KENT PUBLIC HEALTH OBSERVATORY

Kent Joint Strategic Needs Assessment (Kent JSNA)

Kent 'Young Offenders' JSNA Chapter Summary Update '2015-16'

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Introduction

Young Offenders are young people who are in contact with the youth justice system as a result of committing a crime.

The formal youth justice system (YJS) begins once a child or young person aged 10 or over (and under the age of 18) has committed an offence and receives a reprimand or warning, or is charged to appear in court.

Young offenders are a group of young people who are subject to significant disadvantage and disproportionate levels of health need. With high prevalence of mental and physical health conditions, and health harming behaviours, it is not surprising that there is a significant level of comorbidity amongst young offenders. This includes co existing substance misuse and mental ill health, and the coexistence of conduct disorders and depression and / or attention deficit disorders.

Young people with ADHD may also have a generalised or specific learning disability. Hughes identifies 'This may have a marked impact on how such conditions are experienced and subsequently may complicate both the assessment and management process' (Hughes 2012).

They have often missed out on early attention to these needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships, bereavement, unstable living conditions, and poor or harmful parenting that might be linked to parental poverty, substance misuse and mental health problems (DH 2009, Ryan & Tunnard 2011). Many of the children and young people in contact with the youth justice system in Kent will also be known to children's social care and be among those children and young people who are not in education, employment or training. Addressing their health and wellbeing needs should help reduce health inequalities and reduce their risk of reoffending.

This JSNA chapter focusses on the needs of young offenders rather than those at risk of entering the youth justice system and who may already be working with early help professionals. It includes young offenders in the community and in custody. It should be read alongside the Health Needs Assessment of Young Offenders in Kent (pending Feb 2016) and Health Needs Assessment of Young People in Cookham Wood which provides more detail of the health needs of young people in custody.

The evidence presented in this chapter relies significantly on studies that have been undertaken with young people in custodial rather than community settings. Young people in custodial settings are older and their offending behaviour is persistent and more serious in nature. To date, where research has been undertaken in the community it has been based on case audits which report on ASSET which includes an assessment of health conditions which relate to the young person's risk of reoffending. This will result in an underestimation of young offenders' health conditions. The Health Needs Assessment of Young Offenders in Kent (pending) includes a health survey across a sample of young offenders and is less reliant on ASSET.

What does this chapter do?
This chapter provides some information about the size, demographics and geographical distribution of young offenders. It then presents national evidence on the prevalence of health and wellbeing issues across this population, before identifying current good practice in Kent and nationally to prevent offending behaviour and increase health and wellbeing outcomes for these young people. It concludes by laying out commissioning recommendations for young offenders in Kent.

Why is it important?
Young offenders have poor mental and physical health, and high levels of exposure to trauma. Contact with the youth justice system can have a negative effect on the emotional health of young people and risks further reducing their life chances. Conversely, it could however present an opportunity for complex health needs to be identified and met, where they would otherwise not be. Addressing offending behaviour which for some, may be linked to their untreated health status, will also impact on the wider community.

For some young people their contact with the criminal justice system will extend into adulthood.

What is the size of the youth offending population in Kent
In 2013-14, there were 1,477 young offenders in Kent. This is a substantial reduction since 2010-11, although there was a slight increase from 2012-13 to 2013-14. This is also reflected in the rate of young offenders in the population.

Figure 1: shows the annual number of young offenders aged 10-17 from 2010-11 to 2013-14

