Youth Justice Health Needs Assessment

Hackney Council

City & Hackney
Population Health Hub

Foreword

We are delighted to publish Hackney's first ever Youth Justice Needs Assessment.

This needs assessment collates a range of data, evidence, and analysis, interpreted across themes, to provide us with a new level of understanding and insight into the needs of this cohort.

It provides detail on the experience of young people and incorporates the perspectives of children and young people who have been part of this journey - what worked for them, what didn't, and how they would like to see us support them better.

We know that as a group, and individually, children and young people known to, or at risk of being known to the Youth Justice Service are likely to have poorer outcomes than their peers. They are more likely to have significant, often previously unidentified, health and wellbeing needs than other children their age.

It is highly likely that children and young people within the Youth Justice Service are among the 20% most deprived population in England. They are twice as likely to have been subjected to serious maltreatment as the population as a whole, and have often been victims of crime, other types of abuse and at least one adverse childhood experience. Their complex needs are often framed by histories of survival, attachment and relational disruption and trauma.

Reducing youth offending is widely recognised as a public health priority. We need to take a public health approach to reducing youth offending, requiring the involvement of multiple areas and services in order to implement early interventions to prevent children and young people from becoming involved in crime.

Young people, through 'Hackney Young Futures', told us that they want a future that is safe, active, inclusive, secure and bright. They want to see a joint approach to reducing serious youth violence, reducing crime and understanding gang culture. They want professionals to receive trauma informed training in order to provide more meaningful support to those affected by crime and want steps to be taken to improve the relationship between young people, health services, education and the Police.

Following the Joint Inspection of Youth Justice Services in Hackney during January and February 2023, our Youth Justice offer was acknowledged as good. We have developed The Hackney Youth Justice Plan 2022-2025 that works together with the recommendations in this needs assessment, and the recommendations arising from the inspection.

However, we know that there is more we can do, and we want to prioritise:

- focussing on developing resilient children and young people who can realise their potential even when faced with adversity, by promoting secure attachments, positive self-esteem providing a sense of self-worth and developing competency and self-efficacy.
- adopting a system-wide, life- course approach, considering the effects of poverty, and to focus on strengthening our anti-racist practice.
- preventative work with vulnerable children and young people, utilising Prevention and Diversion practices, done in a collaborative and integrated way, with statutory services and children, young people and their caregivers.

We want to thank our partners, professionals, children and young people, and the wider community for their generous contributions to the needs assessment, and to helping us understand how we can make things better for those children and young people that need our support to stay safe and to live active, inclusive, secure and meaningful lives.

Cllr Fajana-Thomas OBE

Cabinet Member for Community Safety and Regulatory Services

Executive summary

Background

Children and young people known to, or at risk of being known to, the Youth Justice Service are very likely to have greater health and wellbeing needs than other children or young people their age. Often these needs may not have been previously identified. They are also likely to have complex needs informed by complex histories of survival, relational disruption and trauma.

To take a public health approach to reducing youth offending requires the involvement of multiple services in order to understand risk factors and vulnerabilities. This partnership approach can then help to implement initiatives focused on prevention and early intervention to support children and young people and therefore to reduce youth offending.

During a recent inspection of the Youth Justice Service in Hackney, a need to better understand the health and wellbeing needs of those under its care was identified. This Health Needs Assessment aims to respond to this by taking a systematic approach to understanding the health and wellbeing needs of children and young people known to the Hackney Youth Justice Service. The scope was those aged 10-17, extending up to the age of 25 for those with special educational needs and disabilities, including a particular focus on inequalities in health and wellbeing needs.

Methodology

This Health Needs Assessment includes information from a variety of sources. The following methods were used:

- Desktop review and analysis of national, regional and local data
- Desktop research into policy, evidence and examples of good practice
- Mapping of service pathways and potential points for health assessments in collaboration with Youth Justice and health colleagues
- Engagement with multiple stakeholders across the system
- Engagement with children, young people and their families and carers

This work was overseen by the Youth Justice Service Design Working Group, which feeds into the Safer Young Hackney Health Oversight Group. Ultimate oversight is held by the Safer Young Hackney Strategic Board.

The report will help to answer the following questions:

- What are the health and wellbeing needs of children and young people known to the Youth Justice Service?
- What are the health and wellbeing needs of children and young people at risk of being known to the Youth Justice Service?
- How can we improve the existing health offer to meet the health and wellbeing needs of children and young people in the Youth Justice Service?

Main findings

Overarching findings

- There can be multiple and interacting risk and protective factors which can increase or decrease the likelihood of a child or young person becoming known to the Youth Justice Service.
- Exposure to adverse childhood experiences (ACEs) are associated with a number of poor outcomes in adulthood and is one of the most well-documented risk factors for youth offending.
- Service mapping, including the universal health offer, demonstrates multiple opportunities when children and young people are in contact with statutory and voluntary services and could potentially be offered preventative interventions.
- There are many examples of good practice, both locally and nationally, that can be built on to improve the health and wellbeing offer.

Local findings

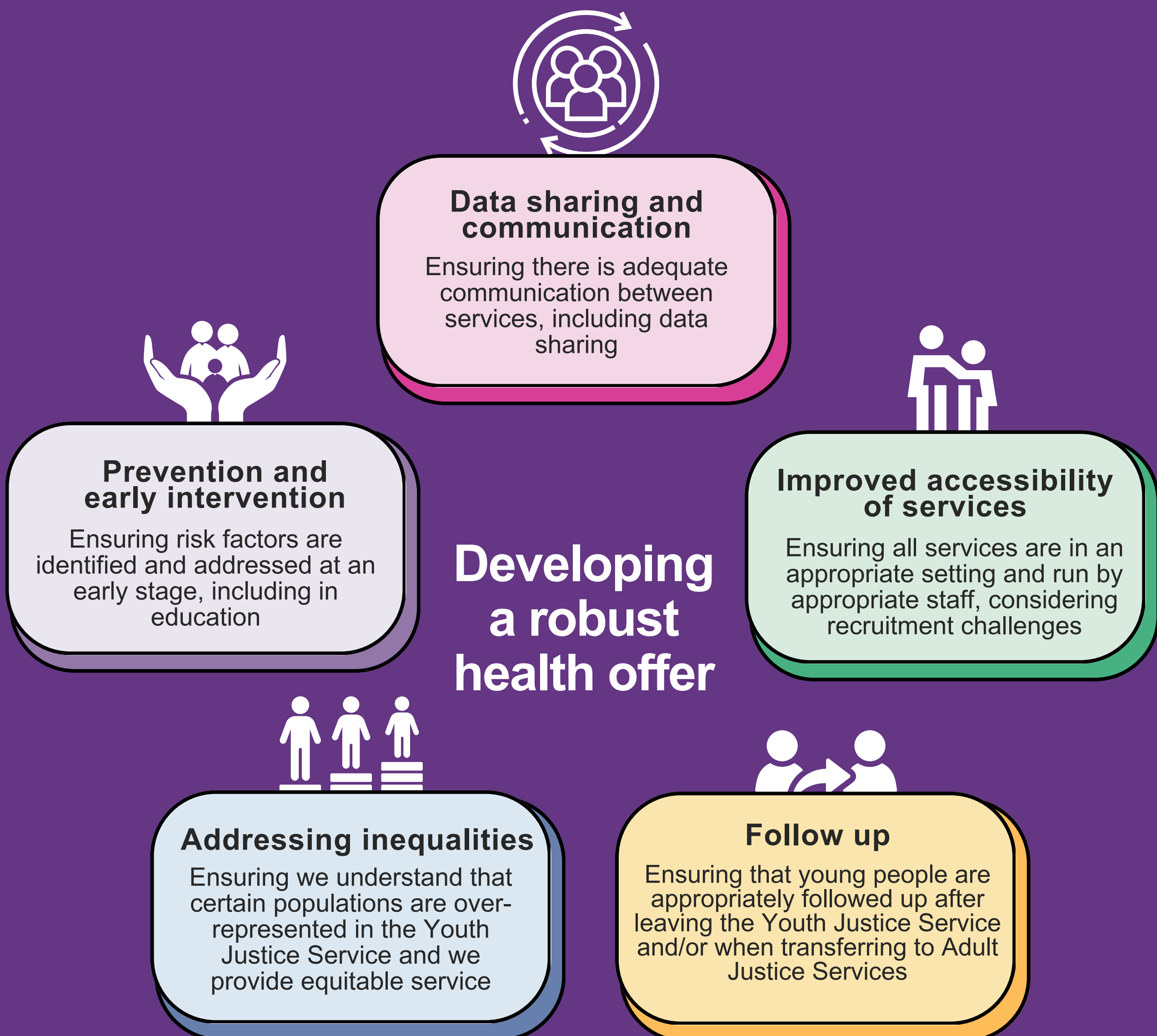
Out of the two year cohort (2021-2023) known to Hackney Youth Justice Service consisting of 417 individuals:

- The cohort was predominantly male (84.2%).
- The cohort was predominantly aged 15-17 (69.1%).
- Young people from black or black British backgrounds are disproportionately represented when compared with the overall population in this age group in Hackney.
- A large proportion of the cohort (89.9%) live in the most deprived 30% of lower layer super output areas (LSOA) of the national population.
- Out of 295 young people who underwent a Children and Families Assessment, 59% had at least one adverse childhood experience (ACE) identified. 13% had three or more ACEs identified.
- Of 173 young people for whom education data was identified, almost 100% were classified as persistent absentees (missed school 10% or more of total school days). Of the total cohort, 44% have experienced at least one session of school exclusion in the past.
- Special educational needs and disabilities (SEND) were identified in more than half (59.4%). This is more than triple the proportion of pupils with SEND needs in the general population. Social, emotional and mental health was the most prevalent type of SEND need (61.9%).

Mental, physical and sexual health data specific to the cohort was unavailable. Information from local and national data has been added to aid understanding with the caveat that this does not necessarily represent this cohort and should be interpreted carefully.

Recommendations

Five themes have been identified, under which specific actions have been detailed to improve the health and wellbeing offer for children at risk of becoming known, and those already known to the Youth Justice Service in Hackney. The themes are shown below and further information on the actions can be found in Chapter 8.



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Contents

1 Background and context 1
1.1 The whole systems approach to youth offending 2
1.2 The Health Needs Assessment in the context of national policy 3
1.3 The Health Needs Assessment in the context of local policy 6
1.4 Scope of this needs assessment 9

2 Risk and protective factors 10
2.1 Risk and protective factors for youth offending 11
2.2 Risk and protective factors for youth reoffending 13

3 Service mapping 14

4 Characteristics of young people who were arrested 20

5 Characteristics of young people known to the Hackney Youth Justice Service (HYJS) 24

6 Stakeholder insight and lived experience 41
6.1 Professional stakeholder insight 42
6.2 Lived experience within the Hackney Youth Justice Service 45

7 Examples of good practice 54

8 Developing a robust health offer 67
8.1 Prevention and early intervention 68
8.2 Data sharing and communication 71
8.3 Improved accessibility of services 74
8.4 Addressing inequalities 77
8.5 Follow up 79

Appendix 80
Appendix 1 Risk and protective factors for youth offending and reoffending 80
Appendix 2 Literature review methodology 88
Appendix 3 Prevention services for children and young people in Hackney 89
Appendix 4 Data deep dive: risk factors for having received more than one HYJS intervention in their lifetime 93
Appendix 5 List of stakeholders engaged during the assessment 95

References 100

Chapter 1

Background and context

Conducting a Health Needs Assessment is a systematic way of reviewing the health issues faced by a population that can lead to agreeing priorities and influencing resource allocation to improve health and reduce inequalities. Conducting a Health Needs Assessment also provides an opportunity to engage with specific populations and enable them to contribute to service planning. It provides an opportunity for cross-sectoral partnership working to develop creative and effective interventions [1].

The report will help to answer the following questions:

- What are the health and wellbeing needs of children and young people known to the Youth Justice Service?
- What are the health and wellbeing needs of children and young people at risk of being known to the Youth Justice Service?
- How can we improve the existing health offer to meet the health and wellbeing needs of children and young people in the Youth Justice Service?

Reducing youth offending is widely recognised as a priority. To take a public health approach to reducing youth offending requires the involvement of multiple services in order to understand risk factors and vulnerabilities, and to implement initiatives focused on prevention and early intervention to support children and young people and therefore, reduce youth offending [2].

It is well recognised within the literature that children and young people known to, or at risk of being known to, the Youth Justice Service (YJS) have significantly greater, often previously unidentified, health and wellbeing needs than other children their age. It is also considered highly likely that children and young people within the YJS are among the 20% most deprived population in England. They are twice as likely to have been subjected to serious maltreatment as the population as a whole and have often been victims of crime, other types of abuse and at least one adverse childhood experience. Their complex needs are often framed by similarly complex histories of survival, attachment and relational disruption and trauma [3]. Children and young people often face difficulties experiencing a continuity of care within the YJS due to short placements within secure settings, often outside of their local area [4].

During a recent inspection of Hackney Youth Justice Service (HYJS), a need to better understand the health and wellbeing needs of those under its care was identified [5]; therefore, it was recommended that such a review take place. The findings of this Health Needs Assessment will contribute to the development of a robust health and wellbeing offer to children known to, or at risk of being known to, the YJS.

1.1 The whole systems approach to youth offending

The 2019 'CAPRICORN' report produced by Public Health England [6] notes that there is 'no single solution to preventing youth offending, reoffending and violence in children and young people', supporting the need for multi-agency stakeholder involvement. The report recommends a whole systems approach, which includes:

Clearly articulated vision

There must be leadership across the system in order to deliver a defined vision, which should be well articulated and communicated to all stakeholders.

Distributed leadership

This leadership should be distributed across a range of stakeholder organisations, at varied levels.

Creating the right environment

The environment in which such a public health approach takes place should be receptive to change.

Place based approach

This involves the consideration of populations of interest, geographies and boundaries of services and partner agencies, to effectively deliver change.

Collaborative approach

A range of stakeholders should jointly develop and take ownership of change processes, perhaps including innovative ways to overcome the inherent difficulties of joint working, including data sharing.

Map and understand the system

Service mapping is crucial to pinpointing foci for potential change.

Systems thinking

All areas within the system should be working towards the same goal.

Asset-based approach

The community itself should be involved in enacting change, utilising co-design.

1.2 The Health Needs Assessment in the context of national policy

This Health Needs Assessment is informed by a wealth of national policy and guidance. The following policies and guidelines can be considered in addition to the 'whole systems approach' outlined within the CAPRICORN guidance, described on the previous page (page 2).

UK national policy underpinning health and wellbeing delivery within the Youth Justice Service		
The Five Year Forward View for Mental Health (2016) [7]: Health and justice interventions should be delivered in the least restrictive setting for the crime. All frontline staff should have the basic skills to provide mental health care. Diversion through court order to access community-based mental health interventions should be used where possible.	**Healthy Children, Safer Communities (2009) [8]:** This aims to ensure that children and young people in the YJS have access to mainstream services. They should receive holistic input to their health and wellbeing and should receive continuity of care after completing a sentence.	**Child Protection Support Service (CPSS) Healthcare Provision (2020) [9]:** Provides standards that must be considered with regards to physical and mental healthcare and substance use treatment management within the YJS. Adherence is monitored by NHS England and NHS Improvement Health and Justice Commissioning Teams.
RCPCH Healthcare Standards for Children and Young People in Secure Settings (2019) [4]: Consolidates all healthcare requirements for the YJS and attempts to empower local teams to work together to improve outcomes.	**The Children and Young People Secure Estate National Partnership Agreement (2018-2021) [10]:** This promotes a fully integrated approach to the commissioning and delivery of health and wellbeing provision within the YJS, considering education, healthcare, justice services and public health teams.	**Framework for Integrated Care (SECURE STAIRS) (2018) [11]:** Care should be consistent, trauma-informed, formulation-driven and evidence-based. It should be delivered through a 'whole systems' approach by well-trained staff.

UK national policy underpinning health and wellbeing delivery within the Youth Justice Service (continued)	
Youth Justice Board Strategic Plan (2021) [12]: There should be a 'child first' approach to health and wellbeing support within the YJS, prioritising the needs of vulnerable children and helping all to become the best version of themselves.	**Strategic Direction for Health Services in the Justice System: 2016-2020 [13]:** Stipulates that there should be good quality integrated care across pre-custody, custody and post-custody services, with an improved continuity of care after release.

UK national policy underpinning health and wellbeing improvements for children and young people within society	
Local Government Authority: Public health approaches to reducing violence (2018) [14]: There should be a holistic approach to addressing the risk factors associated with serious youth violence, in order to provide the maximum benefit for the maximum number of people.	**Healthy Children, Safer Communities (2009) [8]:** This promotes the notion that by providing the right help, in the right place, at the right time in health, education and relationships, involvement of children and young people in crime can be reduced.
Supporting Families (2022-2025) [15]: Families with members involved in crime, children not attending school, children requiring additional support, families at risk of homelessness, families with a history of domestic abuse and families with members with health needs should be supported via a whole family approach in order to manage vulnerabilities.	**Youth Justice Reform Programme (2018) [16]:** There should be an individualised approach to care within the YJS, with additional support for those who need it most. There should be a particular focus on mental health along with rehabilitation and teaching of appropriate life skills. Providers should feel empowered to meet local need.

Fig 1. Snapshot of national (England and Wales) youth justice statistics [17-18]

1.3 The Health Needs Assessment in the context of local policy

The **Hackney Youth Justice Service** (HYJS) works with all children and young people in Hackney aged 10-17 who have been arrested and admitted to or have been convicted of crimes. Via a multi-agency team approach, their aim is to work with children, young people and families to address factors that led to offending behaviours and to prevent any further offending [19]. They are a statutory service who takes referrals only from the police or courts.

The **Safer Young Hackney Strategic Board** is the mechanism by which statutory partners drive the work of the Youth Justice Service in the borough. Its overall aim is to prevent children and young people becoming involved in offending, but ensuring that those who do remain able to reach their full potential [20]. Their **Strategic Board Report 2022** set out a number of aims [21]:

- To strengthen participation work with children and families.
- To develop the Prevention and Diversion offer, with more emphasis on early intervention.
- To develop anti-racist practice within the work of all statutory partners.
- For an Education Officer to be established within the YJS.
- To expand health provisions within the YJS.

They also made a number of additional recommendations for the HYJS:

- To have more effective management oversight.
- For assessment and review to become more timely and to focus more on plans individualised to children and young people's life events.
- To include more voices of children and their caregivers.
- To place more emphasis on restorative justice.
- To forge better links with Children's Social Care.

The **Hackney Youth Justice Plan 2022-2025** [22] builds upon these recommendations. They acknowledge that due to decreasing rates of youth offending, there is now a smaller caseload of more complex and challenging children and young people. There is a need to focus on developing resilient children and young people who can realise their potential even when faced with adversity, by promoting secure attachments, and positive self-esteem providing a sense of self-worth and developing competency and self-efficacy. They highlight the need to adopt a system-wide, life-course approach, considering the effects of poverty particularly as a result of COVID-19, and to focus on anti-racist practice. Work should be done preventatively with vulnerable children and young people, utilising Prevention and Diversion practices. This should be done in a collaborative and integrated way, with statutory services and children, young people and their caregivers. A child-first approach should be taken and changes to the service should be made in line with local need.

A joint inspection of Youth Justice Services in Hackney [23] took place in January and February 2023, with a final report published in May 2023. The joint inspection was carried out by the HM Inspectorate of Probation, a social care inspector, an education inspector, a health inspector, and a police inspector. Overall, the HYJS received a rating of ‘good’. Particular praise was given to the Service’s anti-racist provision, focus on identity and heritage, and understanding of disproportionate representation within the cohort. Staff were seen to demonstrate passion and skill for their work, whilst managers were complimented as being knowledgeable and experienced. Out of court disposal and resettlement work were found to be particularly impressive, with collaborative working evidenced. Six main recommendations were made as a result of the inspection, with the first two being particularly of relevance to this Health Needs Assessment:

- **To develop data collection that improves understanding of the health needs of the children working with the Youth Justice Service and informs the health offer they receive.**
- **To develop data collection that increases understanding of the educational progress of the children, in order to ensure children are appropriately offered, supported to access, and engaged in education.**
- Engage constructively with the probation service to secure a seconded probation officer arrangement fully capable of managing transition arrangements, for example, with access to probation service case records and assessment system.
- Work with police colleagues to make sure that all children are appropriately referred for out-of-court disposals, and that assessment and joint decision-making are consistently available. Options such as deferred decision-making, which can lead to an Outcome 22 resolution, should be considered in appropriate cases.
- Improve the quality of planning work and management oversight of this work, to keep children safe.
- Reduce the disproportionate representation of black children subject to custodial sentences by reviewing the current approach to resettlement and applying the learning to inform all future work.

In 2020, **Hackney Young Futures Commission** published '**Valuing The Future Through Young Voices**' [24], in which over 2,500 local young people aged between 10-25 identified 70 'asks' which they felt could improve their lives and life chances. They identified the following key themes:

1 A BRIGHT FUTURE

Young people want to have access to more employment opportunities and educational support. They feel that the quality and consistency of alternative provision for excluded young people should be improved and that inequality in educational attainment and exclusions should be reduced. They want an amplified student voice in educational decision making.

2 A SECURE FUTURE

Young people wanted to feel more empowered to help rough sleepers locally. They also wanted to have improved access to good quality housing and accommodation support services.

3 AN ACTIVE FUTURE

Young people wanted to have improved access to places, spaces and activities, including more funding for organised recreation.

4 AN INCLUSIVE FUTURE

Young people wanted to be included in regeneration projects within the borough. They wanted to feel better connected with older generations. They also felt that there was a need to promote a more positive image of young people in the local area.

5 A SAFE FUTURE

Young people wanted the borough to implement a public health approach to reducing serious youth violence, reducing crime and understanding gang culture. They wanted professionals to receive trauma informed training in order to provide more meaningful support to those affected by crime and wanted steps to be taken to improve the relationship between young people and the Police.

6 A HEALTHY FUTURE

Young people felt that mental health services needed to be more accessible and that the quality of foster care provision should be improved.

Whilst 'A Safe Future' is clearly associated with this Health Needs Assessment, all six 'asks' are relevant to its content.

In addition to the above report, this Health Needs Assessment sits alongside more general local public health approach policies:

- **The Greater London Health Inequalities Strategy** [25] was published in 2018 and sets out five key aims to address persistent and widening health inequalities within the city: Healthy Children, Healthy Minds, Healthy Places, Healthy Communities and Healthy Living.
- In 2019, The City of London and Hackney Councils published '**Keeping people well in City and Hackney: Our local strategic delivery plan and NHS Long Term Plan response**' [26]. This summarises how local services will deliver the NHS Long Term Plan, particularly focusing on reducing local health inequalities and unwarranted variation.

1.4 Scope of this needs assessment

This Health Needs Assessment focuses on understanding the health and wellbeing needs of young people known to the Hackney Youth Justice Service (HYJS), aged 10-17 years, extending up to the age of 25 years for those with special educational needs and disabilities. The scope of this needs assessment was limited to children and young people resident in the London Borough of Hackney and aims to cover the whole youth justice cohort including those who were arrested and those who were given custodial or community sentences.

The needs assessment aims to include information on demographics, physical health, mental health and social needs, as well as investigating inequalities in these.

