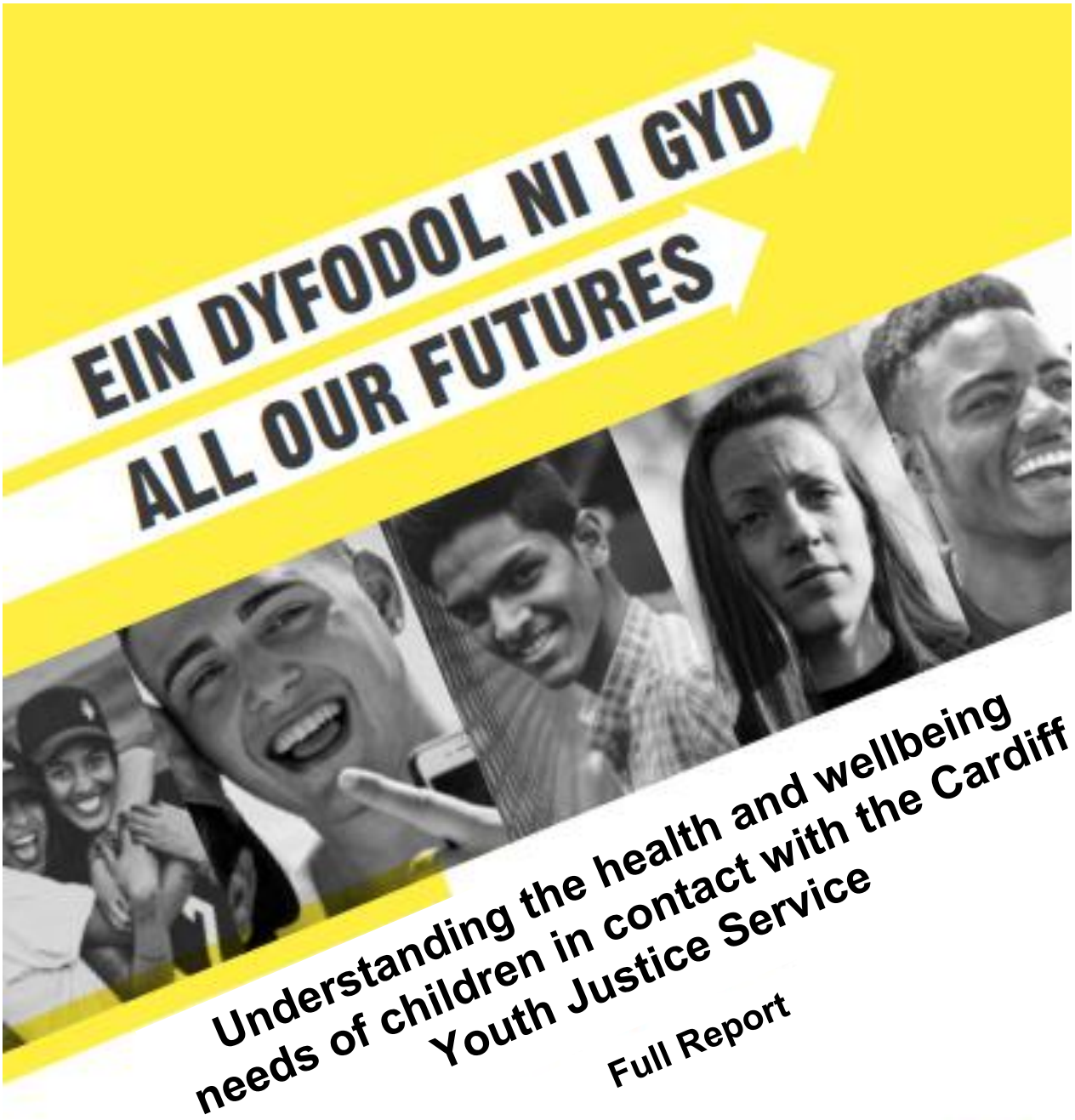

Understanding the health and wellbeing needs of children in contact with the Cardiff Youth Justice Service

Full Report

Public Health Directorate, Cardiff and Vale University Health Board

June 2021

ACKNOWLEDGEMENTS

This health and wellbeing needs assessment (HWBNA) could not have been completed without the invaluable contributions of children in contact with the Cardiff Youth Justice Service (YJS), as well as their parents and carers. Many professionals working for and with the YJS in Cardiff also found the time to provide us with their reflections and experiences of working with children and these allowed this HWBNA to identify its key findings and make recommendations. Finally, colleagues from Cardiff Council, the Welsh Government, South Wales Police, the Wales Violence Prevention Unit, the Youth Justice Board and from youth justice services in other parts of Wales and in England, helped us to understand the youth justice system and how other services work. We are extremely grateful to all those who contributed to this report.

We also gratefully acknowledge the support of key individuals in the Cardiff YJS who helped in the development of this HWBNA. These are Samantha Thomas-Lovell (Business Support Manager) and Heidi Olivari (Information Management Officer), for their help in collecting and analysing the data for this HWBNA; and Angharad Thomas (Operational Manager) and Nina Prosser (Youth Justice Health Worker) for their guidance and support in the development of the HWBNA.

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CARDIFF YOUTH JUSTICE SERVICES

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1. INTRODUCTION TO THIS HEALTH AND WELLBEING NEEDS ASSESSMENT

1.1 Background

The Cardiff Youth Justice Board (YJB) has a clearly stated goal that every 'child leaves youth justice with the best chance for better outcomes, with support to attain their ambitions and aspirations to lead a positive life' (1). To help fulfil this, it has recognised the need to shape the right services for better health outcomes for children and to promote the wider health and wellbeing of families and communities (1). Importantly, the Cardiff Youth Justice Service (YJS) and its partners also aim to support children to aspire to the same high standards of health and wellbeing that all other children in Cardiff have the potential to achieve. This is in keeping with The United Nations Convention on the Rights of the Child, which states that every child has the right 'to the enjoyment of the highest attainable standard of health' (2) and Cardiff's 'Children's Rights Approach', which encompasses seven overarching principles and five goals through which to achieve these (3) (figure 1).

Figure 1: seven overarching principles and five goals of the Cardiff 'Children's Rights Approach' (3)

However, understanding how to achieve these aims and goals is challenging because there is already national evidence that children in contact with the youth justice system in England and Wales have significant and complex health and wellbeing needs (4). For some, these health needs may have been present since birth but, for many others, health and wellbeing needs develop during childhood but may have been inadequately assessed or addressed. Societal inequities, adverse childhood experiences and developmental traumas may contribute to or compound these issues, affecting long-term development and life chances. A child's wider wellbeing can be important for building resilience to protect themselves from these added risks, particularly in adolescence, when there is a complex interaction of a child's risk and protective factors (5). Wellbeing is also important for developing a child's feeling of security, providing children with the building blocks for healthy behaviour and educational attainment, and preventing behavioural problem, such as substance misuse, and mental illness (6).

In 2020, with these clear goals and understanding, the YJB commissioned a 'health and wellbeing needs assessment' to identify how best to support children and their families. A health and wellbeing needs assessment (HWBNA) is a way of systematically reviewing the health and wellbeing needs of a group of people, such as these children, whilst recognising health in its widest terms as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (7) (8). HWBNAs aim to compare and balance what a group of people think they need and ask for, with what professionals and services consider their needs are and finally what the data tell us about these needs (7).

This HWBNA will inform the development of priorities, planning of services and allocation of resources to improve support for health and wellbeing and reduce inequities that exist for these children. Its findings will form part of a wider Strategic Needs Assessment, as outlined in the Cardiff YJB Development Strategy 2020-2022 (1). The HWBNA will also enable the Cardiff YJB and YJS to understand and respond to issues identified in a recent inspection of the Cardiff YJS, by HM Inspectorate of Probation, published in July 2020 (9). Alongside wider identified challenges, this report highlighted a number of issues with the health and wellbeing services and support provided to children in contact with the Cardiff YJS at that time. Finally, this HWBNA will give an opportunity to children and their families to engage with the process of improving services by listening to what they feel they need to support their health and wellbeing. In this way, the HWBNA will follow the principles set out in the Welsh Children and Young People's National Participation Standards (10).

1.2 Aims and objectives

This HWBNA aims to review the health and wellbeing needs of children in contact with the Cardiff YJS and identify what the YJS and its partners can do to improve the support they offer them.

In order to do this, it has five objectives:

a. To review what the evidence tells us about children in contact with the youth justice system in England and Wales and what health and wellbeing needs they have
b. To analyse what the data tell us about children in contact with the Cardiff YJS and their needs, in the context of the available published evidence
c. To describe the existing health and wellbeing support for children in contact with the Cardiff YJS
d. To understand how well the health and wellbeing support provided by the Cardiff YJS and its partners is meeting the needs of these children
e. To make recommendations on how the Cardiff YJS and its partners can improve the health and wellbeing support provided to these children

1.3 Definitions and scope of this HWBNA

This HWBNA assesses the needs of children (male and female) who are in contact with the Cardiff YJS from the ages of 10 to 17 years (inclusive). However, it will also include young adults (aged 18 years) when they are still in contact with the YJS, for example when they are in transition to adult services or when they only have a short period of time left to work with the YJS. It includes all children who are 'in contact' with the Cardiff YJS, regardless of

whether they are in the formal youth justice system or whether they are working with the Cardiff YJS preventative teams on a voluntary basis.

This HWBNA does not directly review the needs of children who are in the Secure Estate in Wales (Parc Young Offender Institute and Hillside Secure Children's Home) as none of these settings are in Cardiff. However, since children from Cardiff in the Secure Estate remain the responsibility of the Cardiff YJS, this HWBNA will consider the needs of children from Cardiff as they transition into the Secure Estate and back into the community. Finally, whilst this HWBNA aims to assess the extent to which current health and wellbeing provision is meeting the needs of children, it will not assess the efficiency or cost-effectiveness of currently available services, nor evidence for which other interventions might be more effective.

In this HWBNA, the term *health* refers to both physical and mental health, and to the impact of substance misuse. The term *wellbeing* is used to encompass the ideas of emotional, psychological and social wellbeing, drawing on the National Institute for Health and Care Excellence (NICE)'s definition, which includes (6):

- *emotional wellbeing* – being happy and confident and not anxious or depressed
- *psychological wellbeing* – the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive
- *social wellbeing* – has good relationships with others and does not have behavioural problems, that is, they are not disruptive, violent or a bully

The terms *child* or *children* are used as a default throughout this HWBNA to refer to children aged 10-17 years in contact with the youth justice service (those who are legally 'children'). The term *young person* has also been used when discussing children who are specifically known to be older, for example when discussing service provision for those aged 18 years or above. Finally, local feedback suggested that many older children, particularly over the age of 14, would not consider themselves a 'child', therefore the term *young person* has also been used in this HWBNA when engaging directly with children in contact with the YJS (for example in questionnaires).

In this HWBNA, the term child *in contact with* the Cardiff YJS is used to denote all children the YJS works with, regardless of whether they are formally supervised by them (for example after a court order or sentence) or whether they are working with them on a voluntary basis (for example in a preventative setting). Where information pertains only to children who are in contact with the YJS in a supervised capacity (such as after they have been sentenced) this is clearly stated.

Finally, in this HWBNA, the term *professional* is used to denote all adults who work with children in or with the YJS. It does not differentiate between whether or not they hold particular qualifications in health or wellbeing provision. However, for clarity, other terms such as *Case Manager* are also used when discussing a particular group of professionals in the YJS.

2. METHODS USED IN THIS HEALTH AND WELLBEING NEEDS ASSESSMENT

2.1 Overview

The Cardiff YJB commissioned this HWBNA in 2020. This HWBNA was undertaken between November 2020 and April 2021, a time when the work of both the Cardiff YJS and the public health team leading this HWBNA was significantly affected by the COVID-19 pandemic and the nationwide 'lockdown' in response to this. All work for this HWBNA was therefore conducted remotely.

This HWBNA was considered to be service improvement work therefore no formal research approval was necessary. However, for all discussions with children or professionals, informed verbal consent was gathered and all interviewees were assured that their comments and participation in this process would be treated anonymously in this report, without the use of direct quotes. Questionnaires sent to children and their parents/carers were voluntary, anonymised and collected no identifiable information other than broad age category of child.

2.2 How evidence was gathered for this HWBNA

This HWBNA used three overarching approaches to understand the health and wellbeing needs of children in contact with the YJS:

- **An epidemiological approach**: including the collection of data on demographics of children, their health and wellbeing needs and the services provided to children and used by them.
- **A corporate approach**: the systematic collection of the experiences, perceptions and preferences of children in contact with the YJS, as well as those working with them and managing and delivering services for them.
- **A comparative approach**: the comparison of both the needs of children in Cardiff with national and local comparators and the health and wellbeing support provided to children in Cardiff with the support provided in other YJS in England and Wales.

A number of different methods were used for these three approaches, as outlined below.

2.2.1 Understanding the evidence base and policy context

This HWBNA was informed by a rapid, targeted evidence review of the published academic literature and grey literature (reports and research not published in peer-reviewed journals) on the health and wellbeing needs of children in contact with youth justice systems. The broad scope of this search was to include review-level evidence and guidance published between 2010 and 2020 (as well as any seminal older publications identified through snowball searches of these publications), using academic database searches, a wider internet search and references identified through discussions with key informants. A preliminary search for review-level evidence on children in contact with the youth justice

system whilst in the community did not produce any results, therefore the original search was widened to include evidence related to children in custody.

The search for published academic literature therefore included any secondary (review-level) evidence published in English, which focussed on: the health or wellbeing needs of children in contact with the youth justice system; or the prevalence of or types of conditions which children in contact with the youth justice system have. To ensure that no important recent research was missed, a secondary search was also conducted of UK-based primary level research from the last 5 years. These searches led to the inclusion of 8 reviews and 3 primary research studies.

A further 69 relevant reports were identified for review through a number of approaches. This included: snowball searches of academic papers; recommendations from key informants working in or with the youth justice system; identification of further research described in local and national strategy documents; and a 'google' internet search for reviews or reports from the last 10 years by recognised UK or international organisations. One of these, a comprehensive review of the literature produced for the UK Government's cross-government strategy, 'Healthy Children, Safer Communities' in 2009, was used as a baseline to ensure that no seminal earlier documents were missed[1].

2.2.2 Gathering data about children, their health needs and the services they use

Local and national sources, some of which were collected specifically for this HWBNA, provided information on the demographics of children in contact with the youth justice system, their health and wellbeing needs and services available to them and used by them.

Nationally published data were available from UK government statistics and England and Wales Youth Justice Board (YJB) data, as well as unpublished data pertaining to the Cardiff YJS, such as results of Welsh Youth Justice Indicators. These existing data were supplemented by further evidence collected specifically for this HWBNA, including local demographic data on children and a 'snapshot' review of AssetPlus assessments completed for children in contact with the Cardiff YJS in February 2021. The Cardiff YJS was also able to provide limited data on the numbers of referrals to commissioned services, such as substance misuse workers. Finally, South Wales Police were able to provide some data on children in Cardiff who had spent time in custody.

Given the small number of children who are in contact with the YJS in Cardiff, in cases where there were less than 5 children identified, such as for some descriptors of ethnicity, these data have been described as ≤ 5 or rounded up as percentages.

2.2.3 Mapping health and wellbeing support currently available to children

In order to understand the services and support available to children in contact with the Cardiff YJS, this HWBNA included a process of mapping current health and wellbeing provision. This process built on service mapping that had already been completed by Cardiff Council and the Cardiff and Vale University Health Board (UHB), in response to the Inspection of the YJS in 2020. Information needed for this mapping was also obtained through discussion with key informants from within the Cardiff YJS, the UHB and other

[1] *Obtained for this HWBNA through direct contact with authors as it is no longer available on the internet.*

partner organisations working with the Cardiff YJS. These provided a greater understanding of how services are structured, delivered and used in Cardiff.

2.2.4 Listening to the voice of children and those working with them

This HWBNA aimed to gain a greater understanding of the feelings, thoughts and experiences of children in contact with the YJS, as well as their parents/carers. This was made very difficult by the COVID-19 pandemic, which prevented any face-to-face meetings of focus groups with children as well as other ways of gathering their voice, such as undertaking questionnaires directly with them. This process was further complicated because some of these children also had limited access or ability to use technology that would facilitate virtual meetings or on-line questionnaires. Nevertheless, a variety of approaches was used to try to gather the voice of both children and their parents/carers. These were:

- A virtual engagement group event held to explore health and wellbeing issues and experiences. This was organised by the Media Academy Cymru (MAC), and a number of children in contact with the YJS volunteered to attend. Unfortunately, final attendance at this event was ≤ 5. However, information was supplemented by written feedback collected from other children/young people prior to this event.
- A questionnaire was sent out electronically by the YJS to children, asking for their views on health and wellbeing needs and how the YJS supports children with them.
- A questionnaire was sent out electronically by the YJS to children's parents/carers, asking for their views on health and wellbeing needs and how the YJS supports children with them.

This HWBNA also aimed to gather the knowledge and views of professionals working with children in contact with the YJS, as well as those managing and delivering services for them. A variety of approaches was used to try to gather the voice of these professionals, these were:

- A questionnaire was sent out electronically, by the Cardiff and Vale UHB Public Health Team, to all YJS professionals working with children, including those working for the YJS but employed by other partner organisations ('embedded' professionals). This covered topics such as assessment of health and wellbeing needs, identified needs and support available to children.
- A series of exploratory interviews were held with key informants to develop a greater understanding of the youth justice system and the YJS both in Cardiff and Wales.
- Semi-structured interviews were conducted with a self-selecting sample of YJS professionals working directly with children within the YJS, as well as a purposeful sample of health and wellbeing professionals working with children either 'embedded' within the YJS or with children when referred to them. These explored topics such as health and wellbeing needs of children and the effectiveness of current support available to them.

2.2.5 Understanding how other youth justice services provide support for children

In order to gain an understanding of how other YJS provide health and wellbeing support for children in England and Wales, other YJS were contacted to ask them for an informal discussion with their manager or health practitioner about how they provide that support. Three YJS in England were contacted because they are part of Cardiff's 'YOT (youth offending team) statistical family' (an England and Wales YJB categorisation of YOTs deemed to be similar to each other on the basis of the socio-demographic characteristics of their area). Two YJS in Wales were also contacted because the support they provide had been mentioned as positive example of health and welling provision in interviews with professionals in the Cardiff YJS.

3. THE YOUTH JUSTICE SYSTEM AND THE CHILDREN WHO ARE IN CONTACT WITH IT IN ENGLAND AND WALES

3.1 The youth justice system in England and Wales

3.1.1 The structure of the youth justice system

The youth justice system was established by the Crime and Disorder Act 1998, to change the previous system in place in England and Wales and with an aim of preventing offending by children and young persons (11). The youth justice system includes multiple components such as the police, youth offending teams (YOTs), the Crown Prosecution Service (CPS) and the courts. It also includes many organisations that work within the youth justice system that focus on wider needs such as health, children's and education services. In England and Wales, an executive, non-departmental public body, the Youth Justice Board (YJB) for England and Wales, oversees the youth justice system (11). In Wales, powers over services, such as health and education, that work within the youth justice system are devolved, however parts that focus on enforcing the law, such as police and the courts, are not devolved. The youth justice system in Wales is therefore provided by a mixture of UK and Welsh organisations, with the Welsh Government and YJB working together to ensure it functions effectively (12).

In the youth justice system, partners work together as multi-agency teams to prevent children offending or re-offending, alongside addressing their wider health, social, wellbeing and safety needs. These teams work with children who are in the formal youth justice system as well as those who are at *risk* of entering the youth justice system. YOTs therefore supervise 10 – 18 year olds who: have been sentenced by a court; have come to the attention of the police because of offending behaviour but not been charged (being dealt with 'out of court'); and those that have not committed a crime but are at risk of doing so (11).

In Wales, there are 15 YOTs and prevention and diversion work accounts for almost 50% of the work they do (13). In recognition of the wider group of children they work with, who are not all 'offenders', many YOTs have now changed their name to a 'youth justice service' (YJS), as is the case in Cardiff.

3.1.2 How a child interacts with the formal youth justice system

In England and Wales, the age of criminal responsibility is 10 years (11). If a child is charged with an offence, their case is heard in a youth court, a type of magistrates' court for people aged between 10 and 17 years (11). For more serious crimes, such as murder or rape, the case starts in the youth court but will be passed to a Crown Court (11). Children sentenced in youth courts can be given a range of sentences including community sentences and Detention and Training Orders (11).

The majority of children in the youth justice system remain living in the community throughout their time in it. However, some children may spend time in police custody in police stations and may be remanded, or sentenced by a court, into the 'Secure Estate'. The Youth Custody Service, within Her Majesty's Prison and Probation Service (HMPPS), is

responsible for managing the Secure Estate and decides where a child should be placed (11). This can either be at a secure training centre (STC), a secure children's home (SCH) or, for boys aged 15–18 only, at a young offender institution (YOI) (11).

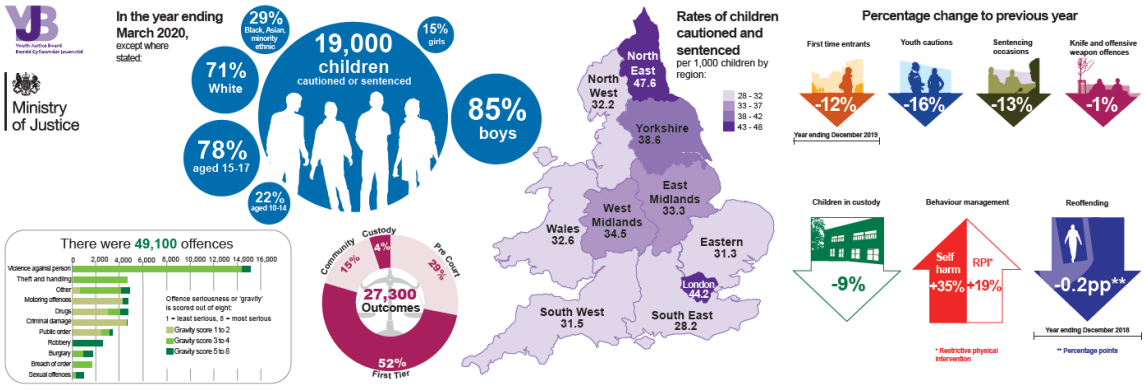
In Wales, there are two secure locations for young people: Parc Young Offenders' Institution in Bridgend (with 64 beds for those aged between 15 and 18 years), and Hillside Secure Children's Home in Neath (with 10 contracted beds, for those aged between 12 and 18 years) (14). Children who are aged between 15 and 18 years and based in North Wales may also, where appropriate, be placed in Werrington YOI (14). Finally, a very small number of children from Wales are also accommodated elsewhere in England, such as those with complex needs requiring specialist services, including girls aged 17 years old (13). There are no STCs in Wales (14). In Wales, in May 2018, there were a total of 30 children and young people in the Secure Estate (13).

Whilst a child is in the formal youth justice system they are supervised by the YJS where they live, even if they spend some of this time in the Secure Estate. When a young person reaches 18 years, the YJS supervising them and the National Probation Service (NPS) are responsible together for deciding if it will be in the young person's best interests to transfer to adult probation services. After risk assessment, the decision may be made for the YJS to continue to supervise the young person for a short period or the young person will be transferred to the supervision of an adult offender manager.

3.2 The demographics of children in contact with the youth justice system in England and Wales

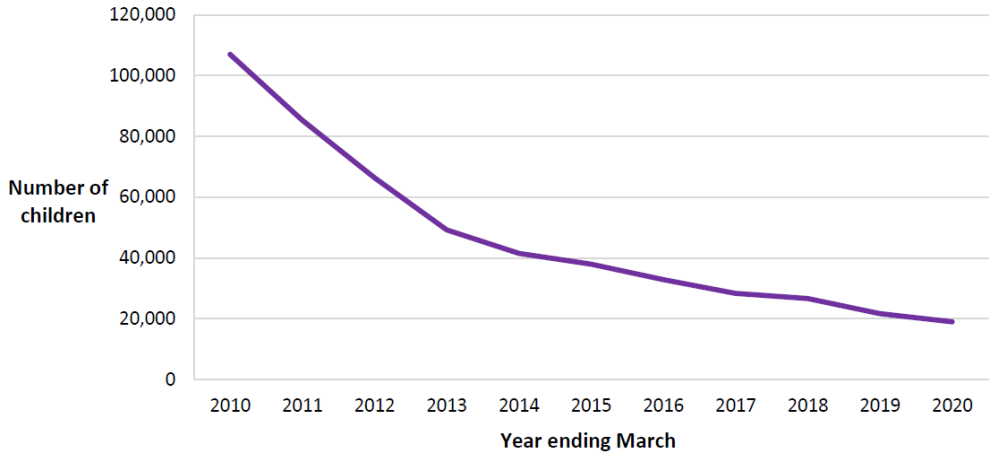
Over the last decades, there have been significant changes in how children come into contact with the youth justice system. This decline has been because of a number of factors, including that the police and youth justice services increasingly deal informally with children who are unlikely to continue offending and instead 'divert' these children away from formal criminal justice processes (15). This now means that children who *do* enter the formal youth justice system tend to be imprisoned for more serious offences and have longer average custodial sentences, and proven reoffending rates for children remain high. (11).

