and learning disability. We now have the best chance of helping vulnerable children and young people to move further along the road to success.

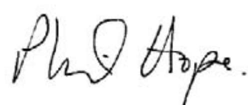
Our strategy looks across the entire youth justice pathway. It identifies where and how we can intervene earlier, faster and more effectively to meet the health and well-being needs of children and young people. We envisage that

mainstream services will offer them active support and that their health and well-being needs will be identified and met at every point of contact with youth justice services.

To make this happen, we need to create robust partnerships at all levels. And we need the support of health services and children's social care as well as education, justice and adult services. This is everyone's business.

Healthy Children, Safer Communities would not have come about without the help of the many partner agencies who responded to the public consultation and contributed to this document. It was important that this included the views of children and young people themselves.

Most of all, however, we extend our thanks to the people on the frontline who continue to give their enthusiasm, dedication and passion to ensure that children and young people can grow up to live happy, healthy and fulfilled lives.



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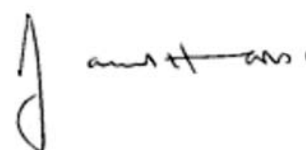

David Hanson
Minister of State,
Home Office

Executive summary

Healthy Children, Safer Communities is a cross-government strategy to improve the health and well-being of children and young people at risk of offending and re-offending.

Our vision

Our vision is that children and young people will be safer and healthier and stay away from crime, and that communities will be safer too.

Led by the Department of Health, the strategy is a joint document with the Department for Children, Schools and Families, the Home Office and the Ministry of Justice.

It represents our commitment to make a positive impact on children's life chances. Its aim is to improve children's health and well-being, help tackle youth crime and anti-social behaviour, and contribute to community safety.

Who is it for?

The strategy is aimed mainly at senior officers in health and local government who are responsible for directing services for vulnerable children in their area, at both a local and a regional level. It is equally important for managers, commissioners and practitioners in the statutory and third sector services for children and families.

The strategy is for children in England. As health is a devolved responsibility in Wales, discussion with the Welsh Assembly Government will help ensure continuing attention to the health and well-being of children placed in England.

The case for change

We must take decisive action on behalf of children in or close to the youth justice system (YJS) because:

- They have far more unmet health needs than other children of their age.
- They face a range of other difficulties including school exclusion, substance misuse, fragmented family relationships and unstable living conditions.
- Contact with the YJS can bring extra problems for some children and young people, including those with learning difficulties, communication needs and mental health problems.
- Organisational and attitude problems can be barriers to progress.

The task is to intervene more effectively, providing the right help at the right time and in the right place. When diversion from the YJS has failed, we need to use the opportunity of young people's contact with it to give them better support.

Developing a strategic response

Work on this strategy started in 2007, originally as part of a strategy for adult offenders (now *Improving Health, Supporting Justice: The national delivery plan of the Health and Criminal Justice Programme Board*, our response to Lord Bradley's report). It became a discrete strategy in 2008, recognising that children have separate health needs and that their legal and service frameworks are also different.

The strategy has been driven by extensive consultation with stakeholders and is informed by three key sources:

- It builds on the *Youth Crime Action Plan* and on the agenda set out in *Healthy Lives, Brighter Futures*.

- It responds to the Healthcare Commission and HMI Probation's findings on the inadequate provision for those in contact with the YJS.
- It reflects the vision to improve outcomes for children set out in the *Children's Plan* and *Every Child Matters* Programme.

In addition, the strategy addresses the three recommendations relating to children in Lord Bradley's review of people in the criminal justice system who have mental health problems or learning disabilities.

Delivering the vision

We will deliver the vision through a three-tier approach described in Sections 1, 2 and 3 of this strategy.

Within each section, the strategy sets out relevant activities under three headings:

- specific action arising from the Government's cross-departmental programme to improve the well-being of children in contact with the YJS

- action arising from other health and well-being initiatives by government and other organisations

- two action points in *Improving Health, Supporting Justice* where attention is needed on issues for children and young people

Our key principles for action

Our principles for action reflect established policy and legal commitments to all children based on the UN Convention on the Rights of the Child and on related legislation in England, in particular the Children Acts 1989 and 2004, and the Human Rights Act 1998.

Section 1: Harnessing mainstream services to reduce offending and re-offending

This section describes our vision for improving the well-being of children in the YJS.

It lists four key objectives:

- to intervene early to address emerging health needs
- to ensure children in the YJS pathway access services used by all children
- to underpin interventions with holistic assessments, and
- to acknowledge the importance of supportive family and community relationships.

This section explains how we are tackling each objective and what action is being taken. It discusses improvements to primary healthcare, taking a more consistent approach to substance misuse, and initiatives to help keep vulnerable children safe.

It also gives examples of good practice, including how intervening early can help address well-being needs, and it discusses how health services can be made more attractive to young people.

Section 2: Addressing health and well-being throughout the youth justice system

This section describes our vision that contact with the YJS should produce positive health outcomes for children. Early identification and attention to these needs should be considered integral to work to reduce youth crime and anti-social behaviour.

It lists five key objectives:

- to ensure that more children are diverted from the YJS
- to improve provision of primary and specialist healthcare services to young offenders
- to ensure that courts and sentencers receive accurate information about health and well-being needs and the services to meet them

- to promote health and well-being in the secure estate, and
- to achieve continuity of care when children complete a sentence.

This section discusses these objectives and how they are being met. It looks at methods of diverting young people from the formal YJS, initiatives to promote well-being within the secure estate, and examples of promising practice supporting young people leaving custody.

Section 3: Making it happen

This section describes our vision that decision-makers at every level should respond to the health inequalities experienced by young people at risk of offending behaviour.

It lists our key objectives:

- to achieve a co-ordinated approach to improving health and well-being
- to provide services that make a difference, and
- to ensure high-quality provision and improved outcomes for children, their families and communities.

This section discusses these objectives and how they are being met. It covers the role of Children's Trust partnerships and talks about training needs for professionals in children's services.

The **annexes** cover the following areas:

A. a summary chart of specific activity arising from this strategy.

B. links with government and other initiatives

C. a table summarising Public Sector Agreements, National Indicators and Every Child Matters outcomes that are relevant for children in the YJS

D. a list of regional and local partners who contribute to health and well-being work

E. an explanation of case disposal options within the YJS, including a diagram

F. a description of different types of secure accommodation for children and young people, including details of which types can be found in each Strategic Health Authority and how many places they offer.

Defining our terms

Health and well-being

The strategy adopts the World Health Organisation definition of health – a state of complete physical, mental and social **well-being** and not merely the absence of disease or infirmity. This focus on well-being, in addition to health, is particularly important during childhood and adolescence because of the complex interplay of risk and protective factors and their impact on the long-term development of children and young people. Well-being also encompasses recognition of the importance on children being secure in personal identity and culture. It takes account, too, of the duty on agencies to co-operate to improve children's well-being (section 10 of the Children Act 2004[i]) and to improve the health and well-being of children and young people (PSA 12).

The use of the term 'health' in the strategy refers to both physical and mental health and to the impact of substance misuse, although on occasions these aspects of health are considered separately.

Children and young people

Both 'children' and 'young people' are used in this document – 'children' in recognition of the legal status of those under 18 (to whom this strategy relates) and 'young people' when referring (usually) to those aged 14 or over.[ii] We use the terms interchangeably, as style and sense dictate.

The youth justice system (YJS)

The formal YJS comprises responses to children who have offended and have received a reprimand or final warning or have been charged to appear at court. The system includes the police, Youth Offending Teams, the Crown Prosecution Service, the courts, sentencers, community and custodial sentences, and resettlement. In this strategy reference to children and young people 'in contact' with the YJS includes any child or young person in the formal YJS, while reference to children and young people 'at risk of contact' with the YJS includes those experiencing risk factors linked to offending and those involved with services provided by the Youth Justice Board or other agencies to prevent them from entering the YJS.

Mainstream services

For this strategy the term 'mainstream' refers to services available in the community – including universal, targeted and specialist provision – that can be accessed by *all* children (depending on need), as distinct from services provided *only* or *mainly* for children and young people involved in the YJS.

Vulnerable children

We use the term in the wider sense in which it is used in the *National Child and Adolescent Mental Health Services (CAMHS) Review*[iii] and Targeted Youth Support,[iv] to include those who experience multiple and complex problems which restrict their life chances and need extra attention to improve their well-being. We use it for children and young people in (or at risk of) contact with the YJS. This differs from the narrow sense in which the term is used in the youth justice system, to help determine whether a child can cope in a young offender institution (YOI).

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i Section 10 places a duty to co-operate on the local authority, the police, the probation service, the youth offending team, the strategic health authority and primary care trusts, and Connexions partnerships.

ii Section 107 of the Children and Young Persons Act 1933 defines a 'child' as 'a person under the age of fourteen'.

iii National CAMHS Review (2008) *Children and Young People in Mind: The final report of the National CAMHS Review*. London: Department of Health.

iv Department for Children, Schools and Families (2008) *Targeted Youth Support: Integrated support for vulnerable young people. A guide.*

Lead professional

Lead professionals are a key part of the Change for Children agenda, acting as the main point of contact for children and families and co-ordinating the services and support they need.[v]

Mental health

The World Health Organisation definition was used by the CAMHS review:

'A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'[vi]

The CAMHS review adds: 'We use the term "psychological well-being" to include emotional, behavioural, social and cognitive attributes of well-being.' (para 1.8)

Learning disability

The definition of learning disability in general use[vii] is:

- a significantly reduced ability to understand complex information or learn new skills (impaired intelligence), with
- a reduced ability to cope independently (impaired social functioning), and
- a condition which started before adulthood (18 years of age) and has a lasting effect.

A person with 'impaired intelligence' may be slower to understand information or to pick up new skills. Tasks such as reading, budgeting and completing forms may be especially difficult. The person may have communication needs that make certain situations particularly stressful. For example, they may find it difficult to follow complex instructions.

A person with 'impaired social functioning' may require extra support to live independently; the level of help will depend on individual needs. They may require help with some everyday activities, such as cooking, shopping and self-care, and in developing social relationships and using community facilities.

Learning difficulty

Learning difficulty is defined in the Education Act 1996 as follows:

A child has a learning difficulty if:

- he has a significantly greater difficulty in learning than the majority of children of his age, or
- he has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children of his age in schools within the area of the local authority.

Diversion

Diversion is the process by which children and young people receive help and support to reduce their involvement in the YJS. It includes early responses from mainstream services to emerging health and well-being needs, as well as diversionary interventions at specific points along the YJS pathway.

Forensic

Forensic services provide assessment and treatment interventions for young people with complex, persistent or serious mental health disorders associated with high risk or offending behaviour. These interventions can be provided in community, residential and custodial settings.

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v Children's Workforce Development Council (2009) *The Team Around the Child (TAC) and the Lead Professional: A guide for managers.*

vi World Health Organisation (2005) *Promoting Mental Health. Concepts; emerging evidence; practice*(www.who.int/mental_health/evidence/MH_Promotion_Book.pdf). Definitions of 'health' and 'mental health' are given on page XVIII.

vii Department of Health (2001) *Valuing People: A new strategy for learning disability for the 21st century* (www.archive.official-documents.co.uk/document/cm50/5086/5086.pdf).

Introduction

Healthy Children, Safer Communities is a cross-government strategy to improve the health and well-being of children and young people at risk of offending and re-offending. The strategy is our commitment to make a positive impact on children's life chances and get them further along the path to success. It will help us tackle youth crime and anti-social behaviour and so contribute to community safety.

The case for change

We must take decisive action on behalf of children in or on the edge of the youth justice system (YJS) because:

- They have far more unmet health needs than other children of their age. These include poor communication skills, mental health problems, learning difficulties and both self-harm and risk of harm to others.[1]
- They face a range of other, often entrenched, difficulties – including school exclusion, substance misuse, fragmented family relationships, unstable living conditions and parental poverty, social exclusion and mental health problems. It is the combination of overlapping factors that gives these children multiple and complex needs and heightens the risk of their being drawn into anti-social activity.[2]
- Contact with the YJS can bring extra problems for some children and young people.[3] Learning difficulties, communication needs or mental health problems make it more difficult to cope with police interviews after arrest, understand court proceedings or comply with the requirements of a community sentence. For those placed in custody, there is the added anxiety of being away from home, maintaining contact when placed at a distance,[4] staying safe in unfamiliar surroundings, and worrying about the welfare of siblings and parents left behind.[5] Once they have completed their sentence, they face the challenges of settling back into the community.
- Organisational and attitude problems can be barriers to progress. Children and their parents have often missed out on early attention to their health, mental health and well-being needs. They may not have qualified for help because each different problem they had was not in itself serious enough to attract attention, even though the combination of problems put them at high risk. Help offered to them later may not have been enough to make up for these early failings.

We must strive to make a difference for these children and young people. We are determined to satisfy the requirement of the UN Convention on the Rights of the Child that *every* child and young person should enjoy the best possible health and health services.[6] And we want this for children in contact with the YJS, as for all others.

For this to happen, youth justice work needs to be more firmly embedded in the Every Child Matters framework.[7] And we must act on the conclusions of the Healthcare Commission and HMI Probation about the inadequacy of healthcare provision for children and young people in contact with the YJS.[8]

The task ahead is to intervene more effectively, providing the right help at the right time and in the right place. When diversion from the youth justice system has failed, we need instead to use the opportunity of young people's contact with it to give them better support. We must do this

The scale of the challenge

5 million children in England are aged 10 to 17.[9] Of these:

- 138,692 children and young people in England committed an offence in 2007/08 that resulted in a reprimand, final warning or court disposal.[10] 94,000 of them were first-time entrants to the formal YJS.[11]
- 3,000 children and young people are in the secure estate (young offender institution, secure training centre, secure children's home) at any one time.[12]
- 7,000 children and young people are held in the secure estate during the course of a year.
- The majority of offences committed by young people (79 per cent) are committed by boys, but the number of offences committed by girls has risen.
- Although the majority of children and young people in contact with the YJS are White, Black children and young people[13] are over-represented in the YJS overall, and they are noticeably over-represented in custody.

The health and well-being needs of children and young people tend to be particularly severe by the time they are at risk of receiving a community sentence, and even more so when they receive a custodial sentence. We know from the latest available evidence about children and young people in the YJS that:

Over three-quarters

- have a history of temporary or permanent school exclusion (custody)[14]
- have serious difficulties with literacy and numeracy (custody)[15]

Over half

- have difficulties with speech, language and communication (custody)[16]
- have problems with peer and family relationships (community and custody)[17]
- of young people who commit an offence have been a victim of crime – twice the rate for non-offenders[18]

Over a third

- have a diagnosed mental health disorder (custody)[19]
- of those accessing substance misuse services are from the YJS (community and custody)[20]
- have been looked after (custody)[21]
- have experienced homelessness (custody)[22]

Over a quarter

- of young men in custody (and a third of young women) report a long-standing physical complaint[23]
- have a learning disability (community and custody)[24]

A high proportion

- of children from black and minority ethnic (BME) groups, compared with others, have post-traumatic stress disorder (community and custody)[25]
- have experienced bereavement and loss through death and family breakdown (community and custody)[26]

wherever they are along the youth justice pathway. We must build on the promising practice developed by dedicated and experienced workers, using our increasing knowledge and experience about what works. Tackling the health drivers for youth crime must be everyone's business.

Developing a strategic response

Work on this strategy started in 2007. It was originally intended to be part of a strategy for adult offenders (now *Improving Health, Supporting Justice: The national delivery plan of the Health and Criminal Justice Programme Board*,[27] our response to Lord Bradley's report[28]). It became a discrete strategy in late 2008, in recognition of the fact that children have complex and emerging health needs that are not comparable to those of adults and that the legal and service frameworks are also different. Led by the Department of Health (DH), the strategy is a joint document with the Department for Children, Schools and Families, the Home Office and the Ministry of Justice.

The strategy is informed by three key sources:

- It builds on the *Youth Crime Action Plan*[29] and on the agenda set out in *Healthy Lives, Brighter Futures*[30] for improving the health outcomes of *all* children and young people, including the most vulnerable.
- It responds to the Healthcare Commission and HMI Probation's findings on the inadequate provision for those in contact with the YJS.
- It reflects the vision set out in the *Children's Plan*[31] and the *Every Child Matters* Programme, that improving outcomes is something to champion for all young people.

Together, these initiatives make a compelling case for effective health and welfare interventions in tackling youth crime.

Engaging with stakeholders

Our strategy is informed by extensive consultation during the past two years.

In reviewing arrangements for children vulnerable to offending, we have conducted several national exercises,[32] including a public consultation in 2008 on proposals for an adult offender health and social care strategy.[33]

Our consultations have involved key stakeholders within the YJS, children's services, health services and third sector organisations, including those working closely with and representing BME children, families and community groups.

Work within the cross-government programme to promote the health of children and young people involved in offending behaviour provided opportunities for research and further consultation. Literature reviews were conducted on children's physical health, mental health and well-being needs, the risks and protective factors that impact on offending behaviour, and effective responses in meeting the needs of children, young people and their families.[34]

This strategy is for children in England. As health is a devolved responsibility in Wales, discussion with the Welsh Assembly Government will help ensure continuing attention to the health and well-being of children placed in England.

Responding to Lord Bradley

While the strategy sets out a wide vision for improving the health and well-being of children and young people in contact with the YJS, it also addresses the three recommendations about children in Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system.

Lord Bradley's review* of mental health and learning disability**

Lord Bradley concluded that his review should focus mainly on *adult* offenders with mental health problems or learning disabilities. He made three specific recommendations for children and young people:

1. awareness training in mental health and learning disability, so that all staff in schools and primary healthcare, including GPs, can identify those who need help and refer them to specialist services
2. all youth offending teams (YOTs) having a suitably qualified mental health worker with responsibility for making appropriate referrals to other services, and
3. examination of the potential for early intervention and diversion for those children and young people with mental health problems or learning disabilities who have offended or are at risk of offending.

*Lord Bradley (2009) *The Bradley Report. Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. London: Department of Health.

** see Defining our terms.

Our response to the first recommendation is set out in Section 3 of the strategy, under the heading 'workforce development'.

Our response to the second recommendation is set out in Section 2, under the heading 'health support for youth offending teams'.

In relation to the third recommendation, work is underway (under the children and young people programme in Offender Health) to examine the potential for early intervention and diversion. This work will continue and will be overseen by the Healthy Children Safer Communities Programme Board. It includes evaluation of the Youth Justice Liaison and Diversion pilots (see Section 2) and development of guidance arising from this strategy. In addition, in January 2010 a detailed paper about the health needs of children in contact with the YJS will be placed on the DH website alongside the strategy, followed at a later date by a paper on the evidence base for effective interventions. This paper will be linked to the guidance mentioned above.

Our vision

Our vision is that children and young people will be safer and healthier and stay away from crime, and that communities will be safer too.

To help realise the vision, the strategy aims to clarify a complex and sometimes confusing picture of needs and service structures. It will help those who are charged with commissioning and providing for vulnerable young people to see where and how those involved or at risk of becoming involved in anti-social and offending behaviour should fit into planning and practice across local and regional agencies. It highlights relevant developments which can inform improved responses to these vulnerable children. It spells out the action that is needed to improve the health and well-being of these children and young people.

Section 1 is about harnessing mainstream services to reduce offending and re-offending

Wherever they are in the YJS, and whenever they are at risk of coming into this system, the health and well-being needs of children should be met through mainstream services. These are the same services available to all children. The complexity of need experienced by these vulnerable children will mean they will receive services through a Team around the Child,[35] co-ordinated by a lead professional.

Section 2 is about addressing health and well-being throughout contact with the formal YJS

Time spent with youth justice services should make a positive difference to children's health and well-being outcomes. Early identification and attention to these needs should be considered integral to work to reduce youth crime and anti-social behaviour.

Section 3 is about making it happen

Policy and decision-makers at national, regional and local level need to champion a strong response to the health inequalities encountered by children and young people involved or at risk of becoming involved in anti-social and offending behaviour.

We expect action arising from this strategy to support the delivery of a number of government aims set out in cross-departmental Public Service Agreements (PSAs), particularly PSAs 12 and 14.

PSA 12: Improving the health and well-being of children and young people

The Government is committed to improving the physical, mental and emotional well-being of children, from conception to adulthood. Its delivery strategy focuses on prevention, early intervention and effective support from practitioners.

A key priority is for partners to work together at all levels to recognise the importance of children and young people's health.

PSA 14: Increasing the number of children and young people on the path to success

The Government's vision is that all young people should be on the path to success … Success will be strongly dependent on close collaboration between a wide range of local agencies, including health services and the criminal justice system, as well as services more explicitly focused on children and young people.

Other key PSAs are listed in Annex C, together with an explanation of how they link to relevant National Indicators and the five Every Child Matters outcomes designed to enhance children's well-being.

Delivering the vision

The strategy is aimed mainly at senior officers in health and local government who are responsible for setting and reviewing strategic direction of services for vulnerable children in their area, at both local and regional level. It is equally important for managers, commissioners and practitioners in the broad range of statutory and third sector services for children and families. These have a vital role to play in improving the life chances of those in or close to the YJS, through interventions in the community as well as in the secure estate.

The key activities which are relevant to this strategy are set out under three separate headings throughout the document:

Specific action arising from the Government's current programme of work which relates to the health and well-being of children and young people in contact with the YJS

These developments, based in different government departments and other agencies, are led by the cross-government Healthy Children Safer Communities Programme Board (responsible for children and young people) and will help inform future developments to ensure continual progress.

General action arising from other health and well-being initiatives from Government and other organisations

These initiatives (such as the Government's Healthy Child Programme 5–19[36] and the independent National Child and Adolescent Mental Health Services Review[37]) are included here because everyone working with children close to the YJS needs to help them access the health and well-being services created by these initiatives. In addition, further developments which stem from these initiatives need to keep these children and young people firmly in mind.

Two action points in *Improving Health, Supporting Justice* where attention is needed to issues for children and young people

These developments (about attending to health and well-being needs while young people are in police custody suites, and improving workforce training) will require close liaison between the Board responsible for making progress for adult offenders (Health and Criminal Justice Board) and the one accountable for work for children and young people (Healthy Children Safer Communities Programme Board).

Financial implications and objectives – assessing the impact

There is a lack of reliable information – in health services or children's services, including the youth justice side of children's services – about the health needs of children and young people involved in offending behaviour. The lack of routine data collection makes it difficult to assess need, inform service planning and estimate the economic impact of intervention.

Many of the policy elements set out in this document constitute significant work programmes in their own right, and each policy proposal requires further work in order to establish their full likely impact on resources and deliverability. The strategy sets out our intentions in terms of the national activity that will help to address the issues identified. As part of the process of developing these policies we will be developing robust analysis of the potential cost and impact on existing services.

Our key principles for action

The principles which underpin the provision of services to meet the health and well-being needs of children and young people in contact with the YJS reflect established policy and legal commitments to all children.