The assessment adopts several types of methodology - desk research, a literature review, quantitative data analysis, service mapping, qualitative data gathering with stakeholders and people with lived experience, and a co-production approach when developing recommendations for a robust health offer for the HYJS cohort.

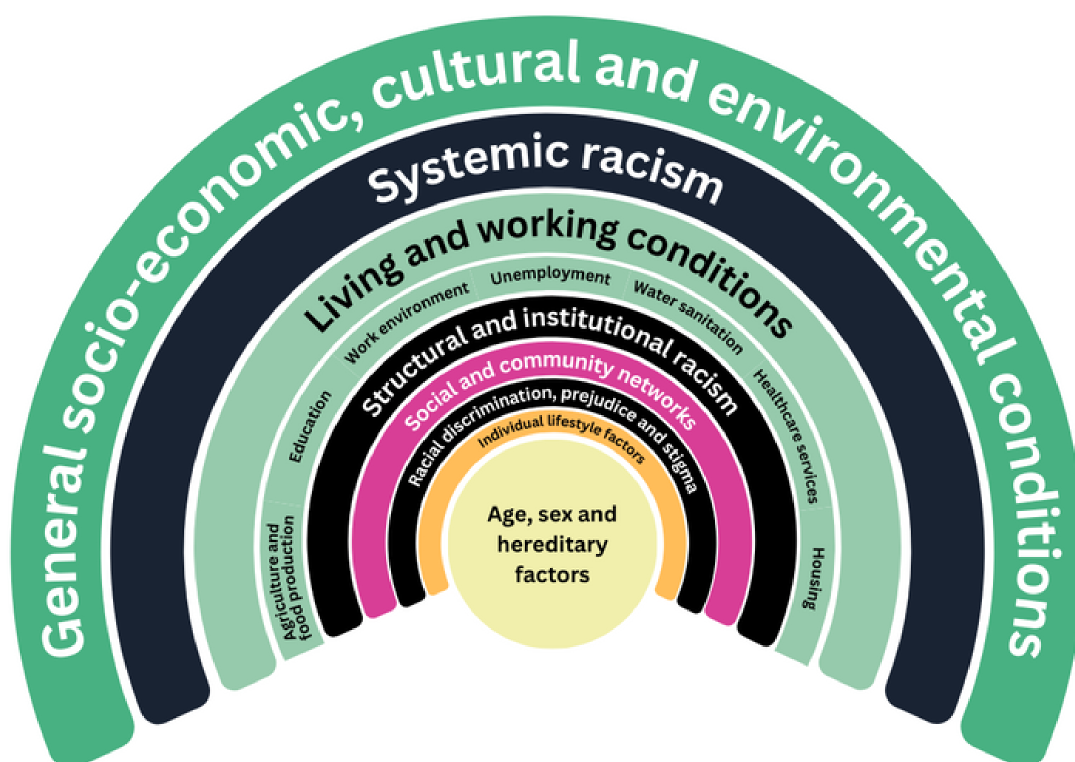
Chapter 2

Risk and protective factors

Risk factors increase the likelihood of a child or young person becoming known to the Youth Justice Service. They are factors in a child or young person's life that predict a high probability of offending but are not necessarily causes of offending behaviour [6]. Risk factors can be cumulative and children and young people may experience multiple risk factors at once [27]. On the other hand, protective factors are circumstances in a child or young person's life that predict a low probability of offending. They are sometimes considered the 'mirror image' of risk factors, but may alternatively be distinct elements that interact with risk factors in order to reduce their effect [28].

We present two tables in this chapter, outlining the risk and protective factors for both offending and reoffending along with Appendix 1 (page 80) for further detail including local context. It is clear from the information below that the risk factors for offending and reoffending are similar to those which influence inequalities in general health, as demonstrated by the adapted Dahlgren and Whitehead model of health determinants (Fig 2) [29].

Fig 2. Adapted Dahlgren and Whitehead model of health determinants [29]



2.1 Risk and protective factors for youth offending

In order to assess the risk and protective factors influencing whether or not a child or young person becomes known to the Youth Justice Service, a literature review was performed. Full methodology is detailed in Appendix 2 (page 88). Absence of any specific risk factor can be considered a protective factor against youth offending. However, presence of protective factors may provide active protection. To note, while identified risk and protective factors were divided into four main categories (individual, family, school and peer group and community), these categories are subjective and there may be a degree of overlap.

	Risk factors	Protective factors
Individual	• Conduct disorders • Callous-unemotional traits • ADHD • Depression/anxiety • Low executive function • Traumatic brain injury • Early maturation • Previous victim of crime • Substance use • Frequent physical illness • Frequently going missing • Ethnicity • Gender	• Good physical/mental health
Family	• Physical/sexual/verbal abuse • Emotional/physical neglect • Household substance use • Household mental illness • Household violence • Household offending • Parental separation • Bereavement • Poor parental supervision/engagement • Poor parent/child relationship • Negative experience of being a Looked After Child	• Parental engagement • Having a trusted adult • Good parent-child relationship • Consistent parenting • Positive experience of being a Looked After Child • Support after leaving the care system

	Risk factors	Protective factors
School and peer group	• School exclusion/truancy • Attendance at a pupil referral unit (PRU) • Poor quality schooling • Low school achievement • Special educational needs and disabilities (SEND) • Developmental language disorder • Victim of bullying • Peer group offending • Gang affiliation/membership • Social isolation	• Promotion of healthy standards within schools • Engagement in mainstream education • Early school readiness • Good language development
Community	• Socioeconomic deprivation • Poor quality housing • High unemployment rate • Homelessness • Poor upward social mobility • High crime rate • Perception of local danger • Low community cohesion • High population turnover • Lack of structured leisure activities	• Involvement in structured leisure activities • Community cohesion • Positive community attitudes

2.2 Risk and protective factors for youth reoffending

Logically, the risk factors for offending are also likely to be the risk factors for reoffending, with it being widely suggested that the higher the risk factor load, the greater the likelihood of reoffending. However, some specific risk factors increase the likelihood of reoffending.

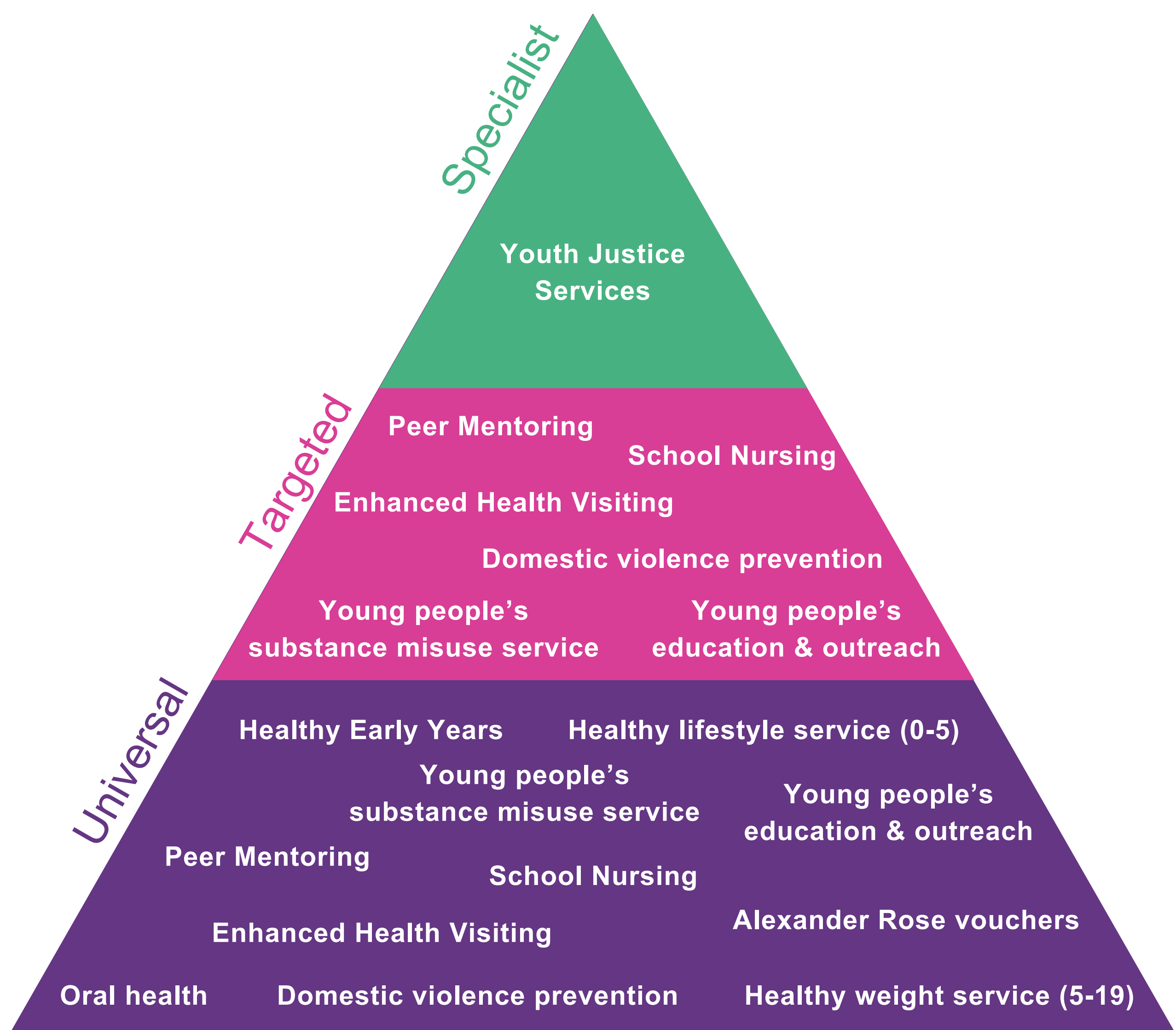
	Risk factors	Protective factors
Individual	• Poor mental health • Traumatic brain injury • Callous-unemotional traits • Negative previous experience of involvement with YJS • Previous custodial sentence, particularly during COVID-19 • Ethnicity	• Positive mental health • Empowerment to change • Positive previous experience of YJS
Family	• Exposure to a higher number of Adverse Childhood Experiences • Lack of positive parental involvement and supervision • Negative experience of being a Looked After Child	
School and peer group	• Developmental language disorder	• Ability to distance from those who encourage offending
Community	• Limited opportunities for upward social mobility of people who have offended (eg employment/accommodation)	

Chapter 3

Service mapping

There are a range of services in Hackney Council providing health and wellbeing support to children and young people. These can be structured as shown in the Prevention Pyramid of Interventions (Fig 3) below as either Universal, Targeted or a Specialist services. The Prevention Pyramid is not an exhaustive list of preventative services as services commissioned by the Intergrated Care Board (ICB), Hackney Education and any other system partners also exist in the system. For detailed information of each service can be found in Appendix 3 (page 89).

Fig 3. Prevention Pyramid of Interventions - Children and Young People (CYP)



Universal: Protecting health by improving the social, emotional and physical environment

Targeted: Early identification and targeting of support for CYP and families at risk

Specialist: Intensive support to prevent health and wellbeing status from getting worse

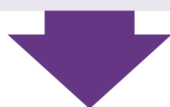
Service mapping plays a crucial role in ensuring that service pathways are designed to meet the needs of service users.

This chapter focused on mapping HYJS and understanding the different pathways through which young people may come into contact with the HYJS, as well as their journey throughout the process. Additionally, the service maps identified the key points in the pathway where various services intersect and where health assessments for young people currently take place.

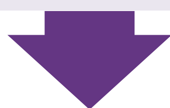
Process of Service Mapping

Defining the objectives: The service mapping process began by clearly outlining the objectives and desired outcomes of the mapping exercise. This step allowed the team to establish a shared understanding of what the service map should accomplish.

Resource gathering: To create an initial draft of the service map, we gathered all the necessary resources, including relevant documents, data, and information about the services involved in the HYJS. This ensured that the map would be comprehensive and accurate.



Co-creation with HYJS managers: The first draft of the service map was then shared with managers from the HYJS. Through collaborative efforts, these managers contributed their expertise and insights to enhance the accuracy and effectiveness of the map.



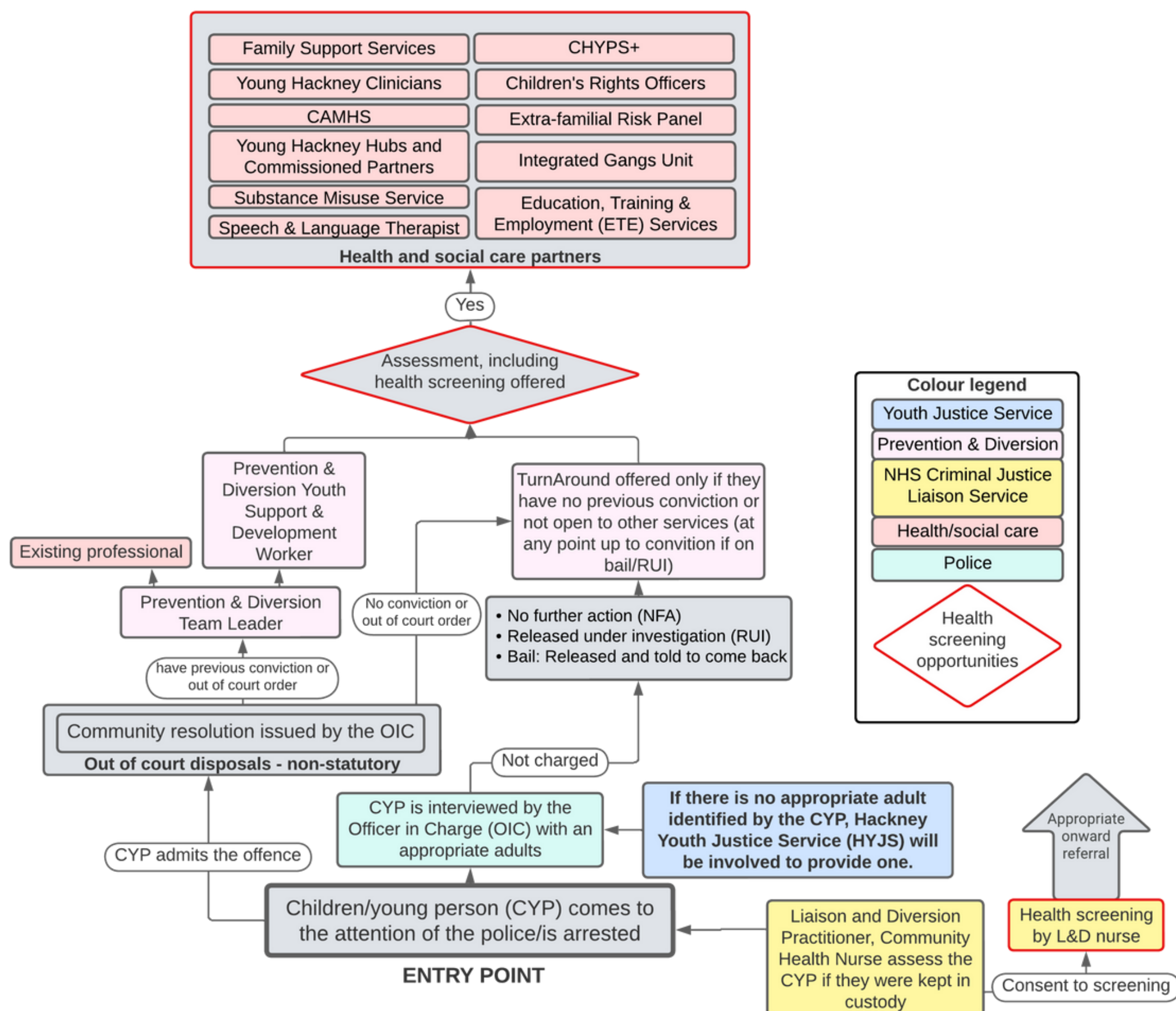
Workshop with Health Huddle (Integrated Health Team): To refine the service map further, a workshop was conducted with the Health Huddle group. This workshop provided an opportunity to gather feedback, insights, and suggestions from professionals directly involved in health assessments of young people within the youth justice system. Their expertise helped to ensure that the service map accurately captured the critical points in the pathway where health assessments typically occur.

Community resolution pathway

Community resolution (Fig 4) is given to young people as a resolution for a minor offence or anti-social behaviour incident through an informal agreement between the parties involved, as opposed to progression through the traditional criminal justice process. Community resolution is a tool to enable the police to deal more proportionately with low-level crime and for those who have offended for the first time. In Hackney, all young people who come to the attention of the police or are arrested become known to the HYJS, even if they do not get charged and are released on bail, or no further action (NFA)* was taken. If a young person receives community resolution or is released on bail/NFA, the TurnAround programme is offered to that young person if they have no previous conviction or are not open to other services within the Hackney Council (at any point up to conviction if on bail/released under investigation). If a young person had any previous conviction or received out of court orders in the past, they will be offered support from the prevention and diversion (P&D) team within the HYJS.

*If a young person is arrested and the police do not pursue the case, this is known as taking 'no further action'

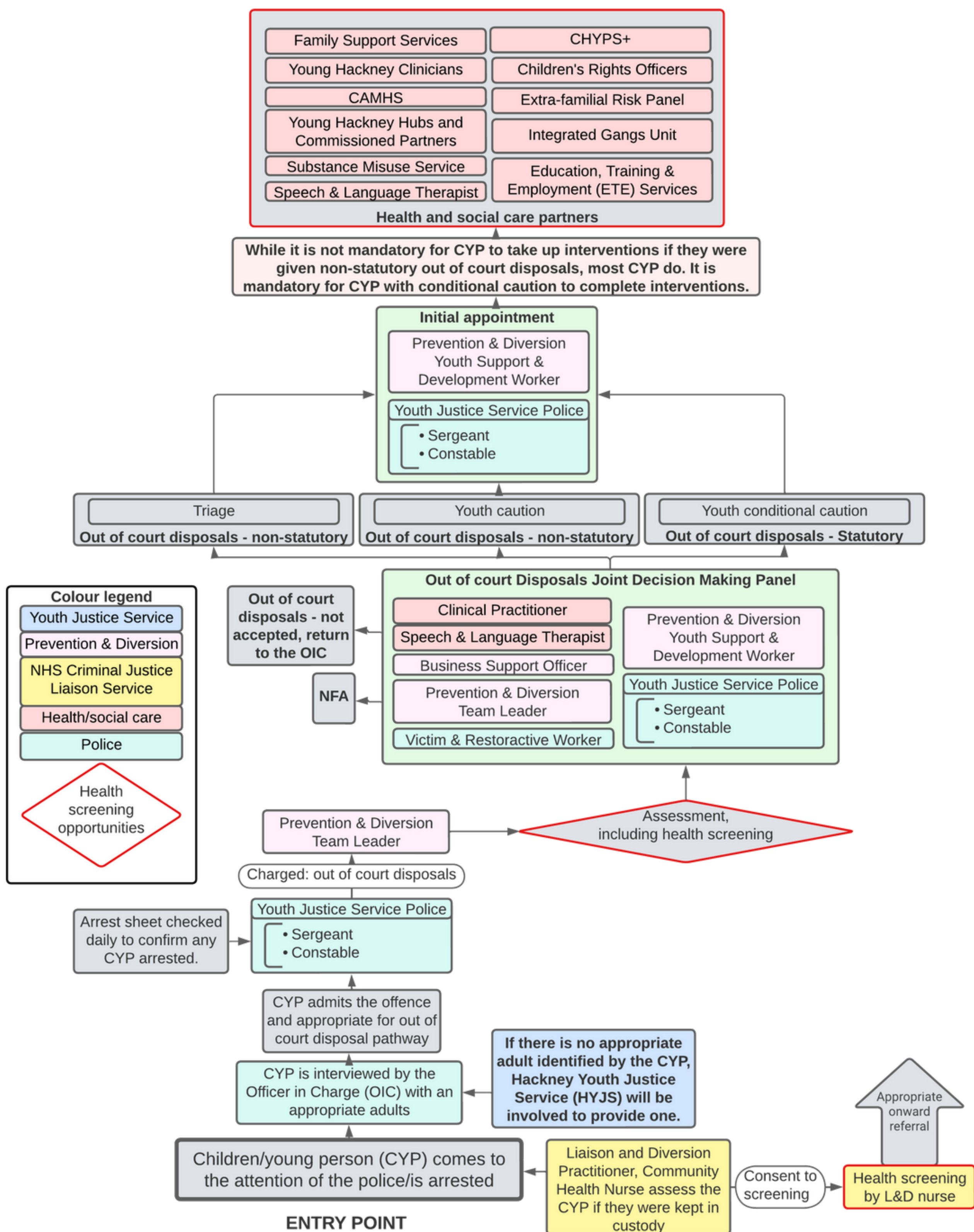
Fig 4. Service map: community resolution and/or TurnAround pathway



Out of court pathway: prevention and diversion

Out of court disposal (Fig 5) encourages joint decision making between the police and the HYJS to promote positive outcomes (See Out of court Disposals Joint Decision Making Panel in Fig 5). It provides safeguards against inappropriate disposals, including inappropriate repeat cautioning. The out of court pathway can only be offered when a young person admits an offence.

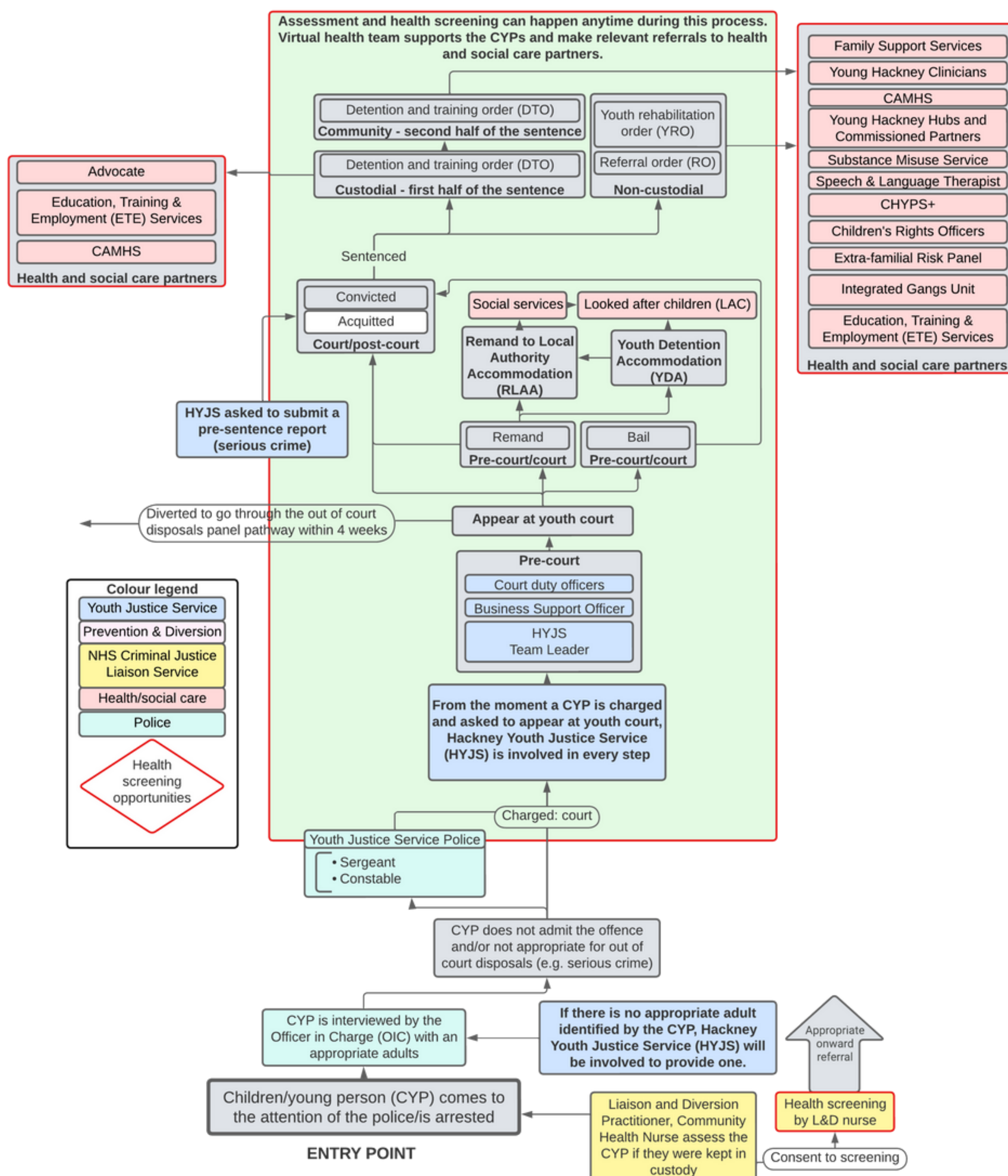
Fig 5. Service map: out of court pathway



Court/post-court pathway: Youth Justice Service

If a young person does not admit the offence and/or the offence is not appropriate for out of court disposals (e.g. serious crime), they will follow the court/post-court pathway (Fig 6). From the moment a young person is charged and asked to appear at youth court, HYJS is involved in every step. Assessment and health screening can happen anytime during this process, and virtual HYJS health team supports the young person and make relevant referrals to health and social care partners within the Hackney Council.