Figure 2: demographic data on children in the youth justice system in England and Wales, year ending March 2020 (16)



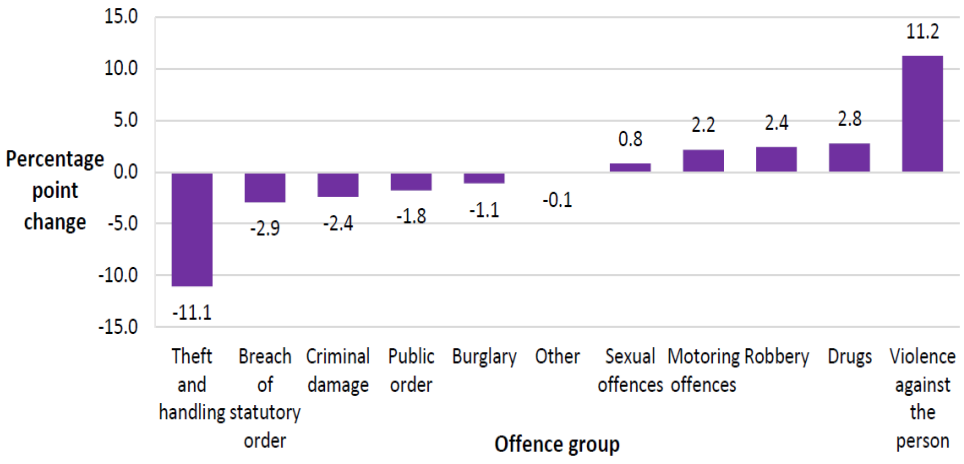
In England and Wales, the number of children receiving cautions or sentences has been decreasing year-on-year for each of the last 10 years (figure 3) (16). In the year ending March 2020, just over 19,000 children received a caution or sentence, 82% fewer than in the year ending March 2010 (16). In the same year, there was an average of just over 780 children in custody at any one time, a fall of 68% compared with ten years ago (16). However, the average custodial sentence length given to children has increased by over seven months over the last ten years, from 11.3 months to 18.6 months (16). The number of children reoffending has also fallen by 86% between 2008 and 2018 and the reoffending rate has decreased by 0.2% in the last year (38.5%), although it remains higher than it was ten years ago (37.7%) (16).

Figure 3: the number of children given a caution or sentence, England and Wales, years ending March 2010 to 2020 (16)



Over the last 10 years, the number of proven offences committed by children has also continued to fall and was 75% lower than the year ending March 2010; however, the proportions of different types of offences committed has varied over this time (figure 4) (16).

Figure 4: the percentage point change in the proportion of proven offences committed by children, England and Wales, between the years ending March 2010 and 2020 (16)

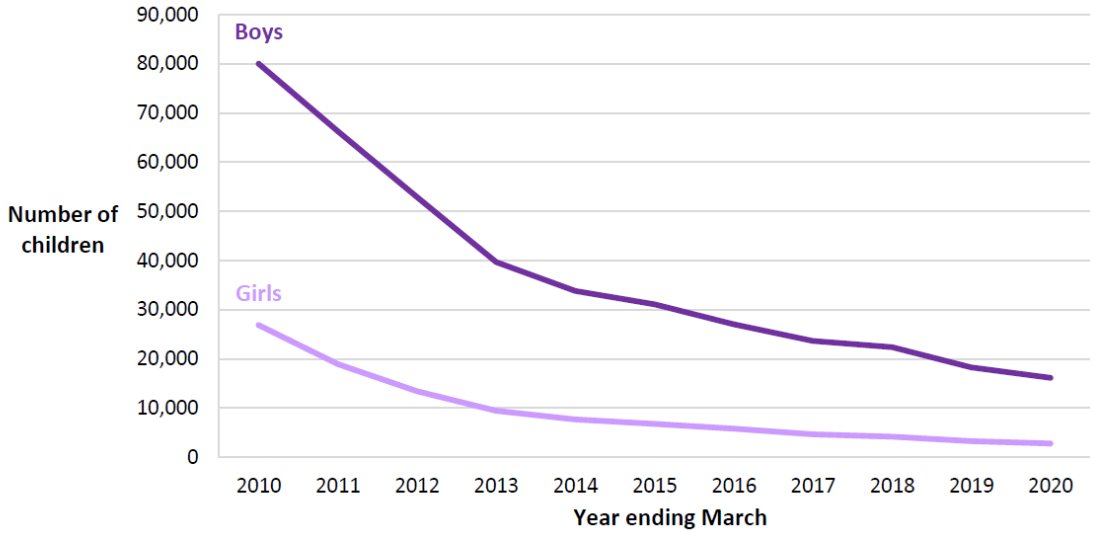


In the year ending March 2020, most children (78%) in England and Wales who received a caution or sentence were aged 15-17 years; this compares to 35% of the general population

aged 10 -17 (16). Those aged 17 years made up the largest proportion (33%) of children receiving a caution or sentence and the proportion of children who received a caution or sentence by each age has remained broadly stable over the last five years (16).

In England and Wales, boys accounted for 85% of the total number of children who received a caution or sentence, in the year ending March 2020, and this proportion has been steadily increasing over the last 10 years (figure 5) (16). This compares to the national proportion of children aged 15-17 years who are boys, at 51% in England and Wales (16). In the year ending March 2020, the majority of children in the Secure Estate were also boys (96%) (16).

Figure 5: the number of children receiving a caution or sentence by gender, England and Wales, years ending March 2010 to 2020 (16)



In England and Wales, the numbers of arrests of children from all ethnicities have all decreased; however, since March 2010, the rates they have decreased by have varied, with, for example, arrests of White[2] children falling by 80% compared to 58% for Black children (16). This variation has also been seen for cautions or sentences and for children in the Secure Estate, resulting in changes in the proportions of the total number of children from different ethnic groups in the youth justice system (figure 6) (16). For example, the proportion of Black children cautioned or sentenced has been increasing over the last ten years and is now twice what it was in the year ending March 2010 and, for children from a Mixed ethnic background, this has more than doubled (16). Similarly, over the last 10 years, the proportion of White children in youth custody[3] has been falling, from 72% to 49%, however the proportion of Black children in youth custody has increased the most, and now accounts for 28% of the youth custody population (16). Children from Mixed or Asian and Other ethnic backgrounds have also increased in proportions, to 13% and 11% respectively (16).

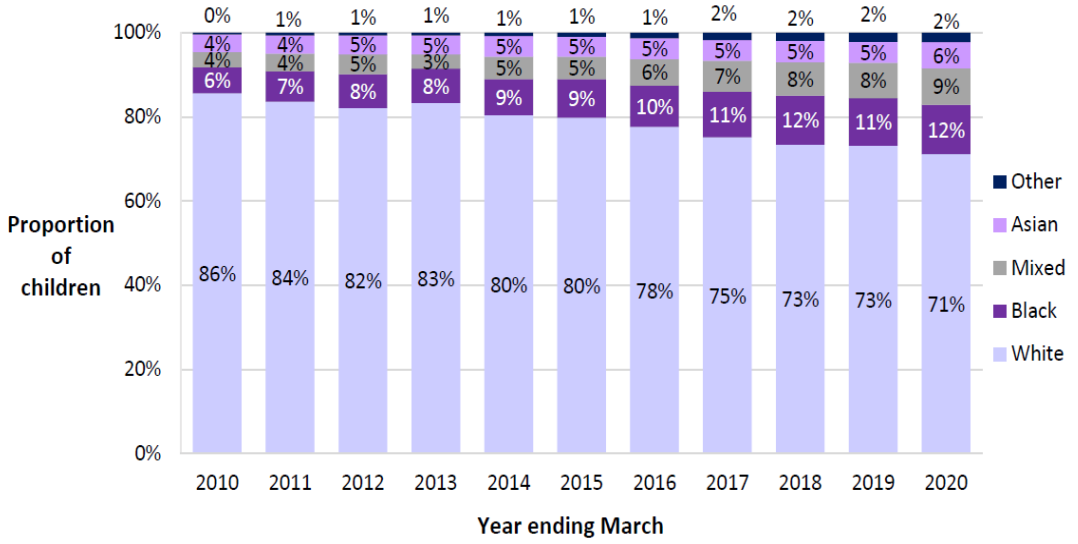
Any comparisons with national data on ethnicity need to be treated with caution because these data are based on the now historic 2011 census of the general population. However,

[2] *Terms used in YJB/YJS statistics to describe ethnic groups, see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956621/youth-justice-statistics-2019-2020.pdf*

[3] *The term used in YJB/YJS statistics to describe children in Young Offender Institutions*

in 2011, the proportions of children aged 10-17 in the general population for each ethnicity were: 82% White, 9% Asian, 4% Asian, 4% Mixed and 1% Chinese or Other (16).

Figure 6: Proportion of children receiving a caution or sentence by self-identified ethnicity, England and Wales, years ending March 2010 to 2020[4] (16)



Overall, when considering the demographics of children in the youth justice system, for the year ending March 2020, most proven offences were committed by children who were: boys (85%); aged 15-17 years (77%); and White (72%) (16). However, when considering the *proportion* of proven offences with a gravity score in the higher band (for the most serious offences), these were greatest for: children aged 15-17 years (15% compared to 10% of offences committed by 10-14 year olds); Black children (23%, with other minority ethnic groups ranging from 12% to 18%); and boys (15%, compared to 5% for girls)[5] (16).

[4] Proportions calculated based on data where ethnicity was known; in the year ending March 2020, ethnicity was unknown for 3% of children who received a youth caution or sentence.

[5] Proportions based on when demographic characteristics were known; in the year ending March 2020, ethnicity was not known for 2%, and sex was not known for 0.03% of proven offences.

4. THE HEALTH AND WELLBEING NEEDS OF CHILDREN IN CONTACT WITH THE YOUTH JUSTICE SYSTEM IN ENGLAND AND WALES

4.1 What the published literature tells us about the health and wellbeing needs of children

4.1.1 The quality of available evidence

There is a lack of published, high quality evidence on the health and wellbeing needs of children living in the community and in contact with the youth justice system in the UK (4) (17). What evidence is available is limited by its age and its relevance, as much of it was published more than a decade ago and is dominated by evidence from North America. However, there is a greater level of evidence on the health and wellbeing needs of children in the Secure Estate. Whilst the health needs of these two groups of children are not the same, where relevant and where no other evidence was available, evidence on these children is included to inform this HWBNA. Caution should also be taken when comparing directly between the nationally available evidence and children in contact with the Cardiff YJS, because of these and other reasons, such as demographic differences between them.

There are also very few reviews or primary studies considering the needs of particular subgroups of children in contact with the youth justice system. For example, there is little information available about any particular needs of girls in the youth justice system, despite the fact that limited older evidence from YOIs found that young female offenders are extremely vulnerable and ‘faired less favourably on health indicators than adult female or young male prisoners’ (18). There are also very limited data about the needs of children from minority ethnic groups and no identified information about needs of children from Gipsy Roma or Traveller backgrounds who are included in statistics of ‘White’ backgrounds (although, 5% of surveyed boys and 6% of girls in YOIs said that they were ‘Gypsy, Romany or Traveller’ in 2013/14) (19)).

Data were also limited for other groups. For example, there was a lack of evidence about children who have a disability, though 16% of surveyed boys and 17% of girls in YOIs considered themselves to have a disability in 2013-14 (19). There was also no identified evidence about the health needs of children in contact with the youth justice system who identify as LGBT+. This is despite the fact that evidence from the general population suggests that LGBT+ children are likely to be at higher risk of experiencing poor mental health and lower wellbeing, particularly if they are both LGBT+ and from a minority ethnic group (20). Finally, no evidence was available about children in short-term custody (prison cells) despite the potentially frightening nature of police custody at a time when children may already be traumatised, distressed, or under the influence of alcohol or drugs.

4.1.2 Physical health needs

General health needs

There are a lack of published data on the extent of basic physical health needs among children living in the community in contact with the youth justice system, particularly on

issues such as sight and hearing checks and how many children are registered with GPs. However, using the limited data available, reviewers have identified evidence of a considerable proportion of children with physical health problems as well as a significant underreporting of them (21). For example, they cite a 2008 audit of children referred to a YOT in London, which showed that 36% of children had a chronic health condition (21).

There is greater amount of evidence about the proportion of children with physical health problems in the Secure Estate. UK Government statistics show that, in the period April 2014 to March 2016, of the YOTs' assessments of admissions entering youth custody from the community, there were concerns relating to physical health in 30% of cases (22). Physical health problems identified included poor dental health, prescribed medication, binge drinking, obesity, smoking, poor diet, asthma and epilepsy (21). The National Institute for Health and Care Excellence (NICE) also identifies that children in the Secure Estate are less likely to be fully immunised against infectious diseases than the general population (23). The international evidence also supports these identified, wide-ranging physical health needs. Whilst recognising the limitations of the available evidence, overall, reviewers have found that young people in detention had consistently poorer health profiles than young people in the general population (24).

Whilst the majority of the evidence on general health needs is therefore based on children in the Secure Estate, it seems highly likely that many are also as relevant to children in the community (25). Indeed, there is some limited evidence to suggest that children in the community may actually have higher needs in some areas, for example related to education, risky behaviour and relationships, and more alcohol and drug misuse, which it has been postulated could be related to reduced access to harmful substances and greater schooling provision in the Secure Estate (25).

Reviewers also note that the evidence shows that children under-utilise primary and preventive care in the community before entering custody (21), with higher use of reactive secondary care services, particularly at crisis points in their health (26) (27). This may also mean that these children are less likely to have engaged in health promoting and preventative healthcare, such as vital developmental checks, screening and immunisation programmes (26) (21) which, in turn, can have life-long consequences for their health.

Sexual health

There was no identified review level research available on the sexual health needs of children in contact with youth justice services in the community in the UK. However, a 2014 UK report on children and young people entering the Secure Estate concluded that they displayed high levels of risky sexual behaviour, including having multiple partners, and that nearly a quarter of young people had had at least one sexually transmitted infection (26). It also highlighted previous findings that 1 in 20 boys and 1 in 3 girls in the Secure Estate had experienced sexual abuse (26). Older UK evidence has also shown that a third of children in the Secure Estate in one Strategic Health Authority had put their health at risk through behaviour such as unsafe sex and prostitution and other HNAs found that children's identified physical health problems included blood–borne viruses, such as hepatitis B and C, and sexually transmitted diseases (21).

The international literature also supports this, with evidence showing that detained adolescents have an increased prevalence of pregnancies, many communicable diseases, STIs, and associated risk-taking behaviours when compared with their community peers (24)

(28). Examples of this included unprotected sex, inconsistent condom use, engaging in sexual intercourse while under the influence of drugs and/or alcohol, having multiple partners, and exchanging sexual intercourse for money or drugs (24) (28).

Neurodevelopmental disabilities

Neurodevelopmental disabilities, such as Attention Deficit Hyperactivity Disorder (ADHD), autism spectrum disorders (ASD) and traumatic brain injuries (TBI), can be caused by a range of factors such as genetic conditions, pregnancy-related complications, such as foetal alcohol and drug syndromes, birth trauma, acute injury and illness (29). They can lead to problems with memory, concentration, decreased awareness of an individual's emotional state, poor impulse control and poor social judgement (29).

Review level evidence identifies a substantial body of research (including multiple studies from the UK) showing a disproportionate prevalence of various neurodevelopmental disabilities among children in contact with youth justice systems (30). In particular, international reviews suggest that ADHD and conduct disorders are more prevalent among 'adolescents in the criminal justice system' than in the general population (30) (31). For example, a 2014 meta-analysis of the prevalence of ADHD in incarcerated populations (which included 3 studies from the UK) found that 30.1% of youth (under 18) in prison were estimated to have ADHD, compared with a published general population prevalence of 3-7% (32). Similarly there is an emerging body of research on a higher prevalence of foetal alcohol spectrum disorder (FASD) and some evidence showing a higher prevalence of ASD in young people in the Secure Estate but, for both conditions, reviewers note that there is insufficient evidence to draw firm conclusions (24) (30).

Evidence, though limited, also suggests that there is a higher prevalence of traumatic brain injury (TBI) among children in the Secure Estate than the general population (26) (24). A 2015 systematic review, which included one UK-based study, found that reported prevalence rates of brain injury ranged from 16.5% to 72.1% and, where control groups or directly comparable studies within the general population existed, there was strong and consistent evidence of a substantially greater TBI prevalence than in the general population (33). The 2012 UK-based study included in this review found that 72.1% of young people in one custodial institution had experienced a head injury (33) and another 2010 study of 197 young male offenders in the UK found that 60% reported some form of brain injury, with 46% reporting a loss of consciousness (34).

Speech, language and communication needs (SLCN)

In the UK, more than 10% of all children and young people have long-term speech, language and communication needs (35). However, evidence suggests that around 50% of children in areas of highest social disadvantage start school with delayed language or other identified SLCN (35).

UK and international reviews have highlighted the high prevalence of speech and language needs of children in contact with the youth justice system (26) (24). Older primary UK research has shown that, of young people who have offended, 66-90% had below average speech, language and communication skills on standardised tests, with 46-67% having language skills which were 'poor or very poor' (36). There have also been several more recent UK studies, which have supported this. One study, which compared a group of young offenders in the community matched with non-offenders found that, in a large proportion of young offenders, tests indicated a high incidence of developmental language disorders that

was much larger than that displayed by non-offenders (37). Another recent study of children in the community, found that 60% of the sample met the criteria for diagnosis of a developmental language disorder, identified lower associated reading difficulties and mean language scores and found that over half of young offenders exhibited socioemotional difficulties in the abnormal/borderline range (38).

Evidence from the Secure Estate also suggests that there are higher levels of SLCN; it has been estimated that at least 60% of the children who pass through YOIs each year would have difficulties with speech, language and communication sufficient to affect their ability to communicate with staff on a day-to-day basis (21) (36). A more recent study of 93 young people in a YOI in England also identified that 47% demonstrated an aspect of language skills significantly below the population average, with more than one in four identified as having impairment (39).

Multiple recent UK studies have also shown that, despite high incidences of developmental language disorders, very few children in contact with the youth justice system had received speech and language therapy and that only 5% of cases of speech and language communication needs were identified before offending (36) (37) (38) (39). Evidence also suggests that for many there had been 'multiple missed opportunities to identify and respond to language needs', particularly related to limited engagement with the education system (39). In particular, recent reports have identified that children may not have their needs accurately identified or supported at secondary school, a time when social communication difficulties can become more prominent, the nature of difficulties more complex and when associated behaviour, emotional and social or literacy difficulties may be identified as priorities (36). Many of these children will also have been absent from school for large periods so what help may have been available to them through school may not have, in practice, been accessible (36).

There is also evidence about the particularly profound effect of SLCN on children in contact with the youth justice system because of the importance of communication in interactions with adults, such as with police, and because they may be less able to benefit from verbally mediated interventions, such as anger management courses (36). SLCN can also affect how children understand their interactions with the youth justice system, such as in understanding terms such as 'breach', 'remorse' and 'conditional'; and may affect how they behave and are perceived (36). Specific examples of this given in the literature, include when a child spends considerable effort writing a letter of apology but it is not always made available to the victim, because 'the brevity of the letter could be perceived by victims as an insult'; or when 'monosyllabic responses'..'accompanied by non-verbal behaviours such as poor eye contact' could be 'perceived as rudeness or indifference' (38).

Wider learning disabilities and difficulties

The term learning disability is generally used when a child has a significantly reduced ability to understand complex information or learn new skills, a reduced ability to cope independently and a condition which has a lasting effect (21). The term learning difficulties (which may lead to a statement of special educational needs (SEN)) is used when a child has a significantly greater difficulty in learning than the majority of children of his age or has a disability which prevents or hinders him from making use of educational facilities (21). This broader definition includes children with emotional and behavioural problems, ADHD and ASD (21). Approximately 2.5% of children in the UK are believed to have a learning disability

(40) however, as mild to moderate learning disabilities can be difficult to identify and cannot be judged on IQ alone, figures remain inaccurate (21).

There is limited evidence regarding the prevalence and severity of learning difficulties in children in contact with the youth justice system in the UK (21) but the available evidence suggests that there is a higher proportion of children with both learning disabilities and difficulties than in the general population (30). In the period April 2014 to March 2016, YOTs' assessments of admissions entering youth custody from the community showed that there were concerns relating to learning disabilities or difficulties for around one third of admissions (32%) (22). A 2010 review of information held about children in custody showed that 18% of children had a statement of SEN, compared to an estimated 3% in the general population (41). This is supported by older literature showing low numeracy and literacy levels amongst children in the Secure Estate and a 2005 YJB study of children in contact with the youth justice system (community and custody), which showed that almost a quarter had IQ levels under 70 (21). It should also be noted that this evidence, based on quantifiable data such as IQ, may also fail to identify many of the other learning difficulties that children may have, such as reduced age-appropriate functional abilities which affects their skills for independent living (17).

4.1.3 Mental health needs

Estimates suggest that around 1 in 10 children and young people in the general population have a diagnosable mental health condition and proportions for those with some evidence of mental ill health (including anxiety and depression) are likely to be much higher (20). Recent survey evidence from Wales shows that 39% of young people reported mental health symptoms classed as at least slightly raised, with 19% reporting 'very high' mental health symptoms (42). Evidence also suggests that half of all mental health problems manifest before the age of 14 years, with 3 in 4 enduring mental health conditions being present by the age of 24: this makes adolescence a critical time for identification and support for mental health problems (20). There is also some evidence that mental health problems may disproportionately affect some children more than others. For example, In Wales, surveys of the general population show that young people from less affluent families were substantially more likely to report elevated mental health symptoms (42).

There is a strong body of evidence about the high prevalence of mental health needs amongst children in contact with the youth justice system in the UK. Reviewers have suggested that these children may be at higher risk of mental health problems because of three main reasons: the risk factors leading to 'offending behaviour' also predisposing to mental health problems (such as adverse childhood experiences); 'offending behaviour' in itself causing mental health problems; and the stress of interactions with the youth justice system leading to or exacerbating mental health problems (17). Indeed, it has been estimated that almost 1 in 3 diagnosed mental health conditions in adulthood relate directly to adverse childhood experiences that have subsequently impacted on psychological development and wellbeing (20).

There are varying statistics about what proportion of children in contact with the youth justice system do have mental health needs, particularly when considering different cohorts of children and depending on what conditions are included in the term 'mental health' (for example, some reviewers include conditions such as ADHD). A 2016 review of the literature

cited older UK evidence that the prevalence of mental health problems for young people in contact with the criminal justice system ranges from 25% to 81% (43). This is in keeping with a 2009 review of joint inspections, which found that 43% of children on community orders had emotional and mental health needs (44). More recent, UK Government statistics have shown that, in the period April 2014 to March 2016, of the YOTs' assessments of children entering youth custody from the community, there were concerns relating to suicide or self-harm in 31% of children and mental health in 33% (22).

There is less clear evidence about whether children in contact with the youth justice system but in the community have similar mental health needs to those in the Secure Estate, particularly as evidence may be affected by reporting and how well children are assessed. Some research has shown no significant difference between the mental health needs of 'detained young offenders' and those in the community (25). However, other reviewers have identified that children in the Secure Estate have a greater prevalence of mental health needs than children in the community, with high rates of harm and suicidal ideation (43).

When considering the kinds of mental health needs that children have, YJB research from 2005 indicated that, of the third of young offenders in custody and in the community who had mental health needs: 19% had problems with depression; 10% reported a history of self-harm within the last month; 11% suffered from anxiety; 11% from Post Traumatic Stress Disorder (PTSD); 7% reported hyperactivity; and 5% reported psychotic-like symptoms (43)). The international evidence is also strongly supportive of these UK findings. There are multiple recent reviews that show that detained adolescents have a higher prevalence of mental health disorders, including psychotic illnesses, suicidal behaviour, PTSD, depression and anxiety, than those in the wider community (24) (31) (30). One of these reviews, which included six UK studies, found that depression was the most common treatable mental health disorder[6] in male adolescents (present in about 1 in 10) and, in female adolescents, approximately one in four had depression, and one in five had PTSD (31).

Whilst acknowledging the importance of these many mental health needs, a recent Justice Committee Report into the youth justice system also noted that many children might not meet the criteria for generic Child and Adolescent Mental Health Services, despite presenting with multiple needs, and are therefore not getting the help they need (11). There is also evidence to suggest that the proportion of children affected by mental health needs is likely to be higher than statistics demonstrate because there may have been missed opportunities to recognise mental health needs and because many children's symptoms do not reach the threshold for a diagnosable disorder (45). For example, a recent review identified that, of 600 Asset forms evaluated in an older YJB study, only 15% of people with mental health problems were identified, much lower than the 31% of young people that the researchers had identified had a mental health problem (43).

4.1.4 Substance misuse

Substance misuse amongst children in contact with the youth justice system needs to be taken in the context of the use of substances in the general population of children and young people in the UK. Evidence is available from 2018 from an NHS survey of secondary school

[6] This review also included ADHD as a 'mental disorder' and found that depression and ADHD (prevalent in 1 in 5 male adolescents) were the two commonest treatable disorders in male adolescents.

children in England, aged between 11 to 15 years, which showed that 24% of pupils reported they had ever taken drugs and 17% said that they had taken drugs in the last year (46). Cannabis was the drug that pupils were most likely to have taken in the previous year; 30% of 15 year olds thought it was OK to try cannabis, 17% thought it was OK to use it once a week (46).

In this context, UK and international reviews have found strong evidence of high levels of smoking, drinking alcohol and illegal drug misuse among children in contact with the youth justice system (24) (25) (47). For example, research from 2007-08, showed that children consumed high levels of alcohol and drugs before entering the Secure Estate (48). Before coming into custody, 67% of children got drunk at least once a week, 16% were getting drunk every day and up to 84% of the children could be considered problematic or potentially problematic substance misusers (75% had used cannabis in the previous year; 38% ecstasy, 33% cocaine; 9% crack cocaine and 1% heroine) (48). More recent data (2017-18) shows that referrals from the youth justice system are the second most common referral routes to specialist treatment services (after education), making up 22% of referrals (although this figure has declined) (49). Another 2008 survey of young offenders on community orders through YOTs and YOIs in the North East of England showed: 64% scored positive for an alcohol use disorder and 30% for probable dependence when using adult cut-offs on the AUDIT alcohol screening tool (81% and 77% respectively when using adolescent cut-offs) (47). A previous UK review identified evidence that suggests that young women were as likely as young men to use drugs and that 17-year-old young women held in YOIs reported high levels of harmful drinking and illegal drug misuse, with 81% smoking (21). However, there are less clear data on children from minority ethnic groups. For example, whilst some previous evidence has shown lower 'levels of reported substance misuse (both illegal drugs and alcohol) among Black[7] and Asian juvenile offenders than among those from a White or Mixed ethnic background, clinical measures showed no significant differences, suggesting ‘this could be due to cultural differences in willingness to disclose’ (21).