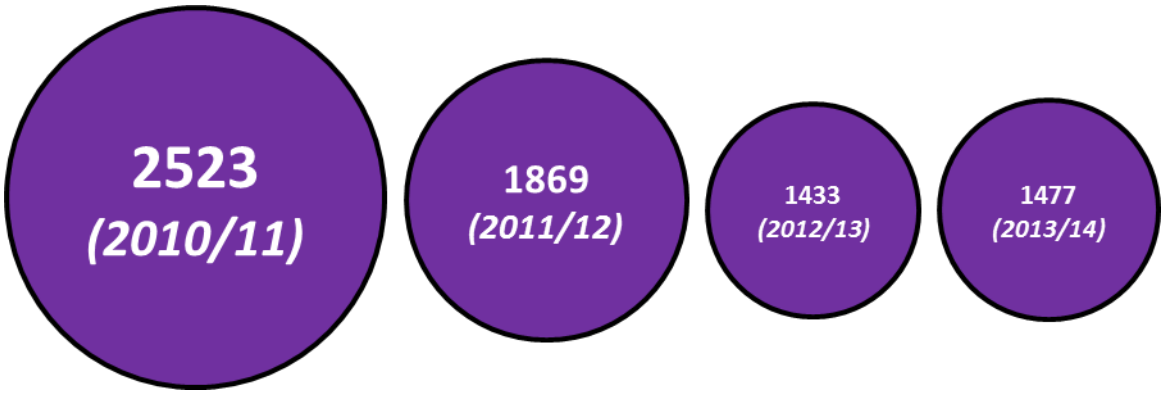

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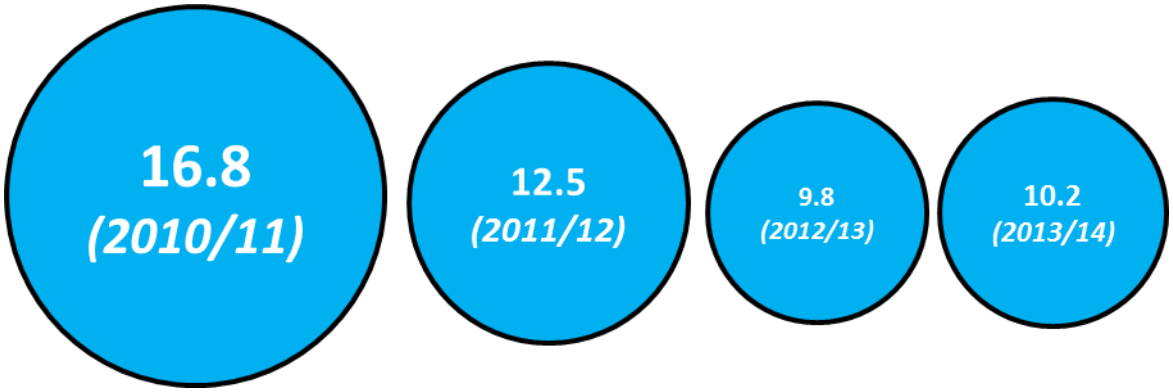
Figure 2: shows the annual rate of young offenders aged 10-17 per 1000 from 2010 to 2013-14



A key performance indicator for the youth justice system and for children and young people's services, who contribute more widely to reducing offending behaviour, is the number and rate of new entrants into the youth justice system. In Kent there were 581 new entrants in 2013-14 aged 10-17. This is a substantial decrease since 2010-11. This decline is also reflected in the rate of first time entrants.

The rate of young people aged 10-14 entering the youth justice system in Kent is significantly higher, than the England and regional value. The rate for 15, 16 and 17-18 years olds into the youth justice system are similar to the national and regional value. The rate of first time entrants into the youth justice system in Kent remains higher, though not significantly, than the England and the regional value.

Figure 3: shows the annual number of first time entrants into the youth justice system aged 10-17 from 2010-11 to 2013-14

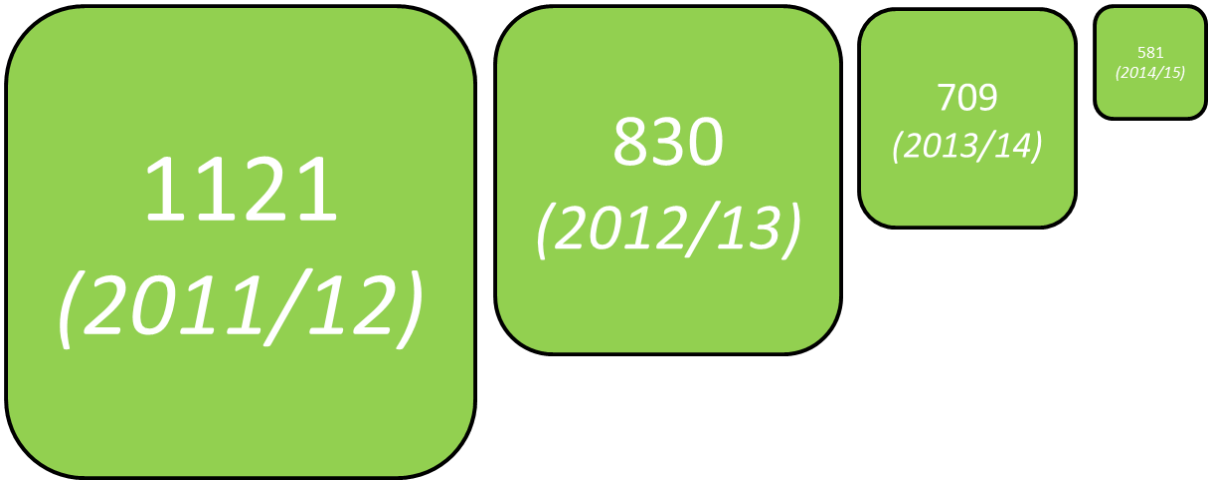


Figure 4: shows the annual rate of first time entrants into the youth justice system aged 10-17 per 1,000 from 2010-11 to 2013-14