Fig 6. Service map: court/post-court pathway



Assessment, including health screening opportunities

There are no statutory points for assessment and/or health screening within HYJS pathways. According to the national standards, the assessment is required to be undertaken before decision making, and re-assessment is to be completed when significant events occur (such as arrest, change of placement, etc.) or at least every six months during the intervention period.

For the court/post-court pathway, AssetPlus is used for the assessment using an appropriate AssetPlus module. For example, for pre-sentence, the 'Pre-Sentence Report (all options)' module may be used. A pre-sentence report is a report prepared by the Youth Justice Service that helps the court decide on what sentence to give a young person if they have pleaded guilty or been found guilty.

For the out of court pathway (prevention and diversion), HYJS currently uses an adapted version of a highly regarded Young Hackney assessment process before the decisions are made. Given that the expected length of contact with prevention and diversion (P&D) intervention is between 6-12 weeks, assessments are not expected to be reviewed or updated; unless there is a further alleged offence and/or a court hearing.

ENGAGE programme commissioned by London's Violence Reduction Unit (VRU)

ENGAGE is delivered in police custody and is a partnership involving local authority children's services, the Metropolitan Police and NHS England which supports young people who may have various care needs and creates a wrap-around care intervention. The programme involves embedding youth workers in police custody to help support young people arrested in relation to violent offences. They work with the young person to help provide support and to provide access and connection to education, training and employment.

While the current HYJS pathways currently do not include any information regarding the ENGAGE programme, the programme is in planning for implementation phase in the HYJS and will be delivered with Tower Hamlets Youth Justice Service across the Central East Basic Command Units (BCU).

Crown Courts - additional court/post-court pathway

Crown Courts (if the young person is tried and sentenced in a Crown Court instead of a youth court) can also sentence children to a detention and training order (DTO), which is a 4 to 24 months sentence that involves custodial intervention for the first half, as well as any other community-based interventions (e.g. referral order). About 10-20% of decisions are made in Crown Courts for young people. The court/post-court pathway depicted in this assessment focuses on youth court sentences only. However, while the pathway does not depict it, a sentence of section 250 custody (2+ years up to life sentence) is a possible sentence for a young person.

Chapter 4

Characteristics of young people who were arrested

Every young person who is arrested and taken into police custody is assessed by a liaison and diversion (L&D) nurse at the police station. The L&D service is part of the East London NHS Foundation Trust (ELFT), commissioned by Health and Justice, NHS England. In May 2023, we received aggregated data for young people residing in Hackney who were arrested and seen by L&D nurses across the five police stations within East London within the financial years starting 2019 to 2023. We received data for the following areas:

- Place of assessment
- Referral to St Giles Trust* support workers
- Referral to children's social care
- Needs identified (through the assessment)
- Accommodation status
- Education/employment status
- Main offence at the time of the arrest
- Outcome from the arrest
- Safeguarding
- Mental Health Act assessment

Data limitations

- The health information provided by the L&D service is not representative of the HYJS cohort and careful interpretation is needed.
- Information on 'needs identified' may contain 'suspected' needs, since L&D nurses may have suspected certain needs from the young people, however, these were never diagnosed.
- If a young person who resides in Hackney was arrested outside of East London, their information was not captured in this aggregated data. Therefore, the number of arrests made in a year may be higher than what is reported here.
- Information for education/employment status and accommodation status at the time of the arrest were missing for 75 young people who were arrested from September 2022 to March 2023. This is because there were changes made to ELFT's database system initiated by NHS England, and those two sections of assessment were removed from September 2022.

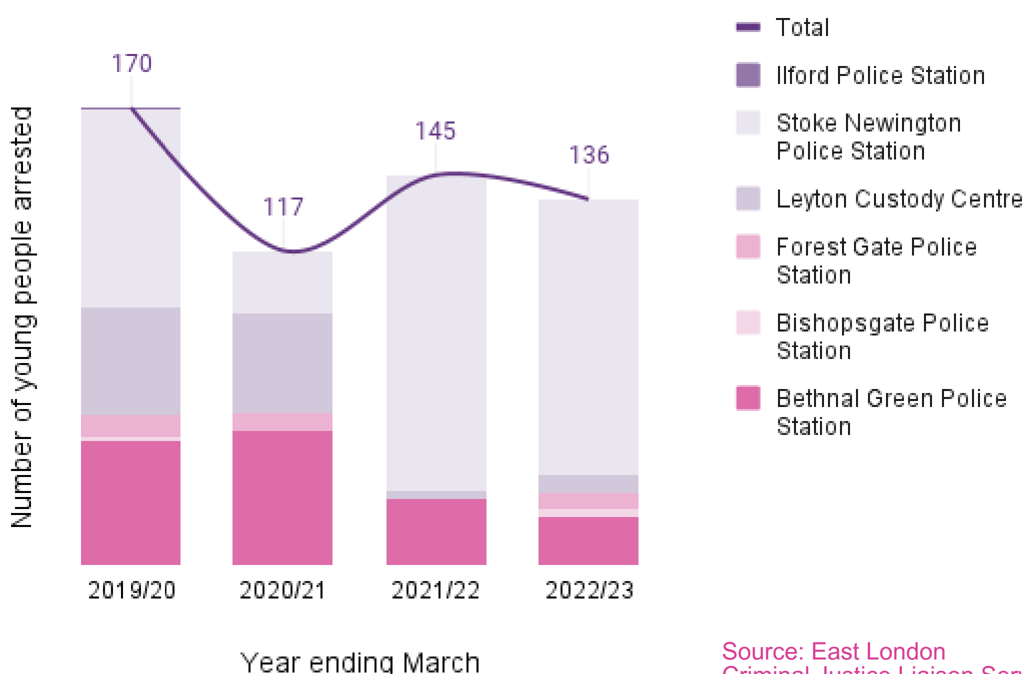
*From the end of the year 2019 to September 2022, St Giles Trust (a charity organisation) provided the following interventions for ELFT: peer-based engagement and mentoring, support in training, employment and rebuilding relationships and looking at exit routes from gangs and reoffending.

Number of arrests

From April 2019 to March 2023, 568 young people were arrested. In the last four years, the highest number of arrests was made in 2019/20 (170 arrests) and the lowest was made in 2020/21 (117 arrests). There was an increase in the number of arrests made between 2020/21 and 2021/22, but this increase was not sustained in 2022/23 (Fig 7). Most of the young people who were arrested were brought to Stoke Newington Police Station, followed by Bethnal Green Police Station.

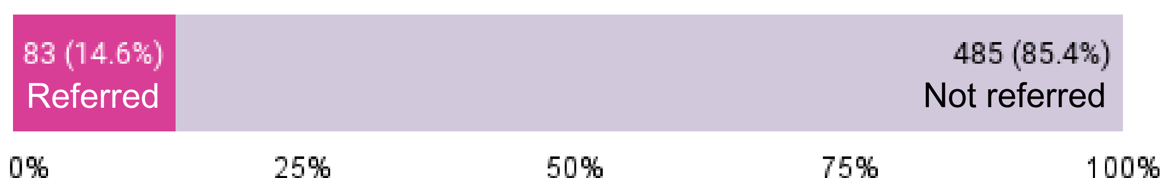
All young people are referred to Multi Agency Safeguarding Hub (MASH) after their arrest but only some children are referred to children's social care by the L&D nurse. A total of 83 young people (14.6%) were referred to children's social care after being arrested (Fig 8).

Fig 7. Number of young people arrested, by location of police station, residents aged 10-17, Hackney, years ending March 2020 to 2023



Source: East London Criminal Justice Liaison Service

Fig 8. Number and proportion of young people referred to children's social care after being arrested, residents aged 10-17, Hackney, between April 2019 to March 2023



Source: East London Criminal Justice Liaison Service

Education and employment status

Fig 9. Number and proportion of young people's education/employment status at the time of the arrest, residents aged 10-17, Hackney, March 2020 to August 2022

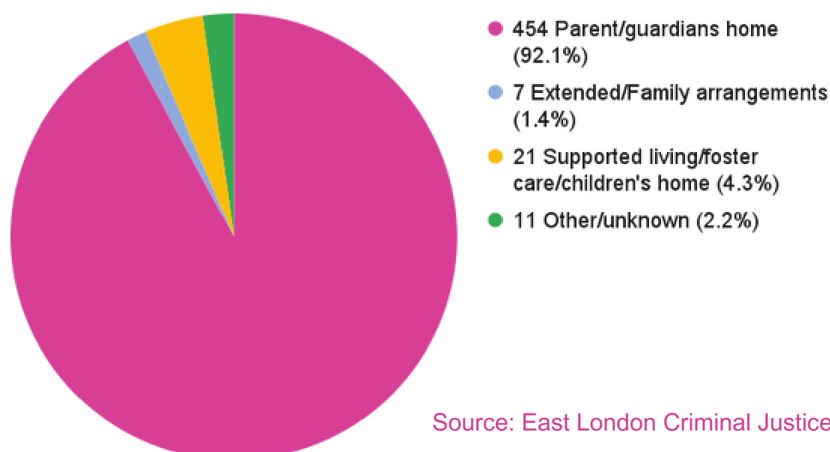
Source: East London Criminal Justice Liaison Service

Information on education/employment status at the time of arrest was available for 493 young people who were arrested (out of 568). While most young people were in full time education (72.6%), 62 young people (12.6%) were not in education, employment or training (NEET) or their status was not known (Fig 9).

Accommodation status

Information on accommodation status at the time of arrest were available for 493 young people who were arrested (out of 568). While more than 90% were living at a parent/guardian's home at the time of the arrest (454 young people), there were also 21 young people (4.3%) who were living in supportive living, foster care, or in a children's home (Fig 10).

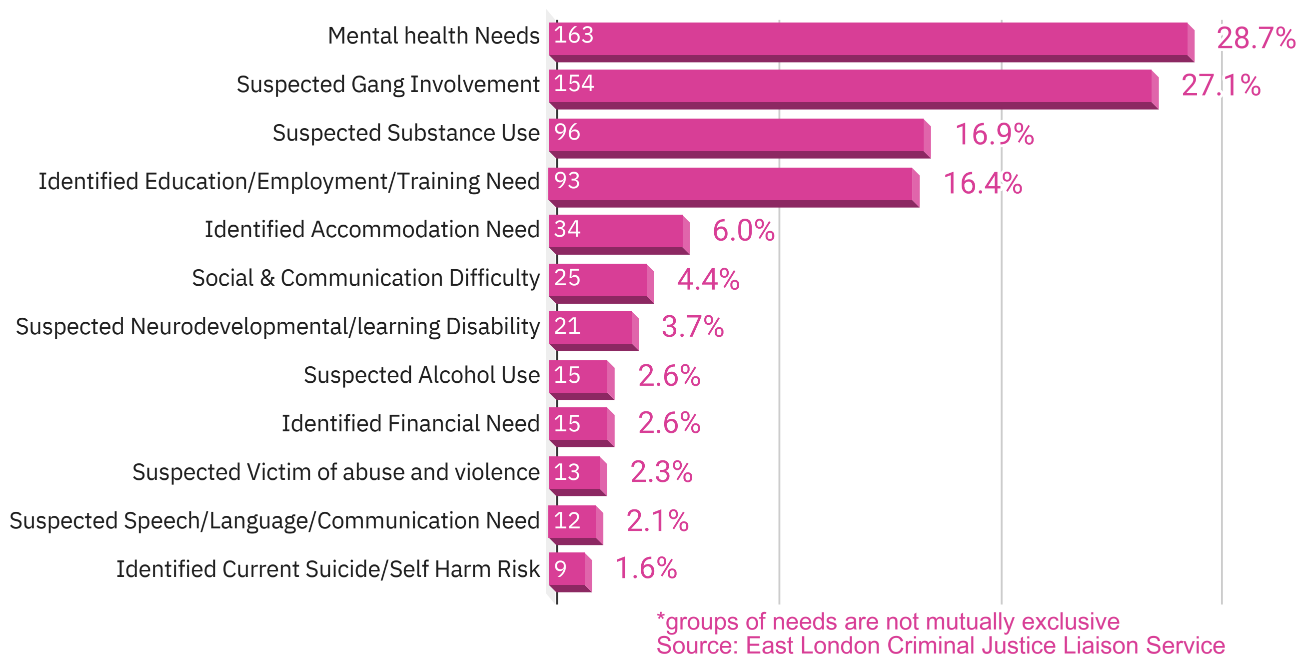
Fig 10. Number and proportion of young people's accommodation at the time of the arrest, residents aged 10-17, Hackney, March 2020 to August 2022



Source: East London Criminal Justice Liaison Service

Identified health and social needs

Fig 11. Number and proportion of Identified needs* of young people who were arrested, residents aged 10-17, Hackney, years ending March 2020 to 2023



*groups of needs are not mutually exclusive
Source: East London Criminal Justice Liaison Service

Mental health needs were the most prevalent need identified (identified in 163 young people, almost 29%), followed by suspected gang involvement in 27% of the group (154 young people) from the L&D assessment (Fig 11).

- 17% (96 young people) were identified with suspected substance use and 3% (15 young people) were identified with suspected alcohol use.
- 6% (34 young people) had accommodation needs identified and 3% (15 young people) had identified financial needs.
- 7% (37 young people) were identified with social and communication difficulties or needs.
- Neurodevelopmental/learning disability was suspected in 4% (21 young people).
- 6% (31 young people) were identified as having safeguarding concerns.
- 22 Mental Health Act assessments were carried out among young people who were arrested and less than five young people were detained under section 2*.

*can be detained in hospital for up to 28 days under the Mental Health Act 1983

Chapter 5

Characteristics of young people known to the Hackney Youth Justice Service (HYJS)

Hackney Youth Justice Service cohort (2021-23)

In May 2023, we received data on 417 young people (unique individuals) known to the HYJS during the last two financial years (April 2021 - March 2023). The unique individuals in the cohort are young people 'known' to the HYJS in the last two years and not who 'started their intervention'; therefore, if the young person was sentenced before April 2021 but was still going through intervention with the HYJS, they were counted in this cohort. This means the arrest data (Chapter 3) does not directly compare with the cohort data. The cohort data was extracted from two databases (the prevention and diversion spreadsheet and Childview), and any duplicated individuals were identified, so information was merged into one unique ID. Then, using the unique identifier, cohort data was matched against other databases (e.g. Hackney education) to gather further health and wellbeing information about this cohort.

- Demographic characteristics data were extracted from Mosaic and were matched with at least 94.5% of the cohort.
- Offending characteristics data were extracted from the prevention and diversion (P&D) spreadsheet and Childview and were matched with at least 99.8% of the cohort.
- Social care data were extracted from Mosaic and were matched with at least 99.8% of the cohort.

Children and Families (C&F) assessment data

When Hackney Children and Families Service receives a referral raising concerns about the welfare of a child/ children, the service meets with the family to complete a child and family (C&F) assessment [30] to explore whether the family would benefit from some additional help and support.

- Within this cohort, any adverse childhood experiences data was matched from Mosaic if the young person had a children and families (C&F) assessment in their lifetime.
- This data was only available for 70.7% of the HYJS cohort (295 young people out of 417).

Aggregated data - Young Hackney Substance Misuse Service

In March 2023, we received aggregated data for young people in the HYJS who were referred to the Young Hackney Substance Misuse Service. The data we received were aggregated in numbers, so we could not verify if the young people referred accurately reflected our HYJS cohort.

Hackney Education data

Hackney Education provided the education data for this HYJS cohort. However, the data was not complete enough to match the whole cohort.

- Free school meals status was found for 352 young people (out of 417)
- Education attendance rate for the last two years was found for 173 young people (out of 417)
- Information on school exclusion was found for 352 young people (out of 417)
- Information on school mobility was found for 300 young people (out of 417)
- Information on RONI (Risk of NEET Indicator) was found for 300 young people (out of 417)
- Special educational needs and disability (SEND) information was found for 352 young people (out of 417), and categories of SEND were identified in 160 young people out of 248 young people who were found to have SEND in the cohort.

Aggregated data - Speech and Language Therapy

All young people who come into contact with the HYJS undergo a universal Speech and Language Therapy (SaLT) assessment. The process for universal SaLT assessment follows below:

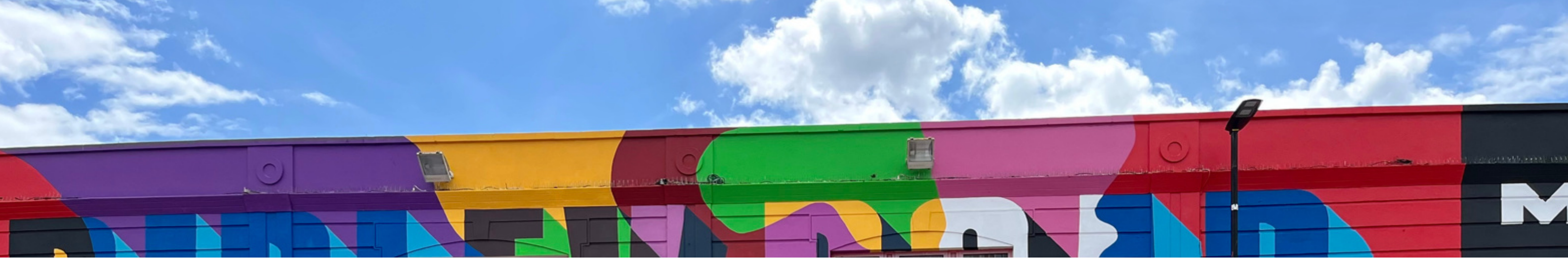
- Case allocated to the practitioner within the HYJS
- The SaLT team checks the young person's history on the local health system (RiO) and then uses a RAG (red, amber, green) triage system and notes on ChildView/Mosaic
- Practitioner completes SaLT screen within ⅔ weeks

If the young person's assessment shows they are a high priority (RAG: red), a SaLT referral is booked straight away. If the assessment shows they are a medium priority (RAG: amber), the HYJS practitioner observes the young person's communication in the next two sessions, bring the case to the partnership or unit meeting and books a SaLT consultation. Alternatively, the HYJS practitioner invites SaLT to observe a session with the practitioner. Low priority (RAG: green) individuals are still observed by the HJYS practitioner during sessions using communication screening tool questions in case young person's communication difficulties have previously gone unnoticed.

In March 2023, we received aggregated data for young people in the HYJS who were referred to the SaLT. The data we received were aggregated in numbers, so we could not verify if the young people referred accurately reflected our HYJS cohort.

Data highlighted in green - national and local data

Any national or local data that does not reflect the HYJS cohort is highlighted in green in this chapter. This was to aid the understanding of potential health and social needs when there was no data available specifically for this cohort. We understand that national and local data does not necessarily represent this cohort, and should be interpreted carefully.

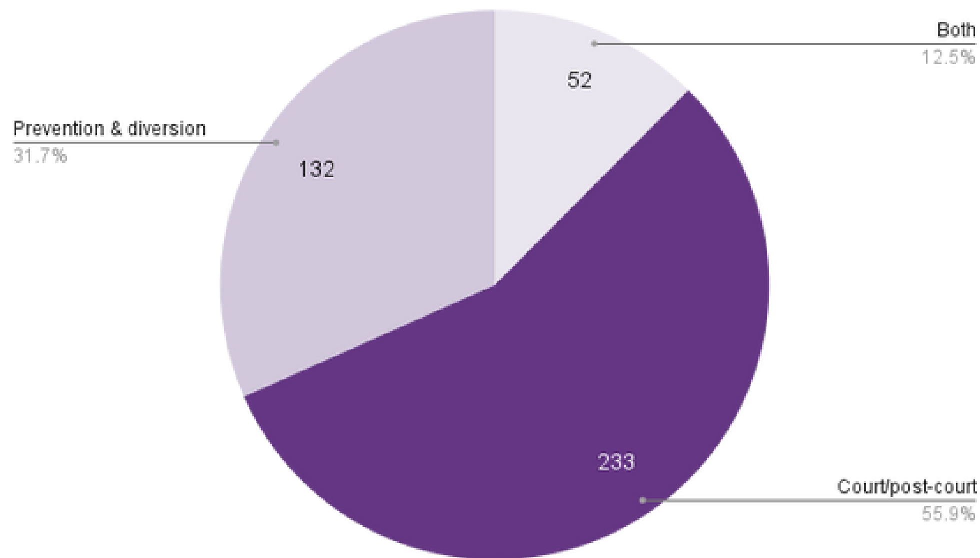


Hackney Youth Justice Service (HYJS) cohort

From April 2021 to March 2023, 417 Hackney young people received out of court disposals or were sentenced and, therefore, became known to the HYJS (Fig 12).