When considering the reasons for and consequences of substance misuse, reviewers have noted that consumption of alcohol and drugs are key risk factors associated with offending for 10 to 15-year-olds (21). There is also an identified link between mental health issues and substance misuse, with UK evidence that over 60% of children in custody had often used illegal drugs to relieve anxiety, stress or depression or for other reasons related to their emotional state (21). There are also clear links between substance misuse and physical health, both in the short and long-term.

4.1.5 Other factors affecting health and wellbeing

As outlined above, there is a wealth of evidence available about the complex and interconnected health needs of children in contact with the youth justice system (4). However, many of these health needs are also deeply affected by wider factors, such as adverse childhood experiences and traumas, and wider socio-economic factors, such as those linked to deprivation. For example, a 2015 study of community youth justice services in London, reported that as many as 50% of children had had traumatic experiences and/or

[7] *Descriptive terms for ethnicity used by Tunnard et al. (21)*

been the victim of or witnessed crime, abuse and/or violence and around 40% had emotional and mental health needs linked to these (50).

Developmental trauma and adverse childhood experiences

International review-level literature supports an association between adversity in childhood and contact with the youth justice system, with the strongest evidence in high-income countries found for maltreatment, including sexual and physical abuse (30). This also shows that children involved in criminal justice systems have high rates of exposure to potentially traumatic experiences and a higher prevalence of post-traumatic stress disorder (30).

There is also a wealth of UK evidence that supports this, for children both in the community and in the Secure Estate. One UK review cited older evidence that over 96% of young male offenders had experienced at least one stressful life event and about two thirds had experienced five or more; the most common reported stressful events were exclusion from school and running away from home, with 1 in 20 males reporting to have experienced sexual abuse (25). Similarly, a 2006 YJB HNA into 17-year old women in YOIs noted their 'extreme vulnerability', having suffered 'multiple forms of abuse, neglect and social exclusion, with over 40% having been previously looked-after and 90% having left school before the age of 17' (18).

The literature suggests that many different childhood adverse and traumatic experiences are important in the lives of children in contact with the youth justice system. One important type is traumatic loss and separation through bereavement and family breakdown (51). UK research from 2008 showed that 17% of persistent young offenders had lost a parent and these bereavements were disproportionately traumatic or violent, compared with 4% in the general population at that time (21). Similarly, one UK study from 2005 found that only one third of children and young people in the youth justice system were living with both biological parents (21) and a 2007 study found that three quarters of children in custody had lived with someone other than a parent (51). Children in contact with the youth justice system are also more likely to have experienced a parent being in prison, with one UK study showing that 65% of boys with a convicted parent went on to offend (21).

The evidence also suggests considerable overlap between children in contact with social services and those in contact with the youth justice system, with children who are, or who have been, in care over-represented among the 'offender population' (44). A 2011 UK analysis found that 27% of young men and 45% of young women in custody said that they have spent some time in care (43). Similarly, Department for Education 2016 statistics showed that looked-after children are five times more likely than their peers in the general population to be subject to a formal youth justice disposal, although this may be an underestimate since they relate to those who have been continuously in care for 12 months or longer (52).

UK reviewers have also found that children in contact with the youth justice system face disproportionate levels of serious child maltreatment (at least twice that in the general population for children and young people in custody), as well as experiencing bullying, social exclusion and violence (21). Older UK evidence estimated that anywhere between 33% and 92% of children and young people in custody had experienced some sort of maltreatment (51) and 53% of children and young people who reported committing an offence had also been a victim, twice the rate for non-offenders at the time (21). Qualitative evidence from South Wales supports this, with interviewed young people sharing experiences of child

criminal and sexual exploitation, including being chosen by criminals to work because of their young age or female gender (53). UK statistics also show that: 25% of boys and 59% of girls in a sample of children held in the Secure Estate had witnessed domestic violence; 9% of boys and 35% of girls had substance abusing mothers; and 5% of boys and 18% of girls had substance abusing fathers (although caution is needed when comparing genders, as there were only 17 girls in this sample) (54).

Engagement at school

As outlined above, children in contact with the youth justice system have significant needs related to speech, language and communication, as well as learning disabilities and difficulties. However, more broadly, evidence shows that many children have struggled with learning and engagement in the education system, including through truanting and exclusion (21). Reviews also note that low educational achievement in school is itself a risk factor for a range of poor outcomes in adulthood, including offending behaviour, mental health problems and alcohol and drug misuse (27).

UK statistics show that 'young offenders' sentenced in 2014 that were at the end of Key Stage 2 (KS2) in academic year 2007/8 and Key Stage 4 (KS4) in academic year 2012/13, are less likely to have attained the expected level 4 at KS2 and headline performance measures at KS4 than in the pupil population (55). This is in keeping with the findings of other UK reports and reviews. For example, one report identified that 25% of children and young people in the youth justice system have identified special educational needs, 46% were rated as under achieving at school and 29% have literacy and numeracy problems (51). It also highlighted that 88% of young men and 89% of young women in YOIs had been excluded from school at some point and more than a third were younger than 14 when they last attended mainstream school (51). Beyond these wider statistics, these outcomes may be even worse for some children who come from ethnic groups that are already known to face inequalities in educational outcomes, for example for those from Gypsy Roma and Traveller backgrounds and with Black Caribbean ethnicity (56).

Wider social context

Finally, other ongoing circumstances may affect children in contact with the youth justice system. This includes homelessness, which may worsen the effects of other adverse experiences. One UK review identified research that 40% of children in community and custodial settings in contact with the youth justice system, were or had been homeless and 26% of those in custody did not have a place to live on their release (21).

Evidence also shows that some children in contact with the youth justice system are young parents themselves, which may create particular health and wellbeing needs for them, as well as risk factors for their own children. An analysis of children (10-17 years) entering youth custody between April 2014 and March 2016 showed that, of females, 7% were mothers or mothers-to-be (22% of data were unknown) and, of males, 5% were fathers or fathers-to-be (12% of data were unknown) (22).

Figure 7: indicators of disadvantage in home and family life, as compiled by the Prison Reform Trust (PRT), based on a sample of 200 sentenced children in 2008, with estimated comparative figures for the general population (54) *(reproduced with permission from the PRT)*

	General population of children	*Children in custody*
Experience of abuse in the family[1]	16%	39%
Deprived households[2]	13%	51%
Living in care[3]	0.6%	27%
Has ever run away/absconded	11%[4]	47%
Experience of death of parent(s) and/or sibling(s)	4%[5]	12%
Parents with substance misuse problems	2-3%[6]	7%

1 General population figure is for children experiencing serious maltreatment by parents during childhood – based on national random sample of 2,869 young people (18-24yrs) (source: Cawson, 2002); figure for custody sample includes experiences of abuse or neglect, or having been on child protection register.
2 Household deprivation for general population based on national average of secondary school children entitled to free school meals (source: DCSF, 2009a); for custody sample, includes dependence on benefits and unsuitable accommodation.
3 Children in care general population figure is percentage in care as at 31 March 2009, and incorporates all types of care orders (source: DCSF, 2009b); figure for custody sample includes any prior experience of care.
4 General population figure is an estimate of numbers of overnight runaways (sample 10,000) www.childrenssociety.org.uk
5 Source: Green et al (2005)
6 Source: ACMD (2003)

Finally, the evidence shows that, as illustrated in figure 7, the adverse and traumatic experiences and social circumstances that children in contact with the youth justice system face are often multiple and may be compounding (54). This means that many of these children not only find themselves disproportionately affected by adverse experiences but less able to build the resilience needed to cope with them.

4.2 Official statistics on the health and wellbeing needs of children in contact with the youth justice system in England and Wales

Data on the assessed needs of sentenced children in the youth justice system in England and Wales[8] indicate the vulnerability and complex needs of sentenced children and show that a large proportion of children had multiple identified concerns on their AssetPlus assessment (out of a possible 19) (57) (figure 8). More than 70% of children were also assessed as having a concern in the same 5 areas, these included three related to health: substance misuse; speech, language and communication; and mental health (57). These data also show that the number of concerns each child had increased with the severity of the type of sentence they received. For example, of the children assessed who received custodial sentences, 40% showed 15-19 concerns present, compared with 13% of children assessed who received lower level sentences (57). Finally, the data also show that over half

[8] Data have been published annually as experimental statistics for the last 2 years. The latest release, in January 2021, covers the period March 2019/20. These data are based on AssetPlus records and are therefore practitioners' assessments of children's needs.

(57%) of children had an assessed care status as a current or previous 'Child in Need'[9] (57) (figure 9).

Figure 8: concerns by type as a proportion of total children assessed, England and Wales, year ending March 2020 (57)

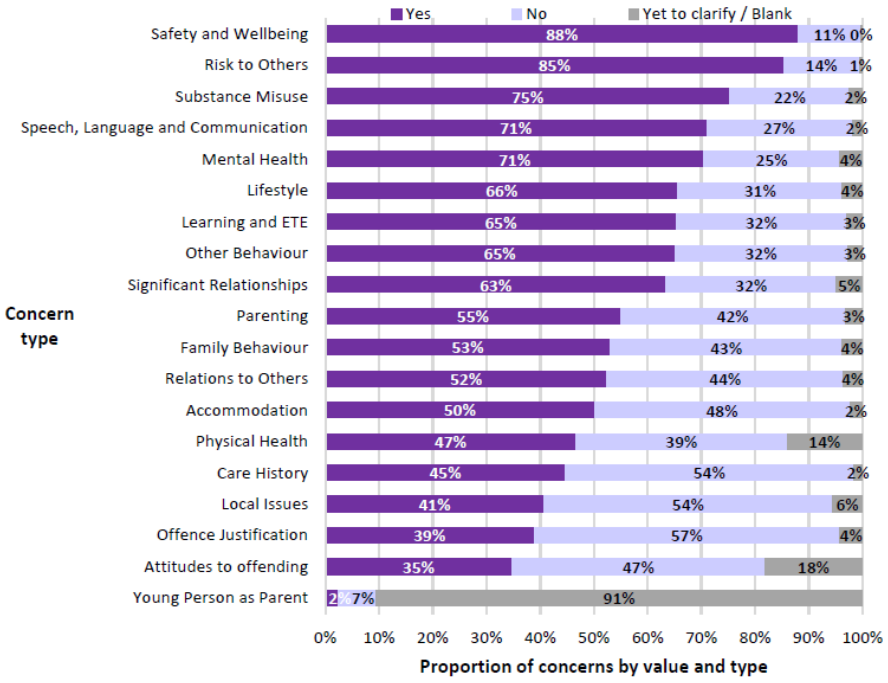
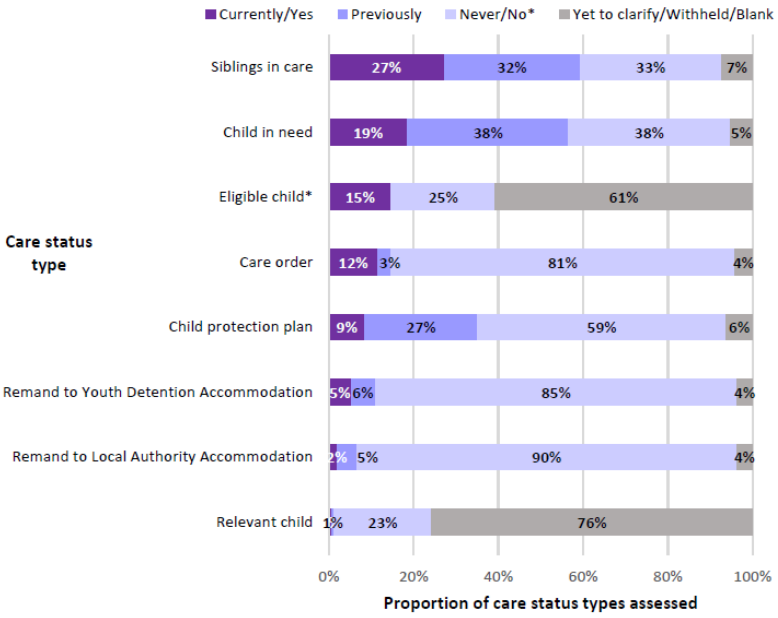


Figure 9: care status type as a proportion of children assessed, England and Wales, year ending March 2020[10] (57)



*Available values for Eligible Child are Yes, No, Yet to Clarify or Withheld

[9] *'A child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services'* (57).
[10] *'An Eligible Child refers to those in care aged 16 and 17 who have been looked after for a period to be prescribed. The age at which time in care starts to count towards eligibility will also be prescribed' (57)*

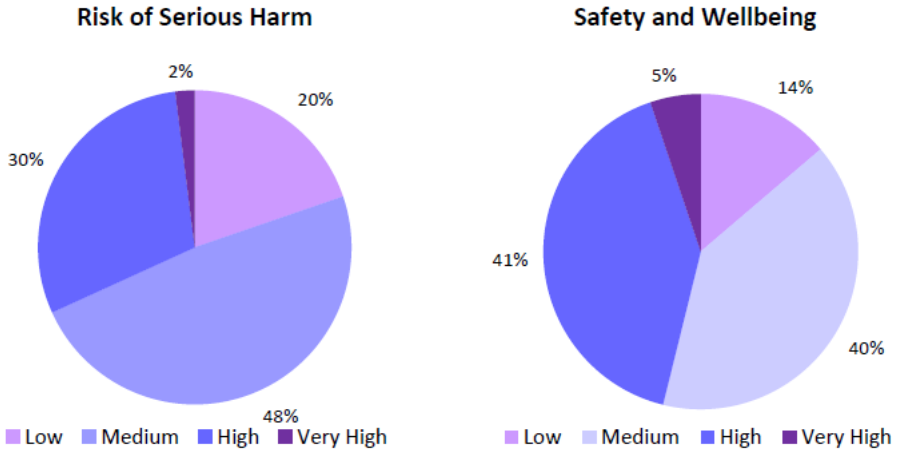
These national statistics also include a limited amount of data on demographics. They show that boys were assessed to have a greater proportion of concerns with Local Issues[11] than girls (45% compared to 27% for girls), whereas there was a greater proportion of Mental Health concerns for girls (80% compared with 71% for boys) (57). They also show that children aged 10-14 years showed a greater proportion of Speech, Language and Communication (80%), Mental Health (78%), Learning, Education, Training and Employment (76%) and Parenting (63%) concerns than 15-17 year olds (70%, 71%, 66% and 53% respectively) (57). However, 15-17 year olds who were assessed showed a greater proportion of Substance Misuse concerns (78% compared with 64% for 10-14 year olds) (57). When considering ethnicity, there was a greater proportion of children from minority ethnic backgrounds assessed as having concerns with Local Issues (Asian 40%, Black 58%, Mixed 50% and Other[12] 50%) than White children (39%) (57). However, a greater proportion of White children assessed had Mental Health concerns present (76%) than all those from a minority ethnic background, with the exception of children of Mixed ethnicity (Asian 54%, Black 61%, Mixed 76% and Other 65%) (57).

There is also evidence from these national data about the proportions of children who face a risk of serious harm or wellbeing[13] (figure 10). These show that the proportion of children that had a High or Very High Risk of Serious Harm increased with sentence type severity: 77% of children assessed who received a custodial sentence had a High or Very High Risk of Serious Harm rating; 39% of those who received community sentences; and 14% of those who received first-tier sentences (57). The proportion of assessed children with a rating of High or Very High was also greater for: boys (34%) than girls (13%); older children (32% of 15-17 year olds compared to 28% of 10-14 year olds); and three out of four minority ethnic groups when compared to White children (27% White; Asian 29%, Black 46%, Mixed 38% and Other backgrounds 40%) (57).

Finally, these data also provide information on the assessed Safety and Wellbeing of sentenced children in England and Wales[14] (figure 10). These show that 75% of children assessed who received a custodial sentence had a High or Very High rating, compared with 59% of those who received community sentences and 29% for those who received first-tier sentences (57). The proportion with High and Very High Safety and Wellbeing ratings was similar for girls (47%) and boys (46%) but higher for 10-14 year olds (50%) than 15-17 year olds (45%) (57). Finally, the data show that 57% of Black children assessed had a High or Very High rating, compared with 42% for Asian, 52% for Mixed, 53% for Other and 43% for White children (57).

[11] *concerns about the child being adversely affected by specific local tensions, pressures or issues*
[12] *definitions of ethnic background used in this statistical release (57)*
[13] *the imminence and likelihood of death or serious personal injury whether physical or psychological; rated as Low, Medium, High and Very High (57)*
[14] *defined as the risk of whether a young person's safety and well-being is now or in the future potentially compromised through his or her own behaviour, personal circumstances or because of the acts or omissions of others; rated as Low, Medium, High and Very High*

Figure 10: 'Risk of Serious Harm' and 'Safety and Wellbeing' ratings as a proportion of children assessed, England and Wales, year ending March 2020 (57)



4.3 The policy and strategic context of support for the health and wellbeing needs of children in contact with the youth justice system

The increasing proportions of children who are diverted away from the youth justice system has meant that those children who remain in it are often those with the most complex needs and vulnerabilities (11) and who may have more difficulties rehabilitating (15). This means that there has been a need for an increased focus on how to support these children with their health and wellbeing. As previously outlined, whilst UK legislation and policy directs parts of the youth justice system, the way that children in Wales are supported with their health and wellbeing is directed by Welsh policy and strategies.

In Wales, there have been several important policy developments over the last decades that have informed how children are supported with their health and wellbeing in the youth justice system. In 2014, the Welsh Government and the YJB published a joint strategy, 'Children and Young People First', to improve services for children from Wales in or at risk of becoming involved in the youth justice system (12). This built on the 2004 'All Wales Youth Offending Strategy' and its 2009 Delivery Plan. The 2014 strategy highlighted the need for children to be engaged in mainstream services through access to high quality prevention, treatment and support, with all services working in holistic, multi-agency partnership, and accountable for meeting the needs of children and young people (12). It also highlighted the fragmented pathways that exist into mainstream services (particularly at the end of sentence and the transition to adult services), the need for effective services for substance misuse, with simple referral pathways, and timely mental health support, with dedicated time from a Community and Adolescent Mental Health Service (CAMHS) in each YJS (12).

More recently, this strategy has been built on by the development, in 2019, of a 'Youth Justice Blueprint' for Wales (58). This Blueprint outlines guiding principles of taking a child-first and trauma-informed approach, aiming to build on the Well-Being of Future Generations (Wales) Act 2015 to improve outcomes for children, their families, victims and the wider community (58). In its approach to the community, it notes the importance of a child's background of emotional trauma and adverse childhood experiences (ACE) that can lead to complex needs (58). It also sets out plans to scope options to: roll-out a trauma-based

approach in Wales, including training on this; develop the Enhanced Case Management approach to complex and high-risk cases; and work to benefit children who have been involved in domestic abuse or sexual violence at home (58).

The Youth Justice Blueprint's trauma-based approach is in keeping with a considerable amount of wider work on trauma and ACEs in Wales over the last decade. This has included the establishment of a Violence Prevention Unit, with Home Office funding, in 2019, to take a public health approach to preventing violence (59). This has been developing evidence-based interventions to preventing violence and its underlying causes, including involving working with children in the youth justice system (59). The Welsh Government and Public Health Wales have also been working with partners specifically to raise awareness of the importance of adverse childhood experiences and trauma and to develop the Enhanced Case Management (ECM) approach for children with more complex needs (60).

Several recent strategic documents have also particularly emphasised the importance of the transition for children from the youth justice system to adult services. In 2017 'A Framework to support positive change for those at risk of offending in Wales 2018 – 2023', emphasised the importance of supporting young adults and, in particular, care leavers around this time (61). It also emphasised the need to support the families of offenders following sentencing (61). In 2020, a joint protocol for managing the cases of young people moving from youth offending services to the national probation service was also published in the UK (62). This highlighted the need for a transition plan to be developed 'as soon as the need is identified and no later than when a child reaches 17 years and 6 months', to seek to address any gaps, and ensure health (emotional, mental and physical) and learning and communication needs were planned for and managed (62).

Similarly, the importance of meeting the needs of children in the Secure Estate and the transition into and out of it has also been highlighted by reports, such as the refreshed Intercollegiate Healthcare Standards for Children and Young People in Secure Settings, published in 2019 (63). This report highlighted difficulties in meeting the health needs of children in secure settings, including that: children have often missed out on early attention to their health needs; many children may not have qualified for help because their problems were not deemed serious enough; and many children are only in secure settings for short periods of time (63). This report also included a group of standards on transition of care back into the community, including early planning for transfer to the community, continuity of care and an updated healthcare and holistic health transition plan (63).

More widely in the UK, several recent reviews and reports have also been significant in affecting the policy context for the youth justice system. In 2016, the Taylor Review identified the inadequate provision of mental health services for children in the youth justice system noting that many were unable to access mental health support because of high referral thresholds and, where they were accepted, missed appointments because of chaotic lifestyles (15). It also highlighted the need for mental health services provided through CAMHS to be more flexible and offer visits away from clinics and in children's home environments (15). Finally, in 2017, the Lammy Review found significant concerns about the disproportionate representation of ethnic minority children in contact with the YJS and its impacts on them (64).

4.4 National approaches to health and wellbeing support for children in contact with youth justice services

4.4.1 Models of health and wellbeing provision

In England and Wales, when a child is in contact with a youth justice service, their designated Case Manager should complete an AssetPlus assessment with them, whether they are in the formal youth justice system or not. AssetPlus is an assessment and planning intervention framework, which is designed to allow one record to follow a child throughout their time in the youth justice system (65). The AssetPlus contains a number of health screening questions, which are also a subset of another assessment tool, 'CHAT' (the Comprehensive Health Assessment Tool). In England, the YJB outlines that a positive answer to any of the screening tools in the AssetPlus should result in a referral for a full CHAT physical health or mental health assessment to be conducted by a specialist health worker, or other local tools or practices (66). The CHAT is not used universally in Wales and youth justice services use different approaches depending on local health provision.

How health and wellbeing services are provided to children in contact with the youth justice system has and still does differ across the UK. A comprehensive, UK government commissioned review from 2010, 'Just get on and do it', identified multiple models in use, these included (27):

- *The lone health practitioner model:* where practitioners tended to be located full-time in the YOT with low-level linkage to local health teams.
- *The foot-in foot-out model:* where the health practitioner typically had a presence in the YOT team as well as good systematic clinical and operational links with a specific local health team.
- *The virtual locality health team model: where h*ealth workers are located in the YOT and also have strong operational and clinical links with a specific health team outside the YOT; in addition they have developed systematic linkage, networks and joint working practices with broader health and mental health workers in the local area.
- *The outreach consultative mental health model:* where some direct services were provided to high-risk children as well as supervision and support to health workers.
- *The internal YOT health team:* where there is a team of health practitioners working together in the YOT, often with an internally located YOT health manager.
- *The external YOT health one-stop-shop:* where there was no health presence in the YOT with children referred to external resources commissioned in the local area (27).

This review recognised advantages and disadvantages of all these models but particularly noted the potential for isolation when health practitioners work in a YJS as a lone practitioner (27). They also identified that, in this kind of model, there were often struggles in accessing mainstream and specialist help for children and that what was provided to the children tended to reflect the professional expertise of the health worker (e.g. greater mental health support if they were from a mental health background (27)).

Multiple reports, including this 2010 review, have also identified other common issues with provision of support for children and recommended approaches to improve this. These included that most health and therapeutic support is focused at a very late stage in the youth justice pathway, rather than at earlier points when interventions might have been possible (27). There have also been persistent problems in accessing mainstream services and gaps in provision for children with mild to moderate learning disabilities, speech and

communication needs, those with conduct disorders and emerging personality disorders, and for children in custody (27). Other issues highlighted include the importance of transitions between child and adult services and community and the Secure Estate and a need to improve assessment of physical health needs (67) (68).

In considering recommendations for how provision can be improved, multiple reports have noted the need to support health practitioners sufficiently, for example by providing them with links into clinical teams and networks, such as with 'Looked After Child' (LAC) nurses, and through the regular and systematic presence of health and mental health workers in the YJS setting itself (27) (67). Others have also identified the need for greater sharing of information related to health (68). More recently, the 2014 'Bradley Report – 5 years on', noted that services that appeared to work well had a number of characteristics such as: being accessible and client led, had a primary focus on emotional wellbeing and communication and fostered consistent and continuous relationships (69).

Different parts of the UK have taken different approaches to responding to these highlighted needs. In England, in 2015, Public Health England and the YJB developed a coordinated approach between school nurse and youth justice services to enable early identification of health and well-being needs and the provision of primary healthcare services to young offenders and their families (70). This pathway adopted a life course approach with early interventions for health and wellbeing (70). In England, there has also been a Youth Justice Liaison and Diversion (YJLD) service developed, a system of early intervention set up in the NHS based on police custody (71). The YJLD service has recently been evaluated for adults, showing that services were successfully engaging with a group of service users with a broad range of vulnerabilities (72).

In Wales, there has been no specific approach recommended as to how health services should be delivered and no single model exists for how children are supported to access health and wellbeing support and services across youth justice services in Wales. For example, some youth justice services have health and wellbeing practitioners embedded within their services whilst others make referrals to external partner organisations when an issue has been identified.

