6.3.1 Young offenders

Why is this issue important?

National research has found that health outcomes for offenders are poorer than for the general population. This cohort is recognised as a vulnerable group, with complex psychosocial and physical health needs. Health outcomes in later life include an increased risk of medical problems, substance dependence, poorer self-reported health, lower body mass index, mental health problems, depression, suicide and early pregnancy in females. Studies of young offenders have also established high rates of significant ill-health, injuries, and substance and alcohol misuse.¹

Death rates of male community offenders aged 15 to 44 years were found to be four times the rate of the general population.²

Key outcomes

- Reduce the number of first time entrants to the youth justice system (youth justice and Public Health Outcomes Framework)
- Reduce the number of young people sentenced to custody
- Reduce the number of young people reoffending and the number of re-offences

Impact in Brighton & Hove

In 2015/16 there were 54 first time entrants to the youth justice system. This is a rate of 250 per 100,000 0-17 year olds, significantly below the national rate of 357 per 100,000.³ This figure has reduced significantly since peaking at 609 first time entrants in 2006/07 and from 95 in 2011/12.

The majority of young offenders were found to have some association between mental and emotional health and substance misuse and a risk of future re-offending (as identified through the youth justice assessment tool, Asset).

Young offenders in the city are almost twice as likely to have witnessed violence in the family as

the whole population.⁴ Additionally young offenders are more likely to be victims of crime than the wider population of young people.

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Where we are doing well

As a well-resourced multi-agency team, the Youth Offending Service has specialist staff who work directly with young offenders' needs including speech and language difficulties, mental health, substance misuse and sexual health.

Brighton & Hove is a Pathfinder area for the Youth Justice Liaison and Diversion pilot⁵ project. Young people are diverted from the criminal justice system at the point of arrest if they are found to have mental health needs. This project has contributed to the reduction of the number of young people entering the youth justice system, with sixty referrals over the last twelve months.

Brighton & Hove CCG have been successful in a bid for additional funding to support the mental health needs of young offenders in the city. The CCG will work with Children's Services and Public Health to develop a model of support with a multiprofessional team around the young person to address their needs.⁶

Local inequalities

Young men are over represented in the youth justice system making up 82% of the population supervised by Brighton & Hove Youth Offending Service at August 2016, which is in line with national figures.³

In Brighton & Hove the Black and Minority Ethnic (BME) population of young offenders is proportionate to that of the city as a whole. However, it has been found that BME young men are more likely to remain in the youth justice system.

A disproportionately high number of young offenders have Special Educational Needs (SEN) identified (63%), with 24% having SEN with a statement or education, health and care plan.⁷

¹ MacDonald W. The Health Needs of Young Offenders. The National Primary Care Research and Development Centre. The University of Manchester; November 2006.

 ² Sattar G. Rates and Causes of Death Among Prisoners and Offenders under Community Supervision. Home Office Research Study 231; November 2001.
³ Youth Justice Board for England and Wales. Youth justice statistics. https://www.gov.uk/government/collections/youth-justice-statistics

 ⁴ Brighton & Hove City Council. Brighton & Hove Parent Support Strategy 2008-2011.
⁵ Funded by the NHS England Health and Justice Department.

 $^{^6}$ $Funded\ by\ NHS$ England Health and Justice Department.

⁷ Of cases open in May 2016.

6.3.1 Young offenders

Predicted future need

It is predicted that the number of young people in the youth justice system will reduce or remain stable over the coming years. These young people are likely to continue to present with multiple and complex needs.

What we don't know

There is little data held on the youth justice case management system around the health needs of young offenders beyond those that impact on offending behaviour. For example, it is believed that many young offenders are not registered with a GP and do not regularly visit a dentist. This could increase the risk of interactions with the health service being in times of crisis rather than at a primary or preventative level.

Wellbeing indicators are not captured on AssetPlus, the assessment tool for youth justice. The tool includes a section for positive or protective factors but this does not contribute towards the assessment score.

Key evidence and policy

The Youth Justice Board publishes policy, guidance and best practice on statutory aspects of delivering youth justice services.

https://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales/about

Recommended future local priorities

- Evaluation of the effectiveness of health interventions on reducing risk of re-offending to inform the Youth Offending Service Menu of Effective Interventions.
- Improve the mental health support to young offenders, working across Children's Services, Public Health and the Clinical Commissioning Group. Manage and implement any additional health and wellbeing initiatives to be delivered to young offenders under the governance of the Health and Wellbeing Board.
- 3. Ensure crime prevention and the Youth Offending Team signpost service users to universal health services as part of the intervention plan and exit plan.

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Key links to other sections

- Child poverty; Parenting; Children in need, safeguarding, child protection and looked after children
- Young people not in education, employment and training
- Housing
- Social connectedness; Community resilience
- Emotional health and wellbeing; Smoking and substance misuse; Sexual health (young people); Under 18 conceptions and teenage parents
- Mental health
- Learning disabilities

Further information

A Youth Justice Plan is created annually http://www.brighton-hove.gov.uk/content/children-and-education/teenagers/youth-justice-plan

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