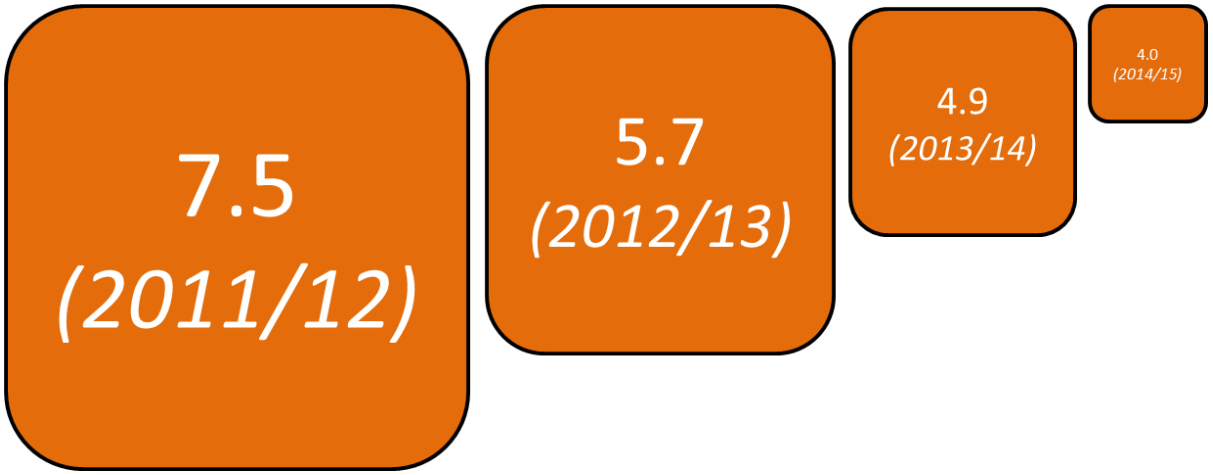


Table 1: young people in custody

The table below shows the number of young people who are normally resident in Kent who have been given custodial sentences.

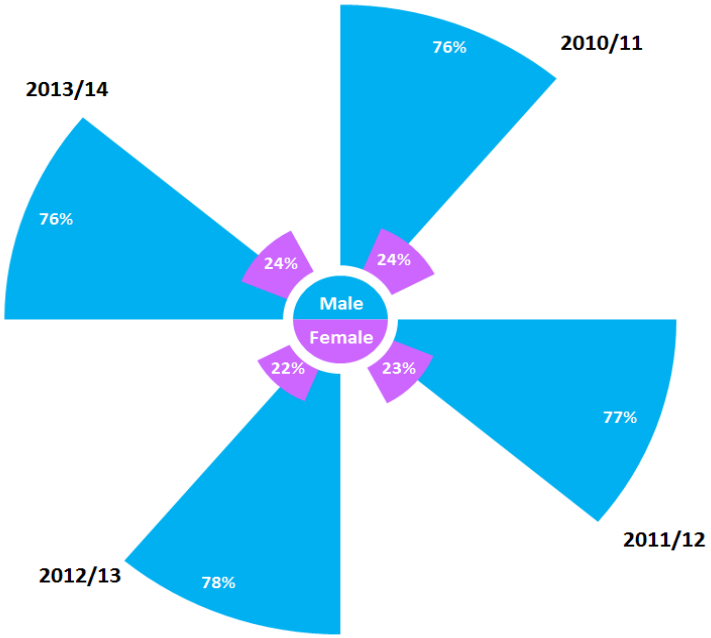
Custodial Sentences	Q4 2013.14	2014.15				Total 2014.15
		Q1	Q2	Q3	Q4	
Number	11	10	11	13	18	52

The evidence presented below shows that the health needs of the custodial population of young people are greater and more complex than those in the community. Of these young people 86.7% are male and the majority are over 17 (n=23), three were 14.

Gender

Young men are consistently over represented in the youth justice system, with approximately 1:3 young women to young men.

Figure 5: 2010-11 to 2012-13



Age

The percentage of young people involved in the youth justice system increases across the age range. The highest percentage of young people are aged 14, 15, 16 and 17 plus.

Since 2010-11 there has been a reduction in young offenders across all ages. The slight increase in the number of young people involved in the criminal justice system from 2012-13 to 2013-14 appears to have been a result in an increase in young people aged 12, 13, 15 and 16.