4.4.2 Health and wellbeing standards

Despite this variation in health and wellbeing provision, there are a number of health and wellbeing standards that apply to all youth justice services in England and Wales. These standards include the need for a tailored plan for children in the youth justice system who are making a transition, whether into/out of the Secure Estate or into adulthood (73). These standards also note the importance of this process for health, giving examples of this, such as transition into: differing tiers of health provision; community services to secure services and back again; community forensic child and adolescent service; adolescent forensic services; learning disability services; Child and Adolescent Mental Health Services and adult health services (73).

In Wales, there are also further 'standards for children in the youth justice system' (2019), which require YJS to report quarterly on 4 key performance indicators, two of which are directly related to health. These are: (74)

- *Welsh Youth Justice Indicator (WYJI) 6: Access to substance misuse services for young people in the youth justice system.* This records the percentage of young people identified as requiring a substance misuse assessment that commence the assessment within 5 working days of the referral date, and, if the young person has been identified as requiring substance misuse treatment, this is received within 10 working days of assessment.
- *Welsh Youth Justice Indicator (WYJI) 7: Access to mental health services for young people in the youth justice system.* This records the percentage of young people identified as requiring a mental health assessment that received an assessment within 28 working days of the referral date, and, if the young person has been identified as requiring mental health treatment, this is received within 28 working days of assessment.

5 THE CARDIFF YOUTH JUSTICE SERVICE AND CHILDREN WHO ARE IN CONTACT WITH IT

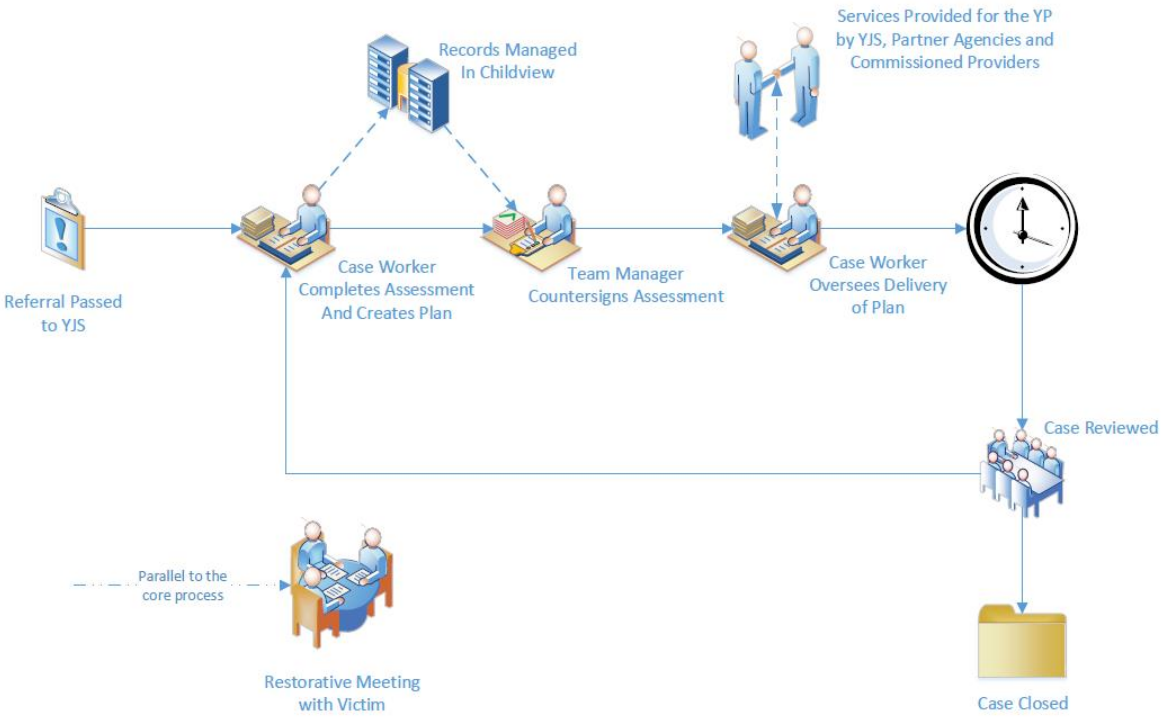
5.1 The Cardiff Youth Justice Service (YJS)

5.1.1 The structure of the YJS in Cardiff

The Cardiff YJS is a statutory, multi-agency partnership working with 10 to 17 year olds, with the remit of preventing offending and re-offending. The Cardiff YJS is overseen by a Youth Justice Board (YJB), made up of strategic partners who are responsible for working together to provide youth justice services in Cardiff. In particular, the Cardiff and Vale University Health Board (UHB) is represented on the Youth Justice Board at Strategic Leadership Level, the Youth Justice Board Committee at Service Leadership Level and on the Youth Justice Advocacy Panel at Chief Executive level.

In keeping with national trends, an increasing proportion of the children the YJS works with are in contact with it on a voluntary basis, to try and divert them away from entering the formal youth justice system. These children come into contact with the YJS through an Out of Court Disposal (OOCD), a non-statutory intervention for 'lower level' offending that does not warrant a court appearance, or via a Prevention referral, from agencies who are expressing concern that risk-taking behaviours are increasing and may result in arrest (figure 11).

Figure 11: the general intervention process for children in contact with the Cardiff YJS[15]



[15] *Mapping completed November 2021 by Cardiff Council, Performance & Partnerships*

All children who come into contact with the YJS are assessed using the AssetPlus assessment tool. The focus of this tool is to look at the potential risk of offending and/or reoffending, taking into account a number of static and dynamic factors and with a focus on desistance[16]. After assessment, intervention plans are devised to reduce risk factors and increase those desistance factors whilst ensuring any work is joined up with other supporting services across Cardiff Local Authority. Those children assessed as highest risk will require more intensive intervention. A child's 'Case Manager' will generally continue to work with them for the duration of their time in contact with the YJS. If a child from Cardiff is held in the Secure Estate, the Cardiff YJS continues to have overall responsibility for them during their time in this setting. They are also responsible for ensuring adequate transition into and back out of this setting from or to the community as well as the transition for young people in adult services when they reach 18 years.

In Cardiff, most children (under 18 years) who are taken into custody by the police are brought into Cardiff Bay Custody Suite. Some children who are brought into custody by the police have been arrested but others will attend voluntarily, not all are formally charged with a criminal offence. When in custody, children from the age of 10 years and above, are held in a cell where they can remain for a maximum of 24 hours before they are either released or further formal action is taken. At the point of entering custody, all children are assessed using the basic 'Here and Now' assessment tool which identifies if they have any illnesses or injuries, but no wider assessment of health or wellbeing is routinely made.

However, if there are any health concerns identified during a child's time in custody, there is access to a custody nurse who can review the child. During the time they are in custody, the police will also make contact with either a child's parent/carer or another appropriate adult, for example from the YJS. Children who are released without any further action may have no contact with the YJS after this point but, in all cases, the police should make a referral to Children's Services about the child. The details of all children in custody are also brought to the attention of the YJS through daily checks of the records of who has been detained. If the YJS identifies any concerns, they may make contact with the child and their parents/carers for any early intervention/assistance.

5.1.2 The 2020 Inspection into the Cardiff YJS and the response to it

In July 2020, Her Majesty's Inspectorate of Probation published their inspection report into Youth Offending Services in Cardiff. This inspection report covered a wide range of issues, such as wider management, many of which are likely to influence the needs and provision of services to support the health and wellbeing of children in the Cardiff YJS. However, it also outlined a number of specific findings related to health and concluded that, overall, 'there were serious gaps in service provision, particularly health and education services' (9).

[16] *The word used to describe how people with a previous pattern of offending come to abstain from crime (https://www.gov.uk/guidance/desistance).*

The inspection report also had a specific recommendation about health for Cardiff and Vale UHB. In general, it noted that it 'should ensure that its statutory duty to provide relevant and timely physical, sexual, emotional and mental health services to YOS children is fulfilled' and, more specifically, it noted the following concerns regarding: (9)

- the YJS healthcare post, which had been vacant for over 18 months
- the removal of three management posts within the YJS team, resulting in the escalation process for concerns about education, health or other provision being ineffective and health and education partners failing to fulfil their statutory duty to the YJS
- the lack of an established referral pathway to speech and language therapy via a YJS health professional. Whilst, speech and language therapy could be accessed through the YJS education worker, this post had not been covered since July 2019, which had left a gap in service provision
- the 'limited and basic' sexual health promotion available via a referral to a specialist worker based at the YJS
- the lack of healthcare professionals among YJS staff reducing the opportunity for YJS staff to be up-skilled in areas such as mental and emotional wellbeing and resulting in YJS staff becoming reliant on referring children to external services, which, in some case, the children did not meet the thresholds for

In the report, Inspectors also noted (9):

- the commitment and enthusiasm of partner substance misuse workers and that a range of appropriate substance misuse interventions were available. However, the YJS team managers could not evidence that there was regular communication between the YJS and the substance misuse partner agencies
- whilst it was evident that staff acted to address urgent health needs, there was a lack of resources at the YJS to help children access support for less acute health needs. They found that the YJS did not have the capacity to fully assess children's health needs beyond the basic AssetPlus health screening tool, and there was a lack of established pathways to meet assessed needs
- the physical and mental health screening on AssetPlus was not completed in a third of the case sample, leaving a large number of young people unassessed for health needs. They also noted that, even when full AssetPlus assessments were completed, there were no clear pathways for children to receive specialist physical or mental health services
- assessments of structural barriers to desistance were inadequate, especially given some of the gaps in wider partnership provision for the YJS cohort around health and education, with just one third of cases meeting their required standard

When considering the findings related to wellbeing, it should be noted that the Inspectorate's definition of wellbeing takes a different approach to the term than this HWBNA, including it alongside safety ('…those outcomes where the young person's safety and well-being may be compromised through their own behaviour, personal circumstances or because of the acts/omissions of others') (9). However, when considering wellbeing in this context, they also noted that (9):

- they were not confident that the YOS had accurate assessments or sufficiently robust plans to address and manage the safety and wellbeing and risk of harm issues of the children in the YOS caseload
- the YOS partnership did not utilise sufficiently the National Referral Mechanism[17] for protecting children being groomed by adults to take part in 'county lines' drug supply activity and some children were therefore not receiving the right support to keep themselves safe, meet their wellbeing needs or lessen risk to others

In response to the findings of this inspection report and the goals it had already set out in the Cardiff Youth Justice Strategy 20-22, 'All Our Futures', the Cardiff YJB developed the 'Cardiff Youth Justice Development Plan 2020-2021'[18]. This plan was approved at the Extraordinary Meeting of the Cardiff Youth Justice Board on Tuesday 14th July 2020, with responsibility for its delivery lying with the Cardiff YJB. The plan includes specific actions to respond to the findings and recommendations of the Inspection Report, many of which have already been instigated. These include undertaking this HWBNA, ensuring and disseminating agreed pathways for referral to services; and recruiting a new health worker to post (see below for further details).

5.2 Children in contact with the Cardiff YJS

5.2.1 Demographics of children

In general, there are a significant number of children and young people in Cardiff living in deprivation (75). In 2015, statistical area analysis of child deprivation in Wales, showed that the Local Authority of Cardiff (alongside Blaenau Gwent and Merthyr Tydfil) had the highest or second highest proportions of its lower super output areas (LSOAs) within the 10% most deprived LSOAs for 3 of the 6 indicators of child deprivation (76). Cardiff also had at least 1 of its LSOAs in the top 10 most deprived LSOAs for each indicator and had 9 of the 10 most deprived LSOAs for child overcrowding[19] (76). However, Cardiff is also known to have significant polarisation of deprivation, with a higher concentration of areas in the most and least deprived percentile than the other local authority areas in Wales (53).

Children in contact with the Cardiff YJS come from across Cardiff although there has been increasing concern about gangs establishing across the city, particularly in more socio-economically deprived areas. There are also known 'hotspot areas' for violence occurring within the more deprived, densely populated areas of Cardiff including Cathays, Adamsdown, Ely and Roath, and Cardiff also has the highest concentration of knife crime across South Wales (53).

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[17]The National Referral Mechanism (NRM) is a victim identification and support process which is designed to make it easier for all the different agencies that could be involved in a trafficking case to co-operate; to share information about potential victims and facilitate their access to advice, accommodation and support. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/233310/NRM_child_first_responders_guidance.pdf

[18] Available directly from the Cardiff YJB.

[19] Using the Welsh Index of Multiple Deprivation (2014). For full details see https://gov.wales/sites/default/files/statistics-and-research/2019-05/area-analysis-of-child-deprivation-2014-wimd-indicators-2014.pdf

Demographic data specifically on children in contact with the Cardiff YJS is available from two sources. One of these is a local review of all children in contact with the Cardiff YJS, which was undertaken in February 2021, for this HWBNA[20]. These data therefore include all children in contact with the YJS, whether or not they are formally in the youth justice system. The second source is annually published YJB statistics[21] that include children cautioned or sentenced in each financial year for each YOT in England and Wales[22]. These data therefore *only* include children formally in the youth justice system.

In Cardiff, YJB statistics show that, in the year 2019/20, the rate of children cautioned or sentenced per 10,000 of the general 10-17 year old population, was 50.3 (16). This was higher than the rate in most other youth offending team areas in Wales, except for Pembrokeshire, which had a rate of 57.8 (figure 12) (16). In this same year, the Cardiff YJS supervised the highest number of children cautioned or sentenced compared to other areas in Wales (n=159 in 2019/20 and 160 in 2018/19), nearly double the number in the YJS with the next highest number of children (figure 12) (16). There was a 54.4% proven reoffending rate in Cardiff (April 2017 to March 2018); the reoffending rate in England and Wales is 38.4% (9).

The local 'snapshot' review of Cardiff YJS data shows that, in February 2021, there were 175 children in contact with the Cardiff YJS (not just those in the formal youth justice system) and, for the whole of 2020, the YJS was in contact with 398 children (469 in 2019). In 2019, 13% of children did not engage with the YJS (these would have been children who were engaging on a voluntary basis), increasing to 20% in 2020.

Nationally collected YJB data show that 26% of children under the supervision of the Cardiff YJS were aged 10-14 years, with 74% between the ages of 15-17 years at the time they were cautioned or sentenced (equivalent figures were 80% in 2017/18 and 78% in 2018/19). This is similar to all England and Wales data, which show that 78% of children who received a caution or sentence were aged 15-17. However this proportion is higher than the 62% of children who are in contact with the Cardiff YJS and aged 15 to 17 years (as recorded locally in February 2021), which may reflect the younger age of children involved in prevention and diversionary programmes (figure 13).

Nationally collected YJB data show that, in 2019/20, 88% of children cautioned or sentenced and under the supervision of the Cardiff YJS were male, similar to the national figure of 85% of children who received cautions or sentences. Locally collected data on all children in contact with the Cardiff YJS in February 2021 also showed that 87% were male. These data also show that, since 2016, there has remained a similar gender balance: with the number of female children in contact with the YJS each year ranging from 11-14%.

[20] *Available directly from the Cardiff YJS.*
[21] *Available at https://www.gov.uk/government/statistics/youth-justice-statistics-2019-to-2020*
[22] *These data refer to 'YOTs' however, for clarity, in this HWBNA, YOT has been replaced with YJS when referring to Cardiff in these statistics.*

Figure 12: Table and map to show the rate of children cautioned or sentenced per 10,000 of general 10-17 population, Wales, year ending March 2020 (16)

	YOT (YJS)	Number of children	2019 mid-year population estimate	Rate per 10,000
1	Blaenau Gwent and Caerphilly	62	23,028	26.9
2	Bridgend	36	12,870	28.0
3	Cardiff	159	31,584	50.3
4	Carmarthenshire	56	17,040	32.9
5	Ceredigion	23	5,626	40.9
6	Conwy and Denbighshire	84	18,482	45.4
7	Cwm Taf	82	27,520	29.8
8	Flintshire	54	14,729	36.7
9	Gwynedd Mon	47	16,635	28.3
10	Monmouthshire and Torfaen	35	16,941	20.7
11	Neath Port Talbot	29	12,524	23.2
12	Newport	43	14,857	28.9
13	Pembrokeshire	64	11,071	57.8
14	Powys	30	11,268	26.6
15	Swansea	40	21,113	18.9
16	Vale of Glamorgan	39	12,462	31.3
17	Wrexham	32	12,863	24.9

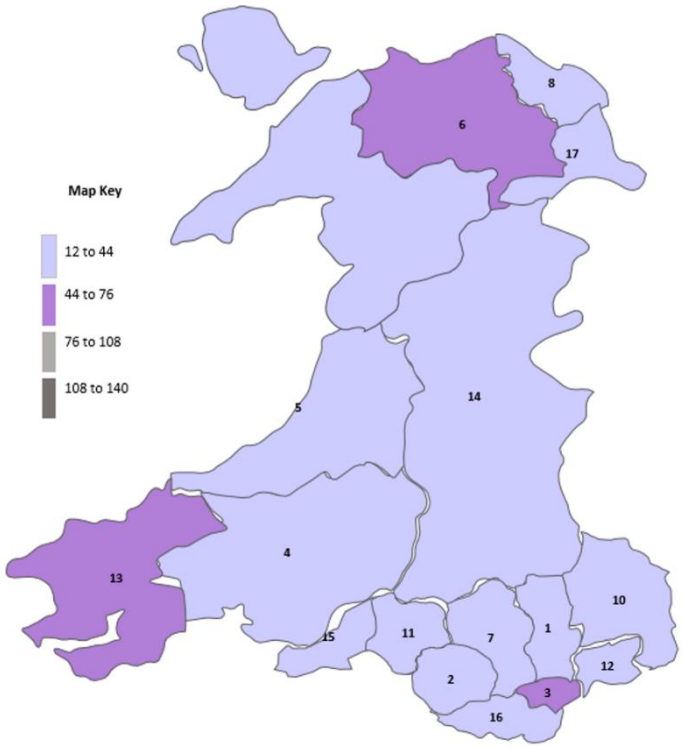
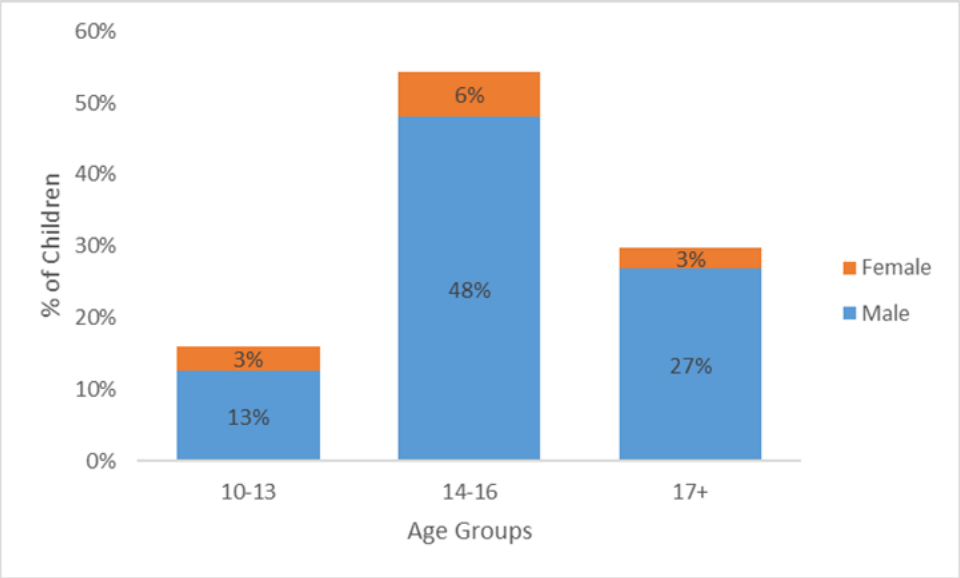


Figure 13: the proportion of total children in contact with the Cardiff YJS in February 2021, by age group and gender (percentages may not equal 100 because of rounding up)

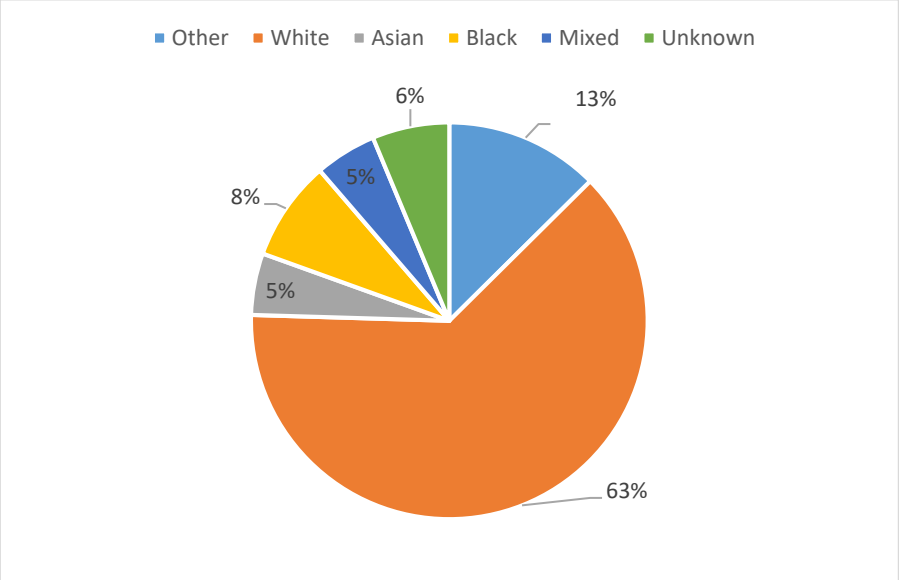


In keeping with national demographic statistics for England and Wales, the majority of children in contact with the Cardiff YJS are from White ethnic groups. This is also in keeping with the demographics of the whole 10-17 year old population in Cardiff. In the Cardiff area, 80% of children from the 10-17 population are from a White ethnic group and 20% from a minority ethnic group; this includes 3% from a Black ethnic group, 9% from an Asian ethnic group, 5% from Mixed and 3% from Other ethnic group (where ethnic group is known)[23].

Overall, in England and Wales, YJB statistics show that 71% of children cautioned or sentenced in the year ending March 2020 were White. YJB data about Cardiff show that of all children supervised by the Cardiff YJS, in 2019/20, 63% of children cautioned or sentenced self-identified as White, with 8% as Black, however, in 6% of cases, ethnicity of the child being supervised was not recorded (7% in 2018/19 and 5% in 2017/18) (figure 14). In comparison, 69% were from a White ethnic group in 2018/19, 73% in 2017/18 and 79% in 2016/17. This suggests a trend in a decreasing proportion of children supervised by the Cardiff YJS from a White ethnic group, although caution is needed when making these conclusions because of overall small numbers and the varying proportion of children without ethnicity recorded.

[23] *Figures derived from 2011 Census and mid-year population statistics (sent directly to Cardiff YJS from the YJB).*

Figure 14: YJB data on the percentage of children from Cardiff who have been cautioned or sentenced, by self-identified ethnicity, 2019/2020



Similarly, locally collected records show that of all children in contact with the YJS, 23% of children in February 2021 did not have their ethnicity recorded, which makes it difficult to draw conclusions and make comparisons about the proportion of children from different ethnic groups in contact more widely with the YJS. However, for those with ethnicity recorded, data show that 67% of children were from White ethnic groups. These local data also show that there has been a steady increase in the number of children in contact with the Cardiff YJS from minority ethnic groups, from 19% (of those with ethnicity recorded) in 2016 to 33% in 2021.

When comparing YJB data on Cardiff to data on neighbouring YJS, Cardiff and the Vale of Glamorgan YJS had the highest proportion of children with unknown records of ethnicity in 2019/20 (6% and 8% respectively), with Newport and Blaenau Gwent and Caerphilly YJS recording the ethnicity of all children they were supervising. Alongside the Newport YJS, data suggest that children being supervised by the Cardiff YJS were from more varied ethnic backgrounds than other neighbouring YJS, which is likely to reflect the local population in these cities. However, data also suggest that children from minority ethnic groups are over-represented when comparing the population of children cautioned or sentenced with the general 10-17 year old Cardiff population.

5.2.2 Information on the nature of children's offences and contact with the Cardiff YJS

Nationally published YJB data show that approximately a quarter of the proven offences for which children are supervised by the Cardiff YJS were for violence against the person, both in 2018/19 (26%) and in 2019/20 (24%). A similar proportion of offences committed were for drugs (12%), motoring offences (14%), theft and handling stolen goods (13%) and other (13%) in 2019/20. There were small percentages for other kinds of offences committed.

Locally collected data show that, until recently, approximately one third of the children in contact with the Cardiff YJS were in 'Prevention' or 'Divert'. These children were either referred to prevent involvement in an offence (after, for example, issues such as anti-social behaviour) or after being charged with an offence that had not resulted in them formally entering the youth justice system. Approximately another third of the children were supervised after 'out of court disposals' and the final third were supervised after being given 'court orders', with some of these children on the intensive supervision and surveillance programme (ISS) as an alternative to youth custody. However, recent trends have shown an increase in the proportion of the total children in contact with the Cardiff YJS who are in preventative programmes: in February 2021, 46% of the children in contact with the YJS at that time were in prevention pathways.

5.2.3 Children in custody

A limited amount of data were available about children who have been in custody in Cardiff. These data include any children in custody in the Cardiff Bay Custody Suite (wherever they live) and not only those children in contact with the Cardiff YJS.

These data show that a substantial number of children are held in police custody in Cardiff. For the 12 months ending April 2021, 590 children were held in the Cardiff Bay Suite who are under the age of 18 years. On average, they spent just less than 9 hours in custody and 34% of these were ultimately released with no further action. This means that they would not automatically have entered the formal youth justice system although their cases may have been identified by the YJS through their daily check of detention records.