These principles are based on the UN Convention on the Rights of the Child and on related legislation in England, in particular the Children Acts 1989 and 2004, and the Human Rights Act 1998. They take account of the fact that this legislation applies equally to children and young people in custody. They are in line with best available evidence. They reflect the responsibilities to eliminate discrimination and promote equality, imposed by the statutory race, disability and gender equality duties.

Services responding to the health and well-being needs of children and young people in contact with the YJS should:

- treat these young people as children who are entitled to the services that are available to their peers in the community
- recognise that these children will often require enhanced support and tailored responses in order to achieve equivalence with their peers and increase their chances of achieving good outcomes
- be based on early and holistic assessment of their individual needs
- take full account of their individual vulnerabilities, related to their age, gender, ethnic/cultural background, previous life experiences, current situation and any disability
- properly address problems arising from experiences of discrimination, harassment and bullying based on their sexual orientation, religion/belief, ethnicity or disability or arising for any other reason
- ensure proper attention is paid to safeguarding young people at risk of, or experiencing, significant harm through abuse or neglect
- establish for each child a trusted relationship with at least one key adult
- make full use of the range of agencies and organisations providing local services, to ensure due attention is given to needs that are linked to social relationships, self-care, education and learning, and skills development
- encourage the engagement of young people and their families by involving them in designing and evaluating the services that are on offer, the way they are delivered, and their accessibility and relevance, and
- be available long term, where necessary, and help support young people as they negotiate key transitions between childhood and adulthood and between different services and placements.

Section 1 Harnessing mainstream services to reduce offending and re-offending

Vision

Wherever they are in the YJS, and whenever they are at risk of coming into this system, the health and well-being needs of children should be met through mainstream services. These are the same services available to *all* children, and (because needs are complex) provided by a Team around the Child, and co-ordinated by a lead professional.

Key objectives

1. Intervene early to address emerging health and well-being needs and prevent offending.
2. Ensure children throughout the YJS pathway access universal, targeted and specialist services that are used by all children.
3. Underpin interventions with holistic assessments.
4. Acknowledge the importance of supportive family relationships and a strong sense of belonging in the community.

This section sets out current and planned developments in mainstream services that have been introduced in response to a range of government initiatives and will help meet the above objectives. These developments are crucial to achieving our vision of healthier and safer children and reduced offending. Some will also improve children's access to specialist services. Over time, these developments should help reduce the number of children and young people coming into contact with the YJS.

1. Intervene early

Getting involved early, when children are young or when their needs first emerge, brings a double advantage: it is more effective than later help for entrenched problems,[38] and it is more likely to reduce risk factors for future offending.[39]

Tackling health and well-being needs as early as possible will bring economic benefits too. These will be both short-term (more children and young people diverted away from custody and re-offending) and long-term (expected improvements in health outcomes).

- Serious anti-social behaviour at age 10 is a major predictor of the total cost of public services used by age 28. The burden on the criminal justice system is particularly heavy. Interventions of proven effectiveness, including **parent training programmes** typically costing £600 per child, would result in large cost savings.[40]
- Providing **family therapy** for young people who had offended cost an average of just over £2,000 per participant but saved tax-payers and victims of crime an estimated £52,000 per participant in the longer term.[41]

Continued

- A meta-analysis of **life skills programmes** for young people misusing drugs (focusing on self-esteem, self-confidence and coping with anxiety) found significant value for money over time, with £25 saved for every £1 spent.[42]
- The Audit Commission estimated that, if effective **early intervention** had been provided for one in ten of the young people sentenced to prison each year, public services could have saved over £100 million annually.[43]
- The average annual cost of delivering a **Family Intervention Project** (FIP) ranges from £8,000 to £20,000 per family. In comparison, where these families do not enter a FIP, one study estimated the annual cost to the tax-payer as £250,000 to £350,000 per family.[44]

2. Access services used by all children

Mainstream services have an important role in early intervention for health and well-being needs. They have a key role in supporting children and young people in contact with the YJS, including those reaching the end of a community or custodial sentence. A clear advantage of using mainstream services is to normalise the help that is offered and received.

The following paragraphs describe the health and development problems faced by many children and young people in contact with the YJS. They set out the actions, in progress or in planning, that are designed to address the problems and improve service provision.

2.1 Improving primary healthcare

Many children and young people in the YJS come from vulnerable families living in disadvantaged areas where health outcomes are noticeably worse than for other children (and particularly so for children from black and minority ethnic (BME) groups).[45] Many are not registered with a GP, increasing the risk that screening and developmental checks for children will be missed. Young people can also miss out on primary care services, especially where services are not made accessible.

In addition, many of these children and young people suffer from physical health problems. While these are not the cause of offending behaviour, they are often linked to issues of self-esteem, emotional well-being and other factors that influence behaviour more generally. Common examples are poor oral health, respiratory problems, smoking and sexually transmitted diseases. Young people in the YJS will also benefit from local strategies for prevention and support in relation to teenage pregnancy.[46]

Public health interventions are key in addressing these needs, and primary care and community paediatric services have an important role to play in identifying and responding to problems at an early stage.

Action linked to government and other initiatives

In line with the *NHS Next Stage Review*,[47] we are tackling unequal access to primary care services by supporting local commissioning of new health centres and GP practices that are open in the evenings and at weekends and can be used without prior registration.

In addition, a wide-ranging review of health inequalities, the *Strategic Review of Health Inequalities post 2010*, is underway. It is considering the evidence linking social and economic inequalities and the options for addressing these. All the key strategic themes emerging from the review are relevant for children and young people in the YJS, especially those about reducing material and health inequalities, improving educational outcomes, tackling deprivation in neighbourhoods, reducing unemployment, protecting vulnerable groups and strengthening universal preventive activity.[48]

The development of an enhanced Healthy Schools Programme from late 2009 will improve the targeting of support on children and young people most at risk of poor outcomes, including those in the YJS. Pupil Referral Units and other forms of alternative education provision will be able to benefit from this enhanced model. Consideration is being given to what additional guidance may be needed for such provision.

We are developing commissioning guidance for Primary Care Trusts (PCTs) to help improve the response of local primary and community services to socially excluded groups. This work, supported by the Cabinet Office Social Exclusion Task Force, will prioritise increased access to services for young and vulnerable people, the development of GP practices sensitive to the needs of young people on the edge of offending behaviour, and continuity of primary care for those moving in and out of the YJS.

In line with the extension of the Healthy Child Programme to children aged 5 to 19, school health teams are being developed in all areas. The guidance for these teams highlights the importance of providing enhanced support for vulnerable children and young people. It stresses the importance of considering the health needs of vulnerable children placed away from home, and advises that sharing information about young people in the secure estate is to be regarded as the norm rather than the exception.

We are rolling out the You're Welcome quality standards[49] and are disseminating the learning from the Teenage Health Demonstration Sites to help others plan health services that are young people-friendly.

✔ Practice example

Teenage Health Demonstration Sites

The challenge

To make health messages and clinical services more attractive to young people in deprived areas and help implement the You're Welcome criteria.

The solution

The two-year government-funded Teenage Health Demonstration Sites programme developed services (one-stop shops) in different locations and alternative settings, to promote holistic well-being in teenagers.

Lessons learnt

- It was vital to include youth workers in adolescent health teams, and to give them health training and make their roles flexible (including availability for evening sessions).
- 'Piggy backing' appointments onto other services (such as leisure and sports) proved successful in engaging young people.
- Projects encouraged flexible referral routes to mainstream services, including self-referral by young people and referral from families, schools and youth offending teams (YOTs).
- Health teams built good relationships with young people by listening to what they wanted, understanding their fears about accessing mainstream health services, and involving them in planning sessions.
- Outreach work by nurse practitioners encouraged young people to have confidence in GP and other mainstream services.
- Intensive visiting to traveller communities helped build confidence with parents and elders as well as young people. Extensive networking with front-line staff working with BME communities encouraged young people to get involved in health forums and other activities.
- Factors in improving young people's access were co-location of workers, joint funding of posts, strong leadership, and the development of expert multi-disciplinary core teams (with clinical and non-clinical staff drawn from a range of sectors and professional groups).

Where to find out more Sawtell M, Austerberry H, Ingold A et al (2009) *Evaluation of the Teenage Health Demonstration Sites Programme: Final report*. London: Social Science Research Unit, Institute of Education, University of London. www.ioe.ac.uk/Study Departments/THDS Final Report(2).pdf

2.2 Improving emotional health and well-being for all children

Child and Adolescent Mental Health Services (CAMHS) – why it's everyone's business

Mental health problems in children do not manifest themselves as clearly as they do in adults. They can emerge in ways that are less easily defined – such as behaviour problems and emotional difficulties. Everyone has a role to play in identifying and responding to these signs that all is not well.

Front-line staff working with children provide Tier 1 CAMHS – through universal and targeted support in early years' settings, schools, colleges, sites for alternative education, and settings delivering primary healthcare and youth services.

Mental health professionals provide Tiers 2–4 (or specialist) CAMHS – through advice and support to front-line staff and direct work with children who need extra help with their difficulties.

The contribution of *all* services, not just *specialist* ones, in promoting children's mental and emotional health and well-being cannot be underestimated.

Prevention and early intervention to enhance family relationships and children's behaviour will help reduce offending and improve mental health outcomes. But there is a continuing need to raise awareness of the role of front-line staff and to ensure that they have capacity to respond well to emerging needs.

Earlier and improved responses to mental health problems will help divert children and young people from the YJS and prevent re-offending. The prevalence of mental health problems and learning disability is much higher for children within the YJS and it is particularly high for children in custody.[50] A worrying number of these children do not have their problems identified or responded to properly until they are some way along the youth justice pathway. For young people from BME communities there is a particular lack of appropriate early intervention for mental health problems.[51]

(Improving access to specialist CAMHS for children and young people in the YJS and improving continuity of care for those leaving the secure estate are dealt with in the next section.)

Action linked to government and other initiatives

We have established the independent National Advisory Council to hold government to account in implementing the recommendations from the *National CAMHS Review* about improving the quality of, and access to, mental health services for vulnerable young people (including those in contact with the YJS).

Keeping Children and Young People in Mind, the full government response to the Review, will build on its initial response by setting out what children, young people and families want from services that support their emotional and mental health needs, how local services can address those needs and what government is doing to support them to do that.

We have issued guidance for local authorities and PCTs designed to help them meet the PSA 12 requirement of delivering (in universal settings and through targeted services) a full range of early intervention support services for children experiencing mental health problems.[52] This stresses the importance of ensuring that targeted mental health support is available for children and young people in contact with the YJS. In addition, the guidance for the Standard NHS Contract for Community Services contains a model service specification for CAMHS, which stresses the importance of meeting the needs of children and young people in contact with the YJS.[53]

We are supporting further developments in the Targeted Mental Health in Schools (TaMHS) programme, which provides targeted support and interventions to children and their families experiencing social, emotional or mental health difficulties.[54] Pilot schools in some areas are exploring ways of integrating this work with the early intervention support of YOTs and youth inclusion and support panels (YISPs).

We have set in train a range of other programmes to improve ways in which schools and other education settings can respond to emotional and mental health problems. These include the extension of the Social and Emotional Aspects of Learning programme (SEAL) and the expansion of the Quality Improvement Evaluation for School Nurses and Teachers (QUEST).

Learning from the Improving Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis (EIP) programmes is informing commissioning and the development of evidence-informed approaches. In one of the pathfinder sites for IAPT the programme has been adapted to meet the needs of children and young people, with promising practice emerging in relation to providing early and timely access to treatment.

In some areas the EIP programme has been developed specifically to support screening and intervention work with young people at increased risk, including from offending behaviour.[55] In recognition of the high prevalence of psychosis among young people in custody, compared with peers in the community, the National EIP development programme will include a focus on this issue, starting with a census of those in the secure estate who experience a first episode of psychosis.

We are committed to resolving the tensions and confusion that still arise as young people move from CAMHS to adult mental health services (AMHS). A particular problem concerns which service responds to young people of 16 and 17. **Through the New Horizons strategy,[56] the Government is supporting improvements in the service for young people making the transition from CAMHS to AMHS. It will do so through joint work by the Department of Health (DH) and the Social Care Institute for Excellence (SCIE) to develop resources that support local service development, the dissemination of good practice, joint working between PCTs and local authorities, and support from the Care Quality Commission**.

2.3 A more consistent response to substance misuse

Young people in the YJS have high levels of problem drinking, use of illegal drugs and use of volatile substances. Misuse of alcohol and illegal drugs are both risk factors for offending, but among this age group problematic drinking is a more serious problem.[57]

Many young people in the YJS who misuse alcohol or drugs also have mental health problems, but responses to dual diagnosis are poor.[58] There is a need for improved co-ordination between the commissioning of substance misuse services through the National Treatment Agency (NTA) and the planning and commissioning of health and well-being services for children and young people by PCTs and local authorities (via Children's Trust partnerships).

Provision of substance misuse services through YOTs and in the secure estate has improved, but work is needed to ensure that there is a consistent approach and continuity of care as young people's involvement with the YJS draws to a close. Key here is a closer alignment of substance misuse services provided through the YJS with those offered to other young people in the community.

Action linked to government and other initiatives

Acknowledging the need for a stronger response to underage drinking, we have issued guidance for parents and young people about the impact of drinking, based on guidelines from the Chief Medical Officer.[59] *Youth Crime Action Plan: One year on*[60] sets out plans for a wide range of actions to tackle problematic drinking linked to youth offending. In addition, in line with the Government's ten-year Drug Strategy, work is underway to strengthen the links between drug treatment services and mental health services and to improve arrangements for young people making the transition from the secure estate to the community and moving on to adult services.

A report is expected in mid-2010 from the joint thematic review of the management within YOTs of alcohol use and offending. This review, led by the Care Quality Commission, is part of the Inspection of Youth Offending programme, led by HMI Probation. Its findings will underpin practice developments.

Brief interventions for young people arrested for offences committed while under the influence of alcohol (or other substances) are being tested through six Young People's Alcohol Arrest Referral pilot schemes rolled out by the Home Office. If necessary, the young person is referred to other services and given guidance on issues such as health,housing, education and diversionary activities. The family may also be involved. The schemes are carrying out their own evaluation.

We have published guidance summarising the appropriate pharmacological treatment for substance misuse by young people in the secure estate and in the community. This will support clinicians to manage substance dependence in line with the developing evidence base.[61]

Action under this strategy

Integrating substance misuse services

The findings of the recent cross-government review of the arrangements for commissioning and delivering substance misuse services to young people in the YJS will inform the development of an integrated system that will enable young people at any stage of the YJS pathway to access support from services embedded in mainstream provision. The work will include attention to improved responses to dual diagnosis.

2.4 Responding better to special educational needs and behaviour problems

It is estimated that 25 to 30 per cent of children and young people in the YJS are learning disabled and that around 50 per cent of those in custody have learning difficulties.[62] Often these problems are not identified or responded to correctly until some way along the YJS pathway. The recognised link between learning difficulties and school exclusion highlights the important role for schools, alternative education provision and further education (FE) colleges.

Problems of school exclusion and poor attendance are common for children and young people in the YJS. A recent review of young offender institutions (YOIs) found that between 80 and 86 per cent of young people had experienced exclusion and nearly 40 per cent had last attended school when 14 or younger.[63] Young men of Black African or Caribbean origin are three times more likely to be excluded from school than their white peers, and five times less likely to be seen as gifted.[64] These facts have been recognised as a primary cause of the over-representation of Black boys within the YJS.[65] Gypsy and Traveller children are also over-represented among children out of school or with poor attainment levels.[66]

Those excluded from, or missing, school are disadvantaged, not only because they lose opportunities for learning, but also because they are at risk of missing out on health and mental health services provided in educational settings. And being away from school through exclusion or poor attendance increases the risk of involvement in offending behaviour.

Action linked to government and other initiatives

Reducing exclusions and improving provision for those who are excluded will improve well-being outcomes and contribute to reducing offending. The Government is committed to the promotion of Safer School Partnerships and the development of Behaviour and Attendance Partnerships. These will improve responses to emerging behaviour and attendance problems and, in turn, reduce the need for exclusions. Children who are absent from school through permanent exclusion will benefit from the improvements to alternative education provision following recommendations in the Review of Pupil Behaviour[67] and *Back on Track*.[68]

In line with the commitment to improving the early identification of special educational needs (SEN) set out in the *Children's Plan*, **work is underway to improve the skills of the children's workforce in identifying SEN and supporting schools in pilot sites to develop tools and approaches for improving outcomes for children with these needs**. A two-year project run by the Department for Children, Schools and Families (DCSF) from September 2009, in 450 schools across ten local authorities, aims to improve achievement and progress for children with SEND (special educational needs and disabilities) as well as supporting broader outcomes, including improved behaviour and fewer exclusions.[69]

The Government is providing substantial funding to both the National Strategies and the Training and Development Agency for Schools (TDA), to improve training and development for teachers in supporting pupils with SEN and/or disabilities and reducing the achievement gap between them and their peers. The National Strategies has developed its Inclusion Development Programme, offering teachers training materials about the most prevalent types of SEN, including autism, speech, language and communication needs, dyslexia, and behavioural, emotional and social difficulties. The TDA is developing training resources for providers of initial teacher training and induction, to help new teachers identify and meet pupils' needs, and it has established a framework of nationally approved training for Special Educational Needs Co-ordinators. These and other early responses to SEN should help reduce exclusion levels and levels of offending.

As set out in the schools white paper, *Your Children, Your Schools, Our Future*, published last summer, we want to provide a clear framework for early intervention that is understood by everyone involved. We will shortly be launching a consultation to help local areas provide greater and more consistent high-quality support for vulnerable children, young people and families, as well as to focus on activity that works.

✔ Practice example

Joined-up thinking to keep Amy safe and in school

15-year-old Amy's behaviour and poor attendance were causing increasing concern among staff at her school. Unknown to them, she had begun shoplifting when absconding from school. Pastoral care support staff were struggling to understand the change in her behaviour and she couldn't explain it to them. But she had confidence in the school's Safer School Partnership police officer and asked to speak to him about bullying. During their talk, Amy felt able to confide that she was under pressure from her peer group to engage in sexual activity and was unhappy about this.

The officer took time to listen to Amy's problem and helped her decide what she should and shouldn't do. He advised her about the relevant law and reassured her that he would act only if she asked him to or if he believed she was at risk of significant harm. He helped Amy make contact with appropriate health workers who could give her professional advice and support. He then spoke to teaching staff, who agreed that the personal, social, health and economic subject content for the whole year group would deal with sexual health, sexual offences (including coercion) and teenage pregnancy and its consequences. Amy was not identified to other staff or her peers. She settled back to her studies, grateful for the advice and support she had received.

Amy's case highlights the importance of recognising that health-focused prevention is not the responsibility of health practitioners alone.

2.5 Keeping vulnerable children and young people safe

High numbers of children and young people in the YJS experience domestic violence, neglect, and physical and sexual abuse within their family.[70] One study found that the proportion of young people in custody who have experienced serious child maltreatment is at least twice that in the population as a whole.[71] These are risk factors for the development of mental health problems as well as for offending. For those in the secure estate there are particular concerns in relation to restraint, bullying, self-harm and the risk of suicide. There are ongoing concerns in relation to the conditions in which young people are transported to and from YOIs.[72] *Staying Safe*[73] and the three Joint Chief Inspectors' reports into safeguarding[74] have highlighted the particular vulnerability of children and young people in the YJS and the need to do more to ensure that they are fully covered by safeguarding measures.

Action linked to government and other initiatives

In line with recommendations in Lord Laming's *Progress Report*,[75] the Government has revised *Working Together* to improve responses to children experiencing abuse or neglect.[76] The vulnerability of children and young people in contact with the YJS is highlighted, together with the specific safeguarding issues for the secure estate. The revised guidance on protecting children from sexual exploitation[77] notes the important role that YOTs play in identifying children vulnerable to such harm.

The Government and the Youth Justice Board (YJB) have developed Action Plans in response to the independent review of Restraint and the YJB review of *Safeguarding in the secure estate.*[78] These include commitments to reinforce the importance of behaviour management approaches (including de-escalation techniques) across the secure estate, and to ensure a consistent approach to the use of restraint across the secure estate. The training programme for prison officers in YOIs is to be reviewed. The importance of social care work in YOIs is acknowledged, with a commitment given to work with partners in Children's Trusts to ensure continuity of provision.

3. Underpin interventions with holistic assessments

Harnessing mainstream services to improve outcomes for children and young people in contact with, or close to, the YJS should start with effective assessment of their needs. The overlapping needs that these children will have makes it important for a lead professional to co-ordinate activity, working with and sharing information effectively with the Team around the Child.

3.1 Improving assessment

The assessment of children in contact with the YJS poses several challenges.

One is about the number of different assessment tools in use.[79] Many children and young people will have been assessed under the Common Assessment Framework (CAF) at some point before their contact with the YJS and some will have experienced more specialist assessment through schools, social care, health or substance misuse services. Once in contact with the YJS, or if they are receiving preventive services provided through the YJS, they will be assessed with the ONSET or ASSET tool (see abbreviations at end). Young people remanded or sentenced to custody will then be screened on arrival and assessed soon after. The process uses information from the ASSET and relevant reports, but there is inconsistency in the tools used across the secure estate.

Secondly, there are gaps in the information collected. The YJS assessment tools were designed specifically to assess risk in relation to offending and to measure progress in preventing re-offending. While they include sections on physical, emotional and mental health, their focus is on the extent to which health needs are associated with the likelihood of further offending. As a result, physical health problems are often overlooked and the rate of mental health problems underestimated.[80]

Moreover, the more specialised mental health screening and assessment tools in use in the YJS do not assess for learning disability, for speech, language and communication needs,[81] or for conduct disorder.[82] They also differ from the assessment tools used by CAMHS.[83] And there are limited tools available in the community, in police custody suites and in the secure estate for identifying learning disability and speech, language and communication needs.

Finally, there is a need for improved skills in analysing information collected during assessment work. This is an issue across children's services.[84]

Action linked to government and other initiatives

The Children's Workforce Development Council is leading work to align the CAF more effectively with ASSET, ONSET and other specialist assessment tools.

Police involved in work with children and families, as through Neighbourhood Policing[85] and Safer School Partnerships, are engaged in using the CAF pre-assessment checklist to identify unmet need, and in some areas they are completing full CAF assessments. This is an important development in harnessing mainstream services for children and young people at risk of contact with the YJS.

As part of their diversion work in police custody suites, pilot programmes are testing ways of providing early screening and assessment of children with a broad spectrum of need and vulnerability. The lessons learnt will help improve screening in all youth justice settings and will be of particular help in responding to children with learning difficulties and emerging mental health problems.

The YJB is conducting a review of screening and assessment tools and assessment practice (including ASSET, ONSET and specialist mental health tools), to help determine the content and focus of future activity by YOT workers.

Action under this strategy

A robust assessment process

A DH review has identified the gaps and overlaps in collecting information about the health and well-being needs of children and young people in contact with the YJS. The findings of this recent cross-government review of health assessment will inform the development of a robust assessment process that covers each stage of the YJS pathway.