Figure 6: shows the % age distribution of young people involved in the youth justice system from 2010-11 to 2012-13

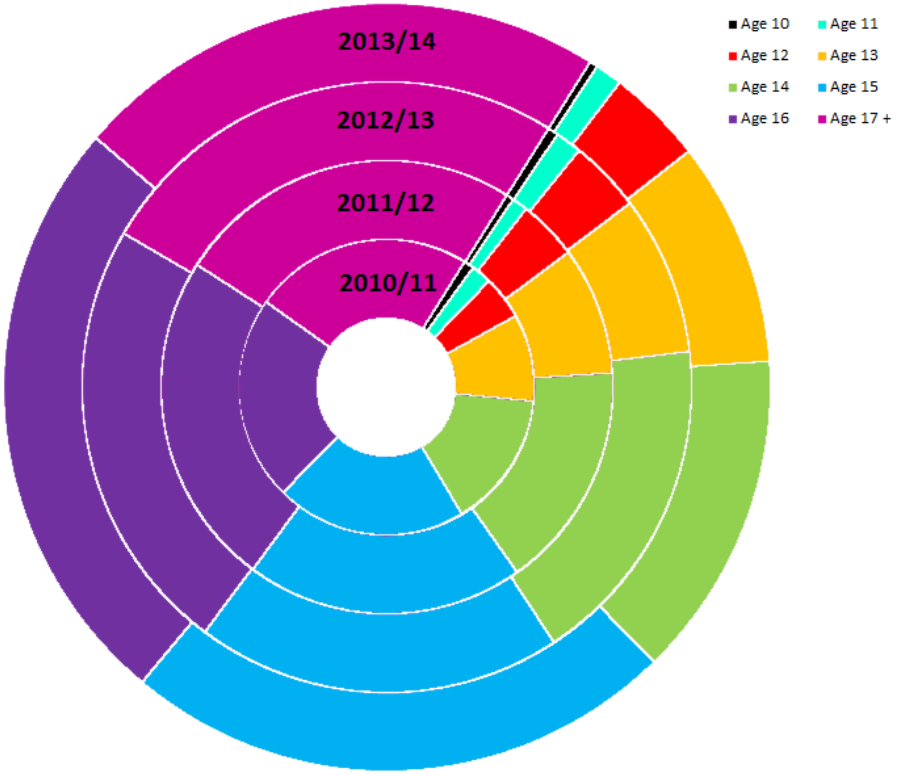
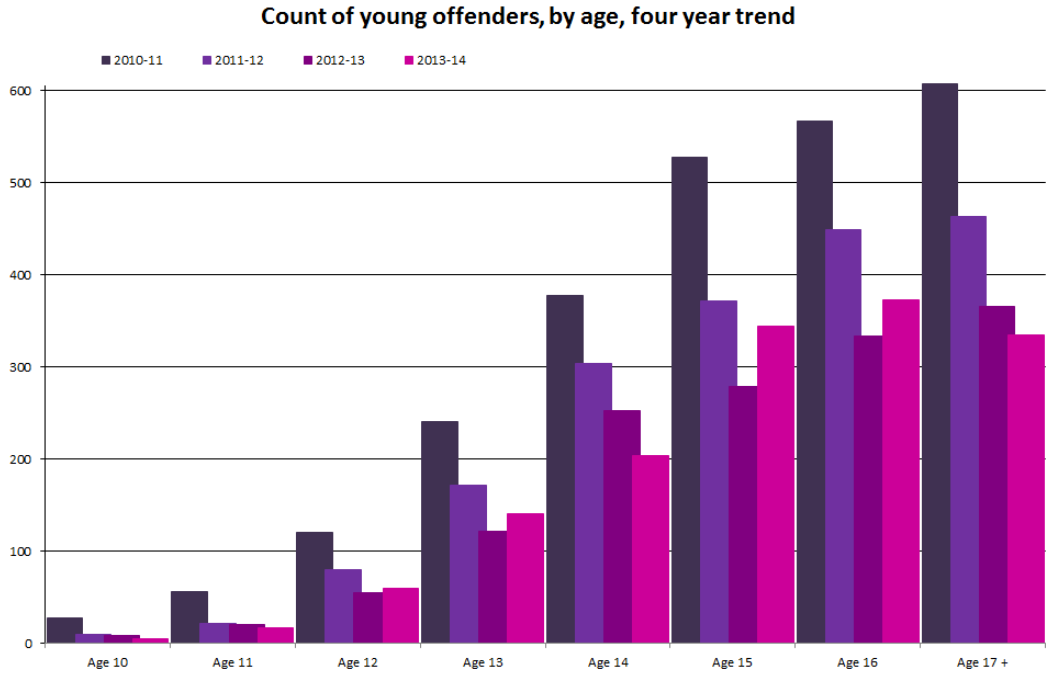


Figure 7: shows the annual number of young people involved in the youth justice system by age from 2011-12 to 2012-13