However, YJS data show that 250 children were 'flagged' to the YJS for review, through daily checks of overnight stays in custody. This number is substantially lower than the number of children that the police held in custody over the last year. It is not clear if this difference relates to different collection methods, a lack of data collection or to children living outside the Cardiff area. However, this needs careful monitoring as it potentially means that a large number of children are not being picked up by the YJS for further assessment and support. It should also be noted that children who attend the station for voluntary interviews (86 children in Cardiff and Vale in the year ending 31st March 2021) will not be discussed with the YJS at all therefore the number of children not identified for potential further work with the YJS is likely to be even higher. There are no health data available about children in custody.

6 THE HEALTH AND WELLBEING NEEDS OF CHILDREN IN CONTACT WITH THE CARDIFF YOUTH JUSTICE SERVICE

6.1 Evidence about health and wellbeing needs from the available data

6.1.1 Health needs

The new Youth Justice Health Worker in post in the YJS has started to assess the basic health needs of all children they see for a health and wellbeing assessment. Out of the very small number of children they have seen for a full assessment, to date, 44% were not registered with a GP, 11% need to book a dental appointment and 22% needed a sexual health check.

AssetPlus data were also available for a limited number of children (n=115), when a review of records was completed in February 2021 (approximately 50% of these were in the formal youth justice system at that time). This means that 66% of children in contact with the YJS at the time had had an assessment completed but even when an AssetPlus was available, not all children had had all parts of the assessment completed. Whilst it is assumed that, in the majority of cases, this is because the issue under assessment was considered not a concern by the completing Case Manager, it is also possible that these parts of the assessment may have simply been missed out in error. For example, the question on substance misuse asks 'is there any evidence of substance misuse? Yes/No/Yet to clarify' but for those assessments with no answer given, it is unclear if this question was missed or deemed not relevant. When discussing these data below, proportions are therefore clearly stated as either proportions out of the total with assessments (n = 115) or as a proportion of those where these questions were answered.

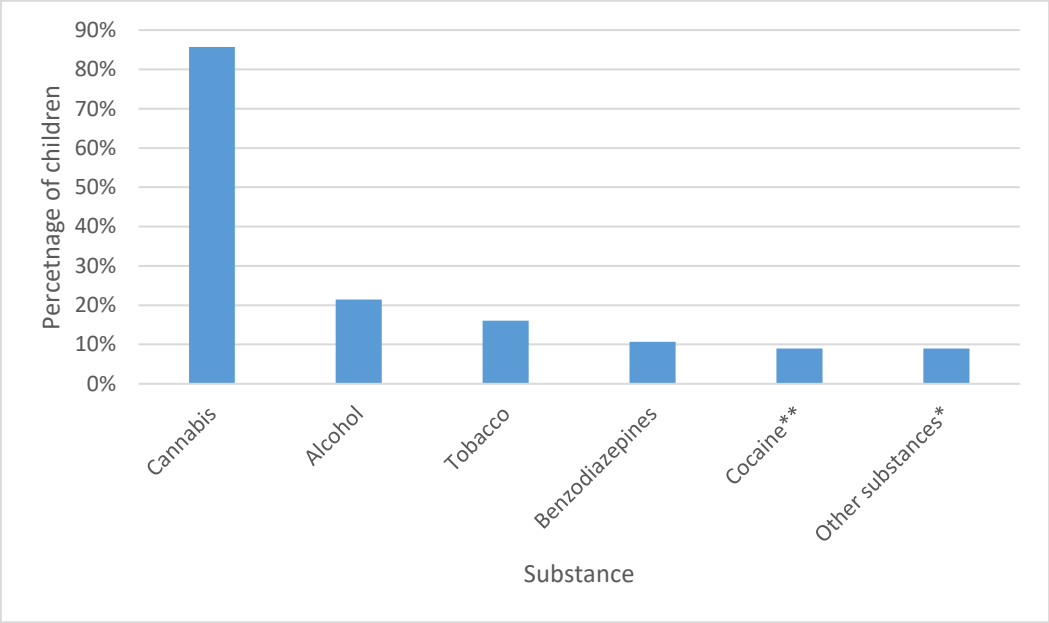
Of assessments with questions completed on substance misuse (for 84% of all 115 children), 58% identified evidence of substance misuse (49% of the total): 93% of those children were males and 27% were under the age of 16 years; 73% were from White ethnic groups and the rest from other minority ethnic groups or unknown ethnicity. The assessments show that the vast majority of children with evidence of substance misuse were misusing cannabis, followed by smaller proportions for alcohol, tobacco, benzodiazepines and cocaine; 61% of those identified as having a substance misuse problem were assessed as using substances regularly (figure 15). There was a very small proportion of children using other types of substances and there were no children currently or recently injecting drugs. There were also no children with an alcohol concern raised and, whilst 10% of children had a section on alcohol filled in on their assessment, only a very small number were identified as drinking more often than monthly.

The majority of children who had had an AssetPLus assessment completed had questions on physical health completed (around 90% or above). Of those with questions answered on physical health, 12% had a diagnosed physical health issue, 6% had current physical health symptoms identified, 8% were taking medications for physical illness, and 3% had contact with a GP or hospital for a major illness at the time of assessment. No children were identified as being or possibly being pregnant at the time of the assessment.

AssetPLus data give us limited detail on mental health conditions however, in general, most children who had had an AssetPLus assessment had questions on mental health answered

(between 76 and 93% depending on the question). Of children with questions answered on mental health, 26% had a diagnosed mental health condition (22% of the total 115 children) and 40% were already in contact with mental health services (37% of the total 115 children), although none were recorded as taking prescribed drugs for mental health conditions. Of all children with questions on mental health answered: 30% of assessments identified a risk or concern about the mental health of the child; 38% were identified as feeling sad/anxious or stressed; 18% had a history of deliberate self-harm; and between 5 and 10% had flashbacks of traumatic events, had previously attempted suicide or had thoughts of self-harm/suicide.

Figure 15: percentage of children in contact with the Cardiff YJS using different substances, as a percentage of all children assessed with a substance misuse problem (note: percentages do not equal 100, as children may be misusing more than one substance)[24]



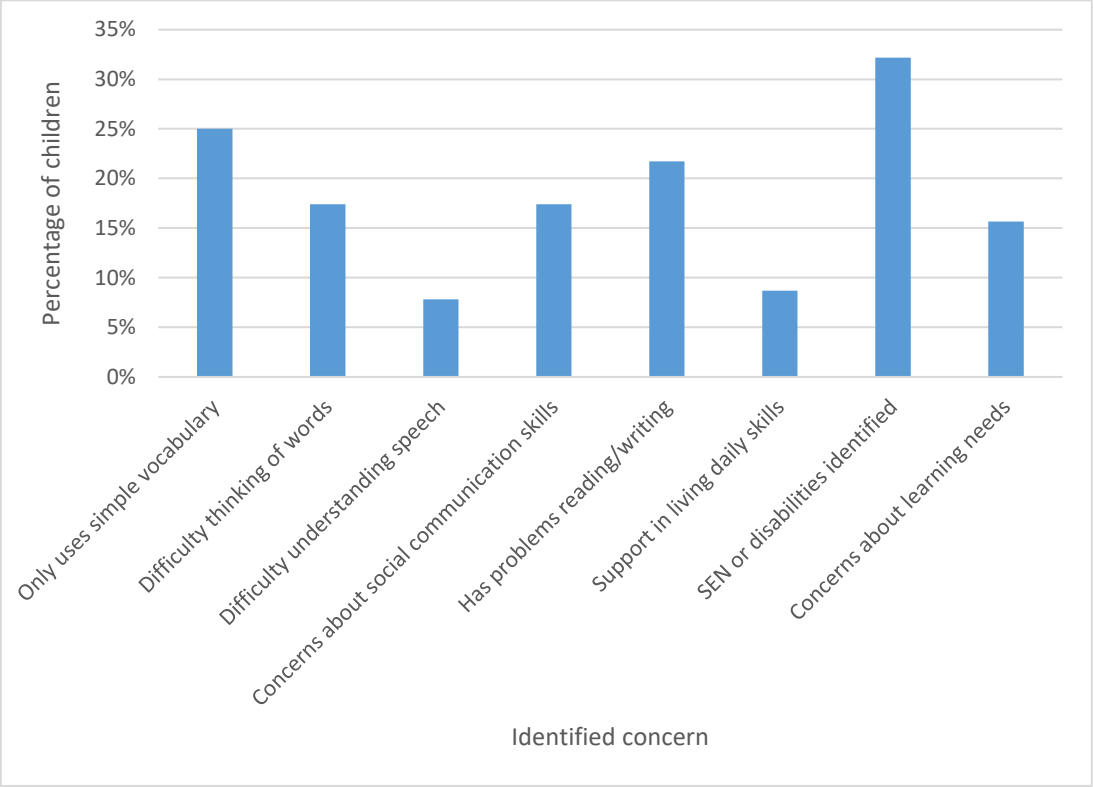
** all other substances (inhalants/volatile substances; psychoactive substances; opiates; hallucinogens; ecstasy/MDMA; Spice) used by ≤ 5 children*

*** used by ≤ 5 children*

A very high proportion of children had questions in their assessment completed on speech and language and learning needs (between 86 and 95%). The proportions of total children (n=115) with issues identified in these questions can be seen in figure 16: 25% were identified as only using simple vocabulary (27% of children with questions answered on this) and 22% as having problems reading or writing (23% of children with questions answered on this). The assessments also show that less than 5% had diagnosed social difficulties and less than 5% had a history of significant head injury. When considering learning needs, 9% of all children with completed AssetPlus assessments needed support in living daily skills; 32% had special educational needs (SEN) or disabilities identified (37% of those with questions answered on this) and 16% had concerns identified about learning needs (18% of those with questions answered on this).

[24] *Data available directly from the Cardiff YJS.*

Figure 16: Percentage of children in contact with the Cardiff YJS with concerns identified in their assessment related to speech, language and learning (out of all children with AssetPlus assessments, n=115) (note: percentages do not equal 100, as children may have more than one health need)[25]



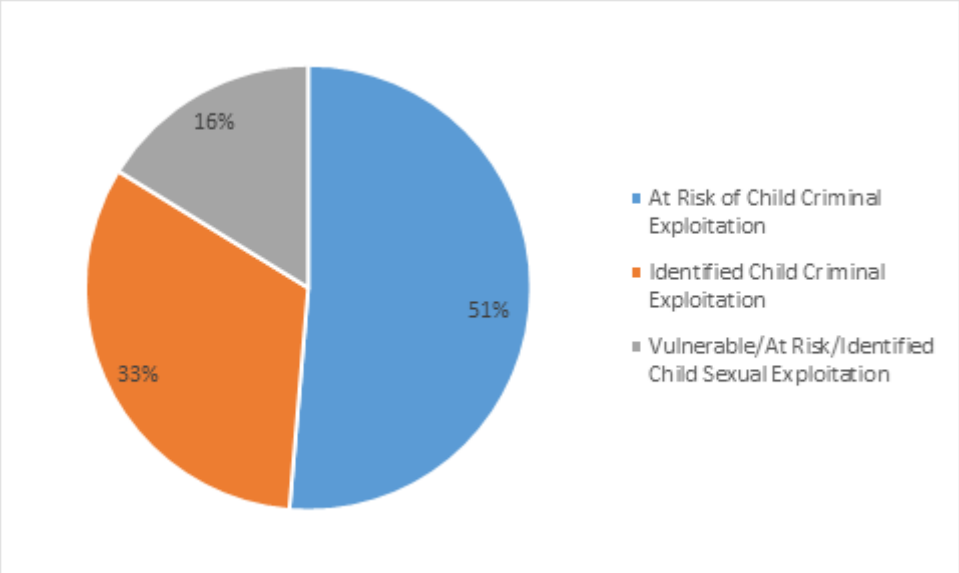
6.1.2 Wider wellbeing and social needs

Data collected locally about children in contact with the YJS show that, over the last years, there has been an increasing trend of children in contact with both Cardiff Children's Services and the Cardiff YJS at the same time: approximately 60% of children were in contact with both services in February 2021, 27% of these were as 'looked after' children.

Of the 175 children in contact with the YJS in February 2021, 21% were identified as either being at risk of or currently being exploited and 14% had been referred through the National Referral Mechanism (although it should be noted that additional children are also likely to have been referred through this by other agencies such as Children's Services). Of these children, 51% were assessed as at risk of child criminal exploitation, 33% identified as a victim of child criminal exploitation and 16% identified as at risk from or identified as a victim of child sexual exploitation (figure 17).

[25] *Data available directly from the Cardiff YJS.*

Figure 17: proportions of children in contact with the YJS by different exploitation concern (out of the 21% of children engaging with the YJS where an exploitation concern had been identified)[26]

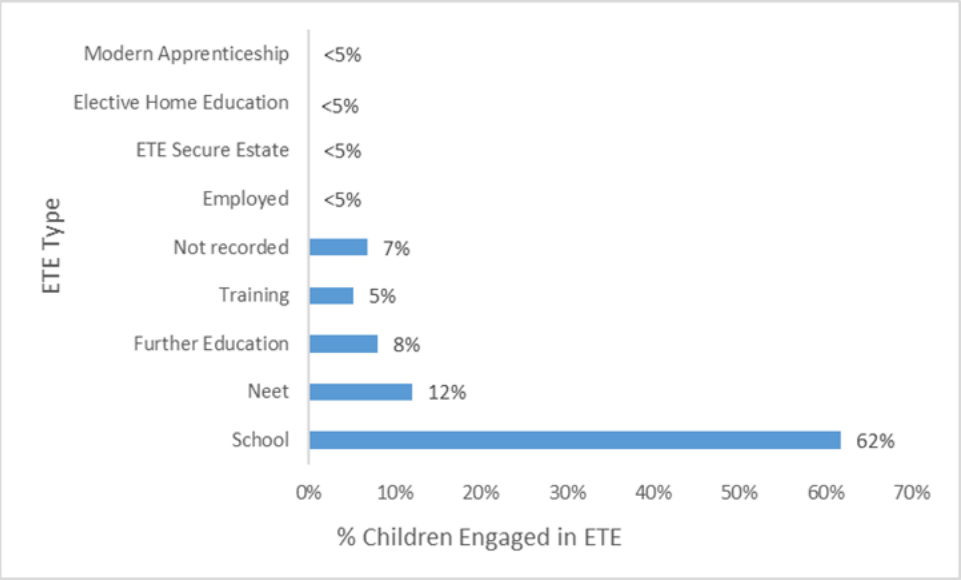


Further information on risk can be identified from AssetPlus assessments. Of the 115 children in contact with the Cardiff YJS in February 2021, who had had a recent AssetPlus assessment[27], 47% were assessed as high or very high risk for 'Safety and Wellbeing', similar to the England and Wales proportion for sentenced children (46%). Local data also show that 36% of children had a high or very high 'Risk of Serious Harm' assessment, again similar to the England and Wales proportion of 32%. AssetPlus assessments also show that, out of the children with information completed on exploitation, 23% were assessed as having sexual exploitation concerns (20% of all children with an assessment completed). Less than 5% of children with assessments completed were identified as having parenting responsibilities.

Local data are also available from a number of sources about the educational provision of children in the YJS in Cardiff. Out of the total 175 children in contact with the YJS in February 2021, 58% were of school age (16 years or under) although 62% were recorded as being in school (this proportion will also have included children who were in schools and older than 16 years) (figure 18). When considering the education, training or employment (ETE) provision that children received, 58% were engaged in 6 hours or more of ETE a week, 9% less than 5 hours, 15% received 0 hours of ETE a week and 18% did not have an up to date record of the ETE provision they were receiving.

[26] *Data available directly from the Cardiff YJS.*
[27] *AssetPlus assessment in the last 6 months.*

Figure 18: the type of education, training or employment (ETE) provision that children in contact with the Cardiff YJS were engaged in, in February 2021[28]*



** NEET = Not in education, employment or training*

Of the 115 children with an AssetPlus assessment completed in February 2021, there were ≤ 5 children in the Secure Estate at that time. Data also show that 39% of all completed assessments showed concerns regarding the accommodation of a child (41% of those with questions answered on this) and 38% of these children were under the age of 16 years. Possible 'concerns' that could be identified about accommodation include: instability of accommodation; absconding/staying away; its short-term/temporary nature; over-crowding, unhealthy or unsafe; offending in the family/residential home and living with known offenders.

6.2 Evidence gathered from children and their parents or carers about health and wellbeing needs

An engagement event was held to hear more from children and young people who were or had been in contact with the YJS. There was very limited attendance at this event, though the information gathered was supplemented by written feedback given to YJS professionals ahead of this event (see methods)[29]. The children and young people were asked in this event to discuss what health and wellbeing means to children and young people, how important it is to them and what aspects of health and wellbeing children and young people needed more support with or wanted to improve. They identified that:

- Mental health was the most important health need for children in contact with the YJS, including needs surrounding acute mental health crises.
- Substance misuse issues were also seen as a very important health need for children in contact with the YJS (and indeed the wider community of their peers). It was suggested that there is a lack of understanding amongst children and young

[28] *Data provided by Cardiff YJS.*
[29] *≤5 children/young people attended this session.*

people about the harmful health and wellbeing effects of substance misuse, as it is now so common in the community.

- To a lesser extent, sexual health was also discussed as an important health need.
- When asked directly about the importance of healthy lifestyles to children, it was identified that there was no general culture of aiming for better health and wellbeing e.g. healthier lifestyles or fitness, although some individuals might be interested in this.

6.3 Evidence from professionals who work for and with the Cardiff YJS

The views of professionals who work for and with the Cardiff YJS were gathered through two approaches: a questionnaire sent to all staff who work for the YJS and a series of semi-structured interviews with professionals who work with children in contact with the YJS. Those interviewed included YJS professionals (such as 'Case Managers'), as well as health professionals working in and with the YJS (see methods). Respondents were asked to consider a series of questions related to the health and wellbeing needs of children they work with.

There were multiple needs identified that related to mental health in the questionnaire responses. These included anxiety, depression and the long-term mental health effects of adverse childhood experiences, such as grief, and respondents considered many of these needs as 'unmet'. These identified needs were also mirrored by the ideas explored in semi-structured interviews. The strongest theme that emerged from the semi-structured interviews with both YJS and health professionals was that mental health was the most significant need of children they had worked with. More specifically, emotional wellbeing, anxiety and developmental trauma (also identified as 'adverse childhood experiences') also emerged as strong themes amongst professionals working in and with the YJS. Those in the YJS also noted children's needs related to managing 'normal' emotions, such as anger, a lack of resilience and poor self-esteem. There was also a strong theme that emerged across the interviewees that the COVID-19 pandemic had worsened the mental health and emotional wellbeing of children and increased feelings of isolation and anxiety.

Another strong theme identified in both questionnaires and interviews related to needs associated with substance misuse. It was also identified that, for many children, taking substances was now seen as 'normal' amongst peers and this affected how willing children were to engage with referrals for harmful substance misuse as they did not perceive a referral as necessary. Some health professionals also noted that substances were being used by children as a way of self-medicating for their mental health and emotional needs.

Other themes also emerged from the questionnaires and interviews with YJS and health professionals. These included speech, language and wider educational needs and, to a lesser extent, neurodevelopmental issues (such as developmental delay, ADHD and ASC). It was also noted that children had basic sexual health needs (related to issues such as consent, healthy relationships and testing for sexually transmitted diseases) as well as for more significant concerns such as harmful sexual behaviour or sexual exploitation.

Finally, two other areas of need also emerged during some of the interviews. The first of these was related to the health needs of children in contact with the YJS who identify as LGBT+ and particularly for children with needs related to transitioning to another gender. Secondly, a lack of healthy lifestyles (including diet, exercise and a lack of involvement in, and access to, leisure activities) and dentistry were also discussed in both the interviews and

questionnaires. Some professionals also felt that a ‘healthy lifestyle’ was not something that many children in contact with the YJS aspired to: a potentially unrecognised and unmet health need.

7 THE HEALTH AND WELLBEING PROVISION FOR CHILDREN IN CONTACT WITH THE CARDIFF YOUTH JUSTICE SERVICE

7.1 Health and wellbeing provision and service usage

7.1.1 General provision

Previously a full-time registered nurse was in post in the Cardiff YJS, employed by Cardiff and Vale University Health Board. However, this post had been vacant for approximately two years at the time that this HWBNA commenced. Therefore there had been no general health provision within the YJS in Cardiff and, if a YJS professional identified that a child had a health concern, they had to either make a referral to specialist provision themselves (where available and possible) or suggest that the child go to their GP for a referral. It should also be noted that, previously, only children being supervised by the YJS (i.e. those under statutory orders and not those involved in prevention work) had further support available to them, for example through referral to the substance misuse services commissioned by the YJS. This has now changed and any child in contact with the YJS can now be referred to these services.

During the course of this HWBNA, an art psychotherapist employed through the Specialist CAMHS (SCAMHS) Service has now filled the vacant post as a Youth Justice Health Worker. They have already started to make extensive changes to the referral pathway into specialist mental health services, as well as providing YJS professionals with the chance to discuss wider health and wellbeing issues with them.

In particular, the Health Worker has developed a new system of health consultations to support YJS professionals ('Case Managers'), so that they can access support flexibly and when they need it. This means that if a Case Manager identifies health or wellbeing concerns with a child they are working with, they can arrange to have a consultation with the Health Worker about them ('a health screening'). This informal consultation supports the Case Manager to discuss the concerns they have and can lead to a number of outcomes: the child can be booked in for a Health and Wellbeing assessment with the Health Worker; the Case Manager can be supported to work with the child themselves; or the child can be referred to another service.

If it is felt that the child would benefit from an in-depth assessment with the Health Worker, the child is offered this voluntary opportunity to go through concerns or issues they may have in more detail. Where indicated, the Health Worker can then also, with consent, refer the child for further support in programmes such as: Tier 3 SCAMHS (pathways for issues such as PTSD and depression); neurodevelopmental services (with pathways for issues such as ASD, ADHD); and Tier 1/2 specialist services (for other issues such as sexual violence).

7.1.2 Access to universal and targeted health provision in Cardiff

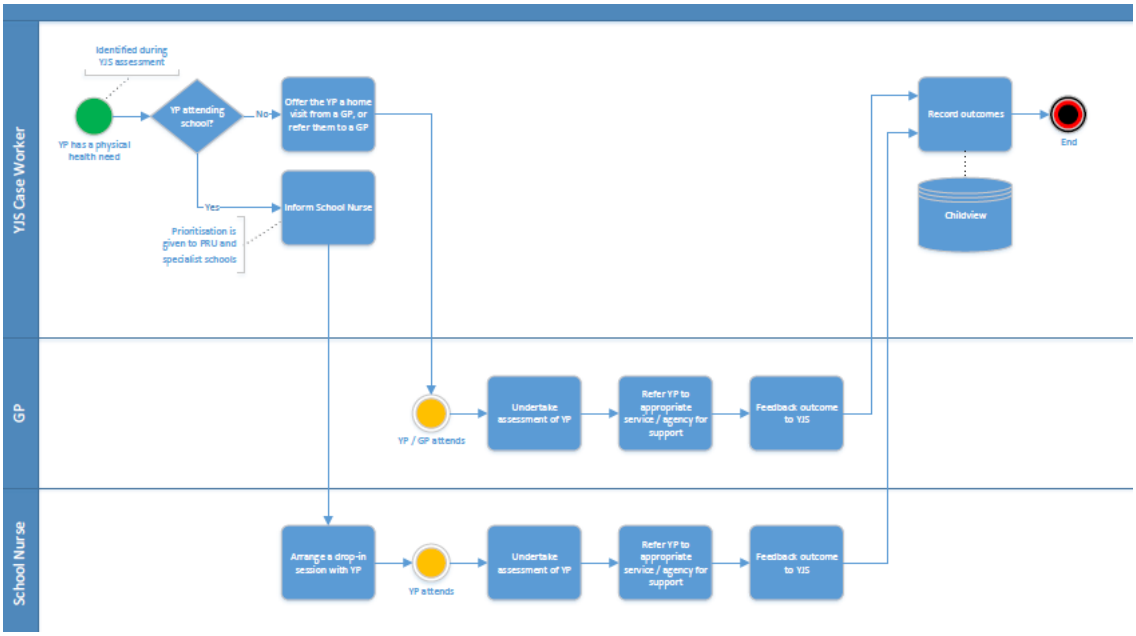
Children in contact with the YJS also have access to universal services that are available to all children and young people in Cardiff. For example, children in the YJS have access to

health support through their GP (including access to primary mental health services), dentist and optometrist.

All children in Cardiff can also self-refer to the Emotional Wellbeing Service (EWS) provided by Change Grow Live. This is a free and confidential open access service for emotional wellbeing and mental health, which promotes positive wellbeing and provides young people with tools to strengthen their emotional resilience and tackle negative thoughts and unhelpful behaviours. There are multiple other emotional health and wellbeing services available to children in Cardiff, some have been available for many years, provided by well-established organisations such as Barnardos, but others work in specific locations or over shorter periods as their funding streams allow.

However, some other available universal services can be dependent on a child's attendance at educational settings, for example through school counsellors or school nurses (figure 19).

Figure 19: health pathway for children in contact with the YJS through the school nursing team[30]



Other service provision available predominantly or solely to children in educational settings (including those in pupil referral units and those educated at home), includes:

- A confidential text messaging service to allow children and young people aged 11-19 years to access their school nurse, called Chat Health. A child or young person is able to send a SMS text message at any time and get 1:1 support from a school nurse. The school nurse is able to provide advice and support on all kinds of wellbeing issues such as bullying, smoking, healthy eating, relationships, alcohol, and sexual health advice. They may also signpost to other services, may arrange for a child or young person to attend a drop in session and can provide support, advice and access to immunisations as required.