3.2 Information sharing

There are problems with information sharing within the YJS.[86] They include continuing confusion about when health professionals should share information with other colleagues, and communication difficulties between practitioners in the secure estate and those in the community. The development of electronic systems such as Wiring up Youth Justice, Connecting for Health and e-CAF will address some of these problems, but ongoing work is needed. One issue is the compatibility of systems. Another is the need for greater understanding about good practice in sharing information. Failure to share information about vulnerable children and young people can reduce the opportunity to meet their health and well-being needs and can expose them to risk of harm.

Action under this strategy

Improving information sharing

As part of the work to develop a robust assessment process, the DH will explore with partners how best to ensure that information collected on health needs links into the NHS Connecting for Health system, taking account of the national clinical IT solution used for offender health work.

Future developments will acknowledge the importance of increasing compatibility between electronic systems and of ensuring that information can be accessed by staff based in the different settings working with children in the YJS, in line with good practice in relation to information sharing.

We have issued specific practice guidance on information sharing for those working in the YJS[87] to complement the general guidance for children's services.[88] In light of developments in the use of electronic systems,[89] the DH will develop revised guidance on information sharing to indicate the type of information that should be shared at different stages of the YJS pathway. Case examples will be used to illustrate how best to carry out the balancing exercise between confidentiality, public interest and safeguarding welfare.

3.3 Lead professionals

When YOT workers act as lead professionals for children and young people in contact with the YJS they can experience difficulties in co-ordinating a Team around the Child that includes relevant practitioners from mainstream services. And when the YOT's involvement with a young person ceases it can be difficult to ensure that a lead professional is in place to deal with any continuing need. A key task for whoever takes on the role of lead professional is to ensure that appropriate plans are in place to support a young person in their transition to adulthood.

Action linked to government and other initiatives

We have revised practice guidance on lead professionals[90] in order to clarify sound practice when children and young people are in contact with the YJS. The lead professional role will not normally be undertaken by a YOT worker and, where it is, it will be with the support of mainstream services. Local protocols will cover the circumstances in which the lead professional role is appropriate for a YOT supervising officer and will set out arrangements for the smooth transition of responsibility.

Action under this strategy

Support from lead professionals

The DH has worked with partners on further revisions to the guidance for lead professionals, to ensure that it explains the importance of continuing support from a lead professional whenever a young person has continuing health needs.

4. Supporting family and community links

4.1 Promoting health and emotional well-being through support for parents and families

Parents and other adult relatives exert an important and lasting influence on children and young people. Promoting the health and emotional well-being of children and young people in the YJS must therefore be underpinned by strong support for their families, to strengthen the ability of the many who can act as a positive resource for their children. Early help to deal with 'normal' parenting difficulties provides opportunities to learn from other parents and to get and give help in a non-stigmatising way.[91] It is as important a service as the more specialist interventions when needs have become complex and entrenched.

Parents who are vulnerable need support, too. Many children and young people in contact with the YJS are exposed to family discord, parental conflict and poor or inconsistent parenting and care, or have one or both parents in prison.[92] There is an increased risk of offending for boys who have a parent in prison.[93] Many who become persistent or serious offenders have parents with their own entrenched problems, including mental health difficulties and alcohol and drug misuse. Help to address these difficulties will help reduce the risk factors for offending.

A number of young people in the YJS are parents themselves. Being a young parent can impact on other aspects of health and well-being, making it important to provide positive support to help young people with their new responsibilities.

Action linked to government and other initiatives

We have supported the development and extension of a wide range of targeted parenting support programmes for vulnerable families. These include Family Nurse Partnerships, Family Intervention Projects (FIPs), and Parenting Early Intervention Programmes.

The DH, the DCSF and the National Treatment Agency have published guidance to support improved joint working between adult drug and alcohol treatment services and services providing support to parents and children – such as FIPs, parenting support provided through YOTs and safeguarding services.[94]

In addition, the Ministry of Justice and the DCSF have published a framework designed to improve support for the children and families of offenders. It sets out the range of work by different agencies to improve outcomes for both children and offenders.[95]

Action under this strategy

Working with families

The DCSF, MoJ and HO are working together to help children and young people at risk of offending and reoffending benefit from the whole-family approaches that are proving effective in reducing anti-social behaviour. In particular, using evidence-based parenting programmes and Family Intervention Projects (FIPs) can improve parenting and give opportunities for focused work with young people and their parents to reduce the risk factors for offending and improve family relationships.

To ensure that families access the appropriate programmes for them we will be looking at issuing guidance that includes a young person's conviction for an offence, behaviour which puts a young person at risk of offending and a young person's return home from a secure setting as triggers for assessing the need for family support and intervention.

✔ Practice example

How a Family Intervention Project (FIP) helped a mother regain self-esteem and reduce anti-social and offending behaviour

Shereen lives with her five sons, aged 7 to 21, and her 2-year-old grandson. For years she had known she needed help to deal with her troubled past – her childhood and then a damaging relationship. Having failed to get the help she needed, she tried to escape her problems by moving around the country before finally realising this offered no solution and no future for her family.

By now, two of her sons were involved in anti-social behaviour, and one was in contact with the local YOT. Three of the boys were not in education, employment or training, and life at home had become fraught, typified by arguments, poor behaviour and lack of routine. The family were regarded with suspicion by neighbours and by housing and other agencies.

The first change occurred when Shereen was visited by the FIP team leader and asked what help she wanted – for the first time, she felt listened to and understood. Further changes came as she found herself supported, both practically and emotionally, to try out different ways of regaining control of her life and parenting.

Before long the boys' anti-social and offending behaviour dropped to zero. The son involved with the YOT had his order revoked early and all the boys returned to education or training, with the eldest holding down a temporary eight-month contract. 'I am a mum again,' said Shereen. 'I feel I can do anything.'

Continued

Where to find out more Listen to Shereen and her FIP worker talk about how Shereen was helped to turn her family life around. The short film was produced as part of the dissemination materials about key findings from the DCSF Quality Matters research programme. Click on Film 5 (there are six topics in all) on the DCSF QM website (www.dcsf.gov.uk/ecm/qualitymatters).

4.2 Working with communities

Third sector organisations and community groups are valued for their innovative approaches to improving health and well-being. Youth Crime Action Plan acknowledged the important role third sector organisations play in diverting children from offending and re-offending behaviour.

The sector's expertise in engaging vulnerable children, young people and families (including those from BME groups) in services to support and promote health and well-being is particularly important for children close to the YJS – especially those who are not in contact with primary healthcare and education.

Key third sector activity includes programmes that work simultaneously on reducing the risk factors and increasing the protective factors in children's lives, that harness young people's interest in leisure and sport to promote a healthy lifestyle, and that foster neighbourhood attachment that helps deflect young people away from crime.

Greater focus is needed on finding approaches that are culturally sensitive. For example, youth inclusion workers recruited from within particular communities are likely to have greater success in engaging young people in health services. Celebrating difference can help increase young people's sense of well-being, as when Islington's Young Muslim Voices conference provided the opportunity for young people to present their views to decision-makers and faith and community leaders about policing, the YJS and other issues.

Action linked to government and other initiatives

Guidance for local authorities and PCTs on commissioning for PSA 12 (the requirement to deliver a full range of early intervention support services for children experiencing mental health problems) stresses the importance of the role of third sector organisations in providing universal and targeted services.

✔ Practice example

Alternative education can break the cycle of disadvantage

Barnardo's Black Country Wheels Project is one of two in the Midlands that provide alternative training and education for young people aged 14 to 19. Its focus is motor vehicle mechanics, which has proved very successful in engaging young men who are not interested in academic education.

Wheels takes young people who are struggling in mainstream education and have been assessed as needing an alternative, or who have been permanently excluded. The project also accepts referrals from the local YOT – most of the young people in the project are in contact with the YJS.

The project offers a high degree of personal support, including training in life skills such as cooking, and has an innovative mentoring scheme that draws on the experiences and skills of those who have graduated from Wheels and want to remain involved and give something back. Mentoring new learners in this way offers the chance of gaining a qualification accredited by the local FE college.

Continued

Wheels helps breaks the cycle of disadvantage by providing:

- an alternative education and activity programme for young people who are struggling
- a flexible approach that takes account of young people's particular needs
- a network of good relationships with local services, training providers and employers, and
- real work experience that leads to accredited qualifications.

In 2007/08 four out of five young people left the project with a qualification and three-quarters of those under 16 moved on to other education or training provision.

Where to find out more
www.barnardos.org.uk

Section 2 Addressing health and well-being throughout the youth justice system

Vision

Contact with the youth justice system (YJS) will produce positive health and well-being outcomes for children and young people. Early identification and attention to these needs should be considered integral to work to reduce youth crime and anti-social behaviour.

Key objectives

1. Ensure that more children and young people are appropriately diverted from the formal YJS.
2. Improve provision of primary and specialist healthcare services to young offenders in the community.
3. Ensure that courts and sentencers receive accurate information about health and well-being needs and the services available to meet them.
4. Promote health and well-being in the secure estate.
5. Achieve continuity of care and improved support when children and young people complete a community or custodial sentence.

This section is about the action needed to respond more effectively to health and well-being needs when children and young people are on the youth justice pathway. See Annex E for an explanation and diagram of case disposal options, and Annex F for information about the secure estate.

1. Ensuring that more children and young people are appropriately diverted from the formal YJS

The principal aim of the YJS is to prevent offending,[96] and diversion is a key aspect of this. Diversion is the process by which young people receive help and support to reduce their involvement in the system. It includes early responses to emerging health and well-being needs from mainstream services, as described in the previous section. But diversionary interventions at specific points along the YJS pathway are also important, as this section makes clear.

Much has been done in recent years to develop diversionary activity, including:

- work by the police through their contact with families in a wide range of situations, including responses to domestic disputes, neighbourhood policing, Safer School Partnerships, Operation Staysafe, and schemes involving third sector providers[97]
- the roll-out of Targeted Youth Support,[98] in line with the Youth Taskforce Action Plan[99]
- preventive services delivered through the YJS, including Youth Inclusion Programmes (YIPs), Youth Inclusion Support Panels (YISPs), mentoring schemes, Positive Futures and Positive Activities for Young People (PAYP), and
- Youth Restorative Disposal pilots.

There were concerns that previous targets around offences brought to justice (OBTJ) conflicted with efforts to prevent young people from entering the YJS. We have now introduced a single target around confidence which allows the police to decide which actions – whether they be diversion, prevention or enforcement – best meet the needs and concerns of their communities.

More opportunities are needed for diversion once a child or young person has been arrested. Identifying mental health problems, learning disabilities and communication problems is particularly important when children and young people are in police custody, because such problems increase children's vulnerability. Understanding a child's health problems will also help the police, the Crown Prosecution Service (CPS) and the Youth Offending Team (YOT) to decide the most appropriate action to take. An added consideration is that children in England reach the age of criminal responsibility earlier (and so are more likely to face custody when younger) than in other European countries.

Action in *Improving Health, Supporting Justice*

We will assess the feasibility of transferring commissioning and budgetary responsibility for health services in police custody suites from the police to the NHS.

Action linked to government and other initiatives

A range of specialist programmes available for children in contact with the YJS are being tested.[100] These programmes, involving practitioner work with children and families with severe, complex and long-term needs, are:

- Intensive Fostering, based on the Multi-Dimensional Treatment Foster Care (MDTFC) model being tested in four areas
- Multi-Systemic Therapy (MST), being tested in ten areas and being evaluated by randomised control trial. A final report is due in 2011.
- Treatment Foster Care, also based on MDTFC, currently only for looked after children, but being piloted for sentenced children in the YJS.

The Department of Health, the Department for Children, Schools and Families and the Home Office are testing different approaches to screening and diversion in custody suites:

1. The **Young People's Alcohol Arrest Referral pilots**, launched by the Home Office, are focused on screening for alcohol and drug misuse. Some have incorporated the Youth Restorative Disposal in their approach.

2. In line with the Youth Crime Action Plan (YCAP), **Triage** brings a YOT worker's expertise into police stations to make an early and rapid assessment of children and young people's needs in order to help decision-making and improve diversion of children and young people from the YJS.

3. **Youth Justice Liaison and Diversion (YJLD)** pilots aim to develop effective diversion approaches for young people with mental health problems or learning disabilities. The pilots are operating in custody suites in six areas and will explore options for conducting health and well-being assessments away from police custody suites in order to ensure that children and young people enter custody only as a last resort. The pilots are being evaluated over two years, with a final report expected late 2010.

   In these pilot schemes, screening workers identify vulnerable young people held in police custody and offer advice to those with low-level needs, supporting them into local services. For those with more complex mental health needs, a specialist rapid response worker (funded through the scheme) carries out a full assessment. They are able to 'troubleshoot' young people to the specialist services they need, provide information to complex needs panels and offer ongoing support while a young person awaits access to a specialist service.

Key lessons emerging from the pilots are that investing time in home visits helps to engage young people and their families. Project workers are able to help parents understand that mood, temper and behaviour problems can indicate mental health needs. The pilots are also increasing awareness of mental health and learning disability issues among those working in the YJS. The lessons from these pilots will contribute to the development of a comprehensive assessment process throughout the YJS, as mentioned earlier, and to developing guidance for commissioners on providing packages of support for young people.

The government has brought together representatives of these three different approaches to diversion to form a steering group to support ongoing communication between the pilots, including opportunities to discuss emerging themes, problems and possible solutions.

✔ Practice example

Getting Jamie the right diagnosis

Jamie, aged 15, was arrested by the police for fighting. The police were concerned about some comments he had made and asked the mental health worker from the YJLD project if he would follow this up and assess Jamie's well-being. The worker visited Jamie at home, explained his role, chatted to him and, with Jamie's consent, spoke to his mother, too. The worker confirmed some early-stage mental health difficulties. Again with Jamie's consent (and after some work to reassure him about what would happen next), a referral was made so that the local Early Intervention in Psychosis (EIP) team could carry out a full assessment.

Once Jamie was linked into mental health services, the YJLD team kept in touch with him, offering support and a base for him to get his medication. They also kept an eye on his appointments, helping to prevent him from dropping out of the services he needed. Jamie has not re-offended.

Where to find out more www.scmh.org.uk/criminal_justice/youngpeople.aspx

Action under this strategy

Evidence for commissioning

The Department of Health, working with partners, will disseminate promising evidence from pilots of specialist interventions such as Intensive Fostering, Multi-Systemic Therapy and the different approaches to diversion currently being tested. This will assist regional boards focusing on health and well-being, and Children's Trust Boards in the preparation of the Children and Young People's Plan, so that the right specialist services are commissioned to help improve children's health and well-being and so that more children and young people are diverted from custody and from re-offending.

2. Improving provision of primary and specialist healthcare services to young offenders in the community

2.1 Health support through YOTs

Because of the high levels of physical and mental health problems among children and young people in contact with the YJS, the legislation that underpins the YJS places duties on Primary Care Trusts (PCTs) to:

- co-operate with local authorities in establishing YOTs
- contribute to their budget, and
- provide or nominate a member of the YOT team.

It was envisaged that the YOT health worker would help children and young people access appropriate mainstream health services, with strategic-level support from the relevant PCT.

The Healthcare Commission and HM Inspectorate of Probation have recently carried out two reviews of healthcare for children in contact with the YJS in the community, and while these acknowledged good practice in many YOTs with a dedicated health worker, they also highlighted continued problems in providing a consistently high-quality healthcare service to these vulnerable children.

The reviews noted that it was difficult for a single seconded health worker to meet the many different needs of children and young people in the YJS. For example, a health worker with a mental health background could miss signs of physical health needs. Health workers in YOTs can also become isolated from their mainstream health colleagues and local health services, making it harder for them to help children and young people get access to the specialist health services they need.

The reviews also identified problems faced by YOTs in trying to help young people gain access to Child and Adolescent Mental Health Services (CAMHS). The lack of services for 16- to 18-year-olds (a problem that affects a wide range of vulnerable young people) was a particular issue, one that is being addressed, in part, through action in relation to Public Service Agreement (PSA) 12.

Health services through YOTs – key requirements

It is vital that PCTs acknowledge this work as a priority area, backed by adequate funding, service-level agreements in place with YOTs, and regular links into strategic thinking and planning.

PCTs must also recruit staff with a suitable range of health skills and a keen interest in thinking beyond their professional background.

YOTs have identified other factors that make for successful outcomes:

- strong links with and into mainstream services
- clear links with adult services
- a presence at the YOT base, at least part time, for informal discussion across disciplines and transfer of learning across cases
- vigorous outreach work with young people and families
- speedy access to specialist assessment
- management and clinical support for health workers, and
- peer support, especially for lone health practitioners.

The *Bradley Report* recommended (*Recommendation 2*) that membership of each YOT should include a suitably qualified mental health worker. The evidence from the Healthcare Commission and HMI Probation reviews, and exploration by the Department of Health of healthcare provision through and to YOTs, shows the different ways in which PCTs are harnessing local resources to meet their statutory obligations and to improve responses to the health and well-being needs of children and young people in contact with the YJS. These new and developing approaches are connected, in part, to the development of more accessible CAMHS in line with Standard 9 of the National Service Framework.

✔ Practice examples

Finding creative ways of providing health support to YOTs

'Lone practitioner' model

The attachment of a health worker to an individual YOT offers the advantage of their regular presence on site, both for informal discussion with colleagues and young people and to help transfer the learning from one situation to another. These single practitioners have developed ways to guard against the risk of professional isolation and to deal with the competing demands on their time. In Leeds, for example, the health practitioners from the different YOTs use regular and systematic links to act as a virtual team.

Continued

'Foot in–foot out' model

In Northamptonshire, two YOT health practitioners spend half their week working in the county YOTs and half at their base in the adult court liaison and diversion team. This partnership arrangement enables the workers to respond quickly when the court has concerns about a young person's health and well-being. The team is also co-located with CAMHS and the forensic CAMHS, which gives the YOT health workers easy access to fuller assessment for mental health and learning disabilities.

'Outside base' model

In Nottinghamshire, a 15-strong county-wide team set up to help young people with complex needs and behaviour is also responsible for meeting YOT health needs. It uses an assertive outreach approach, is staffed seven days a week, and includes a range of nurse practitioners (including mental health and learning disability nurses) as well as input from a social worker and a psychiatrist who specialises in dual diagnosis. This breadth of expertise makes it more possible to take account of young people's preferences and diversity needs when allocating workers.

'Health team within a YOT' model

Salford YOT has a small health team of seven, largely part-time, workers. They include the YOT deputy manager (a former health practitioner and school nurse), a general nurse, a speech and language therapist, a CAMHS liaison/consultation worker, a clinical psychologist, a substance misuse worker and a parenting worker. All team members work with schools, parents and the courts, as well as doing individual case work with young people.

Continued

Building on community links

In Bradford, there are strong links between South Asian bilingual health support workers and other services involved with young people in contact with the YJS, including the general health and mental health nurses in the YOT. The bilingual health workers are part of the CAMHS clinical team. Their work with young people includes early intervention in psychosis, responses to substance misuse problems, and assessment and interventions about individual and community safety. The support offered includes interpreting in meetings (and phone calls); link work to identify a young person's needs and help them make informed choices about services; advocacy for parents and others; and acting as a cultural broker to improve communication between young people, families and services.

Action under this strategy

Health support for YOTs

The Department of Health will produce new guidance for commissioners on meeting the challenges of commissioning health services for the YJS (custody and community). Drawing on developments in World Class Commissioning, the guidance will build on progress in providing mental health services in secure settings, link to the commissioning guidance issued alongside *Healthy Lives, Brighter Futures*, and focus on improving outcomes.
(Bradley recommendation 2)

The guidance will disseminate and build on the promising practice underway in PCTs. It will set out the range of likely health needs and the different ways in which these could be met, from lone health practitioners linked into wider specialist health and substance misuse provision, to specialist health and substance misuse teams working with a range of vulnerable children and young people in the area, not solely those in contact with the YJS.
(Bradley recommendation 2)

Healthcare plans

The Department of Health will work with partners to enable children and young people who receive a community or custodial sentence to have a healthcare plan, developed alongside their sentence plan, to help ensure that health needs are identified and met.

The healthcare plan will be similar to that for looked after children. Its introduction will draw on the lessons learnt from introducing that plan and from implementing statutory guidance on health assessments for looked after children.[101]

2.1 Developing regionally commissioned community-based specialist forensic mental health services

At least one region now has in place the regional commissioning of a central specialist team that provides locally-based practitioners at all levels of a comprehensive CAMHS with consultation, support and some opportunity for joint direct work. Further testing of this model (described in the box below) is being planned.

This type of Tier 4 regional service is based in Specialist CAMHS. It has a strategic role in developing a network of provision for young people in contact with the youth justice system about whom there are mental health concerns, as well as addressing directly the needs of the small numbers of young people in contact with the YJS in each region who have severe and complex difficulties including highly challenging behaviour.

✔ Practice example

The Thames Valley Forensic Child and Adolescent Mental Health Service (FCAMHS)

This service, now regionally specialist commissioned, offers a range of services and interventions to a specific geographical area (three counties and a unitary authority) with a total population of 2.2 million. Within this catchment, a multidisciplinary team provides specialist child and adolescent forensic mental health expertise to a variety of community and custodial institutions and networks working with those under 18. The young people are either in the youth justice system or present serious risk of harm to others elsewhere.

Continued

The team operates within local specialist CAMHS provision and, in all environments, its service is a resource for:

- information
- formal consultation about specific clinical cases
- specialist assessments and interventions
- training for front-line workers, and
- informing and developing strategic links between mental health services and the youth justice system across agencies.

Initial enquiries to the team about possible referrals are welcomed from all agencies in contact with risky young people or young people in the youth justice system who have mental health difficulties (social services, YOTs, secure settings, courts, solicitors, education etc).

FCAMHS has worked to establish good working and training relationships with local services. It promotes good local arrangements for mental health working between locality specialist CAMH teams and YOTs and fosters the development and support of CAMHS/YOT mental health link worker roles. Its strong relationship with custodial and secure institutions facilitates transitions for young people across and beyond its catchment. There is liaison across the Thames Valley area with courts and lawyers working with young people.

Continued

The FCAMHS team has developed a wider strategic role:

- linking with national adolescent forensic mental health in-patient services
- linking with services elsewhere involved in mental health provision to young people in secure or community settings
- informing policy and forming strong links with national organisations responsible for strategic development (including DH, YJB, Sainsbury Centre for Mental Health), and
- providing professional training for the specific area of expertise.

The team operates a separately commissioned mental health in-reach service to a large youth offender institution in its catchment area.

Where to find out more – Nick.Hindley@obmh.nhs.uk, Consultant Child and Adolescent Forensic Pyschiatrist, Thames Valley FCAMHS Team.

Action under this strategy

Regional specialist teams

The Department of Health will develop a framework for regional specialist services. It will draw on lessons from the current testing of arrangements for commissioning and delivering such services.