- About 32% were in the prevention and diversion (P&D) pathway, which means they received out of court disposals for their offence
- About 56% were in the court/post-court pathway which means they went through the court and were sentenced for their offence
- About 13% received both types of disposal in the last two years

Fig 12. Number and proportion of young people in the HYJS cohort by disposal types, Hackney, April 2021 to March 2023



Source: Prevention and diversion spreadsheet and Childview

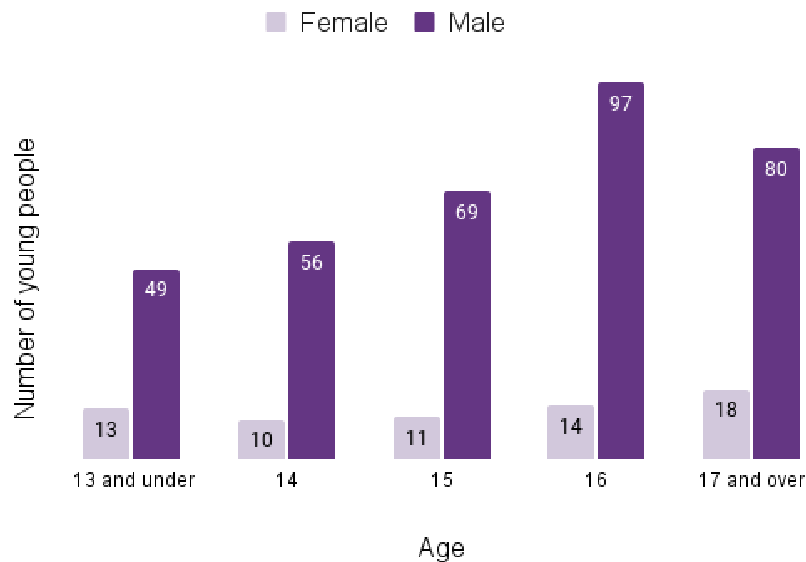
To understand how many young people within the HYJS cohort have received more than one HYJS intervention in their lifetime, a binary variable was computed using the count of total court/post-court interventions, and the count of total P&D referrals. Please see Appendix 4 (page 93) for further explanation on how we categorised complex cases when there were several interventions involved for the same or different offence(s).

It was found about 62% (255 young people out of 416, information was unknown for one person) of the cohort received more than one intervention in their lifetime.

Age and Gender

This cohort was predominantly male (84.2%), and aged 15-17 years old (69.1%) (Fig 13).

Fig 13. Number of young people in the HYJS cohort by age and gender, Hackney, April 2021 to March 2023

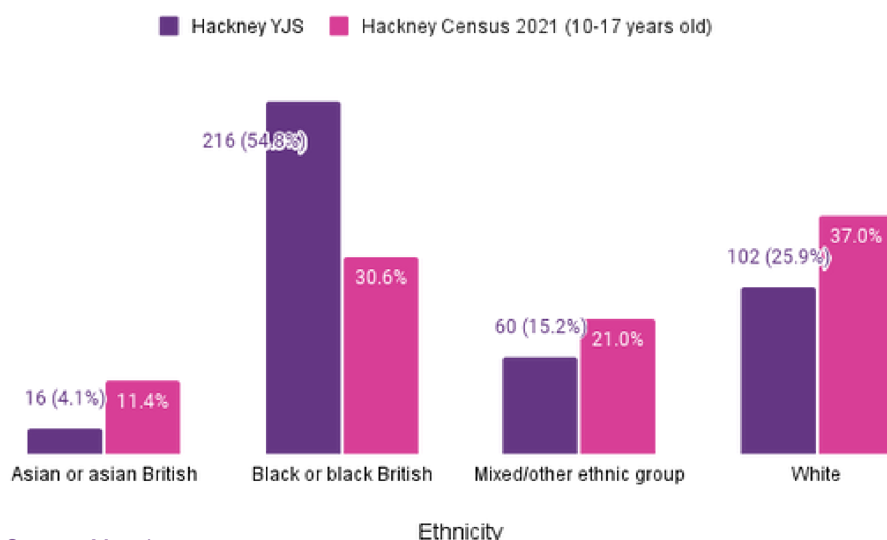


Source: Mosaic

Ethnicity

Young people from black ethnic backgrounds accounted for about 55% of the last two years' HYJS cohort (Fig 14). Young people from black or black British backgrounds are disproportionately represented in the HJYS cohort when compared with the overall proportion of ethnic groups of those aged 10-17 years old in Hackney (30.6%) [31].

Fig 14. Number and proportion of young people in the HYJS cohort by ethnicity compared with Census 2021: ethnic group (10-17 years old) [31], Hackney, April 2021 to March 2023



Source: Mosaic
*23 individuals' ethnicity was unknown

Geography

Figure 15 provides a visual representation of the places of residence of the cohort. When compared with the English indices of deprivation 2019 [32], 90% of the HYJS cohort live in the most deprived 30% of Lower layer Super Output Areas (LSOA) of the national population (Fig 16).

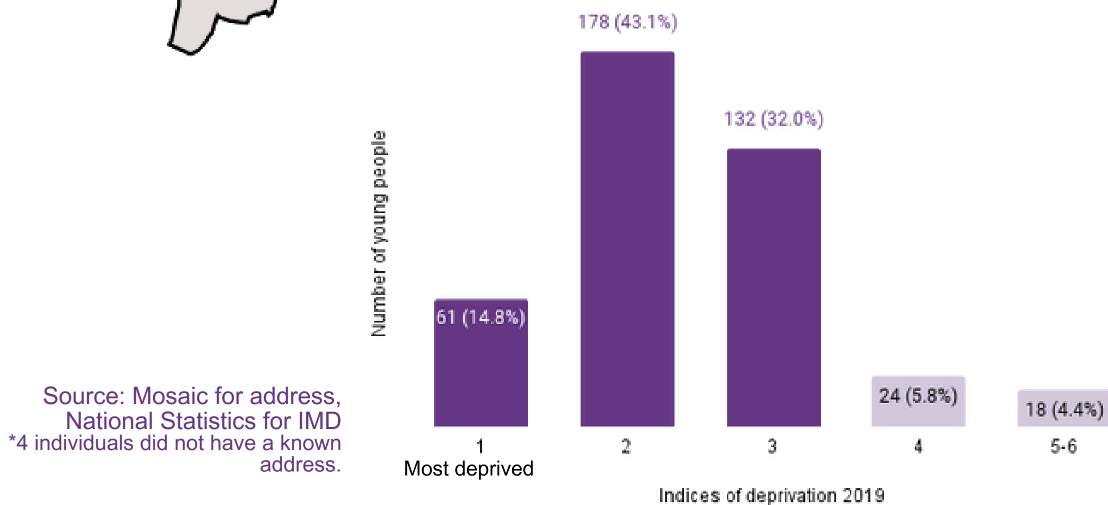
Fig 15. Number of young people in the HYJS cohort by residence* per 1000 young people aged 10-17, Hackney, April 2021 to March 2023

Rate (per 1000)
> 33
20.2
< 8

Woodberry Down
Springfield
Stamford Hill West
Cazenove
Brownswood
Stoke Newington
Clissold
Lea Bridge
Hackney Downs
King's Park
Shacklewell
Hackney Central
Homerton
Dalston
Hackney Wick
De Beauvoir
London Fields
Victoria
Haggerston
Hoxton West
Hoxton East & Shoreditch

Source: Mosaic
*4 individuals did not have a known address.

Fig 16. Number and proportion of HYJS cohort's residence* by Index of Multiple Deprivation (IMD) decile, Hackney, April 2021 to March 2023

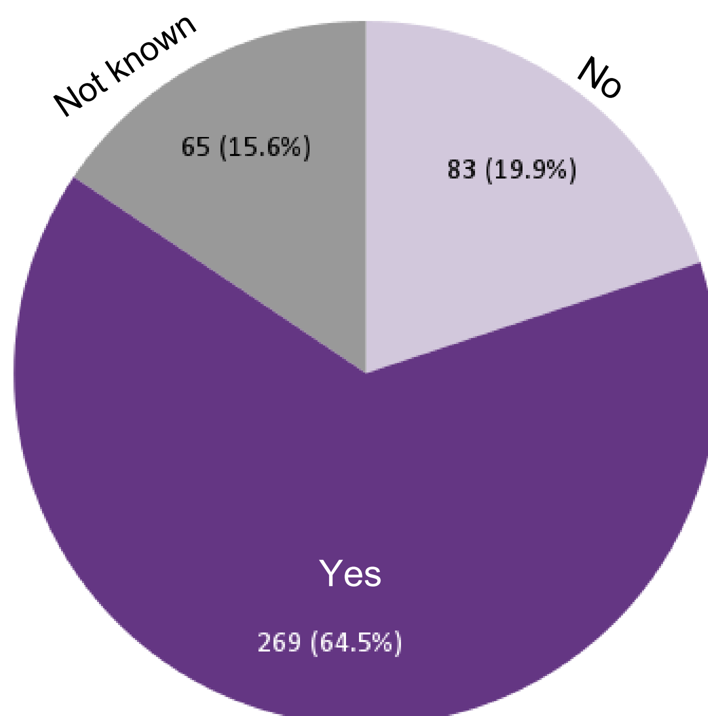


Source: Mosaic for address, National Statistics for IMD
*4 individuals did not have a known address.

Eligible for free school meals

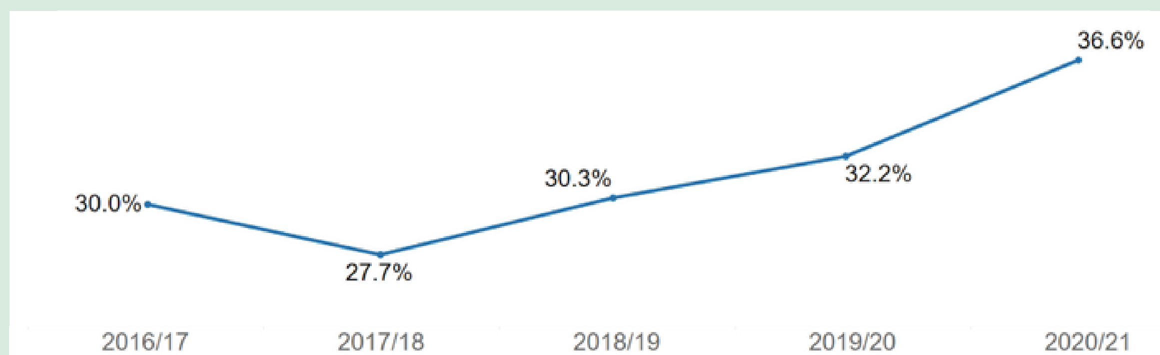
Free school meals (FSM) status correlates highly with other measures of socio-economic disadvantage in children and young people. When the HJYS cohort was matched with school census data, it was found that more than half of the HYJS cohort (64.5%) received free school meals (FSM) in their lifetime (Fig 17). This is almost double the figure of the proportion of pupils eligible for FSM in Hackney (36.6% in 2020/21, Fig 18) [33]. Although, it is important to note that 16% of the cohort's FSM status was not known. In addition, of those where status is known, those who never had an FSM may include young people who have never 'claimed' FSM in their lifetime, even if their household was eligible.

Fig 17. Number and proportion of HYJS cohort eligible for free school meals, Hackney, April 2021 to March 2023



Source: Hackney Education

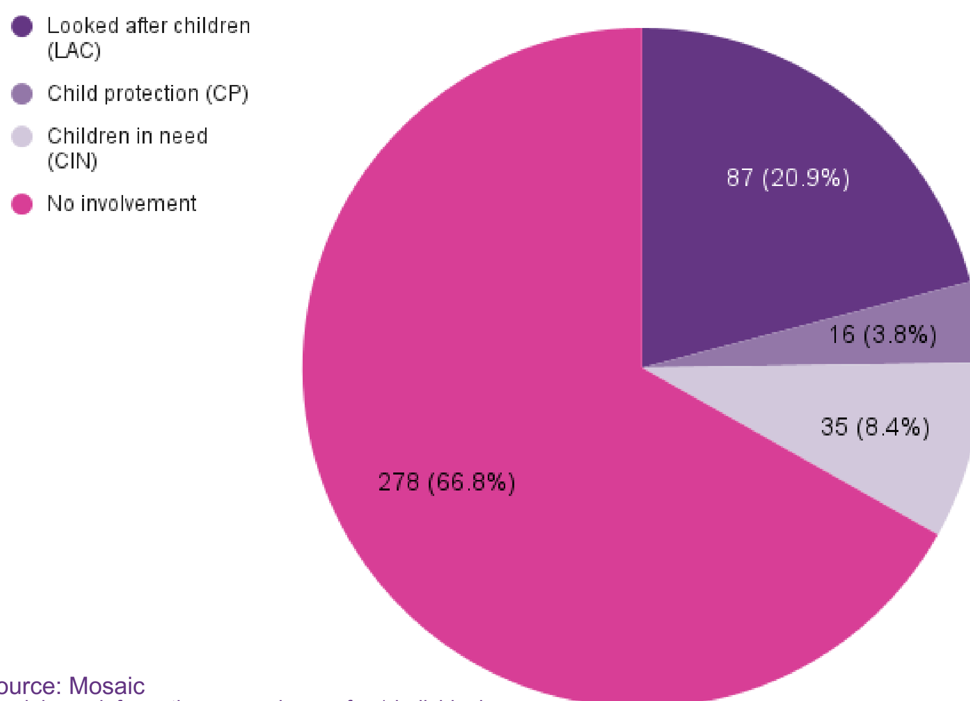
Fig 18. Proportion of pupils known to be eligible for free school meals over time, school-aged children, Hackney, 2016/17 to 2020/21 [33]



Source: Department for Education, 2021, graph extracted from City and Hackney 0-19 health needs assessment [34]

Children's social care involvement

Fig 19. Number and proportion of the HYJS cohort by children's social care involvement*, Hackney, April 2021 to March 2023



Source: Mosaic
*Social care information was unknown for 1 individual

To accommodate complex cases where some young people were flagged as having been involved in more than one social care group, the following categorisation methods were used:

- CIN - children in need, excluding children on a child protection plan and looked after children
- CP - children on a child protection plan, excluding looked after children
- LAC - looked after children

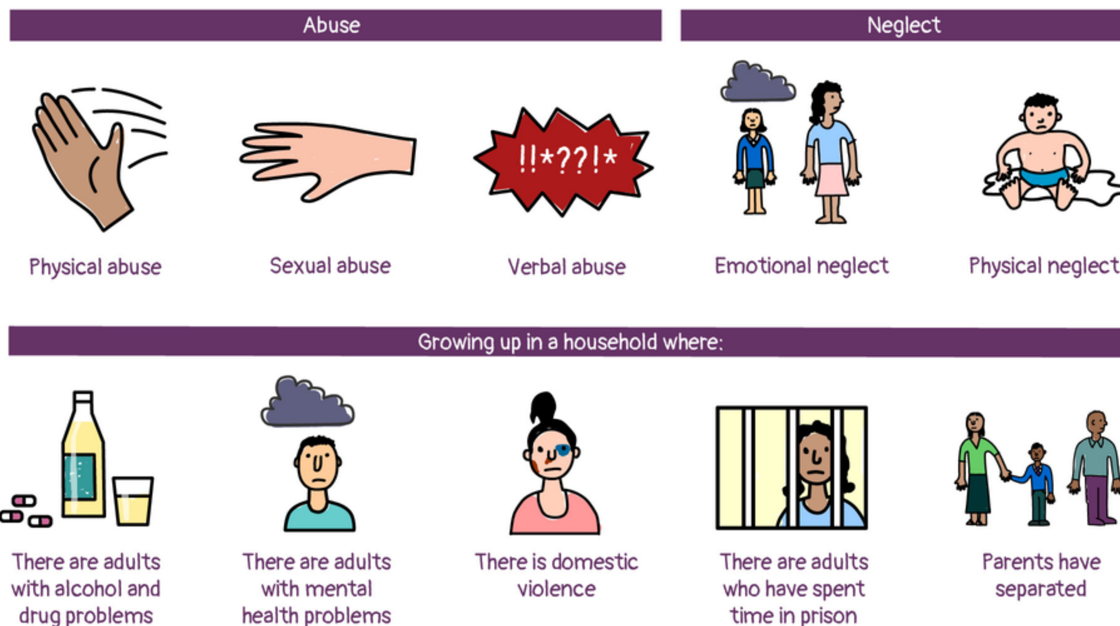
About 33% (138 young people) of the HYJS cohort had at least one of the following children's social care involvement in their lifetime - looked after children (LAC), children in need (CIN) and/or having a child protection plan (CP). Out of those 138 young people who had children's social care involvement in their lifetime (Fig 19):

- 63% were LAC (87 out of 138)
- 12% were on CP (16 out of 138)
- 25% were CIN (35 out of 138)

We also looked at if any of the 87 young people (who were ever LAC) went missing from care by matching their unique identifiers with the Hackney Council's missing children spreadsheet. It was found about 61% (53 out of 87) went missing from care.

Adverse childhood experiences (ACEs)

Fig 20. The ten widely recognised ACEs*, as identified in a US study from the 1990s [35]



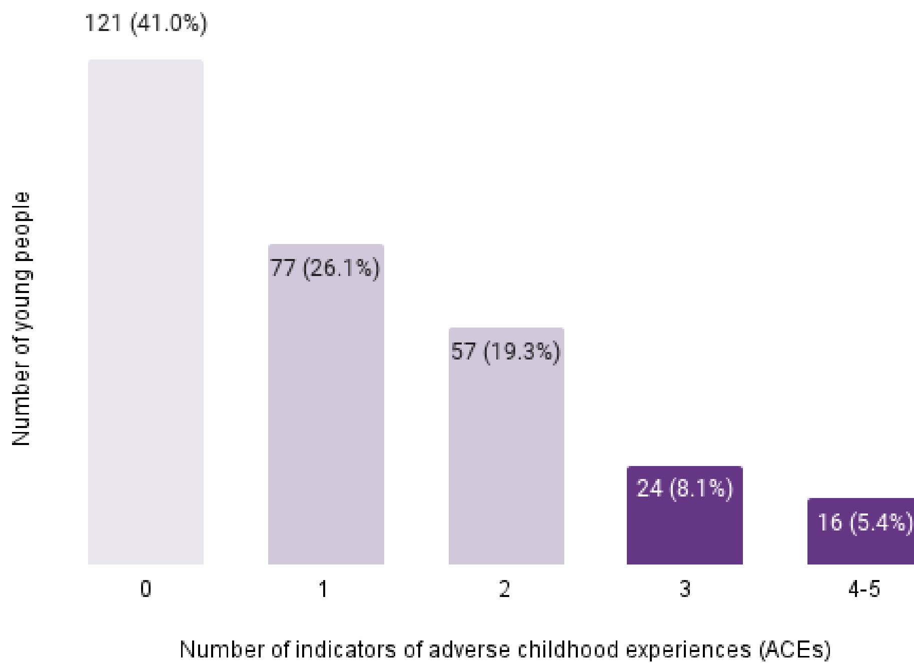
Graphic source: Liverpool CAMHS © 2023 NHS Cheshire and Merseyside | Merseyside Youth Association [36]
*these are the ten widely recognised ACEs, however, others have been recently recognised (e.g. bereavement, racism)

Defined by YoungMinds [37], ACEs are highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence (Fig 20). They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.

When Hackney Children and Families Service receives a referral raising concerns about the welfare of a child/ children, the service meets with the family to complete a child and family (C&F) assessment [30] in order to explore whether the family would benefit from some additional help and support. It was found about 71% of the HYJS cohort (295 young people out of 417) had a C&F assessment in their lifetime.

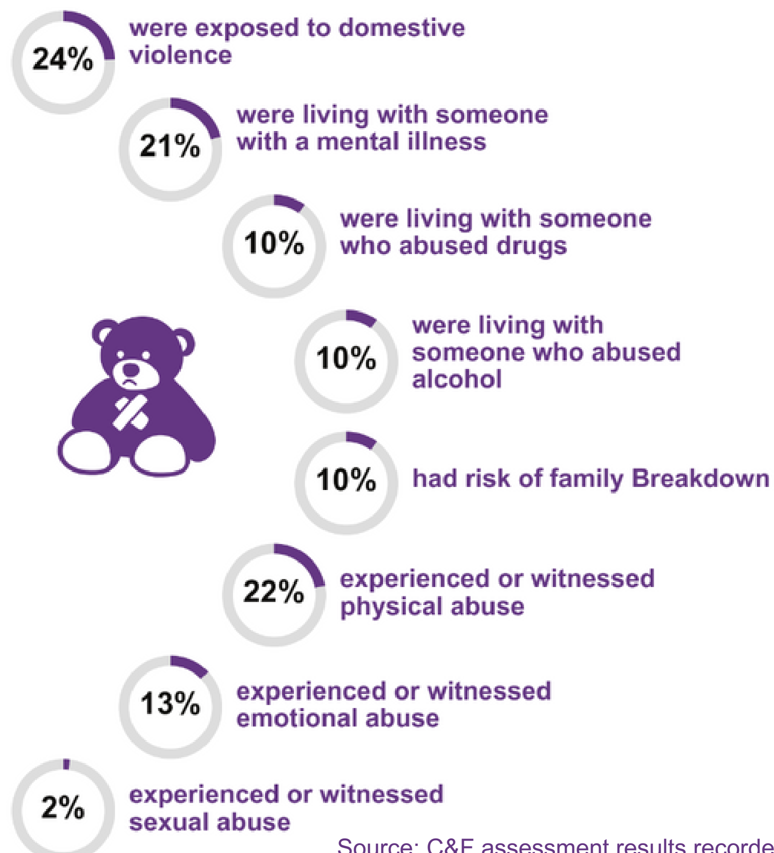
Using the C&F assessment data, we explored if there were any indicators of adverse childhood experiences (ACEs) in the HJYS cohort who went through the C&F assessment (Fig 21). It was found, out of 295 young people who went through a C&F assessment, 59% had at least one sign of ACEs. Being exposed to domestic violence (24%), experiencing or witnessing physical abuse (22%) and living with someone with a mental illness (21%) were the most prevalent ACEs (Fig 22). In addition, 40 young people (13%) had three or more signs of ACEs identified from the assessment.

Fig 21. Number and proportion of indicators of ACEs identified from the C&F assessment in the HYJS cohort- from available data of 295/417 young people, Hackney, April 2021 to March 2023



Source: C&F assessment results recorded in Mosaic

Fig 22. Percentage of ACE indicators found in the HYJS cohort - from available data of 295/417 young people, Hackney, April 2021 to March 2023



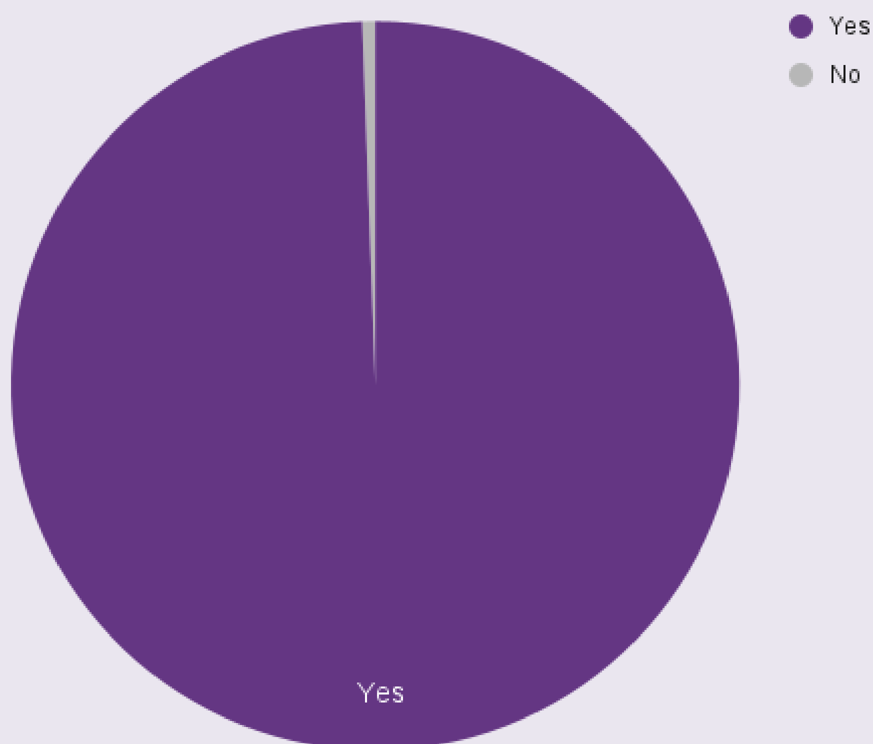
Source: C&F assessment results recorded in Mosaic

Education attendance

Out of the total HYJS cohort, we were able to match 173 young people's attendance data out of 417 young people (41.5%). We looked at how many days young people attended school out of the total school days available in the last two years.