[30] *Mapping completed November 2021; Cardiff Council, Performance & Partnerships*

- The Resilience Project, a Cardiff and Vale University Health Board project in partnership with Mental Health Foundation and Education and Children's Services. The project aims to build greater capacity, expertise and mental health resilience for children and young people, primarily through educational settings.

Where a child in Cardiff has 'Looked After' status they will also have the support of a named nurse who can provide them with health support. Children in contact with the Cardiff YJS who are 'Looked After', can also access the psychology led 'Enfys team', who can support emotional health and wellbeing issues. This team use a trauma-informed model and link closely with colleagues in the Adolescent Resource Centre and with CAMHS, as required.

7.1.3 Specialist mental health provision

An art psychotherapist took up post as the Youth Justice Health Worker in the Cardiff YJS in November 2020 (0.8 whole-time equivalent). The Health Worker is a specialist mental health practitioner who is based in the YJS but part of the Forensic CAMHS (FCAMHS) team, employed through the Specialist CAMHS (SCAMHS) service. Their role is to provide advice, consultation, assessment and specialist therapeutic intervention to children and their families in contact with the YJS as well as to CAMHS, the tier 3 forensic team and other professionals as appropriate. They can also refer to other health services, including emotional and mental health services, when required.

A Consultant Psychiatrist from the UHB's FCAMHS team (part of the SCAMHS service) also attends YJS meetings and undertakes forensic assessments where indicated (one session a week allocated to YJS work). Before the appointment of the new Health Worker, the FCAMHS team also provided monthly consultation sessions with YJS professionals to discuss children's cases and these are still continuing at present. All documentation of mental health referrals, consultations, assessments and interventions are made on health records and a brief summary of consultations is made available to add to the YJS system.

The Youth Justice Health Worker has already instigated a new system to offer a consultation process for YJS professionals with concerns about the mental health and wellbeing of the child they are working with (see above). Where indicated, this consultation process may result in a further, in-depth assessment with the YJS Health Worker. This assessment has been designed by the Health Worker to, in itself, act as a first stage of work with the child but it may then also lead to ongoing therapeutic work such as Acceptance and Commitment Therapy, Dialectical Behavioural Therapy, and trauma focused work using Art Psychotherapy as the model.

Where the Health Worker feels that more specialist support is needed, they may refer a child for specialist support through CAMHS. For example, where they feel that a CAMHS assessment or a specific forensic assessment is required through FCAMHS, they will make a referral onwards to these services. The FCAMHS team offer limited specific interventions and also work closely with the Forensic Adolescent Community Treatment Services (FACT) team (another Wales tier 4 team), facilitating joint assessment or onward referral to this service, as appropriate. Children who are referred in to work with CAMHS are offered assessments in clinic (either face-to-face or virtually during the COVID-19 pandemic), with interventions following a 6-session intervention model. If children do not attend sessions or do not engage with them, they are discharged from CAMHS. In some cases, where children

have co-existing substance misuse issues, children may also be referred to the Young People's Drug and Alcohol Service (YPDAS) (a tier 3/4 service) in CAMHS (see below).

7.1.4 Substance misuse provision

The Youth Offending Management Board and Area Planning Board for Substance Misuse are responsible for the planning and commissioning of substance misuse services for children and young people in Cardiff. Provision available to the Cardiff YJS is from a number of specialist services. These specialist services comprise third sector posts (from Adferiad Recovery and Change Grow Live (CGL)) which are based within the Cardiff YJS, the Young People's Drug and Alcohol service (YPDAS) and the substance misuse element of the Emotional Wellbeing Service (provided by Change Grow Live).

There are two full-time substance misuse worker posts in the Cardiff YJS. The first of these is provided by Adferiad Recovery and the second from CGL and both carry out specialist assessments and develop and deliver intervention programmes for children. These may include group work sessions, individual education, or diversionary activities, such as offering studio time for recording music. The support offered by the substance misuse workers focuses on harm reduction and associated mental health issues. For example, they provide unbiased information on topics such as: drug awareness; education around a child's drug of choice; the law; poly-drug use; risks relating to drug/alcohol use; exploitation and county lines; harm reduction (how to use, reduce and stop safely) and interventions to support becoming /remaining abstinent.

There is a clear pathway in place for referring a child in the YJS for further support if there is concern that they have a substance misuse issue (figure 20). If a YJS professional identifies that a child has a substance misuse issue, they obtain consent from them and then refer them to the substance misuse workers in the YJS. This referral happens electronically via Childview and an allocation meeting is held on a weekly basis. Both substance misuse workers and a specialist nurse from YPDAS attend this meeting, which was also previously attended by the general health nurse when in post at the YJS. During this meeting, children are allocated to one of the different substance misuse workers and, where a child has particularly high risks or complex needs, YPDAS may provide services for them (see below). However, it should be noted that this meeting has not always been happening recently.

There is also a fortnightly 'Joint Allocation Meeting' (JAM) for substance misuse services from across Cardiff and the Vale to discuss any cases that might need joint working across agencies and to ensure smooth transition of services when children enter or leave the Secure Estate or when they transition to adult services.

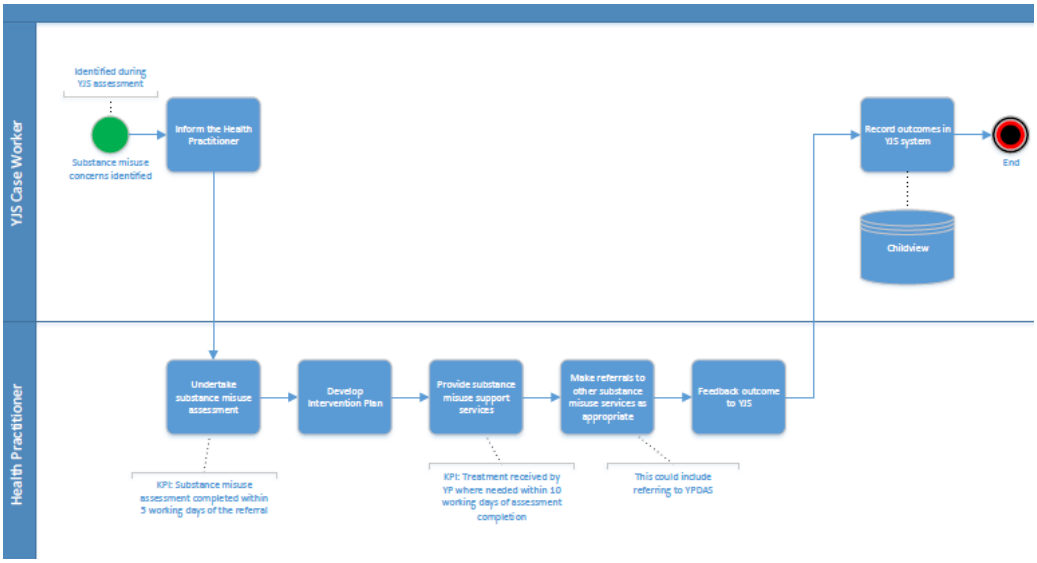
The YJS substance misuse workers liaise closely with a child's Case Manager and any other professionals working with them. For example, if the substance misuse workers identify other health or wellbeing issues that they feel need addressing, they can discuss these directly with the child or refer them back to their Case Manager for further support. If they identify that the child has associated mental health issues that would benefit from further support, they can also refer to the EWS.

Referrals to YPDAS may be indicated in a variety of situations such as when children have polydrug use, are pregnant whilst using substances, have substance misuse dependencies, when there are major safeguarding concerns or a dual diagnosis of a mental health problem

and substance misuse issues. There is one nurse specialist in this service dedicated to the YJS. Referrals to them can be made directly from YJS professionals, after discussion with the Health Worker, or after multi-disciplinary discussion at the JAM. There is no significant waiting time to see this nurse specialist (approximately 1 week) and enough capacity amongst this service for the number of referrals that are currently being received.

When a substance misuse worker and the child they are working with feel that they have completed their period of work together, the child is referred back to their Case Manager. However, the substance misuse worker and child can continue to work together even after their time working with the YJS has ended, if it is felt that that would be beneficial for the child.

Figure 20: the substance misuse pathway for children in contact with the Cardiff YJS[31]



7.1.5 Harmful sexual behaviour

There is currently one, full-time Harmful Sexual Behaviour (HSB) Prevention Practitioner in the Cardiff YJS. There is currently no specific training on HSB delivered to the wider YJS professionals, although all have access to training through Cardiff Council as well as other external sources. Many YJS professionals are C-Card trained[32] and can offer basic advice on sexual health or refer children to the Cardiff Royal Infirmary if a clinical review or advice is needed.

Where YJS professionals are concerned about harmful sexual behaviour (either that the child is engaged in sexual behaviour that is harmful to themselves or to others) they can refer the child to the HSB Prevention Practitioner. The HSB may be the focus of the work or it may be another issue that has been identified as a YJS professional has worked with the child. A child's Case Manager will speak directly to the HSB Practitioner in the first instance to discuss the child and, where appropriate, then proceed to make a formal referral via

[31] *Mapping completed November 2021; Cardiff Council, Performance & Partnerships*
[32] *The C Card scheme is a free sexual health advice and condom service for young people aged 13-25. Those who are C Card trained can register young people onto the C Card Scheme and work in a C Card Site.*

Childview. The HSB Practitioner can also receive referrals directly from other professionals such as teachers or social workers.

Children engaging in HSB are offered different levels of support and services depending on their assessed level of risk. The HSB Prevention Practitioner will discuss with other professionals to informally categorise a child as low, medium or high risk, with different approaches for them based on this risk.

Children with a low level of risk may only need limited support from their Case Manager or the HSB Prevention Practitioner or, for ongoing support, may be referred to the YMCA Sexual Health Outreach Team. This team provide a support worker for each child and offer support on topics such as healthy relationships and sexual health, through group work sessions, individual work or through ad hoc work at their youth centre. If a child requires physical sexual health support, such as contraceptive advice or testing for sexually transmitted infections, they are referred to the Cardiff Royal Infirmary where the HSB Practitioner is able to ensure the child is fast-tracked.

For children with a medium level of risk, a child works directly with the HSB Practitioner, developing a relationship with them and working through their HSB needs through individual or, in some cases, group work. Examples of topics covered include consent, touching, on-line risks and safety; and previous group work has included a 6-week intervention programme for a group of children who were identified as having issues including substance misuse and HSB.

For children with a high level of risk, a HSB strategy meeting is organised by a child's social worker for involved professionals to discuss the best approaches for this child. In some cases, following this meeting, support will continue to be offered by the YJS HSB Prevention Practitioner but, in more serious cases, they will be referred to the Barnardo's Better Futures Programme. Waiting lists for this programme are currently long and, in some cases, the YJS HSB Practitioner offers some interim support to these children whilst on the waiting list.

For children in contact with the YJS, work on HSB may form part of a compulsory court order but, for the majority of children, involvement in this is voluntary. In all cases, the HSB Practitioner completes their own HSB assessment form to inform what work should be done with the children. When the HSB Practitioner and the child they have been working with feel that their work together is finished, the Practitioner ensures that the child has retained and can put into practice their new understanding, before ending their work together. There is no specific time limit for support from the HSB Practitioner.

7.1.6 Speech and language provision

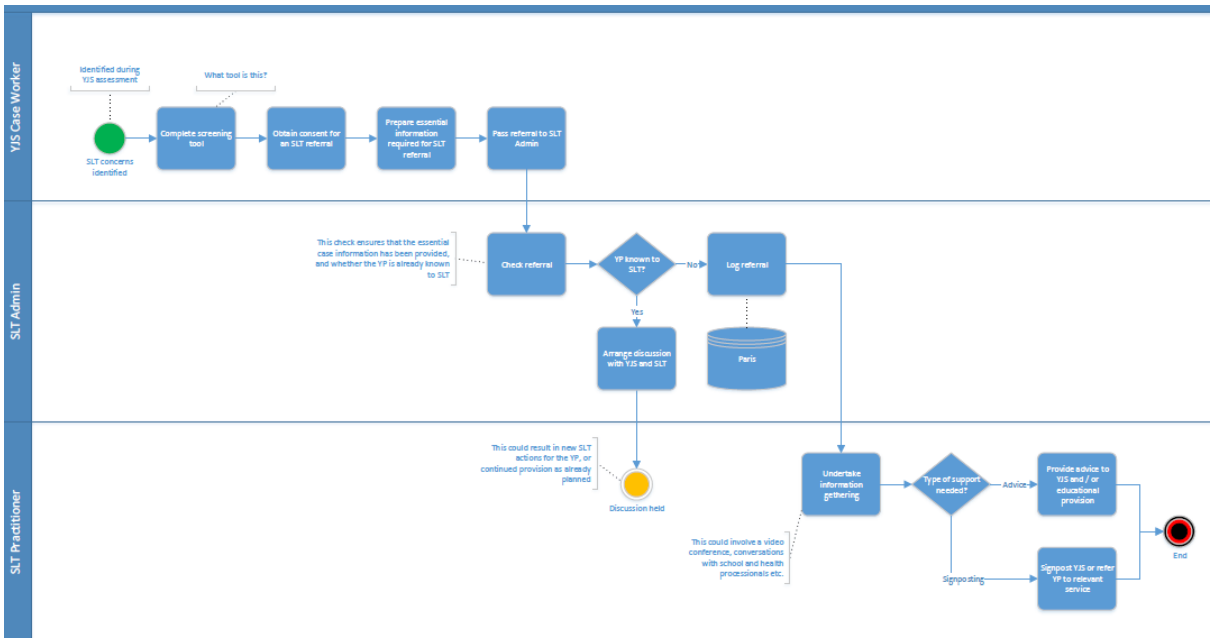
There is no dedicated speech and language therapy provision for the Cardiff YJS. However, children identified by YJS professionals as being in need of speech and language therapy can be referred to the Cardiff and Vale UHB Children's Speech and Language Therapy Service. This has an open referral system for children and young people aged 0 – 18 years and is able to provide:

- General advice and strategies
- Generic assessment of speech, language and communication
- Intervention for clinical conditions where appropriate

- Referral on to specialised multidisciplinary services (such as the Integrated Autism Service and neuropsychiatry) where necessary

Children in the YJS with speech and language difficulties who attend educational settings (including the pupil referral unit and home tuition) can also receive speech and language therapy from a specialist speech and language therapist. This enhanced service is funded by Cardiff Council Education Department (figure 21). The UHB Children's Speech and Language Team have recently provided training to YJS professionals to raise awareness of speech and language needs, to signpost them to resources and ensure that professionals had clear guidance about when and how to make a referral.

Figure 21: referral pathway for children in contact with the Cardiff YJS with identified speech and language issues [33]



7.1.7 Access to neurodevelopmental pathways

Previously, where a YJS professional identified that a child they were working with might have a neurodisability (such as ASD or ADHD) or related need, they had to go through a child's GP to make a referral. However, since the appointment of the Youth Justice Health Worker, they can now discuss these needs together and, where indicated, the Health Worker will make a referral to the Child and Family Health, Paediatric Referral Management Team, where it can be triaged through their multi-disciplinary team (Single Point of Access meeting).

7.1.8 Wider wellbeing provision for children in the YJS

As part of the YJS's wellbeing provision, there are diversionary activities and opportunities available specifically for children in contact with the YJS. Whilst some of these are provided by the YJS itself (such as working on their community allotment), others are provided

[33] *Mapping completed November 2021; Cardiff Council, Performance & Partnerships*

through other organisations (such as sporting activities and community art projects). The third sector organisation, Media Academy Cymru (MAC), is also commissioned to provide interventions for children. Some professionals employed by MAC also act as Case Managers for the children in the YJS. There are a number of possible interventions offered by MAC, as outlined below (figure 22). Whilst engagement in these is voluntary, children referred for these interventions are strongly encouraged to participate. Many of these programmes are designed to include elements of support for health and wellbeing, as either a primary or a secondary aim.

Figure 22: examples of programmes offered by Media Academy Cymru for children who have been referred to them from the Cardiff YJS

Cerridwen	7 week, designed for use with groups but the concepts and activities can also be used with individuals. To help young people explore the usefulness of current behaviours and communication styles and to gain new insights within a supportive environment.
Braver Choices	A bespoke package of 1:1 interventions for young people identified as at risk of or already engaging with weapons.
Exploitation	1:1 case management of young people identified as at risk of or experiencing child exploitation. Through bespoke case management, young people are supported with any unmet needs, as well as addressing any risky and harmful behaviours; supporting exploited young people to not be criminalised.
Parallel lives	Group based workshops for families who are experiencing adolescent to parent violence/abuse (APVA). Participants of the programme learn to identify feelings that can lead them into negative cycles with people in their lives, and how to reverse negative relationship patterns that may have developed.

7.2 What the evidence tells us about how effective health and wellbeing provision for children is

7.2.1 Data on the use of health and wellbeing provision

Very limited data are collected by the local YJS on referrals made for health and wellbeing support. The Youth Justice Health Worker had only been in place for a few months at the time of this HWBNA. However, between November 2020 and May 2021, they have worked with Case Managers to discuss 38 different children and, of those 12 children who went on to have a full health and wellbeing assessment, 5 have gone on to engage in direct therapeutic work with the Health Worker. The Health Worker has also made 5 referrals to other health services for children (including CAMHS, paediatric neurology and speech and language therapy).

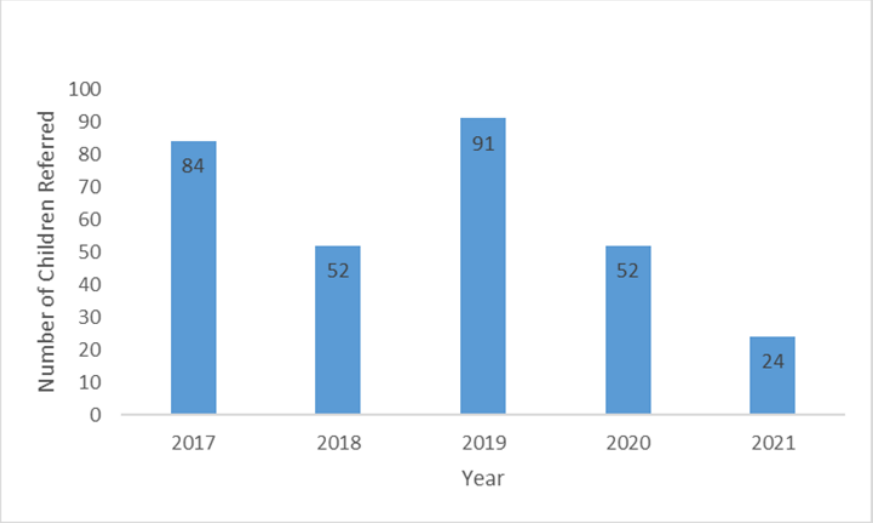
Some referral data are collected for substance misuse services. There has been a reduced number of children referred for substance misuse support since the COVID-19 pandemic and this reduction in referrals has already been highlighted internally by the YJS Operational

Manager. In total, there have been 229 children in contact with the YJS who have been referred to the substance misuse service since 2017, with a number of cases being re-referred (figure 23). There are currently around 2-3 children a month referred for specialist support through YPDAS.

There are no accurate data available on the number of children referred for speech and language therapy from the Cardiff YJS. However, qualitative evidence suggests that, at the point when this HWBNA commenced, the Cardiff YJS had not referred any children to the specialist speech and language therapist. It is also unclear whether any had been referred to the universal Cardiff and Vale UHB Children's Speech and Language Therapy Service.

Since a Harmful Sexual Behaviour Prevention worker was recruited to the YJS in 2019, 88 referrals have been made to them from various agencies, including from South Wales Police, schools and Children's Services; 45 of these referrals were specific to children in contact with the YJS for 1:1 work (29 in 2020).

Figure 23: numbers of children referred for substance misuse support in the YJS, by year[34]



7.2.2 Results of Welsh Youth Justice Indicators for the Cardiff YJS

There are two Welsh Youth Justice Indicators that are related to health. These are related to access to mental health services and access to substance misuse services. The results of these indicators are not publically available for different YJS across Wales in order to provide comparisons, however there is effectively a target of 100% for each WJYI.

Over the last two years of available data ((2018/19 (quarter 2) to 2020/21 (quarter 1) inclusive), there were 63 children identified via screening as requiring a mental health assessment in the Cardiff YJS. Data show that 70% of children commenced a mental health assessment within 28 days of a referral date and 89% of these children received a Tier 2, 3 or 4 Service within 28 days of this assessment.

Over the last two years of available data ((2018/19 (quarter 2) to 2020/21 (quarter 1) inclusive), 94 children were identified through screening as requiring a substance misuse

[34] *Data available from the Cardiff YJS directly*

assessment in the Cardiff YJS. Data show that 58% of children commenced a substance misuse assessment within 5 days of their referral date and 96% of children received a Tier 2, 3 or 4 Service within 10 days of this substance misuse assessment.

7.2.3 Evidence gathered from children in contact with the YJS and their parents or carers

An engagement event was held to hear more from children and young people who were or had been in contact with the YJS. There was very limited attendance at this event, though the information gathered was supplemented by written feedback given to YJS professionals ahead of this event (see methods)[35]. Those in attendance were asked to discuss barriers to health and wellbeing support and how effective they had found the support provided by the YJS and its partners, using two overarching questions as themes:

What are the things that make it easier and harder for young people to deal with their health or wellbeing issues?

- Where children and young people access support was discussed. It was identified that schools are an important provider of support for mental health and wellbeing. Schools were also identified as one of the main sources of information on substance misuse although it was felt that the information provided by them often focussed too much on the consequences of substance misuse. The internet was also identified as an important source of information for some young people when they faced a health issue. Finally, the importance of other, third sector and charity organisations in providing support was also explored, for example 'Samaritans'.
- The importance of feeling listened to was also discussed, including experiences of not feeling believed by health professionals, a lack of professional understanding about what they were going through and feeling dismissed by professionals. Another identified problem was that children and young people did not always understand what professionals were telling them.
- It was also identified that there was a lack of provision for the families of children in contact with the YJS, which affected the support for the child or young person themselves, as well as their wider family.
- It was identified that practical aspects of health and wellbeing support could also impact on whether a child or young person could access it. For example, this could include a lack of availability of health and wellbeing provision 'out of hours', as well as the clinical nature of healthcare settings which could make children and young people feel less safe and calm than in more relaxed settings.
- Finally, particular note was made of the difficulties of the transition to adult health services and how children and young people can feel uncomfortable and less supported as they enter adult services.

What could we do differently to better support young people with their health and wellbeing?

- It was felt that the best wider wellbeing support/programmes showed continuity of all-round support (for example, when a child or young person could see the same team in the same place for health and wellbeing interventions whilst also attending for other wider activities) and reduced stigma (for example, when they were not labelled

[35] *≤5 children/young people attended this session*

as being part of the YJS). This enabled a child or young person to be proud of their attendance or involvement with this support.

- The benefits were also highlighted of healthcare programmes/support that allowed easier access with less barriers, such as on-line access to speak to a health practitioner or access out of normal office hours.

Electronic questionnaires were also used to understand children and their families' perceptions about the health and wellbeing support they had previously received and what they felt they needed to support them. There were less than 20 questionnaires completed in total from children and their parents/carers, with around half of children's questionnaires completed by those over 16 years:[36,37]

- 57% of parents/carers stated they would *not* like more help for the health or wellbeing of their children and 43% said they were *not sure.* This is in keeping with the results from children's questionnaires, where 57% also said they would *not* want more help, and 29% answered *I am not sure* to whether they would like more help with their health or wellbeing.
- 57% of children identified that they would turn to a parent/carer or other family member if they had a health problem or worry and 43% identified a friend as a person they would go to. A YJS Case Manager and teacher/school nurse were also chosen by a small percentage of children. The majority of parents/carers (86%) identified that they would go to a GP for help with the health of their children. A smaller percentage identified a social worker, teacher/school nurse or local clinics as sources of support. As with the children's responses, a very small percentage of parents/carers identified a YJS Case Manager as a place to get help, alongside other sources such as the internet and a friend or other family member.
- In contrast, the most common response for where a child would go to for help with their emotions or how they were feeling was *I don't know,* at 43%. Parents/carers or other family members and friends were also chosen by 29% of respondents each, with a smaller proportion responding with YJS Case Manager. The greatest proportion of parents/carers identified that they would speak to a school nurse or teacher for support for their child's emotions and mental wellbeing (71%), with other identified sources including GP, friends/family, social workers and, in 29% of cases, a YJS Case Manager. No children and few parents/carers identified the internet as a place they would go to for help with emotions or feelings.
- The mean score from both children's and parent/carers' questionnaires for how easy it had been to get health and wellbeing support in the past was 3 out of 5 (with 5 as very easy). Very limited available comments from children on their previous experiences of help suggested that children struggled to talk about their problems or did not like to talk about them with others. Very limited comments from parents/carers identified that they had tried to get help but had not been able to get the help they needed, including when asking for help from the YJS.
- In total, 29% of children felt that they had support for their health or wellbeing that had helped them, 29% felt they had not and the remainder felt they had never had support. Children identified families as playing a supportive role for health and

[36] *Percentages may not equal 100 when considering questions in which multiple responses were allowed (e.g. where someone would go to for help)*

[37] *Due to small numbers, answers were not further analysed by age band of respondent*

wellbeing. The only available comments from parents/carers about when children had ever received effective support in the past related to school counselling.

- When considering whether on-line support had been helpful during the COVID-19 pandemic, there were a range of responses, with some children choosing a 1 out of 5 rating and others a 5 out of 5 (with 5 as very effective). However, the average rating was low, at 2.5 out of 5, with some children reporting that it had stopped them expressing themselves and that they preferred meeting someone in person.