A framework for services for young people with sexually harmful behaviour is being developed. This will be issued for further consultation, with a final version available early in 2010. One of the MST sites has set up an additional pilot, to work with young people with these specific needs.

3. Providing courts and sentencers with accurate information about health and well-being needs and the services available to meet them

The introduction of the Youth Rehabilitation Order (YRO) in November 2009 increased the options open to youth courts when sentencing children and young people. Sentencing decisions must continue to take into account, among other things, the welfare of the child.[102] In order to decide the most appropriate sentence, courts will need to receive detailed, prompt and accurate information about health and well-being needs and plans for meeting those needs.

Promising practice needs to be more widespread, so that sentencers receive relevant information routinely rather than as an exception, and at the earliest possible stage. Information about health, mental health, learning disability and communication needs is rarely presented to courts at remand stage or in pre-sentence reports, and health interventions feature only infrequently in packages of support for children and young people on bail.[103]

Scoping for the YJLD programme found that courts ordered a psychiatric report on a child or young person only if they displayed obvious mental health needs. Where reports were ordered, delays occurred in sentencing and reports were of variable quality. It is also unusual for courts to be provided with information about health and well-being issues from assessments carried out by health professionals in the secure estate.

In some places, YOT health practitioners (or specialist health and substance misuse teams working with vulnerable children) have worked collaboratively to provide local youth courts with awareness training, advice and information about relevant local services.

A key element of the work of the YJLD pilots is liaison with the police, the CPS and the courts. Once consent to share information has been given, workers are able to provide verbal or written information about health needs at an early stage, enabling informed decision-making by the CPS and the courts.

Action linked to government and other initiatives

The *Bradley Report* made a number of recommendations to improve the provision of information about mental health to courts, and these are being addressed through *Improving Health, Supporting Justice*. For youth courts, developments around the introduction of the YRO are acting as levers for responding to these issues.

The *Equal Treatment Bench Book* (guidelines for courts on equality issues)[104] has been updated to cover learning difficulties. It aims to help judges and magistrates recognise learning difficulties, consider the implications in court settings, and improve understanding about how to compensate for aspects of disadvantage.

Revised sentencing guidelines have been issued by the Sentencing Guidelines Council.[105] These make clear that, in having regard to the 'welfare' of the child, the court should be alert to:

- the high incidence of mental health problems, learning disability and learning difficulties among children and young people in the YJS
- the impact that speech and language difficulties may have on children and young people's ability to communicate with the court and to understand and comply with sanctions imposed

- the vulnerability of young people to self-harm
- the impact of loss or abuse on young people, and
- the impact of past discrimination on a young person's behaviour in court.

The guidelines state that "a court should always seek to ensure that it has access to information about how best to identify and respond to those issues and, where necessary, that a proper assessment has taken place to enable the most appropriate sentence to be imposed". They also remind the courts about the importance of considering emotional as well as chronological age when deciding a sentence.

The Youth Justice Board's (YJB) revised *Case Management Guidance*,[106] and *National Standards*,[107] encourage YOT staff to identify in their reports to the court any mental health problems, learning disabilities and difficulties, and speech, language and communication needs. In order to help sentencers consider the welfare of the child, pre-sentence reports should also include information on health and welfare issues, regardless of whether these are directly linked to the child or young person's offending behaviour.

The YJB and HM Courts Service have produced court guidance containing suggestions for speeding up youth court access to information about mental health or other problems and to full psychiatric assessments.[108]

4. Promoting health and well-being in the secure estate

The secure estate for children and young people provides custodial placements in one of three types of establishment: young offender institutions (YOIs), secure training centres (STCs) and secure children's homes (SCHs). More detail about the secure estate is in Annex F.

The health needs of children and young people in the secure estate are noticeably higher than for those in contact with the YJS in the community. Young women in custody have a particularly high incidence of depression and self-harm.[109] Among young people in custody with a mental health disorder, there is a high occurrence of multiple disorders and this, too, is particularly so for young women.[110]

Time in custody provides an opportunity to attend to children's unmet needs and to plan for their continuing care on release. However, whilst there are promising developments in both health and well-being provision, enormous challenges remain. In this context there is a balance to be struck between the need to provide an appropriate secure setting and the aim of developing a child-centred, therapeutic service for vulnerable children and young people (the smaller the establishment, the easier this is to deliver).

Since 2006, the NHS has been responsible for commissioning and providing health services to YOIs. The YJB funds health provision in STCs and SCHs, and establishments negotiate their own commissioning arrangements, some with PCTs and some with private healthcare providers. These different arrangements for the provision of healthcare create inconsistencies in approaches and standards.

Improved funding for mental health provision in the secure estate has led to an increase in CAMHS practitioners working there, particularly in YOIs, but provision remains patchy and the majority of teams are small and overstretched.

Timescales and geographical distance also create problems. Most children and young people are in custody for short periods only, and those detained for longer periods may be transferred between establishments. The relatively small number of young people in custody is reflected in a limited number, and wide geographical spread, of secure establishments to accommodate them. As a result, many children and young people are placed outside their home area, creating problems in ensuring continuity of care when they enter and leave custody. Confusion and disagreements over commissioning and paying for secondary care services can arise, leaving young people without the support they need. It can also be difficult for home authorities to prioritise attention to children and young people placed far from the local area.

The duties in relation to safeguarding apply equally across all three types of establishment although operational practice may vary. The YJB has produced an action plan following its review of safeguarding in the secure estate setting out future work to build on improvements already made.[111] Developments following the Government's response to the Independent Review of Restraint,[112] are addressing the recommendation for a more consistent approach to the use of restraint across the three settings. It is recognised that more needs to be done to ensure that the secure estate as a whole is properly equipped to address the needs of all young people.[113]

✔ Practice examples

Promoting health and well-being in the secure estate

A number of on-site programmes and activities, new and ongoing, reflect the keen interest of staff in all settings to support young people in making positive choices about their health and lifestyle.

Healthy eating – Healthcare staff, with help from cooks and others, have involved young people in planning meals, designing menus, and conducting surveys about food likes and dislikes, and have encouraged young people to celebrate cultural difference.

Healthy drinking – Whilst drinking water must be freely available, planning may be needed to reduce sources of tension associated with it. A pilot in one YOI explored ways of installing water coolers that allowed for free flow of water, avoided crowding in tight corners and encouraged young people to choose water over fizzy drinks.

Supporting young parents – Young men have been helped to put stories on tape for their new baby, and to use music and song to express their feelings and aspirations for their separated children.

Fostering a caring approach – The school site in one STC ran a scheme caring for baby goats, encouraging young people to make their case for joining the rota of carers. A spin-off was increased opportunities for young people to be out in the open, boost their confidence and develop new skills.

Continued

Celebrating creativity – Young people in one site produced animations and music for a DVD learning resource to promote the importance of good dental care and hygiene, reflecting guidance to PCTs about the importance of oral health promotion as a key factor in reducing health inequalities for young people.

Giving children and families a say – Establishments are developing ways of canvassing user views. They include forums for exploring ideas about health, race relations and leisure activities; exit interviews for young people, with a focus on assessing the implementation of policies on bullying and safety; postal questionnaires to families about their own and their child's experience of the SCH; and taking opportunities during family visits to reassure parents about their concerns.

Developing a whole-site ethos – The Every Child Matters outcomes have been used as triggers for fostering positive approaches to young people's needs. In SCH and other sites, a regular health and well-being group brings staff from all departments together, to work through a self-assessment audit tool and to explore promising practice from other sectors of the secure estate.

Where to find out more about the audit tool See endnote 114.

Action linked to government and other initiatives

The electronic system Connecting for Health has been extended to all YOIs. This should help speed up the transfer of health records when young people are moved between YOIs or return home from one.

The Healthy Schools and Further Education (FE) College programmes have been introduced in some secure settings. Transferring responsibility for education in the secure estate to local authorities will support the expansion of these programmes, including enhancements needed to meet the high levels of need among children and young people in custody.

Under the Health and Social Care Act 2008, healthcare providers in YOIs will be required to register with the Care Quality Commission (CQC) from October 2010. Registered providers will be required to meet specific requirements set out in statutory guidance. The implications for healthcare provision in STCs and SCHs are being explored.

Action under this strategy

Improving consistency of approach

A toolkit to promote a 'whole setting' approach to improving health and well-being[114] is being used in secure settings, and a briefing paper for responding to bereavement has been produced.[115]

A procedure for transferring children and young people in custody to and from hospital under the Mental Health Act is being published.[116] The document sets out the mandatory requirements for secure establishments regarding transfers and explains the action required by other agencies. It advises that once a young person has had a medical and initial risk assessment, they should be transferred within seven calendar days.

The Department of Health has produced a commissioning framework to help ensure that children and young people in custody have fair access to comprehensive CAMHS.[117] Implementation of the framework is being evaluated.[118] The new guidance for commissioners on meeting the health needs of children and young people in the YJS being produced in line with this strategy will develop and extend this framework.

The feasibility and potential benefits of transferring the commissioning and budgetary responsibilities for health services in STCs and SCHs to the NHS will be explored.

Work by regional partners will explore ways of reducing the difficulties that young people experience on release from custody when trying to register with, or access help from, a local doctor.

Six pilots (including one in a YOI) will test ways of 'normalising' primary care provision in prison, with a view also to increasing healthcare information in the YJS and improving continuity of care on release. The aim will be to help prisons and PCTs improve continuity of care to and from the community, ease the transfer of primary care records as patients move, and increase the numbers registering with a GP on discharge.

5. Providing continuity of care and improved support when children and young people complete a community or custodial sentence

Children and young people in contact with the YJS need the same extra support at key transition points as their non-offending peers, and they have additional transitions that can be especially difficult to cope with. These include sentences starting and ending, moves within the secure estate that can be sudden and unplanned, the move back home or to independent living and, for some, the move to the adult criminal justice system and an adult prison.

Providing adequate support as children and young people are released from custody or complete a community sentence is of crucial importance for their health and well-being. YCAP has identified the challenges involved:

- ensuring that young people are registered with a GP and a dentist
- accessing support from specialist CAMHS and other appropriate health services in the community
- accessing other types of therapeutic support, such as counselling or bereavement services and help to rebuild strained family relationships
- improving the transition to community-based substance misuse services
- having stable and suitable accommodation
- engaging or re-engaging in education or training, and, underpinning all these,
- sharing information promptly, and providing dedicated support from a lead professional, so that the right services are identified and provided.

The recommendations in the *Bradley Report* about improving resettlement provision for adults, which are being taken forward under *Improving Health, Supporting Justice*, will help guide developments in the YJS, too. In addition, wider use of the Care Programme Approach (CPA) for children and young people with complex mental health problems should help improve continuity of care.[119]

✔ Practice examples

Support when leaving custody

In some secure settings, healthcare staff are pro-active in making links with community health and other services, referring young people and then accompanying them to their first appointment. In other areas, staff visit and maintain contact with young people for some time after they leave custody. Specific projects are underway in some sites and areas.

London

The Heron Unit at Feltham YOI is a dedicated resettlement unit for 15- to 17-year-olds who have demonstrated a commitment to turning their life around. Young people are placed on a programme that includes one-to-one help in finding somewhere to live, getting important life skills and finding a job. The service, for young people and their families from six London boroughs, is provided through the London Youth Reducing Offending Programme, with the involvement of the YJB and a range of partner agencies. Lessons from this pilot will inform future developments in resettlement.

Where to find out more www.yjb.gov.uk/en-gb/practitioners/Custody/EnhancedSupport/HeronUnit.htm

Continued

The South-West

A project is supporting the development of an integrated pathway for young people on their journey into and out of the secure estate. The work has a focus on pathways for mental health, learning disability and drug and alcohol problems. It has been overseen by a group including national, regional and local representatives from commissioners, providers, the Department of Health, the YJB, South-West Development Centre and Government Office South-West. It has identified models of good practice to help improve the sharing of key information, reduce the dislocated nature of assessments and start discharge planning earlier. Proposals for a transition support plan include setting out the referrals required to local services, provision for updating Common Assessment Framework (CAF) and e-Asset, and decisions about a lead professional to steer and review progress.

The commissioning recommendations cover all stages of the process, set within the overarching framework for the development of a more robust service that gives priority to these young people and facilitates better work together on their behalf. Other key aspects include:

- making the evidence base for initiatives explicit
- putting mechanisms in place for drawing on the views of young people and carers to inform all stages of service planning
- delivery and personal care planning, and
- investigating ways to maximise skill sharing between workers in secure and community settings.

Where to find out more Dr Brendan Yates, Consultant in Public Health Medicine (Chair of the Project) Brendan.Yates@gosw.gosw.gsi.gov.uk

Action linked to government and other initiatives

In line with YCAP, two regional resettlement consortia have been established (in the North-West and South-West). The aim is to improve relationships and communication between local authorities, YOTs and secure establishments in order to enhance information sharing about children and young people who cross local authority boundaries, and to develop models for joint planning and service commissioning.

Housing associations, foyer members and local authorities each play a role in providing good quality homes for young people in the YJS, and the best schemes link the accommodation to in-house and local training, education and employment services. A range of housing and employment developments for young people in the YJS have been put in train, including the Supported Youth Housing and Health Network, co-ordinated by the National Children's Bureau and Young People in Focus;[120] the Children in Trouble pilots led by the Howard League for Penal Reform and the Local Government Association;[121] and ongoing work by KIDS Company.[122] The YJB regional consortia are expected to include work to increase housing provision for young people.

The decision of the House of Lords in *R v Southwark London Borough Council*[123] confirmed that local authorities have a duty under the Children Act 1989 to provide accommodation for a homeless young person aged 16 or 17, if that is what the young person wants. This would mean that the young person would then become a looked after child and entitled to leaving care support. The duty cannot be met by referring the young person to the housing department.

Through implementation of YCAP, increased funding has been given to improve integrated resettlement support (IRS) in 54 local authority areas with high rates of custody. This work is being led by the YJB and will improve access to critical services, including healthcare.

✔ Practice example

Supporting young people back in their community

Wayne was 17 and had just left a YOI after serving two Detention and Training Orders (DTOs) following a long history of offending. He had little contact with his family and could not return home to live. He had low self-esteem and substance misuse problems and found it very difficult to express himself. The local YOT in Leeds provided a tailored plan and financial support to address his needs.

The plan Wayne and his YOT resettlement support worker drew up included:

- helping him settle into the temporary accommodation that had been found for him before his release, and then applying for more permanent housing
- working out the best training opportunities, and getting enrolled on the course
- planning how to start meeting his family again
- getting help to move on from his past trauma and realise he could build a good future for himself
- managing his money and getting immediate payment whilst waiting for his benefits to come through

Continued

- finding an activity he liked doing and was good at, to boost his self-esteem, and
- planning how to avoid slipping back into his past heavy use of drugs and alcohol, after being free from them while in custody.

The YOT worker helped Wayne get involved in several art projects and voluntary work with animals, both of which he excelled in and found relaxing. He gradually started to come out of his shell and to make friends with other young people interested in similar activities. The worker kept in touch with his mother who was delighted with his progress, which in turn boosted Wayne's confidence and gave him something to talk about with his mum.

Where to find out more For information about the YJB Integrated Resettlement Support programme, which is targeted at all young people serving a custodial sentence, and for the framework that sets out how IRS should be delivered by YOTs in partnership with children's services and other local providers, go to www.yjb.gov.uk/en-gb/practitioners/ReducingReoffending/Resettlement/IntegratedResettlementSupport

Action under this strategy

Working with families

For some children and young people, family relationship problems or safeguarding issues may mean they cannot return to their parents or the wider family. Focusing on trying to overcome obstacles to reconnecting with families while children are in custody would help address this problem. When children do return home, families could benefit from support to strengthen fragile relationships and disrupted parenting.

The Department of Health, the Department for Children, Schools and Families and the Ministry of Justice will work together to help children and young people entering the secure estate benefit from the whole-family approaches that are proving effective in reducing anti-social behaviour. Using the evidence-based parenting programmes and Family Intervention Projects (FIPs) (mentioned earlier) before, during or after custody will provide opportunities for focused work with young people and their parents to reduce the risk factors for offending and to improve family relationships.

Guidance is likely to include a young person's conviction for an offence and a young person's return home from a secure setting as triggers for assessing the need for family support and intervention.

A number of actions set out in this strategy will help tackle the difficulties that impede young people's progress at resettlement. These include:

- developing GP pilot practices in secure settings, along with guidance for practices which respond to the needs of socially excluded people
- health plans for children and young people who have been sentenced
- creating guidance for commissioning health provision within the YJS
- reviewing substance misuse service provision in the YJS
- assessing the feasibility of linking all secure settings to Connecting for Health, and
- strengthening guidance on the Team around the Child to support access to lead professionals when a sentence comes to an end.

Section 3 Making it happen

Vision

Policy and decision-makers at national, regional and local level champion a strong response to the health inequalities experienced by children and young people involved in or at risk of becoming involved in anti-social and offending behaviour.

Key objectives

1. Achieve a co-ordinated approach to improving health and well-being.
2. Provide services that make a difference.
3. Ensure high-quality provision and improved outcomes for children, young people, families and communities.

1. Achieving a co-ordinated approach

Due to the large number of agencies involved in working with children close to the youth justice system (YJS), there are real challenges in providing a co-ordinated response. However, this is vital if we are to achieve more effective working arrangements and make best use of the resources available for responding to these children's wide-ranging and often complex needs.

What is also vital is to remain alert to the need for action at all levels of government to ensure that equalities and human rights requirements are built into all strategic planning and service commissioning. The implementation of *Healthy Children, Safer Communities* must have a positive impact in reducing and removing the barriers that exist to giving children close to the YJS access to the health and well-being services that they need. The equality impact assessment (EqIA) carried out during the development of this strategy has identified the focus of the work that is needed.[124]

At national level

Government must overcome its own barriers to improving the life chances of vulnerable children and young people. Departments need to develop improved mechanisms for negotiating how their contributions will fit together.

This is why the inter-departmental Healthy Children Safer Communities Programme Board is now co-ordinating policy development for improving children's health and well-being across the YJS. It brings together the Department of Health, the Department for Children, Schools and Families, the Ministry of Justice and the Home Office, working closely with the Youth Justice Board (YJB). This strategy has been informed by the work of this Programme Board, and will underpin the future programme of work and provide the structure for reporting to Ministers.

At regional level

Regional government has a key role in both implementing this strategy and supporting its implementation by Children's Trust partners. In particular, Government Offices (GOs) and strategic health authorities (SHAs) play a pivotal role in the negotiations to agree local priorities for the Local Area Agreement (LAA). It will be important to ensure that structures in place for planning for *all* children in the area pay full attention to the specific needs of children and young people in contact with the YJS. A further challenge will be to ensure that there is effective joint working between that part of the regional workforce with responsibility for offenders and the criminal justice system and that with responsibility for children.

The key leaders from different parts of the regional workforce (see Annex D) need a shared vision to make this work. Current reviews of partnership working by SHAs and GOs offer opportunities to develop a joint approach. These reviews aim to align SHA and GO strategic planning more closely in order to support delivery of the PSAs relevant to children's health and well-being.

✔ Practice example

A strategic approach to health and well-being support for those in the YJS

Yorkshire and Humber Improvement Partnership has taken a regional approach to improving both the quality and quantity of emotional, psychological and mental health services for 10 to 18-year-olds in contact with the YJS. Their strategic approach is overseen by an Expert Reference Group (chaired by the Regional Manager for Health and Social Care), whose membership includes managers, commissioners and child and adolescent mental health service (CAMHS) providers from the region's four secure establishments and key regional representatives from relevant statutory and other bodies, as well as service user and family carer perspectives.

Initial developments have focused on three main activities:

1 A high-level regional care pathway to help ensure that children and young people's mental health needs are met wherever they come into contact with the YJS. Five key stages of the pathway were identified through a process-mapping event held with practitioners, managers and regional leads from health, social care and youth justice.

Continued

2 A high-level regional service specification that aims to set clearly defined service expectations. These are based on national standards and policy guidance, and incorporate all local requirements that commissioners expect to be in place for children and young people in contact with the YJS, whether in secure settings or the community. The vision is of an integrated regional health and social care commissioning model that incorporates universal, targeted and specialist services, underpinned by a comprehensive assessment process at the earliest point of contact.

3 A workforce development plan that sets out the range of skills, roles and resources needed to meet the quality standards set by the service specification and pathway. The overall aim is to ensure that any child with emotional, psychological or mental health needs who is in the YJS, or at risk of entering it, gets support and care from the right staff, with the right skills, in the right place and at the right time.

A regional framework of quality indicators is being developed to support delivery of the care pathway, service specification and workforce development plan in each locality.

Where to find out more
www.yhip.org.uk/offender-health/offender-health-and-social-care/ohsc-resources

At local level

Children's Trust Boards have to take the lead in engaging health and other mainstream services in improving outcomes for children and young people at risk of offending and re-offending. Delivering on this responsibility is important for all agencies. It is as important for those providing services for adults (for example, parents with mental health or substance misuse problems) as for those helping children. It is as important for services with a focus on well-being and safety (such as Local Safeguarding Children Boards) as it is for those concerned explicitly with offending (such as Crime and Disorder Reduction Partnerships and Local Criminal Justice Boards).

The continued development of Children's Trust co-operation arrangements will support partner agencies to work together to implement this strategy. For example, the joint local planning process through the Children's Trust Board (and through the Children and Young People's Plan) will benefit from having senior PCT and lead GP representatives working with representatives from other children's services, including the Youth Offending Team (YOT).

An important first step is a robust assessment of children's health, well-being and other needs and circumstances, including those who are temporary residents through being placed in a secure establishment in the local area.

✔ Practice example

Analysing information from routine health assessments in a YOT produces a picture of local needs

Hackney PCT works in partnership with its local YOT to address the health needs of young people in the YJS. An advanced nurse practitioner from the local young people's health centre attends the YOT once a week to see each young person who passes through the service.

A general health questionnaire is used to collect information from young people about their general health, family health, home situation, school/college and aspirations, immunisation status, smoking, alcohol and drug use, diet, exercise and sexual health. Young people are given information about local health services and the rules about confidentiality.

An audit of the scheme's first year (in which 70 young people were seen) found that known co-factors for offending behaviour were prevalent (absent fathers, missing school, being not in education, employment or training (NEET), chronic health conditions) and showed a high rate of harmful behaviours such as smoking, cannabis use and unprotected sex. There was a high representation of Black British young men, compared with the borough's ethnic breakdown.

Some 36 per cent of the young people had a chronic health condition and 76 per cent needed follow-up after the initial assessment. Some 34 per cent had a family member with a medical condition that was affecting the family's daily life, with 9 per cent of young people caring for a relative.

Where to find out more

Bekaert S (2008) 'Meeting the health needs of young offenders.' *Paediatric Nursing*, 20(9): 14–17

Action under this strategy

Governance arrangements

We will provide leadership and accountability at national level through the cross-government Healthy Children Safer Communities Programme Board (HCSCPB).