In England, persistent absentees are defined as those who miss school 10% or more of the total school days [38]. Almost 100% of the cohort missed school more than 10% in the last two years (Fig 23).

Fig 23. Proportion of young people* in the HYJS cohort who missed school more than 10% of the total school days in the last two years - from available data of 173/417 young people, Hackney, April 2021 to March 2023



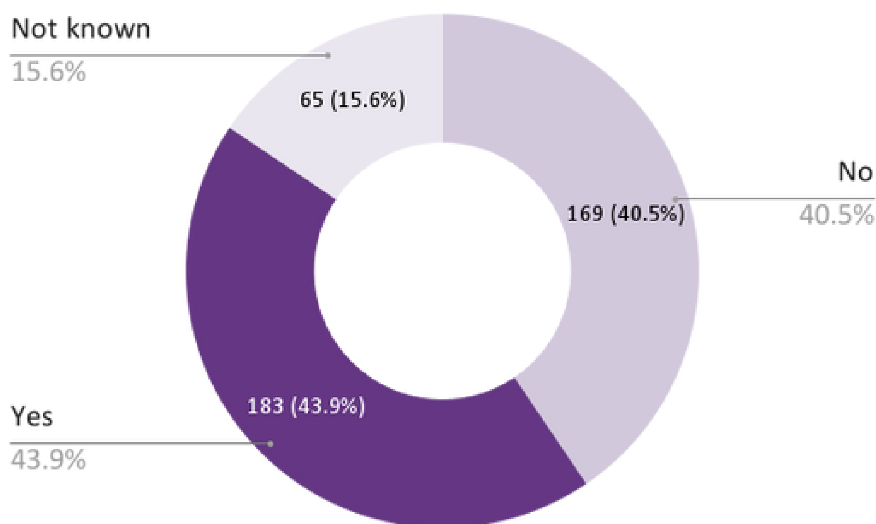
Source: Hackney Education

*Less than 5 young people in the cohort have missed school less than 10% of the total school days in the last two years. Therefore, the pie chart does not include the number of young people nor the percentage value

School exclusion

School exclusion is when a child is removed from school, either temporarily or permanently [39]. About 44% (183 young people) of the HYJS cohort have experienced at least one session (morning or afternoon) of school exclusion in the past (Fig 24).

Fig 24. Number and proportion of HYJS cohort who have experienced school exclusion, Hackney, April 2021 to March 2023

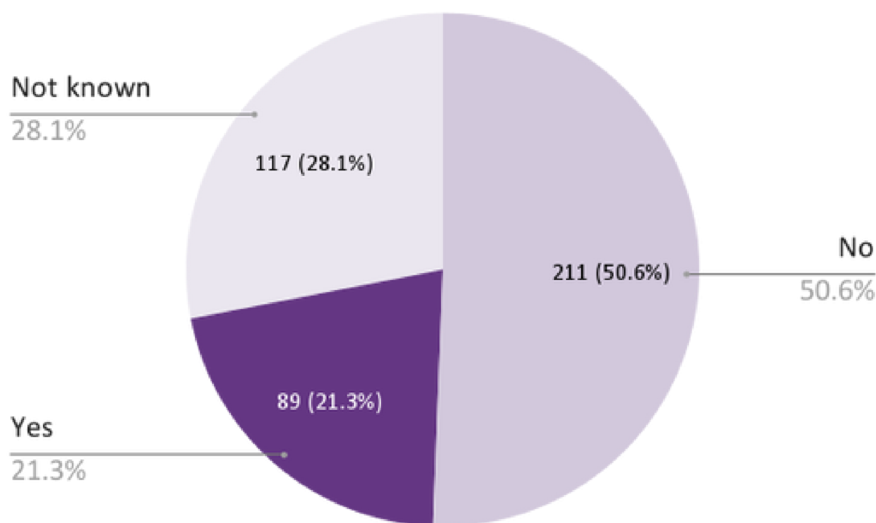


Source: Hackney Education

Pupil mobility

About 21% (89 young people) of the HYJS cohort have moved school in the past (Fig 25). In England, the current Ofsted school inspections handbook includes pupil mobility as part of the risk assessment in schools, indicating that mobility is most often conceived of as a problem.

Fig 25. Number and proportion of HYJS cohort who ever moved school, Hackney, April 2021 to March 2023



Source: Hackney Education

Risk of NEET Indicator (RONI)

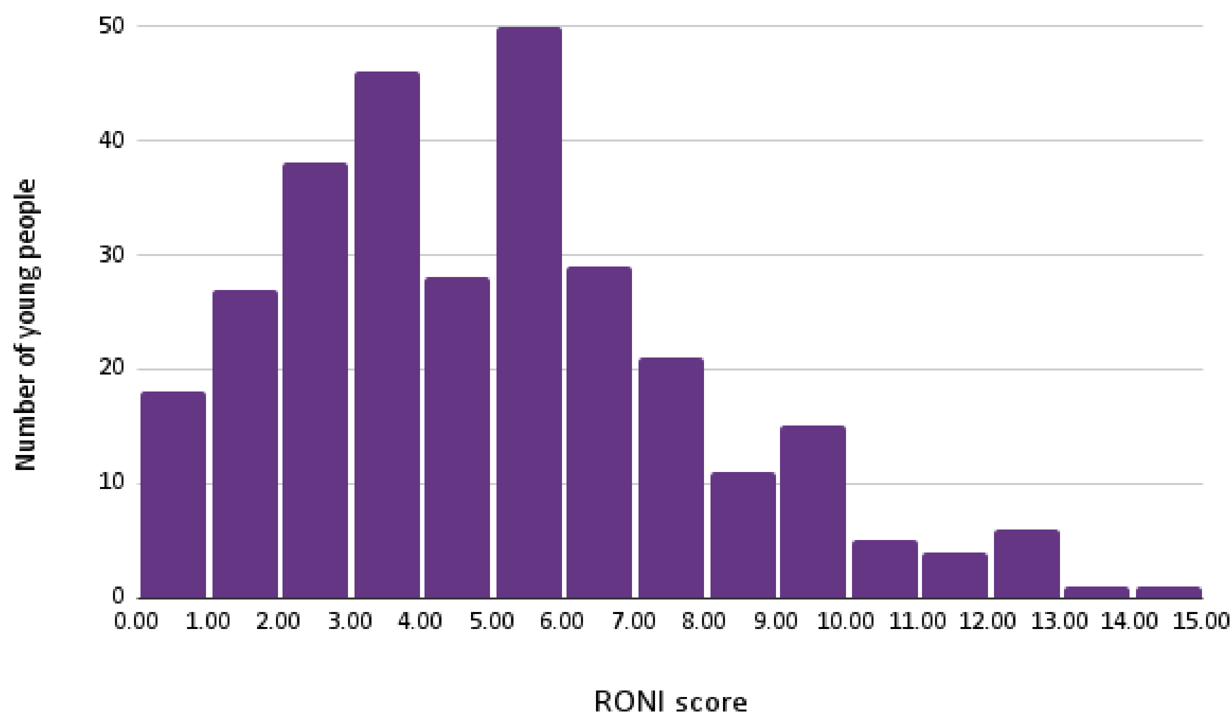
RONI (Risk of NEET Indicator) is used by local authorities to identify children with an increased risk of becoming NEET (Not in Education. Employment and Training) at school leaving age. The method of RONI calculation can vary between local authorities.

In Hackney, RONI is calculated using various weighted indicators, including free school meals eligibility, special education needs, key stage (KS) 2 data, attendance from KS2 to KS4, school exclusions, school mobility during all KS and deprivation decile.

It was possible to calculate RONI scores for 300 young people in the HYJS cohort (71.9%, out of 417). Hackney Education describes that a RONI score of 5 or more indicates they are at 'high risk' of becoming NEET. They recommend that the school give those pupils with high RONI scores substantial support to avoid them becoming NEET.

As seen in the distribution of RONI scores of the HYJS cohort below, almost half of the young people (143 young people out of 301, 47.5%) have RONI scores of 5 (Fig 26). In addition, the maximum RONI score observed in this cohort was 14.75.

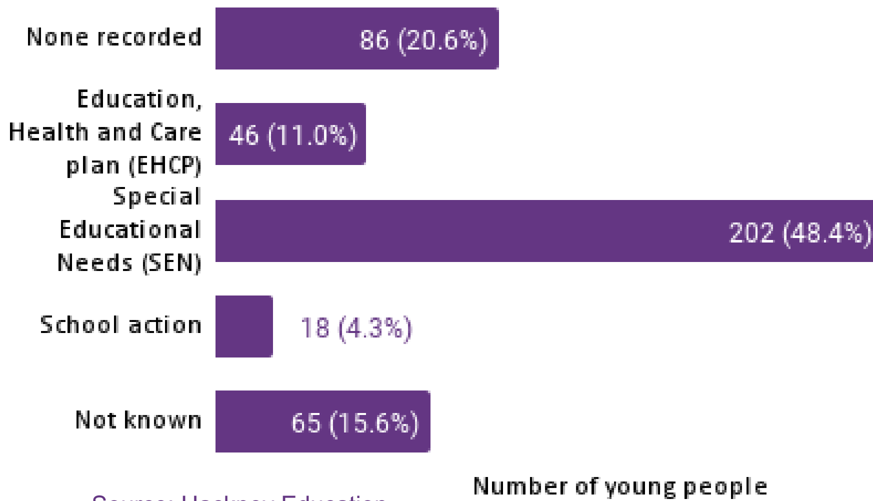
Fig 26. Distribution of RONI scores- data of 300/417 young people in the HYJS cohort, Hackney, April 2021 to March 2023



Source: Hackney Education

Special educational needs and disability (SEND)

Fig 27. Number and proportion of HYJS cohort who have SEND needs, Hackney, April 2021 to March 2023



Source: Hackney Education

Special educational needs and disability (SEND) were identified in more than half (59.4%) of the HYJS cohort (248 young people out of 417) (Fig 27). This means almost 60% of the cohort have received special educational needs (SEN) support or an education, health and care plan (EHCP). This is more than triple the proportion of pupils with SEN needs (19.2%) in the Hackney school-aged population in 2022/23 (Fig 28) [40].

While school action plans are no longer available and were replaced with a new system, this report notes that 4% of the cohort (18 young people) also received a school action plan in the past (Fig 27), although they were not replaced with SEN support (lower level of SEND needs).

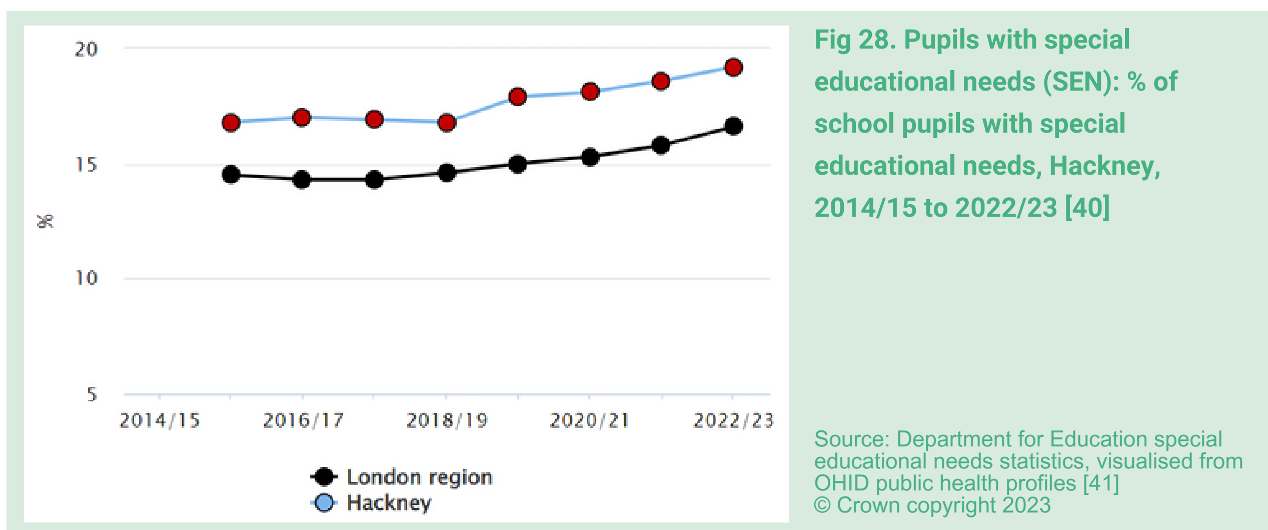


Fig 28. Pupils with special educational needs (SEN): % of school pupils with special educational needs, Hackney, 2014/15 to 2022/23 [40]

Source: Department for Education special educational needs statistics, visualised from OHID public health profiles [41]
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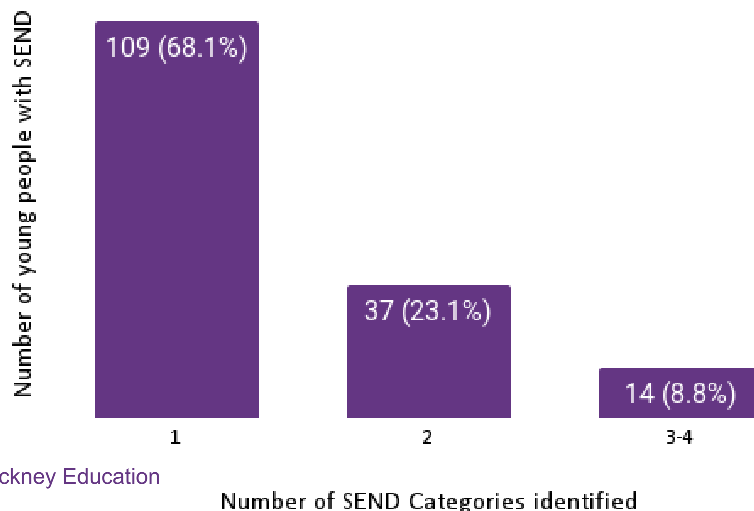
Out of 248 young people (out of 417) who were found to have either SEN support or EHCP in the HYJS cohort, the type of SEND were identified in 160 young people (64.5%). The type of SEND information was derived from the school census. Almost a third of young people with SEND in this cohort (51 out of 160, 31.9%) had more than one type of SEND (Fig 29).

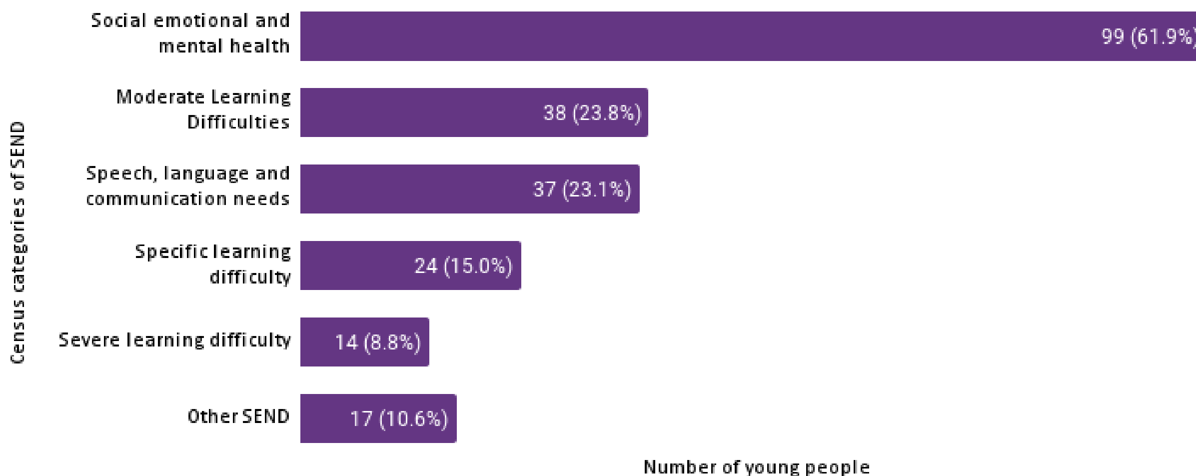
Fig 29. Number and proportion of HYJS cohort with one or more type of SEND - from available data of 160/248 SEND young people, Hackney, April 2021 to March 2023



Source: Hackney Education

Social, emotional and mental health (61.9%) was the most prevalent type of SEND found in the available data for 160 young people (out of 248), followed by moderate learning difficulties (23.8%) and speech and language and communication needs (23.1%) (Fig 30).

Fig 30. Number and proportion of types of SEND identified in the HYJS cohort - from available data of 160/248 young people, Hackney, April 2021 to March 2023

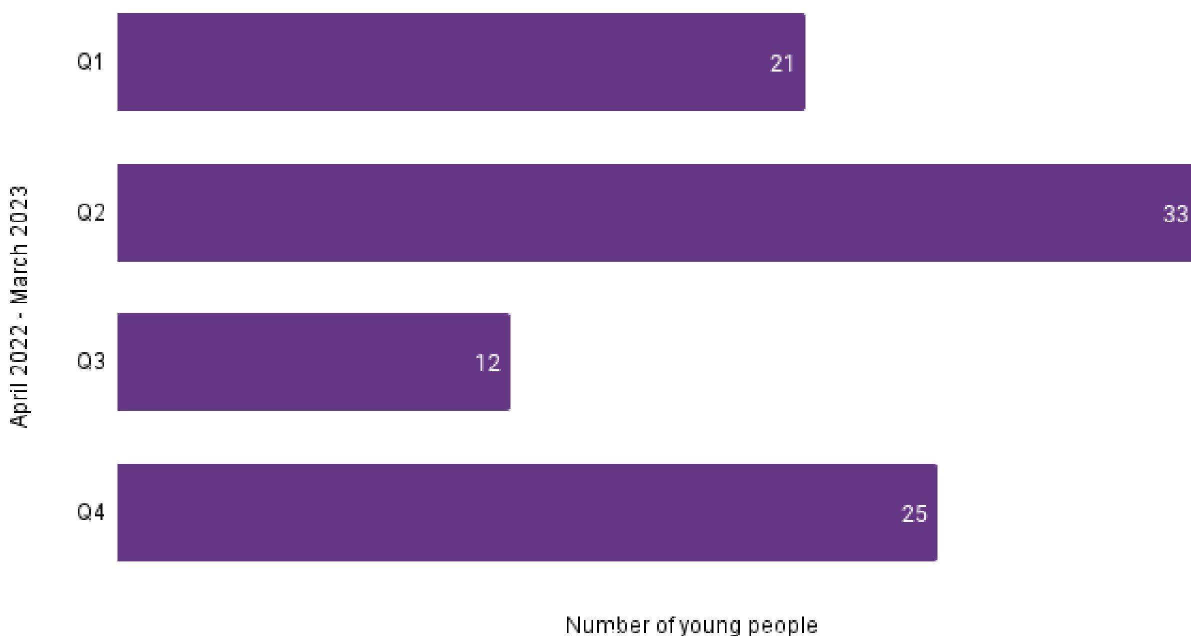


Source: Hackney Education

Speech, language and communication needs (SLCN)

According to the Children's Integrated Speech and Language Therapy (SaLT) Service, 91 young people from the HYJS cohort were referred to SaLT in the last financial year (April 2022 to March 2023) (Fig 31). This is about 72% of the last year's HYJS cohort (91 young people out of 127). Out of young people who were referred to SaLT, 30% (27 young people out of 91) started the higher tier SaLT intervention.

Fig 31. Number of HJYS cohort referred to the SaLT by age and gender, Hackney, April 2022 to March 2023



Source: Children's Integrated Speech and Language Therapy (SaLT) Service

Substance use

According to the Young Hackney Substance Misuse Service (YHSMS), 55 young people were referred to the Substance Misuse Service in the last two years (April 2021 to March 2023). This is roughly about 13% of the HYJS cohort. The age of referral ranged from 15 to 25, and the ethnicity was reflective of the proportion of HYJS by ethnicity. Cannabis was the prevalent drug used in 98% of children and young people.

The majority of referrals will start their intervention after going through the assessment initiated by the YHSMS. In the year ending 2022, 83% of referred young people started their intervention. The intervention completion rate is also high - in the year ending 2022, 79% completed their intervention and their cases were closed and/or transferred successfully.

Mental, physical and sexual health

Mental, physical and sexual health data specific to the HYJS cohort was unavailable. Therefore, wherever appropriate, we used local and national data to aid the understanding of the HYJS cohort's health and social needs. We understand that national and local data does not necessarily represent this cohort, and should be interpreted carefully.

In 2021, in Hackney, 3.2% of school pupils had social, emotional and mental health needs, which means the proportion of pupils with social, emotional and mental health needs was higher when compared with London (2.5%) and England (2.7%) value (Fig 32) [42].