7.2.4 Evidence from professionals who work in and with the YJS

Evidence from a questionnaire[38] sent to all professionals working within the YJS was supplemented by information from semi-structured interviews with professionals working in the YJS and with wider health professionals working with the YJS. These interviews explored how effective the YJS and its partners are at assessing the health and wellbeing needs of children they work with and at providing support for them. Finally, it also sought to identify how to make improvements in support for the future.

Exploring, assessing and referring on for support

All questionnaire responses on assessing children's needs identified using AssetPlus, with very few other assessment frameworks or tools mentioned; 57% of respondents felt that AssetPlus allowed them to effectively explore physical health needs and 71% for mental health and wellbeing needs. This was supported by findings of the semi-structured interviews with YJS professionals, in which AssetPlus was generally felt to be an effective tool for making assessments, particularly since YJS professionals had been given further training on it. However, it was noted by some YJS professionals that it could be a very lengthy tool for some children who were only in contact with the YJS for low-level offences.

The questionnaire also asked whether YJS professionals felt confident in being able to identify and explore a child's health or wellbeing issues. All respondents rated their confidence in being able to identify wellbeing issues as 4 or 5 out of 5[39], 57% gave these ratings for mental health issues and 43% for physical issues. When asked to consider what issues they felt particularly under-confident in being able to identify or explore, mental health was frequently mentioned, although it was noted that the new healthcare post had improved this.

YJS professionals were also asked to rate how confident they felt (on a scale of 1-5) in providing basic advice to children about a range of health issues. In general, professionals expressed confidence in being able to provide basic advice across the range of issues (more than 70% of responses rated as 4 or 5). These included giving basic advice on: registering for a GP; organising a dental, visual or hearing check; sexual health; and getting vaccinations. However, results suggest there was less confidence (ratings of 4 or 5) for issues related to 'pregnancy and parenting' (29%), 'emotional wellbeing and feelings' (43%) and physical activity (57%).

A strong theme that emerged from the interviews was that YJS professionals felt they would benefit from greater training on health and wellbeing issues, particularly in recognising issues and, in some cases, in gaining basic skills for them, for example in emotional

[38] *There were less than 10 questionnaires completed.*
[39] *Where 5 = very confident and 1 = not at all confident.*

wellbeing support. This was supported by questionnaire responses, in which 57% of respondents felt that further training would help them to better support the physical, mental health or wellbeing of children they work with (71% when including 'I am not sure' responses). Interviewed YJS professionals cited an example of recent training on speech and language needs and felt that more training in other areas would be helpful.

Effectiveness of support

The questionnaires and semi-structured interviews also explored how effective support and services for children are. A strong theme that emerged from interviews and some questionnaires with both YJS professionals and health professionals was that the YJS had improved and was continuing to improve since the time of the 2020 Inspection. This was particularly felt to be the case since new management had been appointed and since the Youth Justice Health Worker had come into post. However, there were areas of health and wellbeing support that were acknowledged to have been particularly problematic and were felt to still need improvement.

A strong theme emerging about the effectiveness of support related to mental health. Many YJS professionals felt they were effective at identifying when a child had an issue related to their mental health but were less sure of how to support them themselves and how to get them a higher level of support when this was needed. Access to CAMHS was widely noted to be a particular issue and there was also felt to be a lack of access to broader emotional wellbeing support, counselling services, bereavement support, attachment and trauma-focussed therapies. However, YJS professionals identified that the presence of the new Health Worker in the YJS had begun to improve this and that drop-in style consultation sessions, which allow informal discussion of children's needs, were felt to be particularly helpful. It was also noted that interactions with CAMHS and the Emotional Wellbeing Service (EWS) were beneficial when they could be accessed. Finally, both YJS and health professionals also identified specific interventions or therapies that they thought should be provided (or had been recommended for children in the past) but had not been available because of no access to these or a lack of funding for them. Example of these included psychotherapies, family therapies, attachment therapies and behaviour therapies.

The question of support for physical health needs was explored through both the questionnaire and the semi-structured interviews. It was acknowledged that provision for supporting general physical health needs was limited in the YJS, both compared to a previous time in the Cardiff YJS but also when compared to other YJS some professionals had worked in. However, overall, it did not emerge as a strong theme amongst interviews, with some YJS professionals noting that they felt comfortable asking children to attend their GP for support. Questionnaire findings also showed that the majority (more than 70%) of professionals knew how to refer for support for wider health issues such as harmful sexual behaviour, neurodevelopmental disorders and substance misuse issues.

However, some particular areas of concern with wider health needs did emerge from the interviews and questionnaires, the strongest of these was related to access to speech and language therapy. Many YJS professionals felt that the speech and language provision available to children in contact with the YJS was not sufficient. There was also less confidence amongst professionals in knowing how to refer children for support (71% were unsure or did not know how to). To a lesser extent, some YJS professionals expressed concern that children did not receive enough general sexual health support from the YJS and it was also noted that there were too few referrals being made for harmful substance

misuse. However many felt that support for harmful sexual behaviour and substance misuse was effective, when children engaged with it. Questionnaire respondents also highlighted dental anxiety, parenting and specialist housing as areas they were less sure of how to get help for when they had identified that children needed further support.

The interviews were less consistent on the provision of wider wellbeing support for children. There was positive feedback about the wider diversionary activities and support offered by MAC and the substance misuse teams. Some professionals also felt that the YJS offered sufficient activities that they could refer children to, either internally or directly with partners (activities such as the YJS' allotment, local boxing clubs, gyms or educational activities). However, others saw this as an unmet need and felt that wider wellbeing activities were needed, particularly for creative therapies, those aimed at girls, those that involved parents or family members, and those that were less traditional in nature. When considering what else the Cardiff YJS could offer for children in terms of wider wellbeing activities, ideas discussed included: play therapies, music activities, equine therapies, coaching and mentoring services and family workshops (particularly for fathers and sons) based around sporting and physical activities.

Another related theme that emerged was that there was currently little support or provision for health promotion and health-promoting activities in the YJS. YJS professionals felt that greater opportunities to access sporting and leisure activities (at reduced prices) and healthy cooking skills classes could be beneficial. Finally, some felt there was a lack of clear information about available activities and services across Cardiff and YJS professionals felt that greater information on these would be helpful for both them and the children they work with.

Specific questions were also included in both the questionnaires and interviews about transitions, into and out of the Secure Estate and also into adult justice services: 57% of questionnaire respondents felt that health and wellbeing needs were effectively handed over to adult services by the YJS but only 33% felt the same when considering the Secure Estate. Interviews provided further understanding of this and particularly noted problems related to CAMHS and wider adult services when children first came into contact with the YJS close to the age cut-off for children (at 18 years) and for children who were working with the YJS on a voluntary basis and were therefore not picked up by adult probation services. It was also noted that, whilst health needs were felt to be well assessed when entering the Secure Estate, there was concern that ongoing mental health support was then not so easily available to children in the Secure Estate. A transition strategy and improved sharing of information between services were suggested ways to improve these transition points.

YJS and health professionals were also specifically asked in interviews about the needs of children in short-term police custody and many acknowledged that this was an area of need that was not currently effectively addressed by the YJS and partners in Cardiff. It was noted that there was no detailed assessment made of the health or wellbeing needs of children in custody until they were referred into the YJS or unless they specifically asked for help themselves. Some professionals also felt that there was less consideration of these needs and previous traumatic experiences, when children were in police custody, than when they were in contact with the YJS.

Barriers to gaining support

YJS professionals were also asked to consider the barriers and facilitators that affected children gaining support, both before and during the COVID-19 pandemic. All questionnaire respondents identified challenges with waiting for services and, in particular, waiting times to access CAMHS. Questionnaires and interviews with YJS professionals also identified the high thresholds and very specific criteria for accessing services such as CAMHS, Forensic Adolescent Community Treatment Services (FACTS) and even the EWS. They also noted feeling unclear about what the referral thresholds or exclusion criteria for these services were, for example, professionals reported being told that they could not refer children to the EWS if they had a significant history of developmental trauma. YJS professionals also noted previous frustrations when children that they had referred into services such as CAMHS and the EWS had been declined or faced long waiting lists, and health professionals also recognised difficulties with time pressures and waiting lists for accessing mental health support.

Another related theme emerged about variation in accessing support and provision for children depending on whether they were in education or if they fitted into other provision, for example if they were not a 'looked after child'. It was also widely noted that it was often difficult for YJS professionals to know who they could refer to and that it would be helpful for there to be clearer information about which support was available to different children and how it could be accessed.

The practicalities of attending for health and wellbeing support also emerged as a theme in semi-structured interviews. These ranged from financial barriers (such as bus fares), the inflexibility of when support is available (only during office hours) and the suitability of locations where support could be accessed (not child-friendly enough and feeling overly clinical). Of note, this also extended to the facilities in the John Kane Centre building (where the Cardiff YJS itself is based). The language and style of support was also noted as a potential barrier to children in contact with the YJS because of difficulties with speech and language. YJS professionals identified that many of these barriers were felt to be worse when children were referred into universal services that were not familiar with working with children in contact with the YJS or did not know that a child had been referred by the YJS. One example given of this is when universal health services automatically discharge children when they do not attend for appointments, whilst YJS professionals familiar with working with these children are aware of the chaotic lives that they face and that many children would need multiple appointments before engaging with any form of offered support.

Another significant barrier to effective health and wellbeing support that emerged as a theme from interviews with both YJS and health professionals, was related to the length of time that children are in contact with the YJS or health service for. Many expressed that the time was too limited to build up trust and relationships with children and that the waiting list for support in some services would sometimes be longer than the time that children were with the YJS for. This applied both to support offered by the YJS but, even more so, when referred to external health and wellbeing support.

A strong theme emerging from the interviews related to the importance of family support around a child as a positive factor for supporting a child's health and wellbeing and, in particular, for supporting their engagement with effective health and wellbeing provision. Both YJS and health professionals identified that the YJS should offer more support for families, particularly related to attachment issues, and offer greater provision of family interventions. Many also felt that the YJS should have provision for or access to a specific

family engagement officer to provide wider support for families and thereby children in contact with the YJS.

The importance of partnership working also emerged as a theme in the interviews. YJS and health professionals both felt that greater partnership and collaborative working was needed and that this had been greater in the past in the Cardiff YJS or in other services they had worked in. It was also noted that communication was often made more difficult between the YJS and health services because of the use of different recording systems and because of a need to maintain confidentiality. Other examples given included a lack of regular communication between partners, times when professionals had not attended Case Planning Fora (CPFs) or other joint meetings, and a lack of feedback about why referrals had been declined. However, it was also noted that where collaborative working did happen amongst professionals working in or with the YJS, it was very effective (such as in JAM (Joint Allocation Meetings) meetings or when joint appointments were offered).

Finally, both YJS and health professionals identified that the COVID-19 pandemic had created significant barriers to children receiving holistic health and wellbeing support. Many professionals felt that children had struggled to engage with support through virtual contact (because of both technological issues as well as a reluctance to use this approach). They also noted that the pandemic had affected YJS professionals' ability to engage directly with children (ranging from simple activities such as taking children for a coffee, to more regular activities such as sport clubs), and many felt that it had probably increased substance misuse and increased children's exposure to risk, particularly 'on-line'. It was also identified that the pandemic had limited access for children to attend basic health and wellbeing support, such as the dentist, GP and optician, because of perceived or real barriers and there was concern about the long-term implications and effects of this. Finally, it had also affected how much YJS professionals had been able to help children access support once it had been offered, for example by taking children to appointments.

However, when considering the effects of the COVID-19 pandemic, some YJS professionals noted that there had been some positive benefits from the new way of engaging virtually with children during this time. For example, they suggested that this approach had worked well for some children who were more socially isolated or who might feel intimated by face-to-face meetings, and that virtual contact had been more flexible and supported information gathering in some circumstances.

7.3 How health and wellbeing provision compares to other YJS in England and Wales

In order to understand the health and wellbeing support offered by Cardiff YJS in context, a number of other YJS were contacted. Both Welsh YJS were chosen because interviews with professionals had identified aspects of their health and wellbeing support as potentially effective and these 'case study' YJS allowed further exploration of the model of health and wellbeing provision that they used. All English YJS were chosen because they were in Cardiff's YOT statistical family, matched on socio-demographic characteristics of the area they were based in (see methods for full details of how these were chosen). These case study YJS show large variation in terms of how support is offered in different YJS in England and Wales (see 'case study' boxes below), particularly given the context of the varying number of children that these case study YJS are in contact with. However, taken together, these case study YJS show that:

- The level of provision for mental health support was significant. All English YJS had at least one full-time CAMHS nurse embedded in the YJS and several YJS had other support, such as access to therapists and an emotional wellbeing officer.
- The majority of English and Welsh YJS had a significant level of speech and language provision dedicated to the YJS (the final YJS was in the process of trying to commission this post) and all YJS deemed this to be essential to the support they offered children.
- All YJS offered some form of specialist health assessment for children in contact with them. In some YJS this was offered to all children when they first came into contact with the YJS but for others this was only offered by referral when a Case Manager identified a health or wellbeing need. However, in the YJS where every child was not automatically offered a health assessment, there were systems in place to ensure that there was joined-up health provision for these children (for example through lateral checks of health records).
- All English YJS had access to the NHS Liaison and Diversion Service, which provides assessment and initial support for all children and young people brought into police custody with identified health and wellbeing needs, such as mental health problems, a learning disability, substance misuse problems and other vulnerabilities. The two Welsh YJS did not have a specific assessment service for children in police custody but, in both YJS, the embedded health workers would visit children in custody if needed.
- Some YJS also offered review by a nurse trained in physical health needs but this was not uniform across the YJS.
- General or specialist support for sexual health and substance misuse was offered in all YJS but in some cases this was provided through referral to other specialist services.
- Several YJS noted that they organised and managed their health and wellbeing support as teams and they found this particularly effective.
- Some YJS had developed innovative approaches to supporting wider health and wellbeing needs. These included:
    - A greater focus on health promotion, for example, with support for better sleep and nutrition.
    - The appointment of ‘intervention officers’ to develop and manage interventions.
    - Linking in with a local ‘transition worker’ to support transition points that might affect health.

Welsh YJS Case Study 1: (approximately 250 - 300 children in contact with the YJS annually)

This YJS's health practitioner is a full-time Band 7 CAMHS, registered nurse who is embedded within the YJS. The health practitioner offers a flexible consultation model including a weekly drop-in session for Case Managers with concerns about the health and wellbeing of any children they are working with. The health practitioner is able to support the Case Managers to continue to work with the children themselves on lower level mental health and wellbeing issues or, where they feel it is necessary and where the child gives consent, they can assess and start work with the children themselves. They are also able to (with consent) check the health records of children when they come into contact with the YJS to ensure they are receiving joined-up support for any needs they have. Interventions with the health practitioner use a variety of informal and formal approaches, including psychological therapies such as DDP (dyadic developmental psychotherapy), CBT (cognitive behavioural therapy) and DBT (dialectical behavioural therapy), and their work is also supported by a forensic psychologist who works with the YJS for one half day a month. The health practitioner also attends a monthly forensic CAMHS meeting where they can discuss children's cases with a multi-disciplinary team, including input from psychiatry, the Forensic Adolescent Community Treatment Services (FACTS) and learning disability teams.

To support transition of children to adult services, there is also a transition worker within the Health Board whom the YJS health practitioner can discuss children's cases with. The YJS health practitioner primarily offers support for wellbeing and mental health issues; children with needs related to physical health are generally referred to their GP for support and, where appropriate, onward referrals. The health practitioner acts as an outreach service, seeing children in the YJS, at home, in primary care clinics or, where indicated, in police custody or the Secure Estate. The YJS also has an embedded Speech and Language Therapist who has 2 days a week dedicated to this YJS. Other support available includes a family support worker within the YJS and a link into the school nursing team. There is also a substance misuse worker in the YJS and multiple members of the YJS team have had AIM-3 training for harmful sexual behaviour. YJS and external health professionals also provide informal training to YJS colleagues on a variety of other health topics.

Welsh YJS Case Study 2: (approximately 50 children in contact with the YJS at any one time)

This YJS has a full-time specialist health visitor who works embedded in the YJS. Every child who comes into contact with the YJS is offered an assessment with this health visitor, to assess their basic health status (including issues such as whether they have a GP, have seen a dentist and optician and had their immunisations), their physical health and any mental health and wellbeing needs they may have. The health visitor is then able to identify any further areas of health and wellbeing that a child needs support with and either start working directly with them on this, or refers them on for further support. Examples of direct work can include support for healthy relationships, self-esteem, nutrition, emotional needs and sexual health. The specialist health visitor can also link in with other services, such as CAMHS, and other clinical colleagues, such as a Looked After Children (LAC) nurses, where needed.

The YJS takes a trauma-informed approach to all its work with children and can refer on to local health and wellbeing teams, emotional support services and play therapy if this is felt to be suitable. The YJS also had an embedded speech and language therapist for 2 days a week, offering both direct work with children and consultation work for Case Managers, although due to staff vacancy this is currently reduced to 1 day a week. There is also a full-time embedded substance misuse worker in the YJS who supports the work of YJS colleagues, works directly with children and liaises with higher-tier support such as the Young People's Drug and Alcohol Service (YPDAS), where needed.

Recently, the YJS has also developed three intervention co-ordinator posts, incorporating the previous work of their parenting officer as well as a wider role to develop and lead interventions. Proposed and planned interventions include a new boxing programme and a new rugby/nutrition programme for children in the YJS, as well as other interventions that will hope to engage parents alongside their children.

English Case Study YJS 1: (approximately 140 children in contact with the YJS at any one time)

This YJS has an emotional wellbeing team that is made up of an embedded full-time CAMHS nurse, a full-time emotional wellbeing worker and a part-time clinical psychologist. The CAMHS nurse offers assessments and CBT interventions for mental health difficulties whilst the emotional wellbeing worker works with children who are at risk of needing a referral to CAMHS (i.e. those with lower level emotional wellbeing issues). They offer community based support and engage children in a range of different pro-social activities, such as sports, alongside working with them on mindfulness, mental health and substance misuse issues. The service also has a part-time clinical psychologist who offers consultation and training around trauma, neurodevelopmental difficulties and emotional wellbeing, as well as undertaking some direct work with the children. All members of the emotional wellbeing team are managed by the same person in this YJS, which helps with the delivery and continuity of the model. At present, the service does not have an embedded speech and language therapy worker but it is currently trying to secure this post for the team. Multiple members of the YJS team are AIM-3 trained and there is a sexual health clinic based in the same building as the YJS. There is also a commissioned substance misuse service they work with.

In this YJS's city, any child who is in police custody is seen by a nurse or their assistant (through the liaison and diversion team) with the aim of identifying health issues at an early stage, such as learning difficulties or neurodevelopmental issues. This team then make onward referrals for the child and, where they subsequently come into contact with the YJS, the YJS follows up this referral to make sure it progresses.

The YJS also offers a health consultation to every child who comes into contact with the YJS: a health 'triage'. This identifies any health issues and what health pathway they should take whilst in contact with the YJS. For example, this might include working only with their Case Manager or might include working also with the emotional wellbeing worker or, for children with higher-level concerns, also with the CAMHS nurse. The YJS also have regular enhanced case management meetings with other services working with a child and this helps to guide the work of all professionals working with children in contact with the YJS.

English Case Study YJS 2: (approximately 350 children in contact with the YJS at any one time)

This YJS has 3, band 7 CAMHS nurses (2 x full-time and 1 x 4 days a week) fully embedded into the team. These provide mental health support to children in contact with the YJS, with lower level emotional support provided by school wellbeing services and by Case Managers themselves, depending on the individual circumstances of children. These CAMHS nurses develop formulations for children in the service and are also able to provide therapies such as DBT and eye movement desensitization and reprocessing (EMDR) to individual children. Where they consider more specialist services are needed, they can refer onwards to forensic CAMHS or other services. These nurses also check CAMHS records for every child who comes into contact with the YJS to see if they have previously been under the service, thereby joining-up approaches.

The YJS also has an educational psychologist embedded in the service for 1 day a week and an embedded speech and language therapist 4 days a week, as well as support from speech and language therapy assistants for 4 days a week. This provision informs the work of the YJS but also offers individual support for the children (4 sessions are usually offered for each child who needs it). There is C-Card provision in the YJS but no sexual health or substance misuse provision embedded in the service. However, children access substance misuse services through a local provider. The YJS also has sensory rooms in their building for children to find an individual calming space when they need it; these are child-friendly, with comfortable seating and access to visual resources and tools, such as fidget toys.

In this YJS's city, any child who is in police custody is seen by a nurse or their assistant (through the liaison and diversion team) with the aim of identifying health issues at an early stage, such as learning difficulties or neurodevelopmental issues. This team then make onward referrals for the child and, where they subsequently come into contact with the YJS, the YJS follows up this referral to make sure it progresses.

English YJS Case Study 3: (approximately 130 children in contact with the YJS at any one time)

This YJS has a specialist team of health and wellbeing practitioners embedded in the YJS and managed together. This team are available for Case Managers to refer to when they have identified any concerns during their initial assessments of health, emotional wellbeing, educational and housing needs. This team includes 2 full-time education workers, an accommodation worker, a full-time CAMHS nurse, a full-time substance misuse worker, two part-time speech and language therapists and a general health nurse (15 hours a week). This team also works closely with a liaison and diversion support worker in the YJS. When more specialist interventions are required, this team can refer children on for more support, such as for higher-tier CAMHS services.

The general health nurse on the team is able to provide support for a range of needs, including sexual health, physical health, anxiety and other emotional needs. They also work with children to encourage good sleep, healthy eating and to increase self-esteem. For example, they are hoping to soon start training children in contact with the YJS on first aid at the scene of serious violence. The embedded speech and language therapy provision (4.5 days a week) is deemed essential to the health provision the YJS offers. Therapists work directly with children as well as providing informal consultations to support Case Managers. One of the therapists has also been trained in the diagnosis of dyslexia and is planning to undertake training in the diagnosis of ASD and therefore provide further support for this.

The specialist team does not automatically see all children in contact with the YJS because Case Managers may feel this is not necessary in all cases or because a child may already be accessing health and wellbeing support through another provision, such as a LAC nurse. However, in these cases, Case Managers work closely with the health and wellbeing team already around the child. Case Managers have also developed their own skills for supporting children with lower level emotional and mental health needs and there is also a local emotional wellbeing service available to all children in this area that children can be referred to.

8 SUMMARY

8.1 Discussion of findings

The starting point for this HWBNA was the clear national evidence about the disproportionate level of need amongst children in contact with youth justice systems. This HWBNA has supported this evidence and shown that children in contact with the Cardiff YJS are vulnerable through multiple, compounding disadvantages and often have complex and co-existing health and wellbeing needs, many of which have not been addressed at earlier points in their lives. A life-course approach is needed to strengthen children's protective factors and the environments around them. This needs to start before birth and continue through their early years and schooling, to prevent, identify and support physical and mental health needs, as well as wider wellbeing (4). However, for those children where this early intervention has come too late, the limited period of time these children have in contact with the YJS offers a unique and valuable opportunity to support these children and help turn their lives around. It is therefore crucial that the Cardiff YJS are able to effectively identify, assess and provide interventions for children whilst they are working with them.

Encouragingly, this HWBNA has shown that professionals working for the Cardiff YJS were able to identify health and wellbeing needs of the children they work with and now feel more able to use AssetPlus to effectively support this. However, unlike in English YJS, the Cardiff YJS does not use a more detailed holistic health assessment (the Comprehensive Health Assessment Tool) when AssetPlus identifies an issue. Furthermore, unlike some other 'case study' YJS, not all children in Cardiff are offered a specific health and wellbeing assessment or automatically offered a health consultation if any issues are identified on AssetPlus. The newly appointed Health Worker in the YJS is now offering consultations with YJS professionals ('Case Managers') to discuss children's needs and is also undertaking assessments directly with children when referred. This will continue to improve the identification of the health and wellbeing needs of children but will leave those not referred for assessments without a more detailed, holistic assessment. This may be of particular concern for children who are not able to readily access other health and wellbeing provision, such as those not in school or without a LAC nurse.

Mental health and emotional wellbeing were the most important health needs identified in this HWBNA. This is in keeping with the evidence that shows that children in the youth justice system are at least three times as likely to have mental health problems than their 'non-offending counterparts' (21). The newly appointed Health Worker in the YJS has already significantly improved the provision for this health need. However, this Health Worker is not full-time in the YJS and this level of provision is still low compared to other YJS. Concerns were also identified in this HWBNA that there was still not enough provision for lower-level emotional and wellbeing needs, as well as access to specific specialist therapies. It will also be important to ensure that the workload for this part-time Health Worker is manageable and well-supported, given that they are undertaking consultations with YJS professionals, assessing basic health needs and undertaking direct therapy with children. Ongoing data collection comparing identified mental health needs on AssetPlus assessments with referral and outcome data will be important to ensure that children are getting the mental health and wellbeing support they need.

Another significant area of health need identified in this HWBNA was related to speech, language and communication needs, with no dedicated provision for this in the YJS. This is despite the fact that speech and language therapy was deemed 'essential' by other 'case study' YJS and that this HWBNA has shown that there are a considerable number of children with speech, language and communication needs in Cardiff. Research also suggests that speech and language therapy can improve speech, language and communication skills for children in contact with youth justice services. For example, a study completed in the Leeds Youth Offender Service (YOS), found that 75% of the young people completing a speech and language therapy intervention programme had made a significant improvement in every communication area targeted and 88% had made significant progress in their ability to understand spoken paragraphs and formulate sentences (77). Similarly, a study which interviewed YOTs in England and Wales identified that having speech and language therapy input as part of the core team of the YOT had improved overall service provision for children (78).