The HCSCPB will submit an annual report to Ministers on progress in implementing action identified in the strategy. It will work with the PSA 12 Children and Young People's Psychological Well-being and Mental Health Board, as well as with the National Advisory Council that is holding government to account on progress in addressing the recommendations of the independent National CAMHS Review. In relation to maintaining progress in delivering the recommendations from Lord Bradley's report that affect children and young people, the HCSCPB will collaborate with the adult offender cross-government Health and Criminal Justice Programme Board.

Removing barriers and inequalities

In order to ensure that the strategy helps to reduce and remove barriers and inequalities that exist for those in contact with the YJS, the HCSCPB will continue the evaluation begun by the EqIA prepared for this strategy, to assess the strategy's impact on disadvantaged groups. This will include disseminating data on equality and diversity issues to the regions that will help them implement the strategy in a way that is anti-discriminatory and positive about diversity.

Support for the regions

The Department of Health and the Department for Children, Schools and Families will fund a health post, to support work in the regions to implement the strategy. The HCSCPB will also offer initial support to the regions in mapping out the needs of relevant children in their population. Reporting arrangements will be made through the Director of Children and Learners (health lead).

The short-term health post will facilitate ownership of the strategy by the regions. The post holder will assist regions in the collation and aggregation of data and will disseminate information about promising practice in order to inform planning and commissioning.

Strengthening Children's Trusts

The Total Place initiative,[125] launched at Budget 2009, will support work within Children's Trust partnerships to improve outcomes for children involved in the YJS. Total Place looks at how to take a 'whole area' approach to delivering local public services. It is about delivering better services through effective collaboration between local organisations and local leadership.

The Apprenticeships, Skills, Children and Learning (ASCL) Act 2009 will strengthen Children's Trusts by:

- requiring every local area to have a Children's Trust Board (from April 2010)
- making the Children and Young People's Plan (CYPP) a joint strategy which sets out how the Children's Trust partners will co-operate to improve children's well-being in the local area (every local area to have a joint CYPP from April 2011)
- giving the Children's Trust Board (rather than the local authority as before) responsibility for producing, publishing, reviewing and revising the CYPP while leaving responsibility for implementing the CYPP to Board partners, and

- extending the number of statutory relevant partners, to include maintained schools, Academies, non-maintained special schools, FE and sixth-form colleges, Short Stay Schools/ Pupil Referral Units and Jobcentre Plus.

The Children's Trust Board will fit within the wider Local Strategic Partnership (LSP) and will champion the interests of children within this forum. It will have an important role in agreeing and shaping the LAA priorities for improvement, and in ensuring that the needs of children and young people in contact with the YJS are included in the Joint Strategic Needs Assessment (JSNA) process and feed into the Children and Young People's Plan.[126]

Action under this strategy

Strengthening Children's Trusts

We will continue to support Children's Trusts in emphasising that all partners share responsibility for improving outcomes for children and that this involves taking account of the health and well-being needs of children at different stages of the YTS pathway.[127]

2. Providing services that make a difference

Joint commissioning to respond effectively to the needs of those in contact with the YJS involves a wide range of services, commissioners and providers. Commissioners must meet the Government's expectations to reduce inequalities in health outcomes and access to services, take account of cross-boundary issues in responding to the needs of children placed away from home, and provide people with "the care and service we would want for ourselves and our families".[128]

Commissioners will be considering ways to support families and communities in diverting young people from crime and building resilience in the face of disadvantage and adversity. The pro-active involvement of third sector organisations, including community and faith groups, will help harness the goodwill, resources and experience of local people in responding to local needs.

As in other areas of work, services that make a difference are informed by evidence of what works in response to specific needs. We must build on our increasing knowledge of how to provide for children in the YJS, and we must explore different ways of tackling new or intractable problems.

Specific challenges include:

- accessing relevant data about children's needs and services already in place
- using mainstream services throughout the youth justice pathway
- ensuring that children do not fail to get help because each different problem is not in itself serious enough to reach a service threshold, even though the combination of problems puts them at high risk
- providing services for learning-disabled children and those with speech, language and communication needs
- ensuring effective liaison between commissioners – for example, those for mental health and substance misuse services, those for mental health and other health services, and those for health and other children's services (including parenting commissioners[129])
- improving services delivered in police custody suites
- easing access to secondary care services for children in secure settings outside their home area, and
- providing continuity of care as children move in and out of the secure estate.

Action linked to government and other initiatives

- World Class Commissioning now provides a framework and process to support the development of a more integrated approach to commissioning which is focused on outcomes and makes the best use of available resources.[130]

- We have produced a range of guidance for commissioners of children's health, mental health and social care services, and the Department of Health and the Department for Children, Schools and Families are running a commissioning support programme for commissioners working in Children's Trust partnerships.[131]

- The framework for commissioning services to promote the mental health of children in the secure estate, mentioned earlier, is being used in some regions as a template for responding to children's mental health and well-being needs in the community, as well as in custody.[132]

- The National Treatment Agency (NTA) has produced guidance on commissioning specialist substance misuse treatment services for young people.[133]

- In line with *Better Communication*, pathfinder areas are testing effective commissioning of specialist services for speech, language and communication needs.[134]

Action under this strategy

Joint Strategic Needs Assessments

The Department of Health will work with partners to explore how those conducting JSNAs will highlight the importance of taking account of the specific issues relevant to children and young people in contact with the YJS, including those entering and leaving custody.

Commissioning for health services

As set out above, the Department of Health will produce new guidance for commissioners on meeting the challenges of commissioning health services for the YJS (custody and community). Drawing on developments in World Class Commissioning, the guidance will build on progress in providing mental health services in secure settings, link to the commissioning guidance issued alongside *Healthy Lives, Brighter Futures*, and focus on improving outcomes.

Making better use of data

The Department of Health will work with relevant partners to make effective use of data already in the system, through robust aggregation and analysis, to prioritise needs, commission appropriate services and monitor health and well-being outcomes. This will include strengthening links with public health observatories.

We have worked with partners to add questions on services to children and young people in contact with the YJS to the National Children's Services mapping exercise.[135] This online system provides annually updated information on children's services to support joint planning, commissioning and performance monitoring. The additional questions will help commissioners gauge whether services are reaching children and young people in contact with the YJS.

Through the Commissioning Support Programme, we will support the work of Children's Trust partnerships in commissioning effective services for the YJS, including mental health services and services for learning-disabled children and young people.

3. Improving quality and outcomes

Some essential ingredients for achieving our vision of improving the life chances of children at risk of health inequalities and offending behaviour are about attention to workforce development and training, and better use of mechanisms for inspection and developing standards. Additionally, incorporating the views of service users is important at all stages of policy-making, planning and service review.

Workforce development and training

Improved prevention and early intervention through mainstream services depend on everyone who works with children and families being able to identify and respond to emerging health and well-being needs. Lord Bradley's report identified this as a key issue and recommended that all staff working in schools and primary health care, including GPs, should have mental health and learning disability awareness training. Also important is ensuring that the workforce can provide an appropriate service, from assessment onwards, for children and young people from black and minority ethnic (BME) groups.

Those working in the YJS need these skills, too. They need a good understanding of risk and protective factors, learning difficulties and disability (including autistic spectrum disorders), emerging mental health problems, and needs related to speech, language and communication. Knowing how these needs can impact on behaviour is also important. So, too, is the ability to analyse information clearly, especially when doing assessments.

This holds true for work across all disciplines and services and in all settings, including YJS work in the community and the secure estate. Training opportunities in the secure estate vary considerably between types of setting and locality, with the result that some of the most difficult and disturbed children are being cared for by staff who are the least qualified and the least well supported.

Police officers, judges, magistrates, Crown Prosecution Service (CPS) and court staff may also lack awareness of mental health problems, learning disability, speech, language and communication needs, attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorders – and of their impact on children and young people. Here, too, training opportunities vary from area to area.[136]

✔ Practice example

Combining direct work and awareness-raising about learning disabilities

Simon, aged 14, attended mainstream school. He had had some problems with learning but had good verbal skills and a wide network of friends. An incident at school involved inappropriate sexual language and behaviour. After a final police warning and a repeat incident in town, Simon was charged to appear in court and also expelled from school.

The learning disabilities nurse at the YOT prepared a pre-sentence report for the court which explained that Simon was responding to teasing and encouragement to act in certain ways, but lacked social and interpersonal skills and the ability to interpret social cues. He had a mild/moderate learning disability, an overall IQ of 55, and verbal skills that were much higher than his comprehension. The report outlined a programme of work to address his behaviour. The high risk of his further offending led the court to impose a referral order for the maximum period of 12 months. There were no further concerns a year after the order had expired.

The learning disabilities nurse:

- took the lead in liaising with the educational psychologist and securing an urgent referral to CAMHS
- helped the referral order panellists work appropriately with Simon – in relation to their style of questioning, checking that he understood what was being said, the venue for meetings, and drawing up a meaningful contract with him to repair the harm caused by the offence and address the causes of his offending behaviour

Continued

- provided offending behaviour work tailored to his ability to understand and act on what he was learning – sessions were delivered on the same day and at same time so that he could remember appointments, and
- helped his family provide consistency between home and school interventions and understand the need for temporary restrictions on his activities in the community until he learnt how to behave appropriately. She also paved the way for continuing work by the children's learning disabilities service when he was at college, as an extension and reinforcement of the work completed under the court order.

The nurse used the issues arising from this work in her regular training sessions with court staff and other professionals.

Where to find out more Kirklees YOT
info@kirklees-yot.org.uk

Action linked to government and other initiatives

- Developments are under way in line with *Healthy Lives, Brighter Futures* and the *2020 Children and Young People's Workforce Strategy*[137] to ensure that those who work with children and young people are appropriately qualified and skilled for their roles, and able to identify and respond to the needs of vulnerable children.
  (Bradley recommendation 1)
- Investment has been made available in line with the *Children's Plan* to improve the skills of the children's workforce, particularly teachers, in identifying special educational needs.
  (Bradley recommendation 1)
- We will make online mental health awareness training available for the universal children's workforce, including teachers and GPs, from late 2010. This will provide an extra opportunity to increase awareness of how common difficulties present, of strategies to address them, and how to make referrals.
  (Bradley recommendation 1)
- The Department of Health and the Department for Children, Schools and Families are developing a national mental health and psychological well-being training programme in response to the National CAMHS Review.
- In line with *Better Communication*, developments are under way to improve awareness within the children's workforce of speech, language and communication needs. In addition, the Communication Trust is developing specific training materials for those working in the YJS.
- The YJB's *Case Management Guidance* expects that Appropriate Adults[138] will have received training on mental health and learning disability awareness.
- In line with the reviews of restraint and safeguarding in the secure estate,[139] improved training on behaviour management and de-escalation techniques is being developed, in addition to piloting of peer support and staff supervision.

Action in *Improving Health, Supporting Justice*

The Department of Health will work to understand the training needs of, and develop responses for, police officers, police civilian staff and healthcare professionals to ensure that children and young people in police custody, vulnerable through mental ill health, physical ill health or social considerations, have access to competent practitioners.

The Department of Health will also work with the National Policing Improvement Agency and other key stakeholders on understanding the training needs of Appropriate Adults.

Action under this strategy

Training for the YJS

The Department of Health will look at how YOT staff, the police, healthcare staff in secure settings, prison officers, and front-line staff in secure training centres (STCs) and secure children's homes (SCHs) can benefit from the national mental health and psychological well-being training programme that the Department of Health and the Department for Children, Schools and Families are developing in response to the National CAMHS Review and the 2020 Children and Young People's Workforce Strategy.

Inspection and standards

Inspection is an important tool for learning lessons about practice – for identifying and celebrating excellence as well as highlighting improvements and changes that might make a positive difference to children's lives. However, the drive to increase standards across the YJS needs to be underpinned by a consistent approach across services and settings. This is the guiding principle we will bring to the next stage of our work.

Action under this strategy

Working with the inspectorates

The Department of Health will work with the relevant inspectorates to investigate how best to achieve greater consistency in inspection frameworks in relation to the health and well-being of children and young people in contact with the YJS (in the community and in secure settings). This will focus on how well services work together to monitor and respond to health needs and to improve health outcomes for young people.

Making good use of contracts and standards

The Department of Health will work to ensure that the health needs of vulnerable children are adequately referenced in the guidance for the NHS National Standard Contracts.[140]

Statutory inspectorates working in the YJS will have an agreed understanding of health standards and the quality of service provision, whether services are provided by the public, private or third sector.

Under the Health and Social Care Act 2008, healthcare providers in YOIs will be required to register with the Care Quality Commission (CQC) from October 2010. Registered providers will be required to meet specific requirements set out in statutory guidance. The implications for healthcare provision in STCs and SCHs are being explored.

Assessing delivery

To further support consistency and quality, the HCSCPB will monitor different kinds of outcomes, including measures of health of the children and young people in the YJS, as well as indications of how the delivery of the strategy is working. To complement this work, we will explore the potential for the regions to advance our understanding of the impact of the strategy and local delivery.

Action linked to government and other initiatives

The Comprehensive Area Assessment provides the framework for assessing the performance of local areas against all national indicators, and, in particular, the priorities included in the LAA.

Action under this strategy

Monitoring outcomes and quality

The Department of Health will work with relevant partners to consider how data already in the system to monitor health and well-being outcomes can be used more effectively.

We will disseminate the learning from regional benchmarking exercises on service provision and self-assessment by PCTs and Trusts using tools available from the National Child and Maternal Health Observatory (ChiMat).[141]

The Department of Health will also work with partners to consider how to produce better measurement of improved outcomes. This will include consideration of the development of better indicators for child health in the Quality and Outcomes Framework (QOF)[142] for general practice, and will explore how such a system might be used to provide information and to support continuous quality improvement in health services delivered in secure settings.

Work on developing indicators for quality and outcomes in relation to specialist services will draw on the work of the Quality Improvement Network for Multi-Agency CAMHS (QINMAC).[143]

Further indicators relevant to children and young people will be added to new versions of the Prison Health Performance and Quality Indicators (PHPQIs)[144] each year.

Scoping the feasibility of transferring responsibility for health services in STCs and SCHs will include consideration of extending the PHPQIs to these settings.

Assessing delivery of the strategy

To further support consistency and quality, the HCSCPB will monitor different kinds of outcomes, including measures of health of the children and young people in the youth justice system, as well as indications of how the delivery of the strategy is working. To complement this work, we will explore the potential for the regions to advance our understanding of the impact of the strategy and local delivery.

We will work with partners to provide a basic equalities framework to assess the equality impact of this strategy. This will include:

- reviewing evidence of equality impact
- consulting and involving groups and individuals affected or likely to be affected, and
- making modifications, as necessary, to limit adverse impact or to strengthen positive equality impact.

Research

In order to achieve progress in the short and medium term in responding to the health needs of children and young people in contact with the YJS, we must make use of the existing evidence and available information about the particular interventions which address their needs, and we must continue to learn lessons from using these approaches.

The guidance for commissioners and for Primary Care Trusts will be one strand of activity, drawing on current evidence and emerging insights from the pilot programmes described in the strategy.

We will also focus on options for identifying and addressing significant gaps in the evidence base where new research may be needed.

In the longer term we want to strengthen the evidence base about needs and effective interventions for children in different circumstances and settings. Allied to this, we will focus on family circumstances, backgrounds and needs, to advance our understanding of what contributes to positive outcomes.

Listening to children, young people and families

We end by restating our vision for children and young people in contact with the YJS. We want them to be healthy and safe, and to stay away from crime and anti-social behaviour. We want to see them on the path to success, making the best of their potential and optimistic about their future.

Much has been achieved already in enabling children and their families to make informed decisions about services and in giving them a say about what will improve what is on offer and the way it is provided. We know how important it is to find ways of making it easy for children to communicate their views – through advocates, mentors, trusted relatives, and faith and community networks. We know, too, about the importance of helping those with communication difficulties and those for whom English is not their first language. The use of Family Group Conferences is proving useful in ensuring family involvement in restorative justice and other diversionary approaches.

We must make sure that children and families continue to play their full role in the changes we want to make on their behalf. Listening to those in contact with the YJS is as important as taking account of the views of other children and families. The UN Convention on the Rights of the Child gives children the right to be fully involved in decisions about their own life, and involvement in service planning and delivery is a principle that underpins our commitment to all children and families, through the *Every Child Matters* Programme and through the NHS agenda for user involvement.

In making participation more equitable, we must be mindful that these children and young people may miss out on access to information and consultation exercises (especially those available online, such as NHS Teen LifeCheck) if they are not actively engaged in school and other mainstream activities. This is a particular problem for those held in secure settings.

We will issue guidance for the local implementation of the Patient Advice and Liaison Service (PALS) for those accessing NHS care while in custody.

A leaflet and poster with the key messages from our strategy will be posted on the DH website in January 2010.

Annex A Chart of specific action arising from *Healthy Children, Safer Communities*

Page	Activity	Timescale
	Section 1 – Harnessing mainstream services	
28	**Integrating substance misuse services** The findings of the recent cross-Government review of the arrangements for commissioning and delivering substance misuse services to young people in the youth justice system will inform the development of an integrated system which will enable young people at any stage of the youth justice pathway to access support from services embedded in mainstream provision. The work will include attention to improved responses to dual diagnosis.	An options paper will be presented to the Healthy Children Safer Communities (HSCS) Programme Board in March 2010.
32	**A robust assessment process** The findings of the recent cross-Government review of health assessment will inform the development of a robust assessment process that covers each stage of the youth justice system pathway.	An options paper will be presented to the HCSC Programme Board in March 2010.

Page	Activity	Timescale
33	**Improving information sharing systems** As part of the work to develop a robust assessment process, the Department of Health will explore with partners how best to ensure that information collected on health needs links into the NHS Connecting for Health system, taking account of the national clinical IT solution used for offender health work. Future developments will acknowledge the importance of increasing compatibility between electronic systems and of ensuring that information can be accessed by staff based in the different settings working with children in the youth justice system, in line with good practice in relation to information sharing. **Revised guidance on information sharing** In light of developments in the use of electronic systems, the Department of Health will develop revised guidance on information sharing to indicate the type of information that should be shared at different stages of the youth justice pathway. Case examples will help illustrate how best to carry out the balancing exercise between confidentiality, public interest and safeguarding welfare.	Plans are based on existing guidance. An options paper will be presented to the HCSC Programme Board in March 2010.
33	**Support from lead professionals** The Department of Health has worked with partners on further revisions to the guidance for lead professionals, to ensure that it explains the importance of continuing support from a lead professional whenever a young person has continuing health needs.	The regional presence will report to the HCSC Programme Board each quarter on the impact of the revised guidance.

Page	Activity	Timescale
35	**Working with families** The DSCF, MoJ and HO are working together to help children and young people at risk of offending and reoffending benefit form the whole-family approaches that are proving effective in reducing anti-social behaviour. In particular, using evidence-based parenting programmes and Family Intervention Projects (FIPs) can improve parenting and give opportunities for focused work with young people and their parents to reduce the risk factors for offending and improve family relationships. To ensure that families access the appropriate programmes for them we will be looking at issuing guidance that includes a young person's conviction for an offence, behaviour which puts a young person at risk of offending and a young person's return home from a secure setting as triggers for assessing the need for family support and intervention.	
40	**Health support for police custody suites** We will assess the feasibility of transferring commissioning and budgetary responsibility for health services in police custody suites from the police to the NHS. *(Bradley recommendation 13)*	This work is being undertaken by the National Criminal Justice Programme Board. We will ensure that issues relevant to children and young people are considered by the Board. A ministerial decision will be made by March 2010.

Page	Activity	Timescale
	Section 2 – Addressing health and well-being	
42	**Disseminating evidence for regional and local commissioning** The Department of Health, working with partners, will disseminate promising evidence from pilots of specialist interventions such as Intensive Fostering, Multi-Systemic Therapy and the different approaches to diversion currently being tested. This will assist regional boards focusing on health and well-being, and Children's Trust Boards in the preparation of the Children and Young People's Plan, so that the right specialist services are commissioned to help improve children's health and well-being and so that more children and young people are diverted from custody and re-offending.	Leads for pilot programmes will report to the HCSC Programme Board each quarter.
45	**Health support for youth offending teams** The Department of Health will produce new guidance for commissioners on meeting the challenges of commissioning health services for the youth justice system (custody and community). Drawing on developments in World-Class Commissioning, the guidance will build on progress in providing mental health services in secure settings, link to the commissioning guidance issued alongside *Healthy Lives, Brighter Futures* and focus on improving outcomes. The guidance will disseminate and build on the promising practice underway in PCTs. It will set out the range of likely health needs and the different ways in which these could be met, from lone health practitioners linked into wider specialist health and substance misuse provision to specialist health and substance misuse teams working with a range of vulnerable children and young people in the area, not solely those in contact with the youth justice system.	Guidance will be developed by March 2010. It is the same guidance as that referred to on page 62, under "Strengthening commissioning of health services'.

Page	Activity	Timescale
45	**Health care plan for sentenced children** The Department of Health will work with partners to enable children and young people who receive a community or custodial sentence to have a healthcare plan, developed alongside their sentence plan, to help ensure that health needs are identified and met.	The regional presence will report to the HCSC Programme Board each quarter.
46	**Developing commissioning for regional specialist teams** The Department of Health will develop a framework for regional specialist services. It will draw on lessons from current testing of arrangements for commissioning and delivering such services.	The framework will be presented to the HCSC Programme Board in December 2010. A development framework for specialist commissioners will be available from January 2011.

Page	Activity	Timescale
50	**Improving consistency of approach** A toolkit to promote a 'whole setting' approach to improving health and well-being[114] is being used in secure settings, and a briefing paper for responding to bereavement has been produced.[115] A procedure for transferring children and young people in custody to and from hospital under the Mental Health Act is being published.[116] The document sets out the mandatory requirements for secure establishments regarding transfers and explains the action required by other agencies. It advises that once a young person has had a medical and initial risk assessment, they should be transferred within seven calendar days. The Department of Health has produced a commissioning framework to help ensure that children and young people in custody have fair access to comprehensive CAMHS.[117] Implementation of the framework is being evaluated.[118] The new guidance for commissioners on meeting the health needs of children and young people in the YJS being produced in line with this strategy will develop and extend this framework. The feasibility and potential benefits of transferring the commissioning and budgetary responsibilities for health services in STCs and SCHs to the NHS will be explored. Work by regional partners will explore ways of reducing the difficulties that young people experience on release from custody when trying to register with, or access help from, a local doctor. Six pilots (including one in a YOI) will test ways of 'normalising' primary care provision in prison, with a view also to increasing healthcare information in the YJS and improving continuity of care on release. The aim will be to help prisons and PCTs improve continuity of care to and from the community, ease the transfer of primary care records as patients move, and increase the numbers registering with a GP on discharge.	A ministerial decision will be made by March 2010. The regional presence will report to the HCSC Programme Board each quarter.