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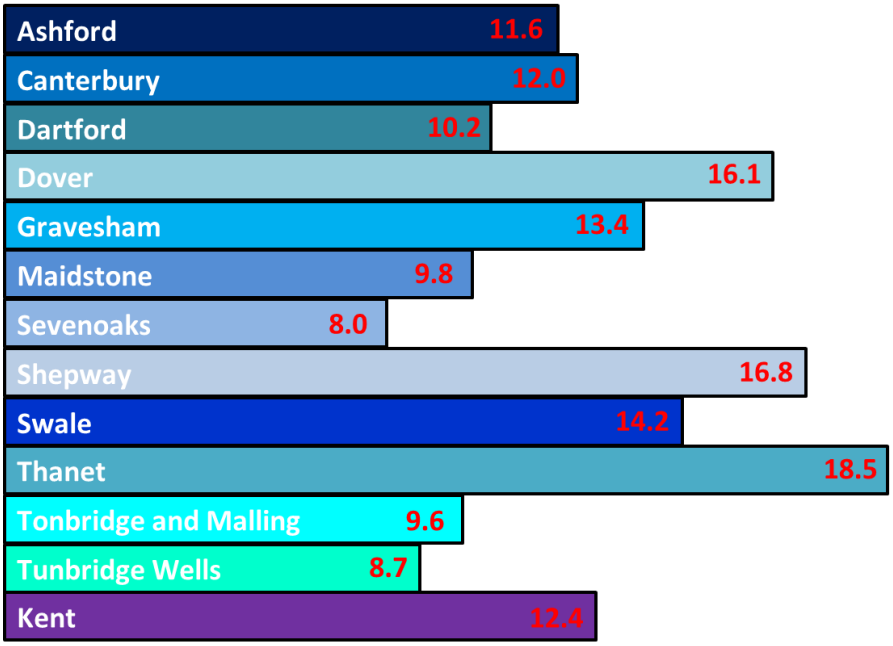
Ethnicity
The majority of young people engaged in the youth justice system in Kent are white British. There has been an increase of the BME young people in Q1 2013-14 where BME young people were 8.9% of the cases to 13.3 % in Q3 of 2014-15.

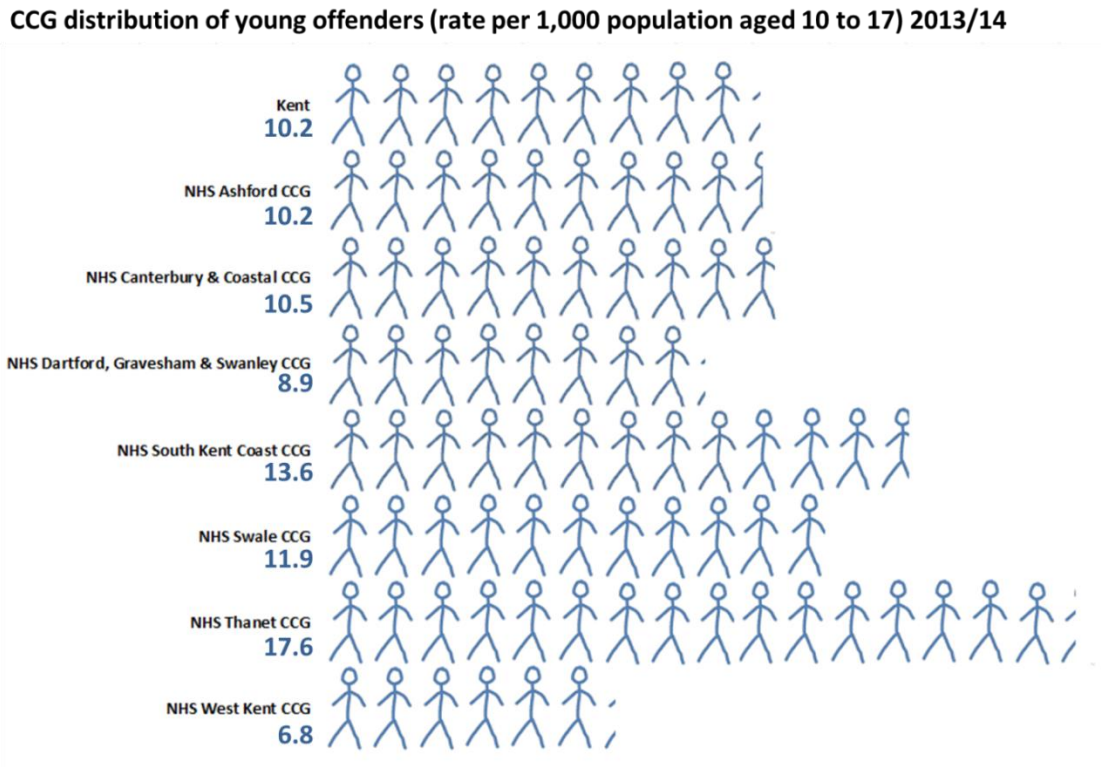
Geographical distribution
The young offender population is unequally distributed across Kent, at Clinical Commissioning Group (CCG), district and ward level and generally reflects the deprivation as a risk factor for offending.