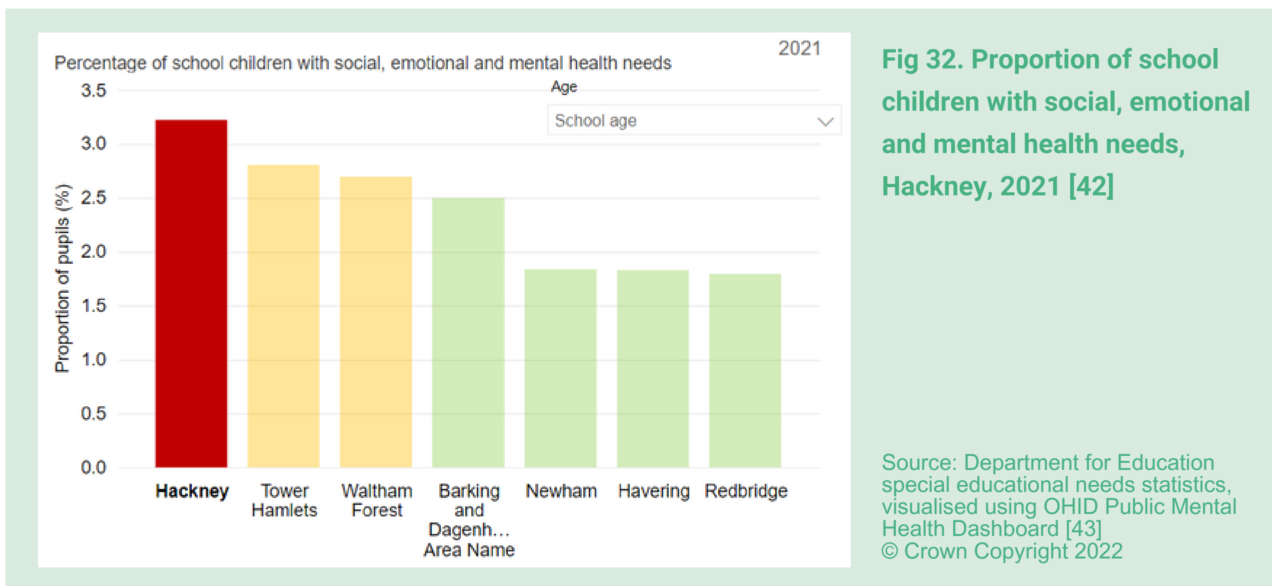


Fig 32. Proportion of school children with social, emotional and mental health needs, Hackney, 2021 [42]

Source: Department for Education special educational needs statistics, visualised using OHID Public Mental Health Dashboard [43]
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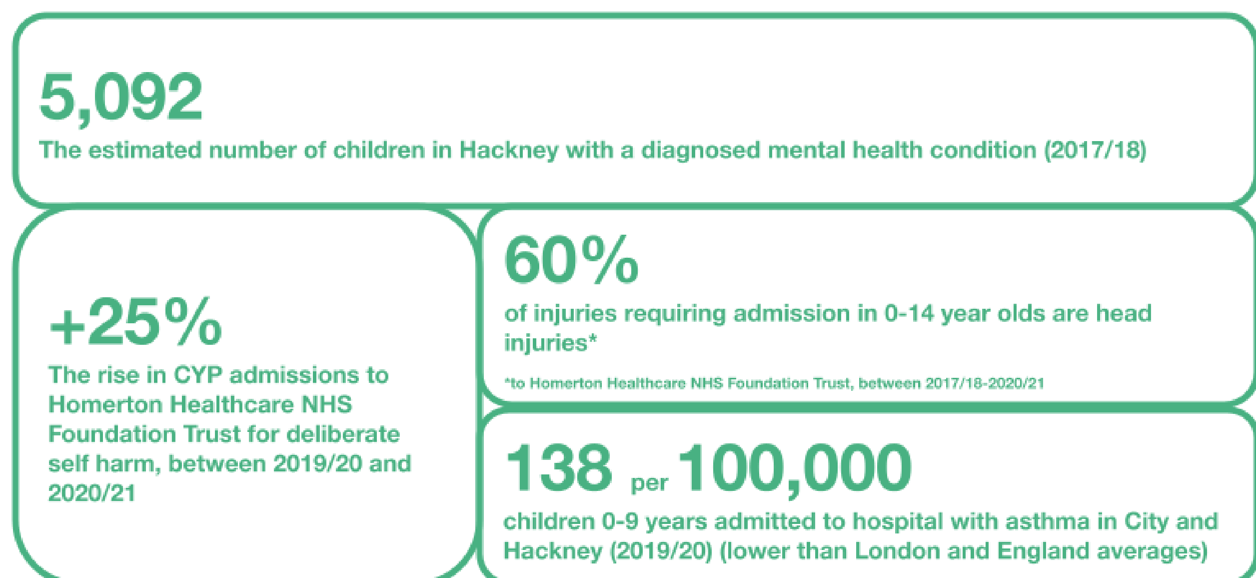
Fig 33. Snapshot of mental, physical health, neurodevelopmental conditions and traumatic brain injuries and teenage pregnancies in Hackney [34]



Rates of attended contacts provide local health and care systems with an important measure of demand, and to some extent reflects the level of mental health need in the local population. In 2019/20, the rate of attended contacts with community and outpatient mental health services for those under the age of 18 was 31,762 per 100,000 in Hackney, higher than North East London ICB (26,783 per 100,000) [44]. In addition, referral rates to specialist mental health services provide another useful measure of demand, and in 2019/20, the rate in Hackney was 6,687 per 100,000 population (Fig 35). This is also higher than North East London ICB (4,531 per 100,000) and other boroughs in the area [44].

Fig 34. Snapshot of teenage pregnancies in Hackney [34]

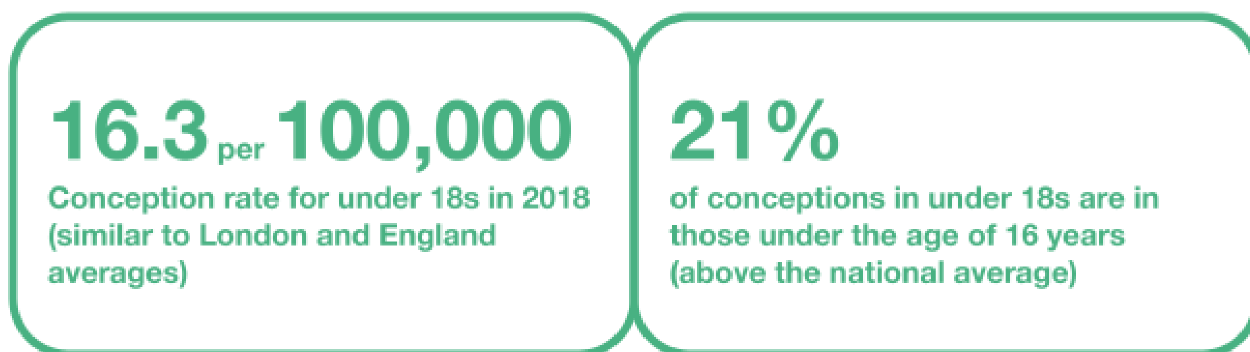
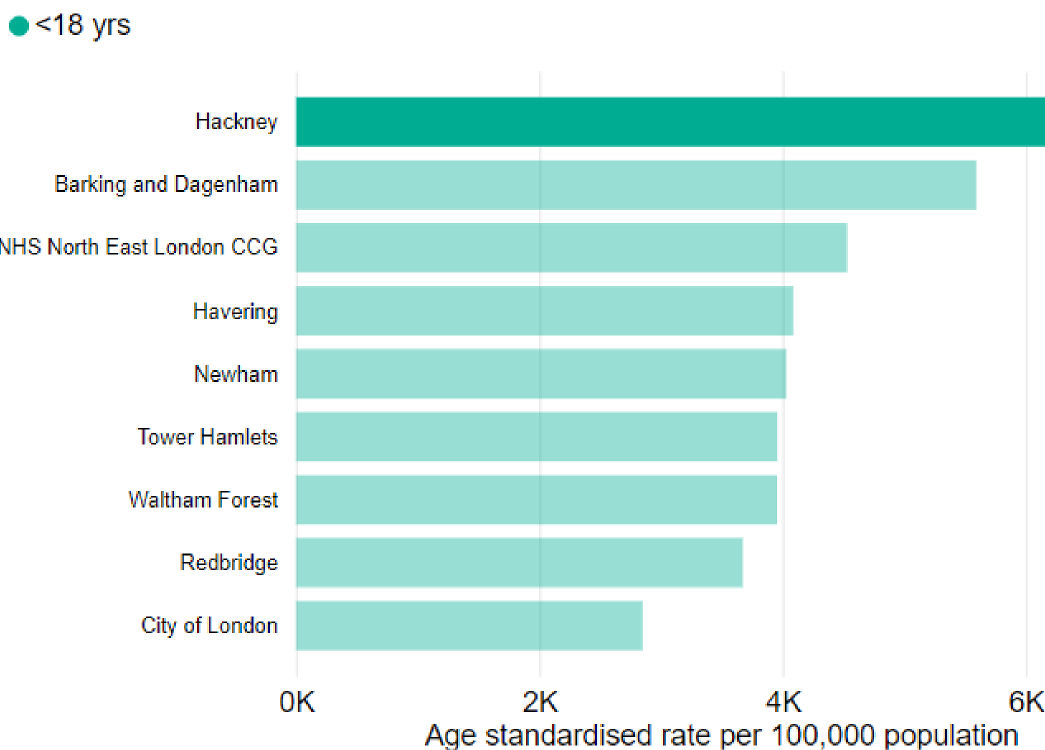


Fig 35. Rate of new referrals to specialist mental health services for those aged <18, per 100,000, Hackney, 2019/20 [44]



Source: NHS Digital Mental Health Services Data Set (MHSDS), visualised using Public Mental Health Dashboard (OHID) [43] © Crown copyright 2022

Chapter 6

Stakeholder insight and lived experience

To complement and build on the literature review (Chapter 2 and Appendix 2) and quantitative data analysis (Chapters 4 and 5), we engaged with multiple stakeholders including professionals, children, young people and their family members and carers.

This chapter is divided into two sections. The first section reflects insight from professional stakeholders and the second reflects insight and lived experience from children, young people and their family members and carers.

6.1 Professional stakeholder insight

Methodology

As part of this Health Needs Assessment, we engaged with multiple stakeholders throughout the system. This included stakeholders from national UK Health Security Agency (UKHSA) and NHS England teams, HYJS, Children's Social Care, health and education services and members of the voluntary and community sector. A full list can be found in Appendix 5 (page 95).

Each stakeholder was contacted by the team and the scope of the needs assessment was shared. An interview was held at a convenient time and each stakeholder was asked a series of questions including their thoughts on what was going well and could be improved in relation to the health and wellbeing offer for children and young people at risk of becoming known, or already known, to the HYJS. Each stakeholder was also asked to identify others that the team might need to talk to - a 'snowball' method of ensuring we had engaged appropriately across the system.

As a result of this engagement, a number of themes emerged around the general picture of the health and wellbeing of the HYJS cohort.

Children and young people within the Youth Justice Service (YJS) tend to have neglected health, with **undiagnosed or unaddressed physical and mental health needs**.

Substance use often becomes normalised by children and young people whose parents exhibit similar behaviours.

Isolation from mainstream education is a common precursor to children and young people becoming known to the YJS.

Neurodiversity and SEND are very common needs amongst the Youth Justice cohort, with sensory processing disorders emerging as previously poorly recognised additional needs.

Children and young people within the Youth Justice Service have often come from difficult home circumstances with **multiple ACEs.** Those who have not previously received professional input may be more likely to become known to the YJS.

Stakeholders also outlined a number of positive and negative aspects of health and wellbeing provision within the HYJS. Positive features are described in detail within Chapter 7 (Examples of Good Practice), whilst areas where improvements could be made are described below:

- There is an **over-representation of children and young people with SEND in the excluded student population** in Hackney. Stakeholders felt this may be a reflection of children and young people not receiving the appropriate support. Behaviour management tends to follow algorithms and is not tailored to an individual child or young person's needs, which may lead to inappropriate exclusions. Parents may not have the necessary skills to challenge such decisions.
- Some physical services are inaccessible to children and young people due to postcode **restrictions**. For example, some young people are unable to attend CHYPS+ clinics in Lower Clapton due to risk of violence if they enter the E5 postcode.
- The **attendance at some physical services has declined since COVID-19** and may require more effective referral processes.
- There is not always a clear understanding of a child or young person's health and wellbeing needs, or the services already open to them, at the time of entry to the HYJS. The data platforms of other services may not be accessed routinely, or may not be open to the HYJS due to **lack of data sharing agreements**. This problem is exacerbated when children and young people are arrested outside Hackney. Even within an individual service, data can be difficult to analyse, for example reasons for referral to Children's Social Care are recorded in prose form, which can be difficult to consolidate.
- **Existing settings are not appropriate for therapeutic input,** for example Hackney Service Centre is not an appropriate environment for individuals with sensory processing disorders. It is not always appropriate to visit children and young people in their homes or schools, therefore more therapeutic spaces are needed. An Estates Project is currently ongoing to assess appropriate settings for CAMHS input.
- **VCSE organisations are often better placed to engage meaningfully with children and may be more trusted by young people** who feel that there are too many professionals from statutory services engaging with them as a 'tick box exercise'. They may not face the same time limits and requirements as statutory services and may therefore be able to co-produce interventions with children or young people, to enable their adherence to support. They are often embedded within local communities, offering access to hard-to-reach children, young people and families. However, VCSE organisations (particularly those who are smaller) find it difficult to be accepted amongst statutory services and may have limited funding and growth opportunities.

- **At arrest may not be the most appropriate time to engage with children and young people.** They are often in a hypervigilant state, and fear that any information disclosed may be used against them. Within police custody, there are also restrictions on time that can be spent with clinicians, which may also limit relationship building.

- **Some children and young people may be inappropriately brought to the attention of the YJS, sometimes for their own safety, when mental health services would be more appropriately placed to offer support**, particularly at the point of arrest. This may result from a shortage of mental health practitioner availability, but VCSE organisations may be able to provide interim support.

- **Families are not always as involved in statutory interventions as they ideally should be**, and may be seen as part of the problem, rather than part of the solution. Family interventions should perhaps be used more widely, addressing the circumstances around the child or young person which may have contributed to them becoming known to the Youth Justice Service.

- **Communication difficulties are often not identified early enough in the arrest process,** which can lead to safeguarding concerns.

- It is important for **safeguarding teams to remain engaged throughout CYP journeys through the YJS**. They have sometimes felt 'out of the loop', sometimes due to service restructuring.

- CHAT health assessment forms should be filled out by Youth Justice Nurse Service for any child that is placed within a secure setting. There is **huge variety in the quality of CHAT (health assessment) forms** returned to the LAC team by the Youth Justice Service, with some not containing vital information about diagnoses, treatments and health recommendations. **LAC clinicians often face difficulties accessing children and young people within custodial settings**, due to them being placed out of area, and follow-up upon leaving the YJS is challenging. The process of **information sharing between the YJS and LAC teams is unclear**. Children and young people could be assessed by the LAC team at multiple points throughout their time within the YJS, to avoid reliance on a 'snapshot' of health and wellbeing.

- Children and young people frequently express desires to have **workers and clinicians who share their characteristics** (including ethnicity and background). However, staff feel that this is not incentivised and could be difficult, partly due to the salaries offered by the YJS. Workers should be authentic, proactive and consistent, with an awareness of the evolving language and culture of children and young people.

- Children and young people would like **access to alternative therapies**, such as music therapy, but again this can be costly. Professionals have also identified a need for additional clinicians, such as Occupational Therapists trained in sensory processing disorders, but note that this would require highly trained staff and specialist equipment.

6.2 Lived experience within the Hackney Youth Justice Service

Joint Inspection of Youth Justice Services in Hackney

A number of children and young people known to the YJS were interviewed as part of the Joint Inspection of Youth Justice Services in Hackney, by HM Inspectorate of Probation, whose report was published in May 2023 [45]. With regards to health and wellbeing, the following comments were made:

"They got me into college previously but because of my attendance I got kicked out. Now they are helping me find work. I got a CSCS [construction skills] card in custody. I am working with the YJS worker who is good and is trying to help me find work." (Child known to Hackney Youth Justice Service)

"My son has ADHD and through the YJS he was able to access speech and language support. They offered him a music intervention and the [YJS] worker worked well with the school when there were problems." (Parent of child known to Hackney Youth Justice Service)

Methodology for engagement

The primary focus of this qualitative component of the needs assessment was to explore how children, young people, family members and carers with lived experience in the HYJS perceive their or their children's health and wellbeing. We also sought to understand how effective or ineffective health and social support have been in meeting the health and wellbeing needs of the HYJS cohort.

Children and young people

Focus group discussions were held with 12 young people aged 10-18 who had offended and were known to the HYJS. Participants were selected via purposive and convenience sampling methods; the stakeholders from the HYJS approached eligible participants and explained what the study was about and asked whether they would like to participate. Participant information sheets were distributed widely to aid with the recruitment process.

Two face-to-face focus group discussions took place from May to July 2023. Topic guides were created to ensure consistency of coverage across facilitators and consent was sought from the participants (and parents if the participant was under 18).

Focus Group A was conducted in a workshop format, adopting a participatory action research approach, and was nested within the Super Youth Hub project. By utilising Post-it notes as a visual and interactive tool, the workshop aimed to facilitate open expression and identify key factors influencing young people's perceptions of health and wellbeing. Focus Group B adopted a more traditional approach to qualitative study, using adapted questions and probes from the topic guide to engage with the participants and fully cover all areas of health and wellbeing. This focus group discussion was audio recorded and transcribed verbatim (anonymised) before analysis.
discussion was audio recorded and transcribed verbatim (anonymised) before analysis.

Family members and carers

Parents of children and young people with lived experience of the HYJS were engaged through a short online survey, which aimed to cover similar topics to those outlined in the focus groups with children and young people. This survey gained 7 responses.

Analysis

The thematic analysis method [46] was used to identify themes within the data. Data were compared and contrasted between cases (looking at what different participants said on the same issue) and within cases (looking at how a participant group's opinions on one topic relate to their views on another).

Focus Group A - Super Youth Hub (SYH)

Two main themes were identified from the findings of the SYH workshop:

- factors contributing to the health and wellbeing
- factors hindering health and wellbeing.

Factors Contributing to Health and wellbeing

1. Engaging in activities: young people highlighted the importance of activities such as boxing, cycling, football, and martial arts (MMA) in maintaining their physical and mental health. They told us that these activities provided an outlet for stress, helped them stay focused, and allowed them to take their minds off negative influences.

2. Mentorship and support: young people identified the importance of having mentors, coaches, and youth workers who supported their hobbies, ambitions, and goals. They told us these individuals provided guidance, encouragement, and a sense of direction, helping the young people stay on a positive path and away from harmful behaviours.

3. Setting goals and having responsibilities: young people expressed that having goals and responsibilities motivated them to stay healthy. They told us that goals provided a sense of purpose and a reason to avoid substance use, while responsibilities, such as caring for nephews/nieces, fostered a sense of accountability and encouraged them to prioritise their wellbeing.

Fig 36. Participants' responses: factors contributing to health and wellbeing

Factors hindering health and wellbeing

1. Trust and relationships: Several young people expressed difficulties in trusting others, citing past experiences where their trust was broken. They highlighted the negative consequences of relying on people and the fear of being let down or abandoned, leading to feelings of insecurity and decreased wellbeing.

2. Influence of opposite gender: The male young people emphasised that romantic relationships could lead to trouble, such as getting involved in conflicts or negative peer groups. They explained the perceived risks associated with relationships and told us the need to be cautious.

3. Drugs and conflicting messages: young people acknowledged the presence of confusing messages regarding drugs. They expressed concerns about the impact of drugs on mental health, highlighting examples of family members experiencing negative consequences, such as addiction and schizophrenia. Young people called for clearer and more specific health messaging regarding drug use.

4. Cultural understanding: some young people shared their experiences as migrants, describing the initial challenges they faced due to language barriers and society's lack of understanding of their cultures. They highlighted the importance of promoting cultural diversity in schools and fostering a greater understanding of different cultures among peers to improve their overall wellbeing.

The participatory action research workshop provided valuable insights into young people's perceptions of health and wellbeing. The identified themes highlighted the importance of activities, mentorship, goals, and responsibilities in promoting health and wellbeing, while emphasising the impact of trust, relationships, substance use, and cultural understanding on overall health and wellbeing. These findings emphasise the need for tailored interventions, clear health messaging, and a comprehensive approach to address the diverse challenges faced by young people in maintaining their health and wellbeing.

Fig 37. Participants' responses: what does health and wellbeing mean to you?

Focus Group B - Prevention and Diversion

Three main themes emerged from this discussion:

- Young people’s understanding of health and wellbeing
- External influences on young people’s health and wellbeing
- Young people’s priorities for improving the local community

Young people’s understanding of health and wellbeing

The young people demonstrated a strong understanding of how to maintain good health. Much discussion was focused on a healthy diet and being active, with participants highlighting the potentially negative impact of fizzy drinks and ‘junk foods’, alongside the benefits of going to the gym.

> ***"What kind of thing do you think means eating healthily?"***
> ***“It’s like vegetables and salad and that. But you don’t necessarily have to eat that to be healthy. Well, that’s what I think anyway.”***

It was interesting to note the perception that exercise caused an increase in testosterone, perhaps suggesting that their motivation was to increase their masculinity rather than for direct health benefits. It would have been interesting to observe a female opinion on this, as all participants in this focus group were male.

While the health effects of substance use were not widely discussed, the potential negative effects of marijuana and alcohol were briefly mentioned. This suggested that perhaps this was not a significant area of health concern for this particular group of young people, or that they did not feel as comfortable demonstrating knowledge of substances in front of professionals. However, when discussing methods that could be helpful in improving their health, young people appeared motivated towards self-improvement, with mention of using a ‘habit tracker’ to maintain a healthy routine and descriptions of feeling ‘clean’ after stopping using marijuana.

> ***"Is it quite difficult [not to eat junk food or drink fizzy drinks]?”***
> ***“Probably at the start but if you have, like, a schedule, like a routine, you have, like, a habit tracker, then it’ll get easy.”***

This discussion demonstrated young people's interest in utilising tools that could be useful in improving their health and wellbeing, and the potential advantages of integrating these tools into the goal-setting process.

The need for a quiet space, particularly outdoors, was highlighted as being important to maintaining good mental health, and was confirmed as a way to calm down from a stressful situation.

> ***"When you're angry, what do you think will help you to feel less angry?" "Go somewhere quiet… mainly outdoors."***

This may indicate a greater need for designated quiet spaces within settings for children and young people, especially in cases where such spaces are not readily available to them in their daily activities.

The young people in this focus group agreed that it was difficult to make the change from 'junk food and fizzy drinks' to more nutritious alternatives. Their experiences reflect the broader societal challenges where less nutritious foods are often more appealing due to factors such as cost and taste. Nevertheless, the young people expressed their desire to adopt healthier eating habits despite these obstacles. They emphasised that factors such as diet and exercise were instrumental in their perception of 'healthiness' in terms of both their mental and physical well-being.

> ***"I guess your mood changes as well, isn't it, 'cos you're unhealthy and that… like, you go from being happy to being angry."***

It was not clear whether these young people had gained the bulk of their understanding of healthy lifestyles from school or through their own research, but they did have a reasonable knowledge of the biology behind it. The ability of young people to understand the reasons behind health behaviours should not be underestimated and should perhaps be used as a vehicle for encouraging positive changes.

> ***When you, like, stroke a dog or touch your dog, it releases something called seroto-, I don't know." "Serotonin?" "Yeah, something like that, yeah."***

External influences on young people's health and wellbeing

Family members seemed to have a strong influence on young people's mental and physical health, particularly parents and older siblings.

> ***"My mum, innit… 'cos she brought me up, she'll know what to do, I feel like she'll give me the best advice she could give as a mum."***

There was reference to traditional health services such as GPs being a point of contact if advice about health were required, but that this kind of support hadn't been needed for a long time. However, during the same discussion, it was raised that YOT workers could be a source of support, for example, providing exercises to ease anxiety.

> ***"I think my YOT worker, they helped me out a lot. I dunno, um, basically I told him that, um, back in the day when I'd hear sirens, it would make me a bit anxious or panicky, but then, um, they taught me some breathing techniques and then it helps me."***

This suggests that where specific mental or physical health needs arise, young people may be willing to engage with professionals, but day-to-day advice may be more regularly sought from family members. This could be used as a source of support, with family members being trained in mentoring techniques in order to support younger relatives. However, this should not be considered a replacement for professional support, as some did admit that they would not disclose all aspects of health to family, due to fear of how they might react. Similarly, this group of young people did not place full trust in their friends to give advice on health and wellbeing, suggesting that there were times when peers might use this information against them. This implied a lack of trust and possible volatility of these types of relationships. Again, it would be interesting to examine how this outlook varies between male and female young people.