Page	Activity	Timescale
54	**Working with families** The Department of Health, the Department for Children, Schools and Families and the Ministry of Justice will work together to help children and young people entering the secure estate benefit from the whole-family approaches that are proving effective in reducing anti-social behaviour. Using the evidence-based parenting programmes and Family Intervention Projects (FIPs) (mentioned earlier) before, during or after custody will provide opportunities for focused work with young people and their parents to reduce the risk factors for offending and to improve family relationships. Guidance is likely to include a young person's conviction for an offence and a young person's return home from a secure setting as triggers for assessing the need for family support and intervention.	Policy leads will provide quarterly updates to the HCSC Programme Board.
	Section 3 – Making it happen	
60	**Governance arrangements** We will provide leadership and accountability at national level through the cross-government Healthy Children Safer Communities Programme Board (HCSCPB). The HCSCPB will submit an annual report to Ministers on progress in implementing action identified in the strategy. It will work with the PSA 12 Children and Young People's Psychological Well-being and Mental Health Board, as well as with the National Advisory Council that is holding government to account on progress in addressing the recommendations of the independent National CAMHS Review. In relation to maintaining progress in delivering the recommendations from Lord Bradley's report that affect children and young people, the HCSCPB will collaborate with the adult offender cross-Government Health and Criminal Justice Programme Board.	The HCSC Programme Board meets each quarter.

Page	Activity	Timescale
60	**Removing barriers and inequalities** In order to ensure that the strategy helps to reduce and remove barriers and inequalities that exist for those in contact with the youth justice system, the HCSCPB will continue the evaluation begun by the EqIA prepared for this strategy, to assess the strategy's impact on disadvantaged groups. This will include disseminating data on equality and diversity to the regions that will help them implement the strategy in a way that is anti-discriminatory and positive about diversity.	Progress to be included in the annual report to Ministers by the HCSC Programme Board.
60	**Support for the regions** The Department of Health and the Department for Children, Schools and Families will fund a health post, to support work in the regions to implement the strategy. The HCSCPB will also offer initial support to the regions in mapping out the needs of relevant children in their population. Reporting arrangements will be made through the Director of Children and Learners (health lead). The short-term health post will facilitate ownership of the strategy by the regions. The post holder will assist regions in the collation and aggregation of data and will disseminate information about promising practice in order to inform planning and commissioning.	The health adviser post will operate from April 2010.
61	**Strengthening Children's Trusts** We will continue to support Children's Trusts in emphasising that all partners share responsibility for improving outcomes for children and that this involves taking account of the health and well-being needs of children at different stages of the YTS pathway.	This is existing guidance. The public consultation for statutory guidance for Children Trusts runs until 29 January 2010.

Page	Activity	Timescale
62	**Joint Strategic Needs Assessments** The Department of Health will work with partners to explore how those conducting Joint Strategic Needs Assessments (JSNAs) will highlight the importance of taking account of the specific issues relevant to children and young people in contact with the youth justice system, including those entering and leaving custody.	The regional presence will report to the HCSC Programme Board each quarter.
62	**Strengthening commissioning for health services** As set out above, the Department of Health will produce new guidance for commissioners on meeting the challenges of commissioning health services for the youth justice system (custody and community). Drawing on developments in World-Class Commissioning, the guidance will build on progress in providing mental health services in secure settings, link to the commissioning guidance issued alongside *Healthy Lives, Brighter Futures*, and focus on improving outcomes.	Guidance will be developed by March 2010. This is the same guidance as referred to on page 45, under 'Health support for youth offending teams'.

Page	Activity	Timescale
62	**Making better use of data** The Department of Health will work with relevant partners to make effective use of data already in the system, through robust aggregation and analysis, to prioritise needs, commission appropriate services and monitor health and well-being outcomes. This will include strengthening links with public health observatories. We have worked with partners to add questions on services to children and young people in contact with the youth justice system to the National Children's Services mapping exercise. This online system provides annually updated information on children's services to support joint planning, commissioning and performance monitoring. The additional questions will help commissioners gauge whether services are reaching children and young people in contact with the youth justice system. Through the Commissioning Support Programme, we will support the work of Children's Trust partnerships in commissioning effective services for the youth justice system, including mental health services and services for learning-disabled children and young people.	A mapping exercise will be completed by Spring 2010, and an options paper, based on the findings, presented to the HCSC Programme Board.
66	**Training for those working in custody suites** The Department of Health will work to understand the training needs of, and develop responses for, police officers, police civilian staff and healthcare professionals to ensure that children and young people in police custody, vulnerable through mental ill health, physical ill health or social considerations, have access to competent practitioners. *(Bradley recommendation 16)* The Department of Health will also work with the National Policing Improvement Agency and other key stakeholders on understanding the training needs of appropriate adults. *(Bradley recommendation 9)*	This work is being undertaken by the National Criminal Justice Programme Board. We will ensure that issues about children and young people are considered by the Board. Both elements will be developed by April 2011.

Page	Activity	Timescale
66	**Training for the youth justice system** The Department of Health will look at how YOT staff, the police, healthcare staff in secure settings, prison officers, and front-line staff in secure training centres (STCs) and secure children's homes (SCHs) can benefit from the national mental health and psychological well-being training programme that the Department of Health and the Department for Children, Schools and Families are developing in response to the National CAMHS Review and the 2020 Children and Young People's Workforce Strategy.	This is part of the existing work programme led by the National CAMHS Support Service. Quarterly updates will be provided for the HCSC Programme Board.
66	**Working with the inspectorates** The Department of Health will work with the relevant inspectorates to investigate how best to achieve greater consistency in inspection frameworks in relation to the health and well-being of children and young people in contact with the youth justice system (in the community and in secure settings). This will focus on how well services work together to monitor and respond to health needs and to improve health outcomes for young people.	A scoping exercise to assess the feasibility of joint inspections and a consistent framework will be completed by Spring 2011.
66	**Making good use of contracts and standards** The Department of Health will work to ensure that the health needs of vulnerable children are adequately referenced in the guidance for the NHS National Standard Contracts. Statutory inspectorates working in the YJS will have an agreed understanding of health standards and the quality of service provision, whether services are provided by the public, private or third sector. Under the Health and Social Care Act 2008, healthcare providers in YOIs will be required to register with the Care Quality Commission (CQC) from October 2010. Registered providers will be required to meet specific requirements set out in statutory guidance. The implications for healthcare provision in STCs and SCHs are being explored.	This is part of the existing DH programme of work and existing guidance.

Page	Activity	Timescale
67	**Monitoring outcomes and quality** The Department of Health will work with relevant partners to consider how data already in the system to monitor health and well-being outcomes can be used more effectively. We will disseminate the learning from regional benchmarking exercises on service provision and self-assessment by PCTs and Trusts using tools available from the National Child and Maternal Health Observatory (ChiMat). The Department of Health will also work with partners to consider how to produce better measurement of improved outcomes. This will include consideration of the development of better indicators for child health in the Quality and Outcomes Framework (QOF) for general practice and will explore how such a system might be used to provide information and to support continuous quality improvement in health services delivered in secure settings. Work on developing indicators for quality and outcomes in relation to specialist services will draw on the work of the Quality Improvement Network for Multi-Agency CAMHS (QINMAC). Further indicators relevant to children and young people will be added to new versions of the Prison Health Performance and Quality Indicators (PHPQIs) each year. Scoping the feasibility of transferring responsibility for health services in STCs and SCHs will include consideration of extending the PHPQIs to these settings.	An options paper will be presented to the HCSC Programme Board by June 2010.

Page	Activity	Timescale
67	**Assessing delivery of the strategy** To further support consistency and quality, the HCSCPB will monitor different kinds of outcomes, including measures of health of the children and young people in the youth justice system, as well as indications of how the delivery of the strategy is working. To complement this work, we will explore the potential for the regions to advance our understanding of the impact of the strategy and local delivery. We will work with partners to provide a basic equalities framework to assess the equality impact of this strategy. This will include: • reviewing evidence of equality impact • consulting and involving groups and individuals affected or likely to be affected, and • making modifications, as necessary, to limit adverse impact or to strengthen positive equality impact.	
68	**Research** We will consider options for identifying and addressing significant gaps in the evidence base where new research may be needed. We will strengthen the evidence base about needs and effective interventions for children in different circumstances and settings. Allied to this, we will focus on family circumstances, backgrounds and needs, to increase our understanding of what contributes to positive outcomes.	This work will be included in the options paper presented to the HCSC Programme Board by June 2010.
68	**Listening to children, young people and families** A leaflet and poster will summarise the key messages from *Healthy Children, Safer Communities*. The Department of Health will issue guidance for the local implementation of the Patient Advice and Liaison Service for those accessing NHS care whilst in custody.	To be posted on the DH website, alongside the strategy, in January 2010. To be presented to the HCSC Programme Board by April 2010.

Annex B Links with government and other major initiatives

The need for this strategy has been identified in:

- DH and DCSF (2009) *Healthy Lives, Brighter Futures: The strategy for children and young people's health.*
- HM Government (2009) *Youth Crime Action Plan: One year on*. London: Home Office.
- Lord Bercow (2008) *The Bercow Report: A review of services for children and young people (0–19) with speech, language and communication needs.* Nottingham: DCSF.
- National CAMHS Review (2008) *Children and Young People in Mind: The final report of the National CAMHS Review.*
- (2008) *Staying Safe Action Plan.*
- HM Government (2008) *Youth Crime Action Plan 2008.*
- Social Exclusion Task Force and Ministry of Justice (2009) *Short Study on Women Offenders.*
- HM Government (2009) *Youth Crime Action Plan: One year on*.
- YJB (2009) *Youth Justice Board Corporate and Business Plan 2009/10.*
- Smallridge P and Williamson A (2008) *Independent Review of Restraint in Juvenile Secure Settings*. London: Ministry of Justice and DCSF.
- YJB and National Children's Bureau (2008) *A Review of Safeguarding in the Secure Estate: 2008*. London: YJB.
- YJB (2008) *A Review of Safeguarding in the Secure Estate 2008: Summary of findings and action plan.*
- HM Government (2008) *Youth Crime Action Plan 2008.*
- DCSF (2008) *Youth Taskforce Action Plan.*

Key publications

Crime

- YJB (2009) *Case Management Guidance*.
- YJB (2009) *National Standards for Youth Justice Services.*
- YJB (2009) *Girls and Offending – Patterns, perceptions and interventions*.
- HM Government (2008) *The Government's Response to the Report by Peter Smallridge and Andrew Williamson of a Review of the Use of Restraint in Juvenile Secure Settings.* London: TSO.
- HM Government (2009) *Improving Health, Supporting Justice: The national delivery plan of the Health and Criminal Justice Programme Board.*

Health

- Healthcare Commission and HM Inspectorate of Probation (2009) *Actions Speak Louder: A second review of healthcare in the community for young people who offend.*
- *DH and DCSF (2009): Healthy Child Programme: From 5–19 years old.*
- DH and DCSF (2009) *Healthy Lives, Brighter Futures: The strategy for children and young people's health.*
- Lord Bercow (2008) *The Bercow Report: A review of services for children and young people (0–19) with speech, language and communication needs.* Nottingham: DSCF.

- DCSF and DH (2008) *Better Communication: An action plan to improve services for children and young people with speech, language and communication needs.*
- Lord Darzi (2008) *High Quality Care for All: NHS Next Stage Review final report*. London: DH.
- HM Treasury and DfES (2007) *Aiming High for Disabled Children: Better support for families.*
- DH (2007) *World Class Commissioning: Vision.*
- Healthcare Commission and HM Inspectorate of Probation (2006) *Let's Talk About It. A review of healthcare in the community for young people who offend.*

Mental health

- Lord Bradley (2009) *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. London: Department of Health.
- HM Government (2009) *Improving Health, Supporting Justice: The national delivery plan of the Health and Criminal Justice Programme Board.* London: Department of Health.
- National CAMHS Review (2008) *Children and Young People in Mind: The final report of the National CAMHS Review*. London: DH.
- Government response to above – to add

Well-being

- HM Government (2009) *The Protection of Children in England: Action plan. The Government's response to Lord Laming.* London: TSO.
- Lord Laming (2009) *The Protection of Children in England: A progress report*. London: TSO.
- Care Quality Commission (2009) *Safeguarding Children – A review of arrangements in the NHS for safeguarding children.*
- DCSF (2008) *Aiming High for Young People: A ten year strategy for positive activities. Implementation plan.*
- Ofsted (2008) *Safeguarding Children: The third joint chief inspectors' report on arrangements to safeguard children.*
- DCSF (2008) *Staying Safe Action Plan.*
- DCSF (2008) *Targeted Youth Support: Integrated support for vulnerable young people. A guide.*
- DCSF (2008) *Youth Taskforce Action Plan.*
- HM Treasury and DCSF (2007) *Aiming High for Young People: A ten year strategy for positive activities*.

Education

- DCSF (2008) *Back on Track. A strategy for modernising alternative provision for young people.*
- DCSF (2008) *Reducing the Number of Young People Not in Education, Employment or Training (NEET): The strategy.*
- DCSF (2009) *Your Child, Your Schools, Our Future: Building a 21st century schools system.* London: TSO.

Substance misuse

- HM Government (2008) *Drugs: Protecting families and communities. The 2008 drug strategy.*
- DCSF, Home Office and DH (2008) *Youth Alcohol Action Plan.* London: TSO.

Public care

- DCSF (2009) *Putting Care into Practice: Draft statutory guidance for local authorities on care planning, placement and case review for looked after children*. (Final statutory guidance will be published in 2010.)

- DCSF (2009) *Statutory Guidance on Promoting the Health and Well-being of Looked After Children.*
- HM Government, the Association of Directors of Children's Services and the Local Government Association (2008) *Care Matters: Time to deliver for children in care. An implementation plan.* Nottingham: DCSF.
- DCSF (2007) *Care Matters: Time for change.* London: TSO.

Workforce development

- DCSF (2008) *2020 Children and Young People's Workforce Strategy.*
- YJB (2008) *Workforce Development Strategy: A strategic framework for 2008–11.*
- Care Services Improvement Partnership and National Institute for Mental Health in England (2007) *New Ways of Working for Everyone: A best practice implementation guide.* London: DH.

Annex C PSAs and NIs relevant for children and young people in the YJS, and ECM outcomes

Each Public Service Agreement (PSA) is underpinned by a single delivery agreement shared across all contributing departments and developed in consultation with delivery partners and frontline workers.

PSA	Title	Government departments involved
9	Halve the number of children in poverty by 2011	Department for Work and Pensions (DWP), Department for Innovation, Universities and Skills (DIUS), Department for Children, Schools and Families (DCSF), HM Revenue & Customs (HMRC), Department for Community and Local Government (DCLG)
10 and 11	Raise educational achievement and narrow gap in achievement between children from disadvantaged backgrounds and their peers	DCSF, Department of Health (DH), DIUS, DWP, DCLG
12	Improve the health and well-being of children and young people	DCSF, DH
13	Improve children and young people's safety	DCSF, DH, Home Office (HO), Ministry of Justice (MoJ), DCLG, DIUS
14	Increase the number of children and young people on the path to success	DCSF, DH, MoJ, HO, DIUS, DCLG
15	Address disadvantage experienced because of gender, disability, race, age, sexual orientation, religion or belief	Government Equalities Office (GEO), DCSF, DH, HO, MoJ, DIUS, DCLG
16	Increase the proportion of socially excluded adults in settled accommodation and employment, education and training	Cabinet Office, DCSF, MoJ, DH, DIUS
23	Make communities safer	HO, DCSF, DH, MoJ, DIUS, DCLG, DWP
24	Deliver a more effective, transparent and responsive criminal justice system for victims and the public	MoJ, HO, Attorney General's Office (AGO)
25	Reduce the harm caused by alcohol and drugs	HO, DCSF, DH, MoJ

5 Every Child Matters (ECM) outcomes	The ECM aims envisage that children and young people:	Relevant PSAs and National Indicators (NIs)
Be healthy	– are physically healthy – mentally and emotionally healthy – sexually healthy – live healthy lifestyles, and – choose not to take illegal drugs.	PSA 12, PSA 14 and PSA 25 – Emotional health and well-being (NI 50) – Effectiveness of Child and Adolescent Mental Health Services (CAMHS) (NI 51) – Emotional and behavioural health of children in care (NI 58) – Substance misuse by young people (NI 115) – Under-18 conception rate (NI 112) – Prevalence of chlamydia in under-20s (NI 113)
Stay safe	– have security, stability and are cared for – are safe from: maltreatment, neglect, violence and sexual exploitation – are safe from accidental injury and death, bullying and discrimination, and – are safe from crime and anti-social behaviour.	PSA 13, PSA 23, PSA 24 and PSA 25 – Becoming the subject of a child protection plan for the second or subsequent time (NI 65) – Children who have experienced bullying (NI 69) – Hospital admissions caused by unintentional and deliberate injuries to children and young people (NI 70) – Children who have run from home/care overnight (NI 71) – Repeat incidents of domestic violence (NI 32) – Dealing with local concerns about anti-social behaviour and crime by the local council and police (NI 21) – Perceptions of parents taking responsibility for the behaviour of their children in the area (NI 22) – Perceptions that people in the area treat one another with respect and dignity (NI 23) – Satisfaction of different groups with the way the police and local council dealt with anti-social behaviour (NI 24, 25) – Serious knife crime rate (NI 28) – Serious gun crime rate (NI 29) – Young offenders' access to suitable accommodation (NI 46).

5 ECM outcomes	The ECM aims envisage that children and young people:	Relevant PSAs and NIs
Enjoy and achieve	– attend and enjoy school – achieve at primary and secondary school – achieve personal and social development, and – enjoy recreation.	PSA 10, PSA 11 and PSA 14 – Achievement of a Level 2 or Level 3 qualification by the age of 19 (NI 79, 80) – Inequality gap in the achievement of Level 2 and Level 3 qualification by the age of 19 (NI 81, 82) – Secondary school persistent absence rate (NI 87) – Number of extended schools (NI 88) – Participation of 17-year-olds in education or training (NI 91) – Achievement gap between pupils eligible for free school meals and their peers achieving the expected levels at Key Stages 2 and 4 (NI 102) – Young People from low-income backgrounds progressing to higher education (NI 106) – Key Stage 2 and 4 attainment for Black and Minority Ethnic (BME) groups (NI 107, 108) – More participation in positive activities (NI 110) – Rate of permanent exclusions from school (NI 114).

5 ECM outcomes	The ECM aims envisage that children and young people:	Relevant PSAs and NIs
Make a positive contribution	– engage in law-abiding and positive behaviour in and out of school – develop positive relationships and choose not to bully or discriminate – develop self-confidence, and – deal successfully with significant life changes and challenges.	PSA 12, PSA 14, PSA 23 and PSA 25 – More participation in positive activities (NI 110) – Reduce the number of first-time entrants to the youth justice system (YJS) aged 10–17 (NI 111) – Rate of permanent exclusions from school (NI 114) – Substance misuse by young people (NI 115) – Children who have experienced bullying (NI 69) – Emotional health of children (NI 50) – Rate of proven re-offending by young offenders (NI 19) – Re-offending rate of prolific and priority offenders (NI 30) – Young people in the YJS receiving a conviction in court who are sentenced to custody (NI 43) – Ethnic composition of offenders on YJS disposals (NI 44) – Young offenders' engagement in suitable education, employment or training (NI 45)
Achieve economic well-being	– engage in further education, employment or training on leaving school – are ready for employment – live in decent homes and sustainable communities – have access to transport and material goods, and – live in households free from low income.	PSA 9, PSA 14, PSA 15 and PSA 16 – Proportion of children in poverty (NI 116) – Young offenders' engagement in suitable education, employment or training (NI 45) – Young offenders' access to suitable accommodation (NI 46) – 16- to 17-year-olds who are not in education, training or employment (NI 117) – Fair treatment by local services (NI 140) – Offenders under probation supervision living in settled and suitable accommodation and in employment at the end of their order or licence (NI 143, 144) – Care-leavers in suitable accommodation and in employment, education or training (NI 147, 148)

Annex D Regional and local partners with contributions to make to promote the health and well-being of vulnerable children

Regional partners

- Government Offices (GOs)
  - Directors for Children and Learners
  - Children's Services Advisers (to 31 March 2010)
  - Children and Learners Strategic Advisers (from April 2010)
  - Department of Health Public Health Team
  - Home Office Children and Young People leads
- Strategic health authorities (SHAs)
  - Children's leads (varying roles)
- Regional Directors of Public Health (linked to both GOs and SHAs)
- Regional Children and Young People Health and Well-being Boards (at varying stages of development)
- Regional Improvement and Efficiency Partnerships
- Offender Health Regional Strategy Boards (implementing *Improving Health, Supporting Justice*)
- National Child and Adolescent Mental Health Services (CAMHS) Support Service (Regional Development Workers)
- Regional Children and Young People lead for the Association of Chief Police Officers (ACPO)
- Directors of offender management
- Specialist commissioners
- Commissioner and provider representatives for secure establishments
- National Treatment Agency regional managers
- Youth Justice Board heads of region
- Third sector organisations at regional and local levels

Local partners

- Local authorities (LAs)
- Children's Services Authorities
- Commissioners (LA)
- Primary care trusts (commissioners)
- Primary care trusts (providers)
- Directors of Public Health
- Police
- Probation
- Housing
- Youth offender team (YOT)
- Third sector organisations
- Local Strategic Partnerships:
  - Children's Trust Board
  - Local Children's Safeguarding Board
  - YOT Management Board
  - Crime and Disorder Reduction Partnerships
  - Drug Action Teams
- Local Criminal Justice Board

Notes

Key regional partners in improving health outcomes for children and young people are the Regional Directors of Public Health (RDPH), Directors for Children and Learners (DCLs) and strategic health authority (SHA) children's leads. The RDPH has the overall leadership and accountability for the Public Health function within the SHA and Department of Health (DH) staff located in the Government Office for the region (known as the Public Health Group/Team).

The DCLs sit within the Government Office as the regional representative of the Department for Children, Schools and Families. DCLs and their teams have a role in supporting and challenging the activities of local authorities and their partners to improve outcomes for children and young people across all five *Every Child Matters* outcomes.

The SHA is an NHS body with its own board. It manages the NHS locally, is the key link between DH and the NHS, and provides strategic leadership for all health services within the SHA region. SHAs decide what configuration best enables them to fulfil their functions.

The service partners involved

A wide range of services have a role to play in promoting the health and well-being of children in the youth justice system (YJS).