Figure 8: shows the rate of young offenders aged 10-17 per 1,000 of the population, by district (pooled for 2010-11 to 2013-14)



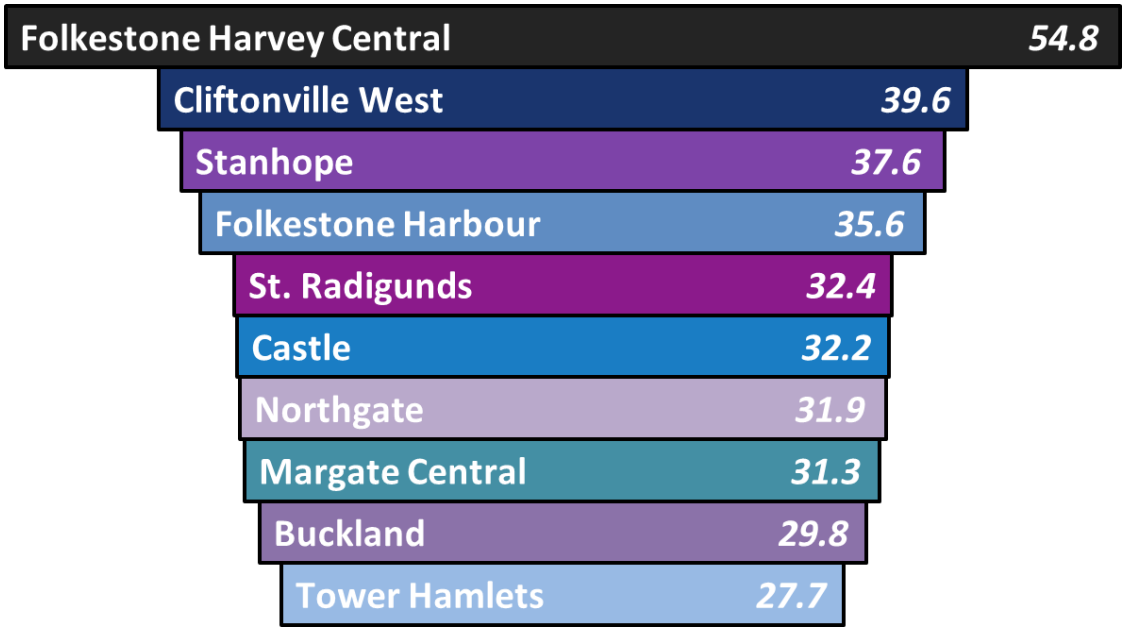
In Kent, the rate of young offenders is highest in Thanet and higher in Shepway, Dover and Swale. These districts are the most deprived in Kent. Sevenoaks and Tunbridge Wells have the lowest rates of young offenders aged 10-17 in Kent. Young offenders are further concentrated at ward levels.

Figure 9: shows the rate of young offenders aged 10-17 per 1,000 of the population, by Clinical Commissioning Group area



Thanet CCG has the highest rate of young offenders per 1,000 10-17 year olds at 17.6 per 1,000, with South Kent having the second highest at 13.6 per 1,000. Thanet CCG has the highest rate of young offenders aged 10-17 in Kent, followed by South Kent Coast CCG. Both CCGs have higher rates than the Kent rate. The lowest rate is in the West Kent CCG area.

Figure 10: shows the 10 wards with the highest rates of young offenders aged 10-17 per 1,000 in the population pooled for 2010-11 to 2013-14



Harvey ward in Shepway is the ward with the highest rate of young offenders aged 10-17 per 1,000. Shepway has two of the wards with the highest rates of young offenders; Dover has four with Thanet and Ashford having two each.

Who is at risk and why?

There is a strong association between rates of young offenders in a population and deprivation. Feinsten and Sabates show that relationship between family risk factors and poor outcomes for children. Family risk factors include worklessness, substance misuse, criminality, domestic violence, financial stress, teenage parenting and overcrowding. The more risk factors a child has, the greater the risk that they will come into contact with the police (Feinsten and Sabates 2006).

Children in care are also at risk of becoming young offenders. Research has shown that children of adult prisoners are twice as likely to have mental health problems and three times more likely to be involved in anti-social behaviour than children who do not have a parent in custody. Sixty-five per cent of boys who had a parent in custody went on to offend.

Physical health

Research indicates that physical health amongst young offenders is poor, this includes dental health, respiratory problems, epilepsy, hepatitis status, early or late maturation, (Brooker & Fox 2009) sexual health and prevalence of sexually transmitted infections (STI) (David & Tang 2003) with particular concerns regarding the health of young women (Douglas N and Plugge E 2006). Poor health amongst these young people is exasperated by health harming behaviours like substance misuse and sexual exploitation and a lack of awareness about the availability of STD testing (Buston & Wight 2010).