> ***"Do you think that friends are somebody you could trust?"***
> ***"I don't really know to be honest, it's 50-50, I don't know, 'cos you can't really trust everyone because even salt and sugar looks like the same, so you've gotta be careful."***

Perhaps most interestingly, all young people in this workshop agreed that a particular social media influencer had had a significant influence over their lifestyles. They described how this person posted motivational videos, encouraging them to be more active and to be more financially successful. It is possible that such videos have provided motivation to attend the gym. Whilst this is a positive consequence, it is important to note the potentially negative impact of this person's influence.

> ***"I know it's gonna sound a bit weird but, um, probably [a social media influencer], yeah, [this person] changed my life a bit, yeah yeah yeah, like er, [this person] will put videos saying, like, don't be lazy."***

Young people's priorities for improving the local community

Some young people perceived that Council money was not being appropriately spent, with housing not receiving an adequate budget. They felt that there was a stark difference between housing quality in East and West London, with more neglected housing in Hackney being a driving force for crime. Young people may feel that they live in a 'forgotten area', with little scope for progress, when money is spent on initiatives which appear, to them, less meaningful. This may also illustrate their views on gentrification, with poorer communities being negatively affected by changes which positively impact more affluent populations.

> ***"You know Clapton Pond, I think they're creating cycle paths and I think they're gonna invest money, theoretically they could've invested that money into houses or something."***

For instance, young people expressed that while they acknowledged that substance users had displayed aggressive behaviours in the past which contributed to their feeling of unsafety, they also felt conflicted as they recognised the mistreatment that substance users often face within the community.

> ***"It's weird sometimes, innit, because before they was a crackhead they had their whole life and that… and I feel like we don't treat them like people that are part of the community, like, we see them and they'll get cussed out for now reason, and sometimes they didn't even do anything, like they're just doing what they know."***

For instance, young people expressed that while they acknowledge that substance users had displayed aggressive behaviours in the past which contributed to their feeling of unsafety, they also felt conflicted as they recognise the mistreatment that substance users often face within the community.

The green spaces in the community were not always seen as safe, for example, the young people agreed that there were certain parks that they would not visit Considering the importance that this group of young people placed on having a quiet, outdoor space to avoid stress, it may be that creating safer green spaces which better meet the needs of young people should be a priority, while ensuring good standards of safeguarding related to potential gang activities.

Finally, knife crime was raised as something that the young people particularly wanted to see eradicated, due to the very real possibility of death. It was unclear whether they had personal experience of knife crime, but strong feelings were demonstrated, suggesting that this is a very relevant, emotive subject, which should be a priority.

> ***"I mean, you could take someone's life with it, you've gotta think before you pull in your pocket, or you've just gotta think before you do something, that's all I'm gonna say."***

Chapter 7

Examples of good practice

In producing this Health Needs Assessment, a variety of ‘good practice examples’ of health and wellbeing provision within the Youth Justice and related services were shared, both in and outside of Hackney. These have emerged largely through stakeholder discussions (both local and national) and grey literature searches.

What is going well in Hackney?

Hackney Young Futures Commission

The aforementioned ‘Valuing the Future through Young Voices’ [24] report, published in 2020, involved extensive stakeholder engagement and co-production within Hackney. Progress has been made in a number of areas related to the ‘asks’ in this report [47]:

- A Secure Future: There has been a commitment to encouraging additional young people’s involvement in housing services, in order to improve their sense of belonging, which may reduce offending behaviour. There has also been a focus on improving house advice and support for care leavers, which may contribute to more positive outcomes for these young people. Two youth-focused officers have been appointed to assist homeless individuals aged 18-24.
- A Healthy Future: The Hackney System Influencers Programme aims to improve young people’s experience of health and social care via co-production, whilst there is an aim for increased student involvement in school policies affecting mental health. Wellbeing and Mental Health in Schools (WAMHS) aimed for complete coverage of Hackney schools in the 2022/23 period and a Single Point of Access for counselling was introduced in September 2022. The introduction of Super Youth Hubs (see below) also aims to improve young people’s access to mental health services with a co-production focus involving young researchers.
- An Active Future: The new Libraries Strategy plans include co-production of cultural and libraries space for and by young people, whilst discounted rent and rate relief are available in community spaces. There is also a drive to make the Hackney Youth Offer more coordinated. Youth grants have been delivered to increase the number of diversionary activities in the local area, particularly within the ‘lost hours’ of 3pm - 7pm, with young people involved in the development of these bids. Where more opportunities are available for structured activities for young people, offending rates may decrease.

- An Inclusive Future: Programmes are in development to ensure that more young people are involved in community planning, including their involvement in the regeneration of local housing estates. Love Hackney and Council social media channels promote positive news articles about local young people. Again, where young people feel that they are more included and welcome in their local area, they may be less likely to engage in offending behaviours.
- A Safe Future: This Health Needs Assessment is part of the drive to inform service design and resourcing across the Youth Justice partnership. Young people's feedback is also being collected on the impact of crime interventions, for example through Prevention and Diversion and the YJS. Education as a preventative measure is a particular focus at present, with sessions around healthy relationships being delivered in schools and other youth settings. A new screening tool for problematic gender attitudes has also been developed by Young Hackney and DAIS. A new Intensive Mentoring Scheme has been developed in conjunction with neighbouring boroughs as part of the Reducing Ethnic Disproportionality Fund. For those who are at risk of becoming known to the Police or YJS, child friendly information has been developed by Youth Justice teams in order to inform young people of their rights, with review by Speech and Language Services in order to ensure appropriate language is used. Trauma, adultification and anti-racist training is also delivered to staff.
- A Bright Future: A number of initiatives are taking place to increase communication of employment opportunities and careers advice within Hackney, in a more appropriate format for young people. The Exclusions Board are aiming to reduce the number of school exclusions, whilst there are plans to improve involvement of young people within the Exclusions Training Programme. For those leaving care, support is available through the Leaving Care Service (with plans to develop a Care Leavers Hub), who currently offer cooking and money management support, but have plans to broaden this to include other skills such as DIY.

Super Youth Hub

The aforementioned Hackney Super Youth Hub is currently under development, with involvement of young researchers. Ideas and opinions are currently being sought from a wide range of children and young people, including global majority communities and LGBTQ+ populations, in order to ensure that the location, format and facilities of the Super Youth Hub meet as broad a range of needs as possible. The aim of the Super Youth Hub is to provide a more young person-friendly, accessible environment in which physical, mental and sexual health services can be provided.

Speech and Language Services' involvement with the Youth Justice Service

A high number of stakeholders have praised Hackney's Speech and Language Services for their role in supporting the HYJS throughout a child or young person's journey, in a number of formats.

Their roles involve:

- Working with Young Hackney to produce accessible information for young people and their families about the Youth Justice process
- Providing training and resources to other professionals associated with Youth Justice in order to aid appropriate interactions with and assessments of young people
- Having close long-standing working relationships, and attending regular meetings, with professionals from other services associated with Youth Justice in order to improve comprehensive initial assessment, risk management and support of young people, including a comprehensive follow up plan

Annual Speech and Language Service reports include case studies of children and young people known to the HYJS. These show evidence of improved ability of young people to express their emotions appropriately, building of identity and improved engagement with young people using tailored communication methods.

Joined up working

A weekly Youth Justice Health Huddle has been established, involving the Youth Justice Lead Nurse, Speech and Language Therapies, a Clinical Supervisor, Substance Misuse, CHYPS+ and the Youth Justice Service Lead. These meetings provide a crucial opportunity for professionals to share information about children and young people and to identify where help is most needed. The Youth Justice Nurse Service commenced in April 2023 and has been well embedded, leading to good referral levels and increased joint working. It is felt that these changes have helped to highlight considerations for children and young people's health and wellbeing needs. It has been difficult to engage some children and young people with health assessments, but a number of potential solutions have been identified, including outreach work and stronger links with non-clinical Youth Justice teams.

North East London Youth Justice Group

Along a similar line of information sharing, the NEL YJG was developed in May 2021. It includes members of the YJS, VCSE organisations and CCG commissioners and has rapidly developed into an information sharing network where ideas and results can be shared. There is an aim to extend this to involve more stakeholders including young people, the Metropolitan Police and education providers. The aim is to produce a shared framework for approaching work with children and young people known or at risk of becoming known to the YJS.

A MAC-style approach to psychology

The MAC project [48] is an approach to creating mental health services and practice for the most excluded members of society which are psychologically informed and co-produced with those with lived experience, with the aim to deliver multi-level interventions to create change in social environments. This includes, for example, offering psychological therapies in settings where young people feel more comfortable, including on the streets, addressing contextual difficulties and supporting children and young people to address their own needs. Whilst Hackney is no longer formally using a MAC approach (after the formal project concluded in 2017), similar strategies and approaches continue to inspire local mental health provision.

Improving Outcomes for Black Children and Young People

The 'Improving outcomes for Black Children and Young People' is a 10 year programme, that began as the 'Improving Outcomes for Young Black Men' programme, established in 2017 to tackle inequalities facing Black boys and young Black men in City and Hackney. The programme implemented a work plan based on a theory of change, developed through a collaborative approach, that identified three central key areas of focus. These illustrated specifically stark inequalities in outcomes, access and experience, faced by young Black men. These three key areas include 1) Education, 2) Mental Health, and 3) Reducing Harm.

The programme is system wide, harnessing the skills, expertise and influence of a broad range of partners including Hackney Council, Hackney CVS, voluntary and community organisations, statutory partners and importantly families and young people themselves, to co-design and create tangible and lasting solutions. The programme has recently been through a review and refresh, including analysing current data relating to key inequalities against education, employment, health, housing, Children's wellbeing and reducing harm. The programme will now widen to encompass work to improve outcomes for all Black Children and Young People. The 'Improving Outcomes' programme work is aligned with the London Borough of Hackney Corporate Anti-Racist Action Plan and the Joint Children and Education Anti-racism action plan, and the key priorities for the programme in the new phase (2024 onward), include:

- Refreshing Hackney's intersectional understanding of the complex drivers of inequality - building on previous analysis found here: https://hackney.gov.uk/young-black-men
- Support proactive, preventative and positive action across the lifecourse by convening system leaders to consider progress against long term outcomes
- Support the whole system to focus on the protective work identified in the Young Black Men's strategy to improve education and mental wellbeing and reduce harm.
- Provide community accountability through the Accountability group of Black residents who act as a critical friend.
- Work with the voluntary and community sector to scale up community engagement, activity and co-production

St Giles Trust

This charity, operating across the UK including London, offers a wide range of support to children and young people at risk of involvement in crime, for example due to having parents in prison or experiencing severe poverty. They also work in the Emergency Departments of local hospitals, intervening when children and young people aged 11-25 are admitted as a result of violence (stabbings/shootings/serious assaults), in an attempt to prevent these victims from themselves becoming perpetrators of violent crime, by dealing with the root causes of criminal involvement. As a VCSE organisation, they have a great deal of flexibility to provide tailored support to children and young people, for example through providing funds for laptops, food, clothes and transport. The involvement of St Giles Trust appears to have reduced the re-attendance rate of this cohort due to serious violence. Redthread are a charity offering similar input within Emergency Departments, including Homerton University Hospital.

What could we learn from other areas?

Health Needs Assessments - examples of good practice

What can we do as a partnership to prevent and reduce youth offending and serious youth violence? Westminster, Kensington & Chelsea [27]

In a similar fashion to our Health Needs Assessment, this report outlines the characteristics of children and young people known to the Youth Justice Service, along with their health and wellbeing needs, with a particular focus on serious youth violence and young women and girls. It provides a map of services and makes recommendations based on pertinent findings.

The Southwark public health approach to serious youth violence prevention: Southwark's Joint Strategic Needs Assessment [49]

Whilst focusing specifically on serious youth violence rather than the Youth Justice Service as an entity, this Joint Strategic Needs Assessment considers the characteristics of those young people engaged with serious youth violence along with their health and wellbeing needs and the local picture of serious youth violence, with an overarching public health approach. It makes recommendations as to the potential routes to reducing the prevalence of serious youth violence.

Cheshire Youth Justice Services - Health Needs Assessment [50]

Taking a slightly more 'research style' approach, this report describes engagement with a number of stakeholders along with desktop research in order to assess the health and wellbeing needs of children and young people known to the Youth Justice Service and their characteristics. It culminates with recommendations for improvements to the local health and wellbeing offer.

The journey through the Youth Justice Service

Examples of good practice exist throughout a child or young person's journey through the Youth Justice Service, from early intervention to prevent offending, health and wellbeing provision within the Youth Justice Service and continuity of care upon leaving the Youth Justice Service.

Early intervention

Preventative measures are generally divided into individual-focused, family-focused, school-focused and community-focused.

1. Individual-focused measures

- Essex, Thurrock and Southend-on-Sea: POWER project [51] - this provides solution-focused emotional wellbeing support for children aged 8-13 who are already known to the police but who have not yet been charged with an offence, in order to prevent criminalisation. This aims to support CYP with emerging emotional wellbeing issues and challenging behaviour who did not meet the criteria for acute mental health services. They receive one-to-one sessions with POWER practitioners, along with additional sessions with parents, families and schools. Although no formal assessment has been undertaken of the project, it is anecdotally reaching those in most need with encouraging early data.
- Wales: Trauma and ACE informed assessments [52] - this is an established prevention team associated with the Cwm Taf Youth Offending Service which receives referrals for children aged 8-17. It takes a developmental and relationship-based approach, individualised to the needs of each individual child and family. The aim is to avoid further criminalisation by expanding existing early and preventative intensive support for children at high risk of offending or re-offending. The team incorporates professionals from substance use teams, Health Visiting, Speech and Language Therapy and will eventually include CAMHS. Evidence so far has not shown a significant impact on reoffending behaviours, but has received good anecdotal feedback.
- Safer London: helping young women escape from criminal gangs [53] - Safer London is a charity which works with London borough councils in order to help young women escape from criminal and sexual exploitation through gangs. Empower is one of their longest running schemes which provides one-to-one support for young people aged 11-18 who have become involved in criminal networks. Their work is coordinated by young people's advocates within council teams, including Youth Offending Teams. They particularly focus on building healthy relationships but can offer support in education, sexual health and mental health. They also provide support to families. London Gang Exit is another of their schemes, aimed at 16-24 year olds, offering support with housing, education and training. Over 80% of cases show an improvement by the end of Safer London's involvement.

- Wakefield Council: diverting young people from crime [54] - after the 2009 Government-commissioned Bradley Report warned that lack of early support could be a factor in offending histories, Wakefield Council decided to form a Liaison and Diversion Service in partnership with the police, to work with vulnerable offenders, whether this vulnerability is through mental health problems, learning disabilities, substance use or needing help with employment, education or housing. It aims to prevent reoffending. The multidisciplinary team includes mental health nurses, youth offending practitioners, specialist practitioners and police officers. All vulnerable individuals are assigned a caseworker who will help to divert them to interventions which are appropriate and proportionate to the offence committed. After one year of the service, reoffending rates were 22% for those who had engaged, compared to 32% for those who had not. 85% of young people remained engaged with services after the 12-week support period ended, which was significantly higher than for other comparable schemes nationally. The team was named 'Best Liaison and Diversion Service nationally' in 2017/18.

- Newham and Waltham Forest Vanguard 2021-2024 [55] - as part of the drive to meet the NHS Long Term Plan's ambitions for children and young people's mental health, a number of London Vanguards have been set up to develop a model of care which provides effective and appropriate psychological support to children and young people aged 0-25 impacted by or at risk of violence. Newham and Waltham Forest are the two Vanguards in North East London. The model is preventative, with specific interventions led by caseworkers and more specialist case management delivered through a multisystem approach using local community assets including VCSE organisations. Caseworkers ideally have a lived experience of the criminal justice system in order to aid formation of a trusted relationship with the child or young person, and are supervised by a mental health professional. Early success so far in NEL has been shown through improved school attendance, improved family functioning, improved behaviour and an improvement in overall risks to children and young people. VCSEs have been doing some of the best work in the Vanguard so far, as they tend to be more trusted by families. Excess budget in Newham has led to a 'Your Choice' fund, allowing provision of laptops, food and other basic needs for children and young people, which has been a particularly positive development in preventing involvement in youth violence.

2. Family-focused measures

- Multisystemic Therapy [56] - this is a form of intensive family and community based intervention for 11-17 year olds who are at risk of placement in either care or custody, whose families have not engaged with other services. Staff visit families in their own environment and are on call to them 24 hours per day, seven days per week, for a number of months. They aim to empower families with tools to manage the child or young person's behaviour, whilst increasing the child or young person's engagement with education or training and improving family relationships. They also aim to promote positive activities for the child or young person and their family and to tackle underlying problems including substance use. For children and young people engaged during the 2019 calendar year, 90.0% had no new criminal charges, 77.7% were in education or training and 93.9% remained living within their family home.
- Southwark: Strengthening families, strengthening communities [57] - this is a programme led by the Race Equality Foundation which provides parenting support where children aged 8-13 are at risk of becoming involved in offending or antisocial behaviour, or where there are difficulties in the parent-child relationship. They offer face-to-face sessions and online provision. There has been no formal evaluation of the programme, but anecdotal evidence is good.

2. School-focused measures

- Staffordshire Youth Offending Service: prevention project [58] - this project aims to identify children and young people at greater risk of becoming known to the Youth Justice Service and intervene early to reduce this risk by tackling misconceptions and improving life skills. This prevention programme has been developed to be part of the Personal, Social, Health and Economic education (PSHE) curriculum in schools in particularly vulnerable areas, delivering group workshops, assemblies, lesson structures or one-to-one support with children, young people and their families. It covers a range of topics including exploitation, weapons-based crime, gangs and perceptions of the law. First time entrants to the Youth Justice Service have been reducing year on year since the introduction of the project (true as of 2018). If success continues, the project may be extended beyond Staffordshire.

- Safer Schools Officers [59] - within London, Safer Schools Officers are either placed within or linked with schools in order to positively engage with children and young people, improve trust and confidence and prevent crime. They can also identify children and young people at risk of becoming involved in offending and make referrals to diversion schemes such as St Giles Trust, SaferLondon and The Children's Society. Whilst formal assessments of interactions are not available, 93% of Londoners overall support the existence of Safer Schools Officers and 56% of young people who were aware that their school had a Safer Schools Officer stated that they would feel confident in disclosing worries or concerns to this individual.

2. Community-focused measures

- Big Brothers Big Sisters UK [60] - based on the US model, this organisation pairs children aged 7-12 with adult mentors in order to provide a quality mentoring relationship which has a positive effect on the child. The mentor helps the child to have a more positive vision of themself and their future as well as providing support with everyday challenges and building resilience. Research on the US programme showed that 'littles' had a 50% reduction in first-time drug use, 33% reduction in first-time alcohol use and 50% reduction in school absenteeism.
- Northampton Borough Council: setting up youth clubs to tackle criminal activity [61] - following on from successful local programmes to improve awareness of weapons-based crime and child sexual exploitation, the council planned in 2019 to set up youth clubs for those aged 10-17 involved in low-level crime, as well as other young people in that local area. Regular positive activities would be run in these youth clubs with mentors available to offer one-to-one support to those who need it.

Health and wellbeing provision within the Youth Justice Service

1. Health and wellbeing assessment

- Use of CHAT forms at Adel Beck Secure Children's Home [62] - it was noted CHAT Assessments (health assessments for any child or young person in a secure residential setting) received from this Secure Children's Home were a particularly effective means of communication, due to the level of detail included. Such information includes a comprehensive list of medications, diagnoses, vaccination and allergies, along with a full description of physical and mental health conditions, neurodisability and history of substance use. Each report concludes with an overall list of health and wellbeing goals along with dates by which these should be achieved. These forms were identified as being far more detailed than those received from other secure establishments.
- Wandsworth Looked After Children Team [63] - the Wandsworth Looked After Children's Team were identified as being particularly proactive in providing opportunities for LAC Nurses to enter YOIs to perform health assessments on children and young people. This was suggested to be particularly rare, with internal staff usually carrying out these assessments, but being extremely valuable for joined-up health and wellbeing provision.
- HMYOI Feltham A Inspection 2022 [64] - one element of 'notable positive practice' from this inspection was the referral of all children and young people for a dental assessment upon arrival at the YOI.
- HMYOI Werrington Inspection 2022 [65] - one element of 'notable positive practice' from this inspection was the referral of all children and young people for sexual health screening within 14 days of arrival at the YOI. A further example was the Practice Plus Group, who work with a Family Engagement Officer at the YOI to acquire health related information from parents and carers at the beginning of a sentence, in order to inform healthcare, with families able to talk directly to nursing staff.

2. Communication of health and wellbeing offer to children, young people and their families

- HMYOI Werrington Inspection 2022 [65] - this YOI has a designated Speech and Language Team who have redesigned the induction timetable given to all children and young people upon arrival, making this more accessible to those with speech and language difficulties. This was identified as an example of 'notable positive practice'.
- HMYOI Wetherby and Keppel 2021 [66] - this YOI produced high quality, interactive, child-friendly printed materials to support self-guided, one-to-one and group psychosocial interventions, which was identified as an example of 'notable positive practice'.

3. Contents of the health and wellbeing offer

- *The Hartlepool Youth Justice Service Health Offer* [67] - this was identified as being a particularly good example of a Youth Justice Service health offer. It includes a Psychologist, Speech and Language Therapist, Youth Justice Nurse Specialist and professionals from the Adolescent Forensic Outpatients Service. Literature is produced in a child and young person friendly manner to advertise the health offer.
- The Berkshire West Health and Justice Specification [68] - this was identified as a particularly good example of a Youth Justice Service health offer. It aims to provide a uniform offer including emotional health and wellbeing services, physical healthcare services and speech, language and communication services.
- Coventry and Warwickshire's CAMHS-led Youth Justice Programme [69] - after cases referred to this CAMHS team by the Youth Justice Service were seen to become increasingly complex, with a concurrent increase in Out of Court Disposals leading to a further increased workload, the CAMHS team switched to a more complex, relational and systemic approach to working with children and young people, along with their families. Their work is embedded within the overall youth justice framework, rather than an additional service, and continues beyond the timeframe of the court order. Whilst no formal evaluation has yet taken place, routine data collection has shown a reduction in the number and seriousness of offences over time for children and young people with whom CAMHS have worked. For those who have engaged with the specific sexual offences programme, there have been no new offences. Children and young people feel that the service has helped them.
- HMYOI Feltham A Inspection 2022 [64] - a further example of 'notable positive practice' from this inspection was the YOI's safeguarding procedure. All potential safeguarding concerns as reported by children and young people are referred to an on-site team of Local Authority Social Workers within 24 hours, with appropriate escalation to the Local Authority Designated Officer within a further 24 hours. Social Workers and the Designed Officer work closely with YOI staff. The YOI was also identified to have notably good practice in the form of its 'weekly core support meetings', in which a wide range of departments including resettlement, education, psychological and residential staff are given the chance to share information in order to better understand the needs of children and young people. Finally, the Alpine Enhanced Support Unit provides excellent support for children and young people with the most complex needs who might otherwise be isolated, allowing them to receive a full programme of activities from education, healthcare and psychology.