Universal services	Targeted and specialist services	Services that form the youth justice system
– Primary care and child health (including GPs, health visitors, community paediatricians) – Children's centres – Health and well-being support and provision in schools, colleges and alternative educational provision (through the Healthy School, Extended school and further education college programmes, and the Healthy Child Programme 5–19) – Public health programmes (including teenage pregnancy) – Youth services (including Connexions and drop-in/advice centres) – Leisure services – Police (including Safer School Partnerships and community and neighbourhood policing) – Third sector organisations (including advice, counselling and support services for families, children and young people, and support services for black and minority ethnic (BME) families, children and young people, including supplementary schools)	– Targeted youth support services – Specialist CAMHS – Substance misuse services for adults and young people – Children's services (including children in need, safeguarding, looked after children) – Targeted provision through schools and alternative education, eg Targeted Mental Health in Schools and Behaviour and Attendance Partnerships – Think Family approaches (including Family Intervention Projects (FIPs), Family Nurse Partnerships, Intensive Fostering, Multi-Dimensional Treatment Foster Care, Multi-Systemic Therapy, Functional Family Therapy) – Supported housing schemes for young people – Third sector organisations providing targeted support for vulnerable children and young people, including specific provision for vulnerable children and young people from BME communities – Inpatient treatment for health and mental health needs	– Early prevention services (including mentoring and parenting) – Youth Inclusion and Support Panel (YISP) and Youth Inclusion Programme (YIP) – Youth Justice Liaison and Diversion (YJLD) programme – Youth Crime Action Plan (YCAP) triage in custody suites – Young People's Alcohol Arrest Referral pilots – Youth Offending Team – Police and other custody staff – Appropriate Adults – Crown Prosecution Service (CPS) – Youth court (court staff, magistrates, judges, lawyers) – Intensive Supervision and Surveillance Programmes (ISSPs) – Secure estate staff – young offender institutions (YOIs), secure training centres (STCs) and secure children's homes (SCHs) – Health and well-being services for children and young people in contact with the YJS (custody and community) – Third sector organisations providing tailored services for children and young people in custody or the community – Transition services, including resettlement

Annex E The youth justice system, and case disposal options

The legal framework

The overwhelming majority of children and young people in contact with the youth justice system (YJS) remain in the community throughout that contact.

The Crime and Disorder Act 1998 ('the Act') set up the YJS. Its aim is to prevent offending. The Act required local authorities, the police, probation and PCTs to set up youth offending teams (YOTs) to work with children and young people offending or at risk of offending. YOTs must have representatives from the police, probation, health, education and social services as members of the team. The age of criminal responsibility in England is 10 years.

The youth justice system

The formal YJS begins once a child or young person aged 10 or over has committed an offence and receives a reprimand or a warning, or is charged to appear in court. Outside of this formal YJS, children younger than 10 come into contact with the police or YOTs through preventive services or interventions such as Neighbourhood Policing, Safer School Partnerships, Youth Inclusion Programmes (YIPs), Youth Inclusion and Support Panels (YISPs), Anti-Social Behaviour Agreements, parenting contracts or orders, Positive Futures and Positive Activities for Young People (PAYP). This contact arises through children being identified as at risk of offending, usually through anti-social behaviour, non-school attendance or behavioural problems in school.

A child or young person aged 10–17 involved in anti-social behaviour can be made the subject of civil court orders such as Anti-Social Behaviour Orders (ASBOs) and Individual Support Orders (ISOs) which may involve a referral to the YOT, but will be outside the formal YJS. In addition, children and young people involved in anti-social behaviour or who commit minor offences may be dealt with by the police in a range of ways that do not involve going to court and are also outside the formal YJS. These include Fixed Penalty Notices, Youth Restorative Disposals and other restorative justice responses as indicated in the diagram at the end of this Annex.

Court involvement and community orders

If a child or young person is charged to appear at court, the court must, when considering which sentence to impose, have regard to the principal aim of the YJS and the welfare of the offender.

Sentencing decisions will also be supported by reference to the guidelines issued by the Sentencing Guidelines Council.

From 30 November 2009, children and young people will have three community disposals available through the courts: the reparation order, the referral order and the youth rehabilitation order (YRO). The reparation order is designed for low-level offences where direct reparation of no more than 30 hours is appropriate. The referral order is the primary community disposal for under-18s, targeting those who appear in court for the first time and plead guilty, or are on a second guilty plea but have not been referred previously. The YRO is the main community sentence, providing a flexible sentence with 18 requirements that may be attached to match the needs of the individual young person. It provides two high-intensity requirements that are specific alternatives to custody.

The Youth Rehabilitation Order (YRO) aims to simplify sentencing for young people while improving the flexibility of interventions. The following requirements can be attached:

– activity requirement

– curfew requirement

– exclusion requirement

– local authority residence requirement

– education requirement

– mental health treatment requirement

– unpaid work requirement (16–17 years)

– drug testing requirement (14 years or over)

– intoxicating substance treatment requirement

– supervision requirement

– electronic monitoring requirement

– programme requirement

– residence requirement (16–17 years)

– drug treatment requirement

– prohibited activity requirement

– attendance centre requirement

– extended activity requirement (only in the case of a persistent or serious offender who is over the custody threshold). The activity is either an intensive fostering or intensive Supervision and Surveillance Programme (based on the current ISSP).

High-intensity requirements (only in the case of a persistent or serious offender who is over the custody threshold):

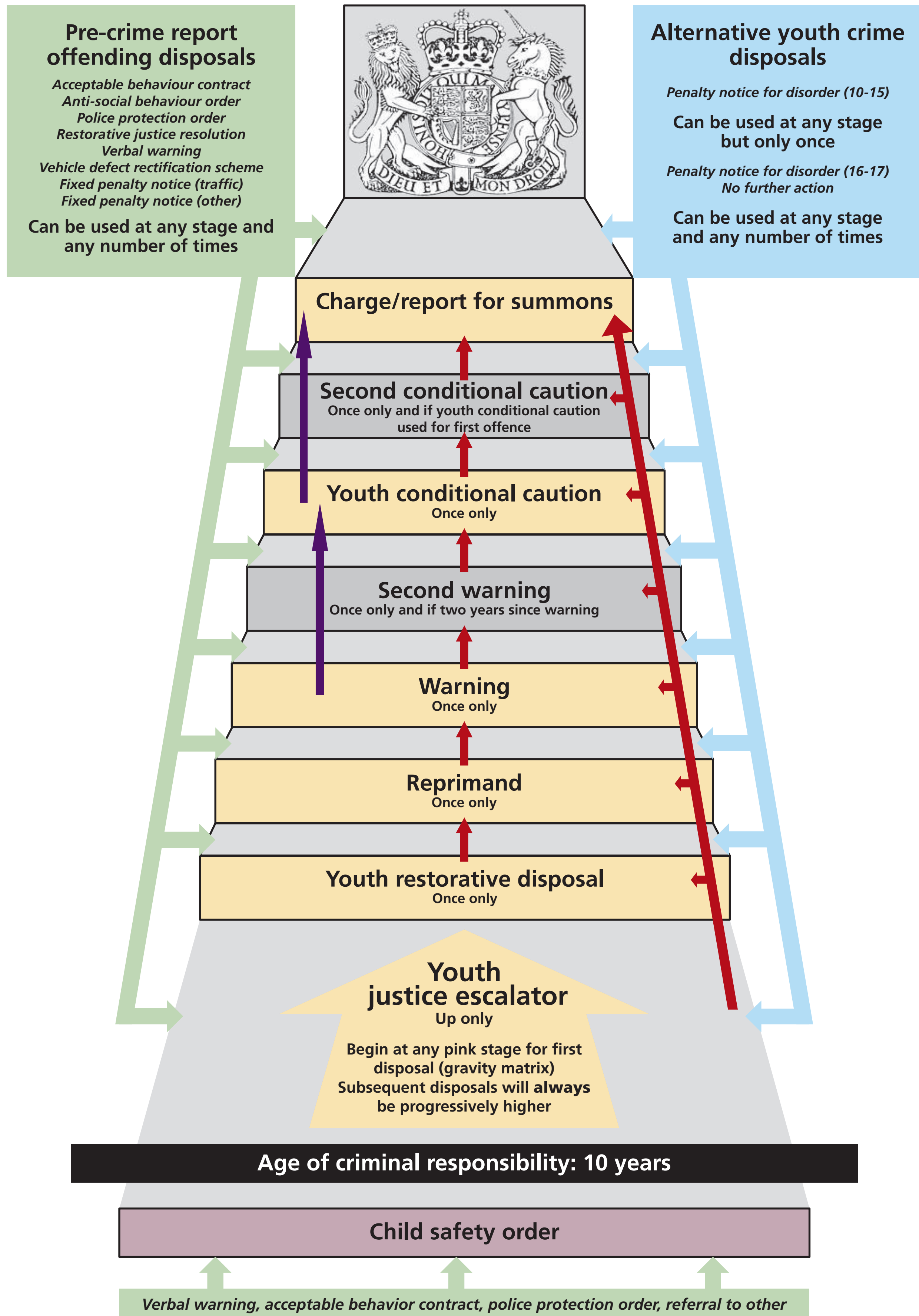
– Intensive Supervision and Surveillance Programme (based on the current ISSP)

– intensive fostering.

There are no restrictions on the number of times a young person can be sentenced to a YRO. Courts would be expected to use the YRO on multiple occasions, adapting the menu as appropriate to deal with the offending behaviour. The length of a YRO cannot exceed three years, and if the YRO includes intensive supervision and surveillance it cannot be less than 12 months long.

Children and young people may also be sentenced to custody under a range of legal provisions. The majority of custodial sentences are Detention and Training Orders (DTOs), which can be made for between four and 24 months. Half of this sentence will be served in custody and the remainder in the community. For murder and very serious offences, children and young people will be sentenced under other legal provisions and the sentences can be longer.

Case disposal options – offending by children and young people



Annex F The secure estate for children and young people

When children are remanded or sentenced to custody, the Youth Justice Board (YJB) decides where they should be placed in the secure estate.

The secure estate consists of young offender institutions (YOIs) (one of which is a private prison operating under a contract to the YJB – the rest are run as part of HM Prison Service); secure training centres, run by private companies under contract to the YJB; and secure children's homes (SCHs), run by local authorities (these can also be run by private or voluntary organisations). The vast majority of children and young people in custody are held in YOIs, with secure training centres (STCs) and SCHs* used for children who are younger, and deemed more vulnerable.

The estate provides custodial placements for 10- to 17-year-olds, although some 18-year-olds remain if they are near the end of their sentence. Just under 3,000 children and young people are in the estate at any time, with over twice as many entering during a year. The main offences for which children and young people are sentenced to custody are violence against the person, robbery, breach of statutory order, burglary, sexual offences and drugs, although there are a range of other reasons for custodial sentences (YJB workload data 2007/08).

* SCHs also hold looked-after children placed on 'welfare grounds' for the protection of themselves or others (under Section 25 of the Children Act 1989). These are not youth justice placements and are not included in this annex.

Number of children and young people in the same estate

	Average number (under 18) over 2007/08	Numbers resident (under 18) in June 2009
YOI	2,456	2,230
STC	252	258
SCH	224	178
TOTAL	**2,932**	**2,666** (including 170 girls)

For the majority of children, the average length of stay in custody is relatively short.

Status	Average days in custody
In custody overall	78
On remand	35
On DTO	114
On longer sentence	351

Source: YJB workload data 2007/08

Establishments are located in one-fifth of the 150 primary care trust and local authority areas, with between one and four establishments in each strategic health authority (SHA), as indicated below (YJB, October 2009).

SHA	YOIs	STCs	SCHs	Total
East of England	Warren Hill			1
East Midlands	Foston Hall	Rainsbrook	Clayfields House, Lincolnshire Secure Unit	4
London	Feltham			1
North East	Castington	Hassockfield	Aycliffe, Kyloe House (*)	4
North West	Hindley		Barton Moss, Red Bank	3
South Central	Huntercombe	Oakhill	Swanwick Lodge	3
South East Coast	Cookham Wood, Downview	Medway		3
South West	Ashfield, Eastwood Park		Atkinson Unit (*), Vinney Green	4
West Midlands	Brinsford, Stoke Heath, Werrington			3
Yorkshire and The Humber	New Hall, Wetherby		Aldine House, East Moor	4
Total (England)	**15**	**4**	**11**	**30**
(+ Wales)	Parc		Hillside	32

* The YJB contract ends on 31 March 2010. After that, a spot purchase facility will be available.

The establishments vary in the number of children they can hold. They can all receive children from any part of England and Wales, with the result that many children are in a secure setting in an SHA region which is different from their home SHA.

Establishment	% in a setting from a different SHA area	No. of SHAs children come from
SCH	55	3
STC	80	6
YOI	50	5

Source: Data for the secure estate for four months in 2008

References and endnotes

1 An evidence paper on the needs of those in contact with the youth justice system will be added to the DH website, alongside this strategy, in January 2010.

2 Audit Commission (1996) *Misspent Youth: Young people and crime*; Audit Commission (2004) *Youth Justice 2004: A review of the reformed youth justice system.*

3 Hagell A (2002) *The Mental Health of Young Offenders. Bright Futures: Working with vulnerable young people*. London: Mental Health Foundation; Macfarlane A (1997) 'Literature Review on the Health of Young People aged 16-24 Detained in Young Offender Units in Prisons in England and Wales'. Appendix 5 to *Young Prisoners: A thematic review by HM Chief Inspector of Prisons for England and Wales*, London: HMSO.

4 In September 2008, 46 per cent of 15-year-olds and 41 per cent of 16 and 17-year-olds in custody were being held more than 50 miles from their home; the average distance from home for all 'juvenile prisoners' was 52 miles (Parliamentary written answer, 18 March 2009).

5 Tunnard J, Ryan M and Kurtz Z (2005) *Mapping Mental Health Interventions in the Juvenile Secure Estate*. London: RTB (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_092090.pdf).

6 See Article 3 of the UN Convention on the Rights of the Child: In all actions concerning children, the best interests of the child shall be a primary consideration; and Article 24: Every child and young person has the right to enjoy the best possible health and health services.

7 Seewww.dcsf.gov.uk/everychildmatters – in particular: DfES and Home Office (2004) *Every Child Matters: Change for children in the criminal justice system* (http://publications.everychildmatters.gov.uk/eOrderingDownload/1092-2004PDF-EN-01.pdf).

8 Healthcare Commission and HM Inspectorate of Probation (2006) *Let's Talk About It. A review of healthcare in the community for young people who offend* (www.cqc.org.uk/_db/_documents/YOTs_report.pdf); Healthcare Commission and HM Inspectorate of Probation (2009) *Actions Speak Louder: A second review of healthcare in the community for young people who offend* (www.cqc.org.uk/_db/_documents/Actions_speak_louder_200903252650.pdf).

9 ONS, mid-2008 population estimates (www.statistics.gov.uk/downloads/theme_population/Mid_2008_UK_England_&_Wales_Scotland_and_Northern_Ireland_27_08_09.zip).

10 Data sourced from the YJB, November 2009.

11 DCSF (2008)*First-time Entrants Aged 10-17 to the Criminal Justice System in England, 2000-01 to 2007-08*. Statistical Release (www.dcsf.gov.uk/rsgateway/DB/STR/d000821/FTEPublication.pdf).

12 YJB (2009) *Youth Justice Annual Workload Data 2007-08*; numbers are rounded to the nearest thousand (www.yjb.gov.uk/publications/Scripts/fileDownload.asp?file=Youth+Justice+Annual+Workload+Data+200708%2Epdf).

13 The *Youth Justice Annual Workload Data* uses census categories for information on ethnicity, without breaking this down into component parts. Black means Black or Black British (including Caribbean, African or other Black background). This is separate from Asian or Asian British or mixed heritage. Asian children are under-represented in the YJS.

14 Parke S (2009) Children and *Young People in Custody 2006–2008. An analysis of the experiences of 15–18-year-olds in prison*. London: HM Inspectorate of Prisons and YJB (www.justice.gov.uk/inspectorates/hmi-prisons/docs/children_and_young_people-rps.pdf).

15 Social Exclusion Unit (1999) *Bridging the Gap: New opportunities for 16–18 year olds not in education, employment or training* (www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/bridging_gap.pdf).

16 Bryan K (2004) 'Preliminary Study of the Prevalence of Speech and Language Difficulties in Young Offenders'. *International Journal of Language and Communication Disorders*, 39, pp391–400; Bryan K, Freer J and Furlong C (2007) 'Language and Communication Difficulties in Juvenile Offenders'. *International Journal of Language and Communication Disorders*, 42, pp505–520.

17 Harrington R and Bailey S, et al (2005) *Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community*. London: YJB (www.yjb.gov.uk/Publications/Resources/Downloads/MentalHealthNeedsfull.pdf).

18 Roe S and Ashe J (2008) 'Young People and Crime: Findings from the 2006 Offending, Crime and Justice Survey'*. Home Office Statistical Bulletin 09/08* (www.homeoffice.gov.uk/rds/pdfs08/hosb0908.pdf).

19 Hagell A (2002) *The Mental Health of Young Offenders. Bright Futures: Working with vulnerable young people*. London: Mental Health Foundation; Lader D, Singleton N and Meltzer H (2000) *Psychiatric Morbidity among Young Offenders in England and Wales*. London: ONS (www.statistics.gov.uk/downloads/theme_health/PyscMorbYoungOffenders97.pdf).

20 National Treatment Agency (2009) *Young People's Specialist Substance Misuse Treatment: Exploring the evidence.*

21 YJB (2007) *Accommodation Needs and Experiences*(www.yjb.gov.uk/Publications/Scripts/fileDownload.asp?file=Accommodation%20Needs%20and%20Experiences%20-%20Summary.pdf); House of Commons Children, Schools and Families Committee (2009) *Looked After Children: Third report of session 2008–09. Volume 1* (www.publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/111/111i.pdf).

22 YJB (2007) *Accommodation Needs and Experiences* (www.yjb.gov.uk/Publications/Scripts/fileDownload.asp?file=Accommodation%20Needs%20and%20Experiences%20-%20Summary.pdf).

23 Lader D, Singleton N and Meltzer H (2000) *Psychiatric Morbidity among Young Offenders in England and Wales*. London: ONS (www.statistics.gov.uk/downloads/theme_health/PyscMorbYoungOffenders97.pdf).

24 Harrington R and Bailey S, et al (2005) *Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community*. London: YJB (www.yjb.gov.uk/Publications/Resources/Downloads/MentalHealthNeedsfull.pdf).

25 Ibid.

26 Childhood Bereavement Network (2008) *Bereavement in the Secure Setting: Delivering Every Child Matters for bereaved young people in custody*. London: National Children's Bureau (www.childhoodbereavementnetwork.org.uk/documents/Bereavementinsecuresettings16p.pdf); Vaswani N (2008) 'Persistent Offender Profile: Focus on bereavement'. *CJSW Briefing Paper 13*. Edinburgh: Criminal Justice Social Work Development Centre for Scotland (www.cjsw.ac.uk/cjsw/files/Briefing%20Paper%2013.pdf).

27 HM Government (2009) *Improving Health, Supporting Justice: The national delivery plan of the Health and Criminal Justice Programme Board*. London: DH (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108606).

28 Lord Bradley (2009) *The Bradley Report. Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. London: DH (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf).

29 HM Government (2008) *Youth Crime Action Plan 2008*. London: Home Office (www.justice.gov.uk/publications/docs/youth-crime-action-plan.pdf).

30 DH and DCSF (2009) *Healthy Lives, Brighter Futures: The strategy for children and young people's health* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094397.pdf).

31 DCSF (2007) *The Children's Plan. Building brighter futures* (http://publications.dcsf.gov.uk/eOrderingDownload/The_Childrens_Plan.pdf).

32 Consultations included: a questionnaire survey; a stakeholder event in November 2007 for statutory agencies and third sector organisations; subsequent consultation with this stakeholder group; consultation as part of the children and young person's Equality Impact Assessment study; and Rennie C and Roberts A (2008) *Independent Evaluation Report of* Improving Health, Supporting Justice: A consultation document. London: DH (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_087276.pdf).

33 DH (2007) *Improving Health, Supporting Justice: A consultation document. A strategy for improving health and social care services for people subject to the criminal justice system* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_080823.pdf).

34 An evidence paper on the needs of those in contact with the youth justice system will be added to the DH website, alongside this strategy, in January 2010.

35 Children's Workforce Development Council (2009) *The Team Around the Child (TAC) and the Lead Professional: A guide for managers* (www.dcsf.gov.uk/everychildmatters/_download/?id=1288).

36 See DH and DCSF (2009) *Healthy Child Programme: From 5–19 years old*(www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf).

37 National CAMHS Review (2008) *Children and Young People in Mind: The final report of the National CAMHS Review*. London: DH (www.dcsf.gov.uk/CAMHSreview/downloads/CAMHSReview-Bookmark.pdf).

38 DH and DCSF (2009) *Healthy Lives, Brighter Futures: The strategy for children and young people's health* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094397.pdf) (paragraph 1.23).

39 YJB (2005) *Role of risk and protective factors.*

40 Scott S, Knapp M, Henderson J and Maughan B (2001) 'Financial Cost of Social Exclusion: Follow up study of antisocial children into adulthood'. *BMJ,* 323, 191.

41 Drake K, Aos S and Miller MG (2009) Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State. *Victims and Offenders* 4: 170–96 (available at www.wsipp.wa.gov/rptfiles/09-00-1201.pdf).

42 Aos S, Lieb R and Mayfield J, et al (2004) *Benefits and Costs of Prevention and Early Intervention Programs for Youth*. Olympia, Washington: Institute for Public Policy (www.wsipp.wa.gov/pub.asp?docid=04-07-3901).

43 HM Treasury and DfES (2007) *Policy Review of Children and Young People – A discussion paper*. p7 (www.hm-treasury.gov.uk/d/cyp_policyreview090107.pdf) (citing Audit Commission (2004) Youth Justice 2004: *A review of the reformed youth justice system.* p94).

44 HM Government (2009) *Youth Crime Action Plan: Handbook for practitioners*. London: Home Office (www.crimereduction.homeoffice.gov.uk/youth/ycap2009handbook.pdf).

45 DH and DCSF (2009) *Healthy Lives, Brighter Futures: The strategy for children and young people's health* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094397.pdf).

46 Teenage Pregnancy Independent Advisory Group (2008) *Annual Report 2007/08.*

47 Lord Darzi (2008) *High Quality Care for All: NHS Next Stage Review final report*. London: DH (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf).

48 The final report will be available from 11 February 2010 atwww.ucl.ac.uk/gheg/marmotreview/

49 DH (2007) *You're Welcome Quality Criteria – Making health services young people friendly* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_073829.pdf).

50 Lader D, Singleton N and Meltzer H (2000) *Psychiatric Morbidity among Young Offenders in England and Wales*. London: ONS (www.statistics.gov.uk/downloads/theme_health/PyscMorbYoungOffenders97.pdf); Harrington R and Bailey S, et al (2005) *Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and the Community*. London: YJB (www.yjb.gov.uk/Publications/Resources/Downloads/MentalHealthNeedsfull.pdf).

51 Massie L (2008) *Right Time, Right Place: Learning from the Children's National Service Framework development initiatives for psychological well-being and mental health, 2005-2007*. London: DH (www.cypf.org.uk/silo/files/right-time-right-place.pdf); Street C, Stapelkamp C, Taylor E, et al (2005) *Minority Voices: Research into the access and acceptability of services for the mental health of young people from Black and Minority Ethnic groups*. London: YoungMinds.