Neurodevelopmental health:

Hyperactivity
There is evidence to suggest that higher levels of ADHD are present in populations of young people who offend more frequently. A systematic review concluded that the rate of ADHD amongst young offenders in custody was 11.7% for males and 18.5% for females. This compares to around 1 to 2% commonly identified in the general population of young people, rising to 3% to 9% when the broader DSM-IV criteria for ADHD is applied (Hughes 2012).

However, longitudinal research indicates that ADHD in isolation is not a risk factor for offending and that other factors including parental response, in combination with ADHD predict offending behaviour.

Autistic spectrum disorders
There is little evidence about the prevalence of autistic spectrum disorders in the youth offending population. A single study undertaken with a representative group of young people in custody suggested an incidence rate of 15%, compared to reported rates of between 0.6 and 1.2% in the general population (Hughes 2012).

Personality disorder
Again, the prevalence of personality disorder amongst young offenders is not known. There is however a temporal relationship between untreated conduct disorder in childhood and personality disorder in adulthood (Bailey et al 2007).

Traumatic brain injury
A traumatic brain injury is any injury to the brain caused by impact. Its severity is usually measured by the depth of loss of consciousness (LOC) based upon the extent to which a patient is able to respond to stimuli.

Rates of TBI amongst the general population have been identified as being between 5% and 24%, with self-report measures of TBI often finding higher prevalence rates. This compares with rates of 65% to 76% amongst populations in youth custody (Hughes 2012).

Epilepsy
Epilepsy is characterised by seizures caused by sudden abnormal or excess electrical activity in the brain temporarily disrupting normal neurological activity. Rather than a single disorder, epilepsy should be understood as syndromes, characterised by a range of varied symptoms derived from abnormal neuronal activity (Hughes 2012).

Studies suggest an incidence rate of 0.7-0.8% amongst those in youth custody, compared with rates of between 0.45% and 1% reported amongst the general population (Hughes 2012).

Foetal Alcohol Syndrome Disorder
FASD includes several different diagnostic categories related to permanent birth defects resulting from exposure to alcohol due to maternal consumption of alcohol during pregnancy. It includes characteristic facial features; reduced height, weight, and/or head circumference; and damage to the central nervous system. International studies estimate that FASD is more prevalent amongst those young people in custody with rates amongst young offenders 10.9-11.7% compared to 0.1-5% in the general population (Hughes 2012).

Learning disability
It is understood that young people who offend have higher levels of learning disability than the non-offending population. It is estimated that 25 to 30 per cent of children and young people in the YJS have learning disabilities, and that this rises to around 50 per cent of those in custody (CHIMAT 2014). Hughes reports that generalised learning disability is significantly more common in young people in custody than the wider population 'with research studies suggesting a prevalence of 23-32%, compared to 2-4% of the general population' (Hughes 2012).

Hughes goes on to note that 'dyslexia, appear significantly more common in young people who offend, with research studies suggesting a prevalence of between 43 and 57%, compared to around 10% of the general population' (Hughes 2012).

Speech, language and communication needs
Young offenders in the community and in custody have high levels of speech, language and communication need (SLCN). Much of the research has been undertaken with young people in custodial settings who present the highest level of complexity and health need. An intensive support programme for persistent young offenders has also been the subject of research and shows that 60% of new entrants have a communication need (Bryan and Gregory 2009).

Over half of children and young people in custody in the YJS have difficulties with speech, language and communication. A small scale study 'showed that up to 73 per cent had language test scores significantly below those expected for their age group'. The study went on to assess SLCN in another YOI and found that 'over half of those assessed (number 58) scored within the 'poor or very poor' range in terms of their speech (67%) and listening skills (62%) (as opposed to 9% of the typical adolescent population)' (Ryan & Tunnard 2012).

An Intensive support programme for persistent young offenders has also been the subject of research and shows that 60% of new entrants have a communication need (Bryan and Gregory 2009).

Loss and bereavement
Loss and bereavement are significant issues amongst young offenders. Studies of persistent offenders indicate 'that 17 per cent of persistent young offenders had lost a parent and these bereavements were disproportionately traumatic or violent. This compares to 4% in the general population' (Vaswani 2008). Young offenders are

also understood to have experienced loss of a significant caregiver, which is exemplified by only a third living with both of their biological parents.

Loss is also experienced by children and young people when they have a parent imprisoned. Young offenders are more likely to have a parent in prison.

Maltreatment and being a looked after child
Young offenders are twice as likely as the wider child population to have experienced maltreatment (Day et al 2008). This is further reflected in the high percentage of young offenders who are also children in care.

Mental health
Mental ill health amongst children and young people is generally understood to be under reported. This is a result of a reluctance to diagnose children's mental health and the symptoms precipitated in behaviours, emotional health issues, substance misuse and self-harm.