When considering these and other findings, it is important to note that the work for this HWBNA was undertaken during the COVID-19 pandemic and the national lockdown in response to it. This meant that no-one was able to meet in person to inform this HWBNA and opportunities for engagement with children and their families were reduced. More significantly, the COVID-19 pandemic has also greatly affected all aspects of the work of the YJS, including making it much more difficult for the new Health Worker to engage with other professionals in the YJS and develop new systems. When the full YJS team are able to return to work together, this will undoubtedly continue to strengthen the health and wellbeing support available to children.

This HWBNA's findings have also been affected by areas where there is limited or no evidence. For example, nationally, there is very limited published evidence on the health needs of specific groups of children, such as those from minority ethnic groups or children who identify as LGBT+. Much of the published evidence also comes from information about children in the Secure Estate rather than than those in the community and the locally available data from the Cardiff YJS were also limited. For example, during the course of this HWBNA, it was not possible to gain further information about health and wellbeing support in Parc YOI, despite attempts to contact teams there. There was also almost no data available on when children have been referred to external services such as speech and language therapy or CAMHS services; there is therefore no way of knowing whether children in contact with the YJS are effectively being referred or accessing support. Going forward from this HWBNA, it will be important that the YJS and its partners collect more data on the health and wellbeing needs of children and how well they are supporting them. This is both in order to ensure children are receiving effective and equitable access but also to inform service planning. The YJS is well supported by an Information Management Officer who is able to effectively gather and analyse data therefore it should be possible to ensure these data are collected and acted on.

Despite these limitations, the findings of this HWBNA are strengthened by a considerable level of concordance, regardless of the evidence sources underpinning them. This included considerable agreement between what professionals who work for and with the YJS and children and their parents/carers said, and their thoughts and experiences were, in turn, in keeping with the data, the published literature, national reviews and the earlier local Inspection.

Whilst undertaking this HWBNA, it was also clear that the many professionals working in and with the Cardiff YJS care deeply about the health and wellbeing needs of the children they work with and feel that they have not always been able to get the support they need for them. The appointment of a Health Worker has already significantly improved this. However, in deciding how best to structure future health and wellbeing support, the YJS should consider the findings of different models of provision and case studies of what works well in different YJS. Some YJS offer all children a holistic health assessment with a health worker but it seems unlikely that it would be possible to facilitate this in the Cardiff YJS with the current level of staffing provision. If a child's 'Case Manager' therefore continues to undertake this assessment role using AssetPlus, they should be well supported by regular training and a specialist team, to ensure that they are able to discuss needs and get access to specialist support quickly. Indeed, the evidence suggests that developing a team approach, managed together, can be important for health and wellbeing professionals embedded in a YJS, in what can often be a challenging and isolated role. It will therefore be important to ensure that if any additional professionals begin to work with the YJS, such as a speech and language therapist or a school nurse, they are fully embedded in a health and wellbeing team in the YJS. This team approach would allow greater communication and collaboration, thereby ensuring effective health support, and could help in the development of more creative, innovative and health promoting wellbeing activities for children.

8.2 Key data on demographics and health and wellbeing needs

Demographics: In Cardiff, in the year 2019/20, the rate of children cautioned or sentenced per 10,000 of the general 10-17 year old population was higher than the rate in most other youth offending team areas in Wales. The Cardiff YJS also supervised the highest number of children cautioned or sentenced, nearly double the number in the YJS with the next highest number of children (16). Of those children under the supervision of the Cardiff YJS (aged between 10 – 17 years), YJB data show that 74% were between the ages of 15-17 years and 88% were males, similar to all England and Wales data. The majority of children *in contact with* the Cardiff YJS are from White ethnic backgrounds however Cardiff data also suggest that children from minority ethnic backgrounds are over represented when comparing the population of children cautioned or sentenced with the general 10-17 year old Cardiff population. Of the 115 children with an AssetPlus assessment completed, there were 5 children in the Secure Estate.

Health needs: In February 2021, 66% of children had had AssetPlus records partially or fully completed.

- Of these children, 49% had a substance misuse problem identified. The vast majority of children with substance misuse issues were misusing cannabis, followed by smaller proportions for alcohol, tobacco, benzodiazepines and cocaine. There was a very small proportion of children using other types of substances. There were no children currently or recently injecting drugs and there were no children with alcohol concerns identified.
- Of those with questions answered on physical health, 12% had a diagnosed physical health issue and 6% had current physical health symptoms identified.
- Of all children with an assessment completed, 22% had a diagnosed mental health condition and 37% were already in contact with mental health services. Of all those

with questions on mental health answered: 30% identified a risk or concern about mental health, with 38% identified as feeling sad/anxious or stressed.

- Of all children with an assessment completed, 25% of children were identified as only using simple vocabulary and 22% as having problems reading or writing, less than 5% had diagnosed social difficulties and less than 5% had a history of significant head injury.

***Wider social needs**:*

- Approximately 60% of children are in contact with both the Cardiff YJS and Children's Services, 27% of these were as 'looked after children'.
- 21% of children in contact with the YJS were identified as either being at risk of or currently being exploited and 14% had been referred through the National Referral Mechanism. Of these children, 51% were assessed as at risk of child criminal exploitation, 33% identified as a victim of child criminal exploitation and 16% identified as at risk from or identified as a victim of child sexual exploitation.
- 47% of children with AssetPlus assessments completed were assessed as high or very high risk for Safety and Wellbeing. Local data also show that 36% of children had a high or very high Risk of Serious Harm assessment.
- Out of those children with information on their AssetPlus forms completed on exploitation, 23% were assessed as having sexual exploitation concerns. Less than 5% of children with assessments completed identified as having parenting responsibilities.
- Of children in contact with the YJS in February 2021, 62% were recorded as being in school.
- 39% of all completed assessments showed concerns regarding the accommodation of a child, 38% of these children were under the age of 16 years.
- 9% of all children with AssetPlus forms completed needed support in living daily skills, 32% had SEN or disabilities identified and 16% had concerns identified about learning needs.

8.3 Key findings

1. **Evidence and data:** this HWBNA was limited by gaps in the available data on the health and wellbeing needs and provision for children in contact with the YJS. This included data on: some demographic details for children; children without AssetPlus assessments[40]; the numbers of children referred for specialist health support; waiting times for this support; and any outcome measures for how effective support had been. For example, 23% of children in contact with the YJS in February 2021 did not have their ethnicity recorded and 18% did not have an up to date record of their education, training or employment provision. Similarly, 34% of children did not have an AssetPlus assessment fully completed at the time of this HWBNA (a similar proportion to that highlighted in the 2020 Inspection Report). There were also particular difficulties with obtaining data from health partners, as services do not generally record if a child has been referred from the YJS. Finally, there were also insufficiently detailed data available about children in police custody. However, over

[40] *AssetPlus is an assessment and planning intervention framework, which is designed to allow one record to follow a child throughout their time in the youth justice system.*

the course of this HWBNA, there have already been considerable improvements in how data are being collected and analysed in the YJS.

2. **Children in contact with the Cardiff YJS:** Overall, demographic data for children in contact with the Cardiff YJS are largely in keeping with data for children in contact with the youth justice system in England and Wales. For example, an increasing number of children are voluntarily in contact with the Cardiff YJS through prevention or diversion programmes (46% in February 2021). However, in the year ending March 2020, the Cardiff YJS supervised the highest number of children cautioned or sentenced of all YJS in Wales, nearly double the number in the next highest YJS. The majority of children in contact with the Cardiff YJS are between 15-17 years old, male and from a White ethnic group, although (as noted above) around 6% of supervised children and 23% of those in contact with the YJS do not have ethnicity recorded. The limited evidence available suggests that children from minority ethnic groups are over represented in both the national and local youth justice system.
3. **Level of need for health and wellbeing support:** In keeping with the published evidence, professionals working for and with the Cardiff YJS felt that the children they worked with had considerable and complex health and wellbeing needs. The limited evidence available directly from children supported this level of need for health and wellbeing support. However, although based on small response numbers, 57% of both parents/carers and children stated they would *not* like more help with health or wellbeing when asked on a questionnaire. Whilst it is not possible to understand the reasons underlying this, the very limited number of comments given by parents/carers did identify previous experiences of a lack of support or support which they felt was not effective.

   This HWBNA has also shown that, in keeping with the published literature, children in contact with the Cardiff YJS have multiple wider social needs that are likely to affect their health and wellbeing. For example, in February 2021, 60% of children were also in contact with Children's Services, 39% of AssetPlus assessments showed concerns regarding the child's current accommodation, 47% were assessed as high or very high risk for Safety and Wellbeing and 20% identified a risk of sexual exploitation.
4. **Barriers to engaging with support:** Both children and professionals highlighted barriers to accessing health and wellbeing support and identified the importance of reducing these, particularly given the increasing number of children who are in contact with the Cardiff YJS on a voluntary basis. Practical barriers included financial ones (such as bus fares), the inflexibility of when support is available and the suitability of locations where support could be accessed. Support that was deemed too clinical or overly stigmatising was also felt to be a potential barrier. Finally, children and professionals identified a lack of continuity as a barrier to effective support. This was identified as a problem both when there was a limited length of time within which to undertake interventions, as well as when there was a lack of continuity of individuals providing it.

   The COVID-19 pandemic was noted to have increased many of these barriers, including leading to most interactions between children and the YJS being 'virtual'. Whilst this was widely seen as a negative step, in some circumstances and for some children this new way of working had had positive aspects. This is in keeping with Welsh evidence that has shown that there have been some positive

benefits from the flexibility of virtual interactions with children during the pandemic (79).

5. **General health and wellbeing provision:** this HWBNA has shown that there have been improvements in the health and wellbeing support offered by the Cardiff YJS since its Inspection in 2020. This includes the appointment of a new Youth Justice Health Worker, greater confidence in the use of AssetPLus assessments, some training for YJS professionals on speech and language needs and new management in the YJS. In addition, whilst the Cardiff YJS does not use the Comprehensive Health Assessment Tool (CHAT) alongside AssetPLus, as is the case in English YJS, the Health Worker has now developed their own in-depth assessment tool for the children that they see for assessment.

   The findings of this HWBNA also demonstrate the substantial commitment, enthusiasm and dedication shown in the work of professionals within the YJS, as well as those health professionals working with them. This was despite the many difficulties that the COVID-19 pandemic had placed on the work of professionals. However, the limited evidence available showed that very few surveyed children or parents/carers identified the YJS as a place they would go to for help for health or wellbeing. YJS professionals also identified difficulties in knowing where they could refer children to for help and how to make this referral, and they felt they needed clearer information about what support was available and how it could be accessed.

6. **Emotional wellbeing and mental health:** these were the most important needs identified by both children and professionals, in keeping with the wider literature about the significant level of mental health needs that children in contact with the youth justice system have. The limited local data available also support this: 22% of children with an AssetPlus assessment had a diagnosed mental health condition and, of assessments with questions completed on mental health, 30% identified a risk or concern about the mental health of the child and 38% identified the child as feeling sad/anxious or stressed. National and local evidence also suggest that the COVID-19 pandemic is likely to have substantially increased these needs.

   In the Cardiff YJS, there is access to support for emotional and mental health through a universally available emotional wellbeing service as well as through the newly appointed, part-time CAMHS (Child and Adolescent Mental Health Service) Youth Justice Health Worker. However, Welsh Youth Justice Indicator data have shown that, over the last two-year period, only 70% of children in contact with the YJS commenced a mental health assessment within 28 days of referral. In addition, though based on very small numbers of questionnaires, 43% of children's responses identified that they would not know where to go to for help with their emotions or feelings.

   The appointment of the Health Worker has already made a significant difference to the support that is available to children in the YJS. However, evidence suggests that the level of provision is still low for the number of children with needs in these areas, including very limited access to specific psychological therapies. There is currently insufficient data to confirm whether the Health Worker will have capacity to see enough of the children in contact with the YJS who need support. However, in comparison, many other 'case study' YJS have a higher level of provision for mental health and emotional wellbeing. Additionally, in contrast to some other 'case study' YJS, assessment and subsequent referral by the Cardiff YJS Health Worker does not lead to fast-tracked access to higher tiers of CAMHS support.

7. **Substance misuse:** this HWBNA has shown that, of children in contact with the YJS with a completed AssetPLus assessment, 49% had identified substance misuse issues. This is in keeping with the published evidence showing the importance of substance misuse issues for children in contact with the youth justice system. However, this proportion is lower than that identified in some of the published evidence and this therefore needs continued monitoring to ensure that substance misuse is being effectively identified.

   The most common substance used by children in contact with the Cardiff YJS was cannabis and qualitative evidence from this HWBNA suggests that, to some extent, the use of this has become 'normalised' amongst children in wider society. Professionals noted that this can mean that it is difficult to engage children with referrals for support for substance misuse, although the support offered by the YJS was generally seen as effective.

   At the time of this HWBNA, the Cardiff YJS Manager had already identified that there were insufficient numbers of referrals being made for substance misuse support, compared to both the total number of children, as well as numbers of referrals in previous years. This may in part be related to the effects of the COVID-19 pandemic however this needs continued review, as does the Welsh Youth Justice Indicator for substance misuse. This Indicator shows that, over the last two-year period, only 58% of children in contact with the Cardiff YJS commenced an assessment within 5 days of their referral date.
8. **Speech and language provision:** the findings of this HWBNA suggest that there is a considerable need for speech and language provision for children in contact with the Cardiff YJS and the consequences of not accessing support for them may be profound. There is also increasing evidence that suggests that speech and language support can be effective for children in contact with the youth justice system. However, there is currently no speech and language provision dedicated to the YJS in Cardiff, both to work with children but also to support professionals with the way they deliver other interventions and support.

   Local data show that between 8% and 25% of children with assessments completed in the Cardiff YJS have identified speech and language needs (depending on assessment question asked). However, at the time of this HWBNA, the Cardiff and Vale University Health Board (UHB) were not aware of any children that had been referred to them from the YJS to their mainstream, general speech and language therapy service. It is possible that schools or Children's Services may have referred some children and the Health Worker is now able to make referrals for the very small proportion of children that she sees. However, there is a concern that children who do not attend educational settings may not have their needs as well identified or supported. All other 'case study' YJS that were contacted for this HWBNA either had or were trying to get access to speech and language therapy dedicated to their YJS, as they felt it was an essential part of provision.
9. **General physical health needs:** the model of health provision in the Cardiff YJS does not currently provide access to a health practitioner or nurse with general physical health training and does not provide for a detailed health assessment for all children, as is the case in some YJS. When the new Youth Justice Health Worker sees children for assessments, they now assess basic health details and can refer children for specialist review, as needed. However, this currently applies to a very small proportion of the overall number of children in contact with the YJS. It should

also be noted that, whilst local assessment data showed that 12% of children had a diagnosed physical health issue and 6% had current physical health symptoms, these proportions are lower than those found in much of the limited published evidence. Whilst this may be because of differences in data recording or because of less need in children in contact with the Cardiff YJS, it also raises the possibility that some physical health needs may not be being identified.

10. **Health prevention and promotion:** there is very limited provision in the Cardiff YJS for the promotion of healthy lifestyles or basic health prevention. Whilst individual YJS professionals did try to support this, there is no wider system in place in the YJS. Children and professionals also identified that, generally, children did not aspire to healthier lifestyles or saw this as an important health need. This is despite the fact that the limited evidence available shows that, of the very small number of children seen for a full assessment with the new Health Worker, 44% were not registered with a GP, 11% needed to book a dental appointment and 22% needed a sexual health check. There are no comparable data to benchmark this against, however the published literature shows that children in the youth justice system under-utilise primary and preventative care despite a high level of need (6). There was also concern expressed by some YJS professionals that the COVID-19 pandemic had further decreased children's opportunities for engaging with health promoting activities and with primary healthcare services.
11. **Wider wellbeing provision:** the Cardiff YJS provides a range of wider wellbeing interventions and diversionary activities, many delivered by the Media Academy Cymru. Many YJS professionals also go to great lengths to identify individually suitable activities to support children's wellbeing. However, there was a recognised need for greater access to less traditional and more creative activities (such as music-making) that would engage children and support their health and wellbeing. There was also an identified need for greater provision for young parents/parents-to-be, as well as families. Professionals working in the YJS also felt that, whilst they were aware that other wellbeing activities were available for children locally, they would value greater support and signposting to know where and how to access them. Of note, other 'case study' YJS had developed innovative models for providing greater wellbeing provision, such as developing the roles of 'Intervention Co-ordinator' and 'Wellbeing Officer'.
12. **Collaboration between YJS and health and wellbeing professionals:** professionals working both in and with the YJS identified the need to improve joined-up working between health and wellbeing professionals and other professionals working in the YJS. Issues identified in this HWBNA included a lack of participation in some joint meetings and a lack of access to records. However, where close working was already happening in the YJS, it was seen as effective. This is in keeping with qualitative evidence from other 'case study' YJS, which suggests that support is more effective when health and wellbeing professionals feel part of a team embedded in or working closely with the YJS and, where possible, are managed together. The published literature also identifies the importance of effective support for health practitioners who are working alone in a YJS, as the Health Worker currently is in Cardiff (27).

    Other 'case study' YJS also use a system of checking education and health records (with consent) when a child first comes into contact with the YJS, to ensure a cohesive approach with other services and support a child may have already been

receiving. Finally, greater collaboration with health professionals, as well as Children's and Education Services, could also allow for increased training and upskilling for YJS professionals, who identified wanting to gain a greater understanding of health and wellbeing needs.

13. **Transitions:** Children and professionals both recognised transition points as crucial times for children in contact with the Cardiff YJS, including transitions from child to adult health and justice services and into and out of the Secure Estate. Professionals felt that the continuity of support at these points could be improved. This is despite the fact that there are only a small number of children from Cardiff in the Secure Estate (≤ 5 at the time of this HWBNA). Effectiveness of transition is not an issue that is unique to the Cardiff YJS and has been raised multiple times in government and third sector reports over the last decades. For example, research from 2010 highlighted that less than 5% of adolescents in the general population had an optimal transition from CAMHS to Adult Mental Health Services (80). Similarly, in 2016, HMI Probation found there had not been sufficient improvement in transitions from youth to adult probation services since their last inspection, with transitions not always well organised, well recorded or smooth (81).
14. **Schools:** this HWBNA has shown that, of children with a completed AssetPlus assessment, 32% had special educational needs or disabilities identified and 16% had concerns identified about learning needs.

    A strong theme emerged from this HWBNA about the importance of schools as a setting through which children receive support for emotional and mental health needs. Schools also offer children access to other health provision, provided by Cardiff and Vale UHB, such as speech and language therapy and school nursing. Whilst it is encouraging that many children are accessing support through schools, this also highlighted that children in contact with the Cardiff YJS who are not in school (38% in February 2021), might not have their needs as effectively identified and supported.
15. **Involvement of the family:** qualitative evidence from children and professionals strongly supported the importance of the family for the wider health and wellbeing of a child. A child's family was also seen as an important source of support for children and the place that 57% of children identified that they would go to for help with their health (based on limited questionnaire responses). However, children and professionals also noted that there was very little support available to families through the Cardiff YJS, including support for parenting, and for shared wellbeing activities for both parents and children to do together, as is offered in some other 'case study' YJS.
16. **Police custody:** data collected for this HWBNA show that a considerable number of children are held in police custody, in 'adult' cells, in Cardiff (590 in the year ending April 2021). All children in custody are offered a basic health and wellbeing check but are not offered a more in-depth assessment and do not have any contact with health professionals unless they have an acute identified need. Approximately a third of these children are released with no further action and it is currently unclear how many of these are ultimately offered preventative support through the YJS. Similarly, children who attend the station for voluntary interviews are not referred to the YJS. This needs careful monitoring as it potentially means that a large number of children are not receiving assessment and further preventative support through the YJS. It also represents a potentially missed opportunity to support early intervention for the

health and wellbeing of children, as happens in other YJS in England through NHS Youth Justice Liaison and Diversion services.

17. **Inequalities:** the published literature shows the many and compounding disadvantages that children in contact with the youth justice system in England and Wales have faced. The evidence from this HWBNA is in keeping with this, for example, it has identified that a high proportion of children in contact with the Cardiff YJS are also in contact with Children's Services, including those who are 'Looked After Children'.

    This HWBNA has also identified potential further inequities in provision for those children who are not in school or in contact with Children's Services, (both of which would give them access to further specific health provision). There is also the potential for health and wellbeing inequalities in other groups, such as children from minority ethnic groups (particularly groups 'lost' in the data such as those from Gypsy, Roma and Traveller backgrounds) and LGBT+ children. There was no local evidence available on the health and wellbeing needs of these groups of children.

8.4 Recommendations

Data collection, analysis and sharing

Recommendation 1: the Cardiff YJS and YJB should increase the collection, regular analysis and reporting of data about the health and wellbeing needs of children and the provision for them, including:

- Recording of ethnic background for all children
- The completion of AssetPlus assessments for all children
- Recording whether children with health and wellbeing needs identified on AssetPlus assessments are being referred to appropriate services (e.g. to substance misuse support)
- Where children are referred for health and wellbeing support (either in the YJS or externally), the time they wait to be seen and meaningful outcome data
- The proportion of all Cardiff children that attend police station (voluntarily or in custody) but then do not go on to have preventative contact with the YJS

Recommendation 2: the Cardiff YJS should ensure that, with consent, basic health data is checked when a child first comes into contact with the YJS (in addition to the AssetPlus assessment). These should include checking whether a child has a GP, has had their immunisations and has had dental, hearing and vision checks.

Barriers to health and wellbeing support

Recommendation 3: the Cardiff YJS should ensure that all children and their families are aware that the YJS is able to support a child with their health and wellbeing. This should form part of the introductory information given to children and families, with examples given of the kind of support the YJS can offer or help facilitate.

Recommendation 4: the Cardiff YJS and YJB should continue to increase the flexibility of the health and wellbeing support they offer. This should include:

- Identifying ways to facilitate support and activities outside of 'office hours'
- Ensuring that children are not automatically removed from waiting lists if they do not engage at initial meetings with universal health services (such as CAMHS)
- Continuing to offer virtual ways of working with children, where children find this beneficial and effective
- Considering whether changes can be made to the settings where children *currently* receive health and wellbeing support, both in the YJS and externally, to make them more child-friendly environments
- Exploring whether there are opportunities for *new* ways of providing health and wellbeing support, for example through informal community settings

Recommendation 5: the Cardiff YJS and YJB should consider whether language it uses in discussing children in contact with the YJS may add to stigmatisation and reluctance to engage with health and wellbeing support, for example the description of children as 'cases'.

Recommendation 6: the Cardiff YJB, and specifically the health and education strategic leads, should explore ways to ensure that children who are not in school do not face inequities in health and wellbeing provision, for example by providing access to a dedicated school nurse who would also be able to offer improved support for the physical health needs of children.

Health and wider wellbeing provision in the YJS

Recommendation 7: the Cardiff YJB should continue to review whether mental health provision in the YJS should be increased to offer a greater level of specialist provision dedicated to the YJS. This could include greater provision for emotional wellbeing needs, bereavement support and for access to specialist trauma-focussed therapies. In the interim, when the Youth Justice Health Worker makes a referral for specialist mental health support in CAMHS, this should lead to fast-tracked access to this support.

Recommendation 8: the Cardiff YJB should ensure that children in contact with the YJS have improved access to specialist speech and language therapy. This should ideally be through provision dedicated to the YJS, which would also provide support more broadly to YJS professionals. However, if this is not possible, a referral from the YJS should lead to faster access to other, existing specialist assessment and support.

Recommendation 9: the Cardiff YJS and YJB should aim to expand its offer of wellbeing activities, particularly those that are more creative and those that are health promoting. The YJS should explore whether a co-ordinator type role would be helpful for developing this, both to support YJS professionals in being able to identify suitable activities but also to allow the YJS to develop new interventions and activities.

Recommendation 10: the Cardiff YJS should, with Children's Services, increase its involvement with the families of children they work with. This should be, for example, by continuing to gain their feedback through engagement events, shared wellbeing activities (which might include siblings as well as parents) and considering whether a family support officer role (or named lead individual) can be developed in the YJS.

Recommendation 11: the Cardiff YJB, and specifically the police strategic lead, should explore ways to improve the health and wellbeing support that children who attend Cardiff police stations (voluntarily or in custody) are offered, by either the police or the YJS. This

support should embed a trauma-informed approach to understanding the health and wellbeing needs that children face.

Recommendation 12: the Cardiff YJB needs to strengthen its approach to transitions for children in contact with the YJS to ensure they are well supported with their health and wellbeing needs at crucial points of transition: into and out of the Secure Estate and into adult health and justice services.

Organisation and delivery of health and wellbeing support in the YJS

Recommendation 13: the Cardiff YJS and YJB should consider how to develop a more cohesive and collaborative approach to supporting children in contact with the YJS, including:

- Exploring whether health and wellbeing professionals in the YJS should work and be managed together as a 'health and wellbeing team'. This could help these health and wellbeing professionals to gain the support they need from each other in what can be a challenging role, as well as helping other YJS professionals to gain the continuity of support they need for children at the right time.
- Developing ways to improve joined-up working between all professionals who work with these children, including those who work in and with the YJS to support health, wellbeing and wider social and educational needs. This should include greater attendance at joint meetings and greater sharing of, with consent and where indicated, a child's health and wellbeing records.

Recommendation 14: the Cardiff YJS should develop a programme of regular informal learning for YJS professionals on health and wellbeing topics. Health and wellbeing professionals working in the YJS, such as the Youth Justice Health Worker, as well as external professionals who work with the YJS could provide this. This training should not aim to replace the need for referral to specialists but should support YJS professionals to develop knowledge, skills and confidence in being able to identify and provide basic support for health and wellbeing needs.

Recommendation 15: the Cardiff YJB should review what progress has been made towards these recommendations, at both 6 months and 1 year from this point (June 2021).

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