52 DCSF and DH (2009) *Improving the Psychological Well-being and Mental Health of Children and Young People: Commissioning early intervention support services. Guidance for commissioners on the requirements of PSA 12, indicator 4, 4th proxy measure* (www.dcsf.gov.uk/everychildmatters/_download/?id=5716).

53 DH (2008) *Community NHS Contract Integrated Guidance: Annex C* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_091460.pdf).

54 For more information on TaMHS, go towww.dcsf.gov.uk/everychildmatters/healthandwellbeing/mentalhealthissues/tmhsproject/tmhs

55 DH (2009) *New Horizons: Towards a shared vision for mental health* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103175.pdf).

56 DH (2009) *New Horizons: Towards a shared vision for mental health* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103175.pdf).

57 HM Government (2008) *Youth Crime Action Plan 2008*. London: Home Office (www.justice.gov.uk/publications/docs/youth-crime-action-plan.pdf); National Treatment Agency (2009) *Young People's Specialist Substance Misuse Treatment: Exploring the evidence* (www.nta.nhs.uk/publications/documents/yp_exploring_the_evidence_0109%5B1%5D.pdf); YJB (2009) *Girls and Offending – Patterns, perceptions and interventions* (www.yjb.gov.uk/publications/Resources/Downloads/Girls_offending_fullreport.pdf).

58 HM Government (2008) *Drugs: Protecting families and communities. The 2008 drug strategy* (http://drugs.homeoffice.gov.uk/drug-strategy).

59 The CMO's draft guidelines were issued for consultation in January 2009. The final guidelines will be published by the end of December 2009 and a DCSF communication campaign based around the messages is expected to begin in early 2010.

60 HM Government (2009) *Youth Crime Action Plan: One year on*. London: Home Office (www.homeoffice.gov.uk/documents/youth-crime-action-plan/one-year-on?view=Binary).

61 DH, YJB and National Treatment Agency (2009) *Guidance for the Pharmacological Management of Substance Misuse among Young People in Secure Environments*. London: DH (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_106782.pdf).

62 Chitsabesan P, Kroll L and Bailey S, et al (2006) 'Mental Health Needs of Young Offenders in Custody and in the Community'. *The British Journal of Psychiatry*, 188, pp534-540; Kroll L, Rothwell J and Bradley D, et al (2002) 'Mental Health Needs of Boys in Secure Care for Serious or Persistent Offending: A prospective, longitudinal study'. *Lancet*, 359, pp1975–1979; Social Exclusion Unit (2002) *Reducing Re-offending by Ex-prisoners* (www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/reducing_report.pdf).

63 Parke S (2009) *Children and Young People in Custody 2006–2008. An analysis of the experiences of 15–18 year olds in prison*. London: HM Inspectorate of Prisons and YJB (www.justice.gov.uk/inspectorates/hmi-prisons/docs/children_and_young_people-rps.pdf).

64 DfES (2006) *Priority Review: Exclusion of black pupils. 'Getting it. Getting it right'* (www.teachernet.gov.uk/docbank/index.cfm?id=13935).

65 House of Commons Home Affairs Committee (2007) *Young Black People and the Criminal Justice System. Second Report of Session 2006–07. Volume 1* (www.publications.parliament.uk/pa/cm200607/cmselect/cmhaff/181/181i.pdf).

66 Bhopal K, Gundara J, Jones C and Owen C (2000) *Working Towards Inclusive Education: Aspects of good practice for Gypsy Traveller Children*. Research Report 238. London: DfEE (www.dcsf.gov.uk/research/data/uploadfiles/RR238.pdf).

67 Sir Alan Steer (2009) *Learning Behaviour: Lessons Learned. A review of behaviour standards and practices in our schools*. London: DCSF (www.teachernet.gov.uk/_doc/13514/8208-DCSF-Learning%20Behaviour.pdf).

68 DCSF (2008) *Back on Track. A strategy for modernising alternative provision for young people* (www.teachernet.gov.uk/_doc/13953/Back%20on%20track.pdf).

69 DCSF (2009) *Achievement for All: Local authority prospectus* (http://nationalstrategies.standards.dcsf.gov.uk/node/189431).

70 Prison Reform Trust (2008) *Bromley Briefings Prison Factfile* (http://www.prisonreformtrust.org.uk/temp/FactfilespDecembersp2008.pdf).

71 Day C, Hibbert P and Cadman S (2008) *A Literature Review into Children Abused and/or Neglected Prior to Custody*. London: YJB (www.yjb.gov.uk/Publications/Resources/Downloads/Abused%20prior%20to%20custody.pdf).

72 YJB and National Children's Bureau (2008)*A Review of Safeguarding in the Secure Estate: 2008*. London: YJB (www.yjb.gov.uk/NR/rdonlyres/368062EE-04A8-4FEE-9DDF-1E5255D25F6C/0/AReviewofSafeguardingintheSecureEstate2008FullReport.pdf).

73 DCSF (2008) *Staying Safe: Action plan* (www.dcsf.gov.uk/everychildmatters/_download/?id=443).

74 The third joint chief inspectors' review of arrangements to safeguard children was led by Ofsted on behalf of the eight inspectorates and was published in 2008. *Safeguarding Children: The third joint chief inspectors' report on arrangements to safeguard children* (www.safeguardingchildren.org.uk).

75 Lord Laming (2009) *The Protection of Children in England: A progress report*. London: TSO (http://publications.everychildmatters.gov.uk/eOrderingDownload/HC-330.pdf).

76 HM Government (forthcoming, following consultation in early 2010).

77 HM Government (2009) *Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to Working Together to Safeguard Children*. London: DCSF (www.dcsf.gov.uk/everychildmatters/_download/?id=6021).

78 HM Government (2008) *The Government's Response to the Report by Peter Smallridge and Andrew Williamson of a Review of the Use of Restraint in Juvenile Secure Settings*. London: TSO (www.justice.gov.uk/publications/docs/govt-response-restraint-review.pdf); YJB (2008) *A Review of Safeguarding in the Secure Estate 2008: Summary of findings and action plan* (www.yjb.gov.uk/NR/rdonlyres/95DF52BD-6DF1-4EA2-9578-01F4F669F48C/0/AReviewofSafeguardingintheSecureEstate2008summaryoffindingsandactionplan.pdf).

79 Children's Workforce Development Council (2009) *The Common Assessment Framework for Children and Young People: A guide for managers* (www.dcsf.gov.uk/everychildmatters/_download/?id=1289); YJB (2006) *The Common Assessment Framework, ASSET and ONSET: Guidance for youth justice practitioners* (www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=314&eP).

80 Harrington R and Bailey S, et al (2005) *Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community*. London: YJB (www.yjb.gov.uk/Publications/Resources/Downloads/MentalHealthNeedsfull.pdf); Healthcare Commission and HM Inspectorate of Probation (2009) *Actions Speak Louder: A second review of healthcare in the community for young people who offend* (www.cqc.org.uk/_db/_documents/Actions_speak_louder_200903252650.pdf).

81 YJB (2009) *Case Management Guidance* (www.yjb.gov.uk/en-gb/practitioners/youthjusticethescaledapproach).

82 Dimond C, Floyd A and Misch P (2004) *Key Elements of Effective Practice – Mental Health. Source document*. London: YJB (www.yjb.gov.uk/publications/Resources/Downloads/MentalHealthSource.pdf).

83 Health and Social Care Advisory Service (2008) *London Youth Offending Teams Mental Health Mapping* (www.chimat.org.uk/resource/view.aspx?RID=81604); Healthcare Commission and HM Inspectorate of Probation (2009) *Actions Speak Louder: A second review of healthcare in the community for young people who offend* (www.cqc.org.uk/_db/_documents/Actions_speak_louder_200903252650.pdf).

84 Brandon M, Bailey S and Belderson P, et al (2009) *Understanding Serious Case Reviews and their Impact: A biennial analysis of serious case reviews 2005-07*. Nottingham: DCSF (www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RR129(R).pdf).

85 For more information on Neighbourhood Policing go towww.neighbourhoodpolicing.co.uk

86 Healthcare Commission and HM Inspectorate of Probation (2009) *Actions Speak Louder: A second review of healthcare in the community for young people who offend* (www.cqc.org.uk/_db/_documents/Actions_speak_louder_200903252650.pdf).

87 DH, DCSF, YJB and the Prison Service (2008) *When to Share Information: Best practice guidance for everyone working in the youth justice system*. London: DH (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_084705.pdf); YJB and ACPO (2005) *Sharing Personal and Sensitive Personal Information on Children and Young People at Risk of Offending. A practical guide*. London: YJB (www.yjb.gov.uk/Publications/Scripts/fileDownload.asp?file=Sharing+Personal+and+Sensitive+Personal+Information+on+Children+and+Young+People+at+Risk+of+Offending%2Epdf).

88 HM Government (2008) *Information Sharing: Guidance for practitioners and managers*. London: DCSF/CLG (www.dcsf.gov.uk/everychildmatters/_download/?id=103); HM Government (2009) *Information Sharing: Further guidance on legal issues*. London: DCSF/CLG (www.dcsf.gov.uk/everychildmatters/_download/?id=5223).

89 eASSET; Wiring Up Youth Justice; Connecting for Health; eCAF; Integrated Children's System (ICS); ContactPoint.

90 Children's Workforce Development Council (2010, forthcoming) *Manager's Guide.*

91 For example, evaluation of the Race Equality Foundation's parent programme, Strengthening Families, Strengthening Communities (SFSC), indicates that parents find the programme useful in addressing problems at an early stage. As a violence prevention programme, it also helps parents address issues of drugs and violence with their children (www.raceequalityfoundation.org.uk).

92 Social Exclusion Unit (2002) *Reducing Re-offending by Ex-prisoners* (www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/reducing_report.pdf).

93 Murray J and Farrington D (2008) 'The Effects of Parental Imprisonment on Children'. InTonry M (ed.) *Crime and Justice: A review of research*. Volume 37, Chicago: University of Chicago Press.

94 DCSF, DH and National Treatment Agency (2009)*Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services* (www.nta.nhs.uk/publications/documents/yp_drug_alcohol_treatment_protocol_1109.pdf).

95 Ministry of Justice and DCSF (2009) *Reducing Re-offending: Supporting families, creating better futures. A framework for improving the local delivery of support for the families of offenders*. London: Ministry of Justice (www.justice.gov.uk/about/docs/reducing-reoffending-supporting-families.pdf).

96 Section 37 of the Crime and Disorder Act 1998.

97 See, for example,www.catch-22.org.uk for details of REACT, an early diversion scheme whereby youth outreach workers, based in police stations, take referrals from the police about 10–16-year-olds at risk of offending and other poor outcomes and make urgent contact to offer help with personal and family difficulties.

98 DCSF (2008) *Targeted Youth Support: Integrated support for vulnerable young people. A guide* (www.dcsf.gov.uk/everychildmatters/_download/?id=704).

99 DCSF (2008) *Youth Taskforce Action Plan* (www.dcsf.gov.uk/everychildmatters/_download/?id=3293).

100 Utting D, Monteiro H and Ghate D (2007) *Interventions for Children at Risk of Developing Antisocial Personality Disorder. Report to the Department of Health and Prime Minister's Strategy Unit*. London: Policy Research Bureau, with DH and Cabinet Office (www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/anti%20social.pdf). This is a review of the evidence about two parenting programmes (The Incredible Years and Triple P), a home-visiting programme (Nurse–Family Partnership Programme) and some specialist therapeutic programmes (Multi-systemic Therapy, Multidimensional Treatment Foster Care and Functional Family Therapy).

101 DCSF (2009) *Putting Care into Practice: Draft statutory guidance for local authorities on care planning, placement and case review for looked after children* (www.dcsf.gov.uk/consultations/downloadableDocs/CPPR%20guidance%20consultation%20version.doc).

102 Sections 1 and 9 of the Criminal Justice and Immigration Act 2008.

103 Healthcare Commission and HM Inspectorate of Probation (2009) *Actions Speak Louder: A second review of healthcare in the community for young people who offend* (www.cqc.org.uk/_db/_documents/Actions_speak_louder_200903252650.pdf).

104 See www.jsboard.co.uk/etac/etbb/index.htm

105 Sentencing Guidelines Council (2009) *Overarching Principles – Sentencing Youths. Definitive guidelines*. Available from www.sentencing-guidelines.gov.uk

106 YJB (2009) *Case Management Guidance.*

107 YJB (2009) *National Standards for Youth Justice Services* (www.yjb.gov.uk/en-gb/practitioners/youthjusticethescaledapproach).

108 YJB and HMCS (2009) *Making It Count in Court. Second edition*. London: YJB (www.yjb.gov.uk/publications/Scripts/fileDownload.asp?file=Making+it+count+in+court%2Epdf).

109 Douglas N and Plugge E (2006) *A Health Needs Assessment for Young Women in Young Offender Institutions*. London: YJB (www.yjb.gov.uk/publications/Resources/Downloads/A%20Health%20Needs%20Assessment%20for%20Young%20Women%20in%20YOIs.pdf).

110 Lader D, Singleton N and Meltzer H (2000) *Psychiatric Morbidity among Young Offenders in England and Wales*. London: ONS (www.statistics.gov.uk/downloads/theme_health/PyscMorbYoungOffenders97.pdf).

111 YJB (2008) *A Review of Safeguarding in the Secure Estate 2008: Summary of findings and action plan* (www.yjb.gov.uk/NR/rdonlyres/95DF52BD-6DF1-4EA2-9578-01F4F669F48C/0/AReviewofSafeguardingintheSecureEstate2008summaryoffindingsandactionplan.pdf); YJB and National Children's Bureau (2008) *A Review of Safeguarding in the Secure Estate*. London: YJB (www.yjb.gov.uk/NR/rdonlyres/368062EE-04A8-4FEE-9DDF-1E5255D25F6C/0/AReviewofSafeguardingintheSecureEstate2008FullReport.pdf).

112 Smallridge P and Williamson A (2008) *Independent Review of Restraint in Juvenile Secure Settings*. London: Ministry of Justice and DCSF (www.justice.gov.uk/publications/docs/restraint_review.pdf).

113 Tunnard J, Ryan M and Kurtz Z (2005) *Mapping Mental Health Interventions in the Juvenile Secure Estate*. London: RTB (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_092090.pdf).

114 Lewis E and Heer B (2008) *Delivering Every Child Matters in Secure Settings. A practical toolkit for improving the health and well-being of young people*. London: National Children's Bureau (www.ncb.org.uk/dotpdf/open_access_2/hein_toolkit_final.pdf). The toolkit was produced as part of the NCB's government-funded Healthier Inside project, which also includes publication of a biannual magazine to help staff improve the health of young people in custody, a *Young People's Charter for Action*, and Healthier Inside briefings; go to www.ncb.org.uk/resources/free_resources/healthier_inside.aspx

115 Childhood Bereavement Network (2008) *Bereavement in the Secure Setting: Delivering Every Child Matters for bereaved young people in custody*. London: National Children's Bureau (www.childhoodbereavementnetwork.org.uk/documents/Bereavementinsecuresettings16p.pdf).

116 DH, Ministry of Justice and DCSF (2010, forthcoming) *Procedure for the Transfer of Young Persons to and from Hospital under the Mental Health Act 1983.*

117 DH (2007) *Promoting Mental Health for Children Held in Secure Settings: A framework for commissioning services* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_073902.pdf).

118 Warner-Gale F, Fox C and Brooker C (2009) *An Impact Assessment of the Implementation of* Promoting Mental Health for Children Held in Secure Settings: A framework for commissioning services *(Department of Health, 2007) Interim Report – Phase 1.* Lincoln: Centre for Clinical and Academic Workforce Innovation, University of Lincoln. (The final report is due in March 2010.)

119 DH (2008) *Refocusing the Care Programme Approach: Policy and positive practice guidance* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf). Annex B addresses the issues arising from the use of the CPA with children and young people.

120 Young People in Focus is developing an accredited training programme to enable staff in supported housing settings to promote young people's health and emotional well-being. The National Children's Bureau is supporting youth housing network meetings as part of this project. For more information see www.studyofadolescence.org.uk/practice_development/projects/supported_housing.html

121 The Local Government Association and the Howard League for Penal Reform have been running a Children in Trouble project that aims to reduce the use of custody for children and young people by diverting them into community programmes. The first phase of the project was to run three pilots in England: a floating accommodation support service; a restorative justice project; and an intensive fostering scheme. The project now includes a fourth site, piloting an holistic approach. An interim evaluation by the National Foundation for Educational Research (NFER) was published in 2008 (www.lga.gov.uk/lga/aio/1141703); a full report will be posted on the NFER website in 2010.

122 Seewww.kidsco.org.uk

123 *R v London Borough of Southwark* [2009] WLR(D) 159 (see www.publications.parliament.uk/pa/ld200809/ldjudgmt/jd090520/appg-1.htm); section 20 of the Children Act 1989.

124 The EqIA will be placed on the DH website, alongside the strategy.

125 See www.localleadership.gov.uk/totalplace

126 For detail of the JSNA process go to www.dh.gov.uk/en/Managingyourorganisation/JointStrategicNeedsAssessment. DCSF (2008) *Children's Trusts: Statutory guidance on inter-agency cooperation to improve well-being of children, young people and their families*. London: DCSF (www.dcsf.gov.uk/consultations/downloadableDocs/Childrens%20Trust%20Statutory%20Guidance.pdf); DCSF (2009) *Children and Young People's Plan Guidance 2009*. London: DCSF (www.dcsf.gov.uk/everychildmatters/strategy/managersandleaders/planningandcommissioning/cypp/cypp).

127 New statutory Children's Trust guidance and new Children and Young People's Plan regulations were published for consultation in November 2009: *Statutory Children's Guidance and New Children and Young People's Plan Regulations* (www.dcsf.gov.uk/consultations/index.cfm).

128 DH (2006) *The NHS in England: The operating framework for 2007/08*. p40 (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_062804.pdf).

129 Since March 2007, all local authorities must have a single commissioner of parenting support services and a parenting support strategy in place. See: DCSF (2006) *Parenting Support: Guidance for local authorities in England* (www.dcsf.gov.uk/everychildmatters/_download/?id=823).

130 See DH's web pages on World Class Commissioning at www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning

131 DfES and DH (2006) *Joint Planning and Commissioning Framework for Children, Young People and Maternity Services* (http://publications.everychildmatters.gov.uk/eOrderingDownload/Joint%20Planning%20and%20Commissioning%20Framework.pdf); DH (2007) *Commissioning Framework for Health and Well-being* (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_072605.pdf); DH and DCSF (2009) *Securing Better Health for Children and Young People through World Class Commissioning. A guide to support delivery of* Healthy Lives, Brighter Futures: The strategy for children and young people's health (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094398.pdf). For information about the Commissioning Support Programme for Children's Trusts run by DCSF and DH, see www.commissioningsupport.org.uk

132 Warner-Gale F, Fox C and Brooker C (2009) *An Impact Assessment of the Implementation of* Promoting Mental Health for Children Held in Secure Settings: A framework for commissioning services *(Department of Health, 2007) Interim Report – Phase 1.* Lincoln: Centre for Clinical and Academic Workforce Innovation, University of Lincoln. (The final report is due in March 2010.)

133 National Treatment Agency (2008) *Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services* (www.nta.nhs.uk/publications/documents/commissioning_yp_final2.pdf).

134 DCSF and DH (2008) *Better Communication: An action plan to improve services for children and young people with speech, language and communication needs* (www.dcsf.gov.uk/slcnaction/downloads/Better_Communication_Final.pdf) is the Government's action plan for implementation of the recommendations in the Bercow Report (*The Bercow Report. A review of services for children and young people (0–19) with speech, language and communication needs*. London: DCSF (www.dcsf.gov.uk/bercowreview/docs/7771-DCSF-BERCOW.PDF). The pathfinders will develop effective commissioning approaches for SLCN; for more information go to www.dcsf.gov.uk/slcnaction/pathfinders.shtml

135 For more information about Children's Services mapping go towww.childrensmapping.org.uk

136 See p16 of this strategy for Lord Bradley's recommendations relating to children and young people.

137 DCSF (2008) *2020 Children and Young People's Workforce Strategy*(http://publications.everychildmatters.gov.uk/eOrderingDownload/CYP_Workforce-Strategy.pdf).

138 Section 38 of the Crime and Disorder Act 1998 requires local authorities to ensure provision of an adult to safeguard the interests of a young person detained or questioned by police officers. Normally the child's parents will fulfil this role, but where that is not possible someone from the local Appropriate Adult 'pool' will be contacted.

139 Smallridge P and Williamson A (2008) *Independent Review of Restraint in Juvenile Secure Settings*. London: Ministry of Justice and DCSF (www.justice.gov.uk/publications/docs/restraint_review.pdf); YJB and National Children's Bureau (2008) *A Review of Safeguarding in the Secure Estate*. London: YJB (www.yjb.gov.uk/NR/rdonlyres/368062EE-04A8-4FEE-9DDF-1E5255D25F6C/0/AReviewofSafeguardingintheSecureEstate2008FullReport.pdf).

140 Within health services, the NHS National Standard contracts provide the key accountability mechanisms between commissioners and providers of NHS services by defining expectations, quality measures where available, responsibilities and local freedoms in improving the quality of care and access to care.

141 Seewww.chimat.org.uk

142 The Quality and Outcomes Framework is a points system applied to each general practice, with each point having a monetary value and awarded for delivering against a number of previously agreed outcome measures.

143 QINMAC brings together professionals from health services, social services, education and the voluntary sector to improve the provision of specialist CAMHS through a supportive peer-review network. For more information go to www.rcpsych.ac.uk/crtu/centreforqualityimprovement/qinmaccamhs.aspx

144 PHPQIs are developed by Offender Health to guide strategic health authorities, primary care trusts and prisons as they judge their own performance in delivering healthcare services to prisoners.

Acronyms

ACPO	Association of Chief Police Officers
ADHD	attention deficit hyperactivity disorder
AMHS	adult mental health services
ASSET	The standard assessment tool used by Youth Offending Teams to assess all children and young people in contact with the youth justice system. Identifies risk and protective factors and measures change over time.
BME	black and minority ethnic
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CPS	Crown Prosecution Service
CQC	Care Quality Commission
CYPP	Children and Young People's Plan
FE	further education
GO	Government Office
HMIP	Her Majesty's Inspectorate of Prisons
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
NEET	not in education, employment or training
ONSET	A referral and assessment framework used by youth justice system preventive programmes to identify risk and protective factors for children and young people at risk of offending
PCT	primary care trust
PSA	Public Service Agreement

SCH	secure children's home
SEN	special educational needs
SHA	strategic health authority
STC	secure training centre
YCAP	Youth Crime Action Plan
YJB	Youth Justice Board
YJLD	Youth Justice Liaison and Diversion (pilots)
YJS	youth justice system
YOI	young offender institution
YOT	Youth Offending Team
YRO	Youth Rehabilitation Order

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