That said, young offenders are estimated at having three times higher levels of mental ill health than the general nonoffending population. Contact with the criminal justice system increases mental ill health (Hagell 2002). In the general population of 11-16 year olds, 13% of boys and 10% of girls suffer from a diagnosable psychiatric disorder of mental health; the prevalence of those young offenders in the community is estimated as ranging from 25 to 77% (Ryan & Tunnard 2012). The most common disorders amongst those in contact with the youth justice system are conduct disorders, anxiety and depression.

Applying an estimate that 40% of young offenders have a diagnosable mental health disorder, the Kent CAMHS Health Needs Assessment 2011 reported a gap in Tier 3 and 4 mental health services for young offenders of 53% (Mookherjee 2011).

Young people who are affiliated to gangs have a higher prevalence of mental health and behavioural issues emerging at an earlier age than young people within the wider youth justice population. Research has found the prevalence of behavioural issues before the age of 12 was 40% for gang entrants and 10% for general youth justice population. A quarter had suspected mental health diagnoses (CPH 2014). The relationship between mental illness and gang affiliation is recognised as being two way with young people with poor mental health and the risk factors associated with poor mental health, being drawn to gang affiliation and conversely gang membership negatively impacting on mental health eg as a result of repetitive exposure to violence.

Substance misuse
There are high levels of problematic substance misuse amongst young offenders. Substance misuse by young people in custodial settings is higher still: 'over 83 per cent were regular smokers; over 60 per cent drank alcohol daily or weekly; with 66 per cent reporting binge drinking once a week; over 25 per cent considered their drinking to have been out of control before entering custody and over 80 per cent had used an illegal drug once a month. The majority of those using illegal drugs had

used cannabis (75%); ecstasy, cocaine and amphetamines were used by between 25 and 35 per cent; and a much smaller number (9%) had used crack cocaine and heroin (1%)' (YJB 2009).

Young women

National analysis shows that more young women are entering the criminal justice system despite no increase in young women committing crime (YJB 2009). The offenses most commonly committed by young women are theft and handling stolen goods; but convictions are for violence against a person. Alcohol is also often involved.

Current services

Young offenders' health and wellbeing needs are assessed using ASSET. This has historically highlighted health conditions which have an impact on a young person's risk of reoffending. A new more comprehensive assessment tool ASSET plus is being introduced in October 2015. This assessment tool includes a number of validated assessments and will result in a more comprehensive and systematic health assessment with less reference to the association between the health condition and the offense.

Young offenders in Kent have access to mental health workers, who are embedded within the youth offending teams and who assess young people and access services for them in CAMHS services. Young people's substance misuse treatment workers are linked with the youth offending service.

Dedicated speech and language therapy hours have been separately commissioned for South Kent. The resource is now working across Kent to build the skills of practitioners to identify speech, language and communication needs and build effective communication strategies with young people who have speech, language and communication needs.

Young people's substance misuse workers have historically maintained close working relationships with the youth offending service, reflecting the high level of need within this population. Data from the current service KCA, shows that in 2013-14, 72 young people who were in contact with the criminal justice system were referred to KCA. This is a decline from 2009-10 when 135 young people were referred. Of those referred in 2013-14, 22% had alcohol as their primary substance and 68% had cannabis. That said, multiple substance misuse is common amongst young people. Eleven per cent of those young people were children in care and 22% were affected by alcohol misuse in their family.

Kent Troubled Families have from their inception focussed work on families where there was offending behaviour including children and young people in contact with the criminal justice system.

Recommendations for Commissioning

General

a Progress actions of the YOS Health Needs Action Plan (December 2015) overseen by the County Youth Justice Board.

b Develop and monitor key care pathways between young offenders and health services including for those young people coming out of custody, emotional health and wellbeing services, substance misuse services and physical health services.

c Develop integrated practice between health professions which are able to address the comorbidity of this population's needs and understand the impact of exposure to childhood trauma on treatment.

d Ensure school nurses are able to provide additional clinical support to ensure that assessment and identification of complex health needs are met.

e Ensure that EHC Plans and CIC Health Plans are systematically shared with Youth Offending Practitioners to assist in their assessment and care planning.

BME young people

f Undertake additional analysis to understand the increase in BME young people including Eastern European and Unaccompanied Asylum Seeker children in contact with the criminal justice system in order to understand whether this is in line with population changes.

10-14 year olds

g Investigate the health needs of 10-14 year olds and its links to a higher frequency of offending in order to identify any underlying causes for the higher numbers of this age group in Kent compared to the South East region and to England. This should include an analysis of gender and patterns of offending and need.

Geographical focus

h Undertake additional analysis to identify the high rates of young offenders in Folkestone, Shepway and Dover.

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