- HMYOI Werrington Inspection 2022 [65] - a further example of 'notable positive practice' from this inspection is related to health reviews after assault within the YOI. Nursing staff review CCTV within 24 hours of all group assaults in order to ensure that the victim has not sustained any as yet undiagnosed blows to the back or head, in order to reduce consequences of undiagnosed injury.
- HMYOI Wetherby and Keppel Inspection 2021 [66] - in 'notable positive practice', this YOI runs regular clinical audit of hormonal preparations to aid sleep, which are not licensed for use within the paediatric population. This enables oversight of prescribing to ensure safety and to avoid potential reliance on medications in the long term. Additionally, in one unique example, the safe introduction of a potentially hazardous medication to a YOI resident, which would normally take place in a hospital setting, was managed well by healthcare professionals and officers, honouring the wishes of the patient, showing further 'notable positive practice'.
- HMYOI Brinsford Inspection 2021 [70] - in an example of 'notable positive practice', children and young people at this YOI have individualised, focused and up to date care plans for each individual mental health and/or substance use concern, to make actions unified and efficient.

Continuity of care after leaving the Youth Justice Service

Moving from Youth Justice Service to adult services

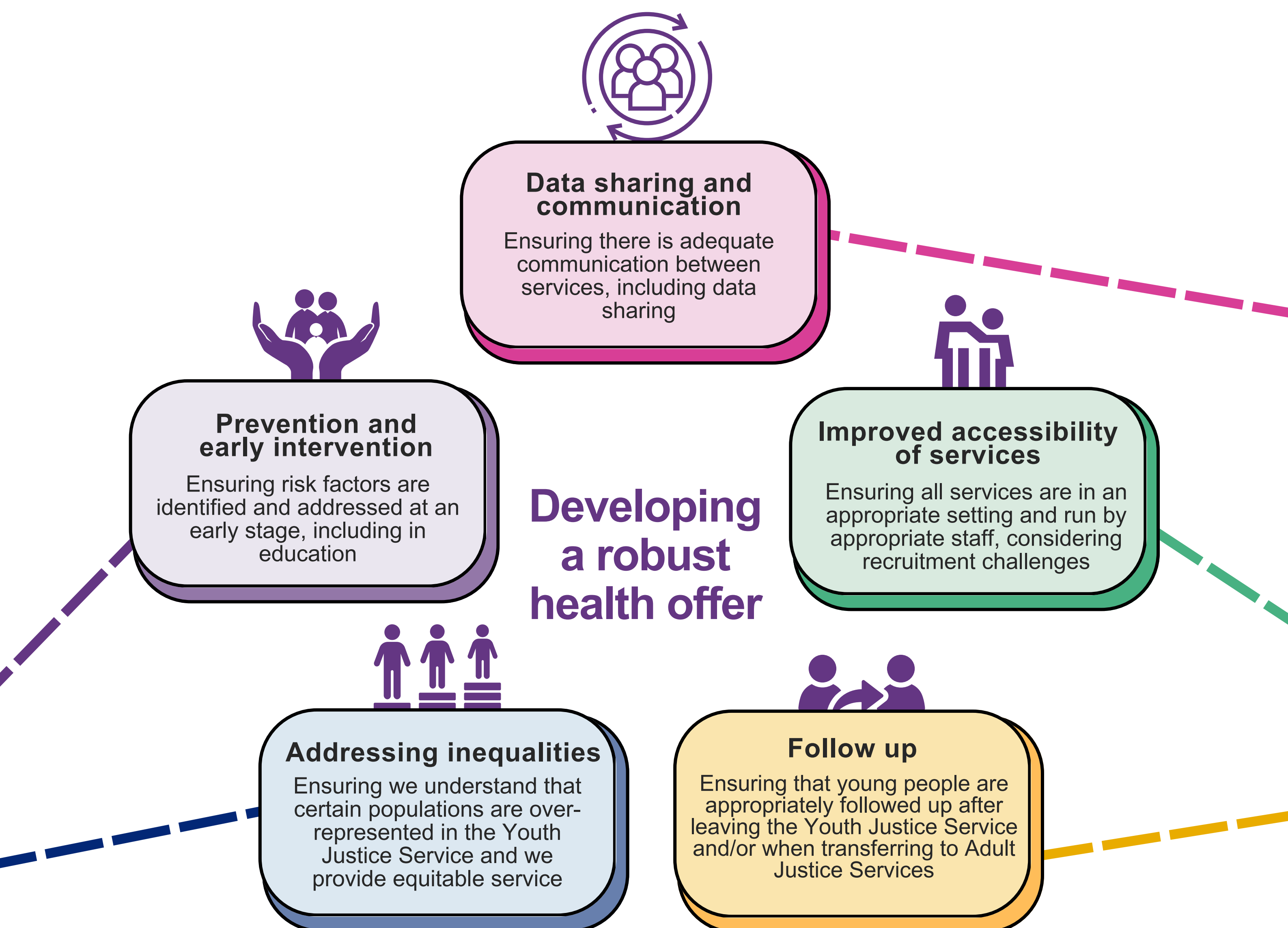
- Young people in transition in the criminal justice system: Evidence Review [71] - this report examines the experience of children and young people turning 18 whilst under the care of the Youth Justice Service. It examines the differences between children and young people's and adult services, including mental health and substance use, specifically that the availability of such services drastically reduces. It also examines the way in which individuals who had previously been seen as victims, perhaps of criminal exploitation, are purely viewed as perpetrators once reaching adult services. The report emphasises the way in which individuals from global majority backgrounds, females and those with neurodiversity often experience a particularly poor transition. It makes recommendations to improve this picture including the creation of more designated YOIs for young adults, or considering mixed establishments where children's YOIs are collocated with adult establishments in order to ease transitions and improve continuity of care. The UN Committee on the Rights of the Child commend attempts to offer a more flexible approach to transition between children and adult justice services, for example mixed campuses in Germany and the Russian model of allowing young adults to remain in the children's estate if behaviour is acceptable. A number of European countries take maturity assessments into account when deciding whether to try young adults as children or adults in court proceedings (70).

Chapter 8

Developing a robust health offer

As a result of comprehensive discussions with stakeholders and those with lived experience of the HYJS, along with analysis of available data, we have compiled a set of recommendations, which can be divided into the following categories:

- Prevention and early intervention
- Data sharing and communication
- Improved accessibility of services
- Addressing inequalities
- Follow up



8.1 Prevention and early intervention

1. Increase awareness of the risk and protective factors for youth offending among staff involved with children and young people.
This includes those disproportionately represented in the HYJS cohort. This can then help staff to have a more holistic approach when dealing with vulnerable children and young people.

2. Schools should play a key role in proactively identifying vulnerabilities and ways to support these.
Since schools are best placed to notice changes in a child or young person's behaviour or demeanour on a day-to-day basis, from September 2024, the school nurses will have more direct contact with children and young people in the form of 'health clinics' or drop-in sessions. Also, there are other points where school nurses have direct contact, such as screening programmes like the National Child Measurement Programme (NCMP). In the new service contract, school nurses are expected to contribute to the Education Health and Care plans (EHCP) process. School nurses will also be providing health input to the teams supporting children and young people who do not attend school or are electively home-educated. In terms of how this is linked to HYJS, there is work currently being done to ensure there is a clear pathway between the school's nursing service and the YJS Nursing Service Pilot.

3. Strive for early involvement of statutory and voluntary services with children and young people as soon as ACEs, SEND, or other vulnerabilities are identified by schools.
Therefore, strong links should be formed between health and education providers in Hackney. There may be scope to further utilise existing programmes within education, for example, the ‘Wellbeing and Mental Health in Schools’ project and ‘Mental Health Support Teams’, as well as taking a more proactive, holistic approach to persistent school absence.

4. Any offer of preventative support from statutory or voluntary services should meet the needs of children, young people and their families rather than the targets of the service.

Preventative outreach should take place in locations which are meaningful to children and young people, including in the community. Families should be involved, wherever possible, at an early stage in support for children and young people, and provided with the tools to support their child or young person. In considering support pathways, VCSE organisations can be well placed to offer tailored support, and should be supported to do so both financially and through strong data- and resource-sharing agreements.

5. Explore how we can communicate more clearly to children and young people about offers of support available.

For example, new communications initiatives should build on existing platforms, for example, school assemblies, notice boards, the Young Hackney website and Young Hackney social media, and consider the development of other platforms such as peer champions. Involving Speech and Language Therapy and getting feedback from young people could be helpful here. This communication should be adaptive to changing technology and social media use by children and young people. These lines of communication could also be used to promote clearer health messaging, for example, on drugs, alcohol and healthy lifestyle.

6. Any service working with a child or young person known to be vulnerable must strive to 'Make Every Contact Count (MECC)' in order to identify any developing concerns at an early stage.

Services may consider working with Speech and Language Teams, CAMHS, Young Hackney Substance Misuse Service, universal offers available through Youth Hackney, and the Youth Justice Nurse Service in order to best incorporate information gathering into conversations and consultations.

7. Work should be done with Hackney education providers to create a more flexible, tailored approach to behaviour management, particularly considering the requirements of children and young people with SEND.
Complement ongoing work on the ‘alternative exclusions pathway’, with a view to minimising exclusions throughout Hackney for all children and young people, including the Youth Justice Service cohort. The impact of school exclusions on the ongoing development of a child or young person should be clearly communicated to education providers. The upcoming SEND needs assessment may provide an opportunity to review the current approach. In addition, any tailored approach planning should link to existing practice standards, the STAR approach (systemic, trauma-informed, anti-racist).

8. Emphasis should be placed on importance of structured youth work and youth voice that are already happening in Hackney, as this will improve community participation by children and young people and develop social capital in Hackney.
Opportunities should also be created for children and young people to hold meaningful positions of responsibility in the community and scale up existing opportunities such as existing youth employement pathways, Duke of Edinburgh, Youth Parliament, Young Futures and Hackney Wick & Fish Island initiatives. There should be considerations for neurodiverse children and young people, such as establishing neurodiverse affirming social activities where neurodiverse young people can feel safe and supported.

9. The importance of positive role models is clear, therefore, programmes that foster all children and young people to develop strong bonds with trusted adults, such as mentorship schemes and professional relationships, should be considered as part of preventative and early intervention support.

10. Hackney Making Every Contact Count for Children and Young People (MECC4CYP) training materials should be developed with input from children and young people.
These training materials should focus on using everyday opportunities to give young people brief information and advice that will empower them to make a change that will improve their health and wellbeing including healthy weight, smoking, drugs and alcohol, sexual health and social media with the relevant signposting links.

8.2 Data sharing and communication

1. Appointed professionals should be allowed timely access to children and young people through the youth justice process, including at police stations, to assess their health and wellbeing most effectively.

Comprehensive health and wellbeing assessments should be made by the Youth Justice Nurse Service upon entry to the HYJS, including a full assessment of ACEs. When a child enters a secure setting, the LAC Health Team should be offered a clear line of communication with the Youth Justice Nurse Service in order to best serve vulnerable cohorts.

2. Systematic progress should be made towards more cohesive information and data sharing agreements, including consideration of coordinated data platforms between individual statutory and voluntary services, and to do this, appropriate resources should be invested to ensure confidence in personal data security.

This would ideally be nationwide and also between local authorities, as it has not been possible to obtain any Liaison and Diversion (L&D) data for Hackney children or young people brought to the attention of the YJS outside of North East London. Currently, the YJS Integrated Health Team is developing cohesive data collections and there may be scope to explore access to the North East London NHS Trust Patient Record. Continuous efforts should be made for multi-agency data sharing agreements to be in place so any assessment data created by the Youth Justice Nurse Service can be cross-referenced with clinical and social records over time. Any restrictions placed on data sharing should only ever be in the interests of the child or young person.

3. Work by the Strategic Youth Justice Health Oversight Group should continue towards creating a cross-system Hackney Youth Justice health data dashboard to enable future analysis of data.

This dashboard should be regularly updated, ideally on an automated basis (if possible), showing relevant trends and comparisons against wider local (North East London or London) and national averages. It should be easily navigable by relevant professionals with a view to informing the development of targeted services for the Hackney Youth Justice Service.

4. The relevant services (i.e. those already known to the child or young person) should be notified via a structured mechanism when a child or young person becomes known to the HYJS.
This pathway should enable efficient bi-directional communication, which will improve the joint working of health partners over time. In addition, there should be a clear protocol on how the school should support children and young people after they are notified and how the school's mental health support team and/or welfare team can ensure the affected individuals can continue their education despite the hardship they are going through (e.g. finishing their interventions). Schools should never use this notification as an opportunity to exclude/suspend the child and/or young person and ensure the STAR approach is embedded in their practice.

5. The creation of data platforms should be a commissioning priority.
Data sharing agreements should be considered as a crucial element of commissioning new services, particularly considering the risks of service fragmentation.

6. More opportunities should be developed to allow health services to share expertise with Youth Justice staff, as part of statutory workforce training and development, in order to provide best quality care to children and young people.

7. The individual health and wellbeing assessments made by the Youth Justice Nurse Service should continue their aim to create a complete picture of demographics, mental, physical and sexual health and wellbeing needs of individual children and young people known to the Hackney Youth Justice Service and regular follow-up assessment should conducted as appropriate, and at least every six months.
It has not been possible to comprehensively match data on employment, education, substance misuse, speech and language, physical, mental and sexual health needs to each individual known to the Hackney Youth Justice Service, due to either data being only available in an aggregated form, or data not being collected during health assessments. The work of the Youth Justice Nurse Service is already making a very positive change in this regard.

8. The health and wellbeing assessment tools used by the Youth Justice Nurse Service should be updated regularly and should be standardised across so other health partners (e.g. the LAC Health Team, School Nursing) have the same assessment template/criteria, where appropriate.

There will always be a limitation of relying on self-disclosure in such types of assessment, therefore, efforts should be made to adapt the questionnaire regularly that will encourage children and young people to open up and voice their health and wellbeing needs.

9. To prevent having incomplete health and wellbeing data on children and young people who did not have a full health and wellbeing assessment at the time of arrest, an active follow-up should be sought at the earliest opportunity.

8.3 Improved accessibility of services

1. Strive to involve children and young people, their families and carers in service design and review as much as possible, and the efforts should be clearly recorded.
The views of children and young people, specifically on their experiences of the Hackney Youth Justice Service health and wellbeing offer, should be sought by offering a variety of routes and channels for feedback collection, such as providing opportunities to give feedback in different languages, at various locations (online/offline), and allow anonymity if preferred. This can be done through conversations with these individuals as part of their individual health and wellbeing needs assessments by the Youth Justice Nurse Service, as well as linking other existing groups that may be able to offer insights. Work is currently being developed with the Youth Justice Service Integrated Health team to integrate capturing the experiences of children/young people and families of health services within Hackney Youth Justice Service.

2. The timing of when Health and Wellbeing Assessments are carried out within the Hackney Youth Justice Service should be carefully considered.
Whilst a basic assessment of needs is vital at the point of arrest to ensure a child or young person's immediate safety, it may be more appropriate to build a professional relationship with the individual before engaging them in a full assessment, which should then be done at a later date. It may also be appropriate to carry out multiple assessments, spaced throughout the child or young person's involvement with the Hackney Youth Justice Service, in order to ensure adequate follow up of identified issues. At each assessment, the findings should be actioned to ensure there is adequate follow-up. Where a young person's situation changes, the latest assessment should be referenced to ensure they have appropriate support at all stages of their journey. The aforementioned recommendation of shared training between health services and Youth Justice staff should include guidance on how best to approach health-related conversations with children and young people.

3. Wherever health and wellbeing assessments do take place within the Hackney Youth Justice pathway, therapeutic spaces should be appropriate and safe for the individual child or young person.
This should include custody suites. The geographical location of therapeutic spaces should also be considered, in the knowledge that children and young people may feel safer in certain areas of Hackney. Where appropriate, home visits may increase access for some children and young people.

4. All statutory and voluntary services linked to the Hackney Youth Justice Service should have a straightforward referral process, so as to encourage maximal use.
It should be made clear whether referrals are expected from professionals or children, young people or families. They should be made as accessible as possible, online wherever appropriate, and with an increase in shared data, should not require undue time-consuming manual input of information about a child or young person.

5. Where possible, there should be a drive to employ individuals within statutory and voluntary services working with the Hackney Youth Justice Service with characteristics relatable to children and young people known to those services, for example, age, race, gender and background.
There may be scope to achieve this through the development of existing apprenticeship schemes, particularly with those who were previously known to the Hackney Youth Justice Service eventually progressing through peer leader roles to apprenticeship, then to paid work. In order to attract high quality, enthusiastic, proactive staff, a competitive salary must be a primary consideration.

6. Reasons for non-attendance at individual health and wellbeing needs assessment consultations should continue to be analysed.
This is to identify any ways in which access to such care by the Youth Justice Nurse Service could be improved. The overall impact and sustainability of these assessments should also continue to be monitored.

7. Ensure youth services, participation and personal development programmes are actively inclusive of young parents, care leavers, and Looked After Children in the Hackney Youth Justice Service.
Once the assessment has identified the young person is part of a vulnerable population group, they should be enrolled in programmes that offer advice and support on looking after their children, housing, benefits, healthy relationships, drug and alcohol and sexual health. In addition, Hackney Education must prioritise young parents to continue or return to education/employment/training by considering how to support childcare costs.

8. Adopt principles of multidisciplinary and multi-agency working informed by the assessment conducted by the Youth Justice Nurse Service when planning trauma-informed interventions.
The traditional referral process may cause a proliferation of professionals in the lives of children and families, which can increase non-attendance and/or non-engagement. Let the partnership work around the child/young person without overwhelming the family.

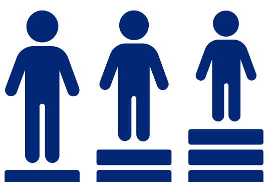
8.4 Addressing inequalities

1. Promotion of cultural diversity and trauma-informed, anti-racist practice should be consistently at the forefront of all interactions with children and young people.
Statutory and voluntary services should also provide a safe space for children and young people to express their personal identity and staff should be equipped with skills to achieve this. Alignment with the LBH 'Systemic, Trauma-Informed, Anti-Racist' framework currently being trialled within the Children and Education Directorate is recommended to be extended to health colleagues.

2. Any capacity issues within statutory and voluntary services within more socioeconomically deprived areas of Hackney should be addressed, with funding to such services maintained as a priority in times of economic hardship.
This would aim to address the over-representation of children and young people from more socioeconomically deprived areas, within the Hackney Youth Justice Service.

3. Children and young people who are looked after by the authority should be, as far as possible, placed within their 'home area'.
There is an over-representation of looked after children who have ever been reported as 'missing' within youth justice services, and maintaining a support network of family and friends can alleviate this risk. However for some children and young people, it may be safer to be placed outside of the 'home area' due to risks such as criminal exploitation.

4. For children and young people who live in overcrowded homes, study spaces should be provided.
Ways to provide study spaces, including optimising existing spaces should be explored (e.g. Young Hackney Youth Hubs, VCSE spaces, libraries, schools). This also links with recommendations from the Hackney Young Futures Commission.



5. Continuous education, employment, or training (EET) should be a priority area within the youth justice service.

Programmes that foster children and young people to develop strong bonds with trusted adults, such as mentorship schemes, may be appropriate to encourage children and young people to remain within education. If children and young people are given a custodial sentence, consideration should be given to deferred sentencing, where appropriate, to enable them to continue with education and other activities necessary for positive development. This would require commitment from the wider justice system.

8.5 Follow up

1. Where there is ongoing support needed with health and wellbeing concerns that cannot be fully addressed within a child or young person's involvement with the Hackney Youth Justice Service, data and information sharing agreements should be in place to enable seamless follow up by appropriate services.

Where children and young people have been referred to external services, follow up should be proactive, with support from staff members to ensure that individuals attend appointments, for example.

2. Bring services to children and young people to improve their engagements.

It is important to understand there may be unknown factors that prevent children and young people to proactively follow up with their own referral and/or suggestions given by the Hackney Youth Justice Service. Health partners and the Hackney Youth Justice Service should work towards understanding why the individual does not wish to engage and remove modifiable barriers in a trauma-informed way.

3. For children and young people who have served a custodial sentence, a more comprehensive follow up pathway should be devised so a smoother transition from health services in custodial settings to Hackney's health partners in community settings is achieved.

For example, through stronger links between LAC Health Teams and the Youth Justice Nurse Service to ensure that health and wellbeing support continues after a sentence has ended.

4. An individual 'road map' for each child/young person to be built to explain what health and clinical services are planned once leaving the Hackney Youth Justice Service.

This 'road map' should be in line with their understanding and tailored to specify who does what, and why, with specific signposting to Super Youth Hub as a key location to access Health and Wellbeing services and advice.

Appendix 1

Risk and protective factors for youth offending and reoffending

Adverse Childhood Experiences (ACEs)

Exposure to Adverse Childhood Experiences (ACEs) is one of the most well documented risk factors for youth offending. The risk of offending increases proportionally to both the number of ACEs experienced and the persistence of exposure from childhood to adolescence, whilst the age at first offence tends to decrease with higher ACE exposure [73]. Additionally, the greater the load of ACE exposure, the higher the likelihood that a child or young person will reoffend [74]. Type of ACE experienced may also influence the type of offending committed [75-77]. Persistent exposure to ACEs may cause changes in the brain, causing negative traits such as aggression [78]. It may also lead to increased risk of educational difficulties and social, emotional and mental health needs [79].

Fig 38. Snapshot of adverse childhood experiences (ACEs) that exist in Hackney [73]

20,470
0-17 year olds grow up in a household where domestic abuse has ever taken place*

23,320
0-17 year olds grow up in a household with an adult experience at least moderate mental health difficulties*

6,580
0-17 year olds grow up in a household where an adult reports substance misuse*

2,380
0-17 year olds grow up in a household where an adult has ever experienced domestic abuse, substance misuse and mental health difficulties*

*projected figures for Hackney, 2021

1.7 per 1,000
0-17 year olds identified as at risk of child sexual exploitation in Hackney in 2019/20*

*identified during CIN assessment, excluding LAC

38.4 per 10,000
children on Child Protection Plan in Hackney in 2019/20

1,074 per 10,000
children on Child In Need Plan in Hackney in 2017/18 (significantly worse than London and England averages)

Mental and physical health, neurodevelopmental conditions and traumatic brain injury

Conduct disorders and callous-unemotional traits (such as low empathy, emotional intelligence, guilt and remorse), along with other conditions such as oppositional defiant disorder, ADHD and low executive function (causing impulsivity, aggression and hyperactivity), are overrepresented in the youth offending population [80-82]. Mental health conditions such as depression and anxiety are also risk factors [83], particularly where there has been a lack of support or treatment. This may be due to long waiting lists, poor continuity of care, stigmatisation and use of self-medication with illegal substances [82]. Children and young people with poor mental health and a negative life outlook, alongside those with callous-unemotional traits, are more likely to reoffend [74,84].

Conversely, children and young people who 'feel good, eat well and sleep well' are less likely to enter negative life paths [75] due to high resilience, self-esteem, self-efficacy, hopefulness and self worth [85]. Where children and young people feel empowered to change, and are given ongoing mental health support, there is a reduced risk of reoffending [82,86].

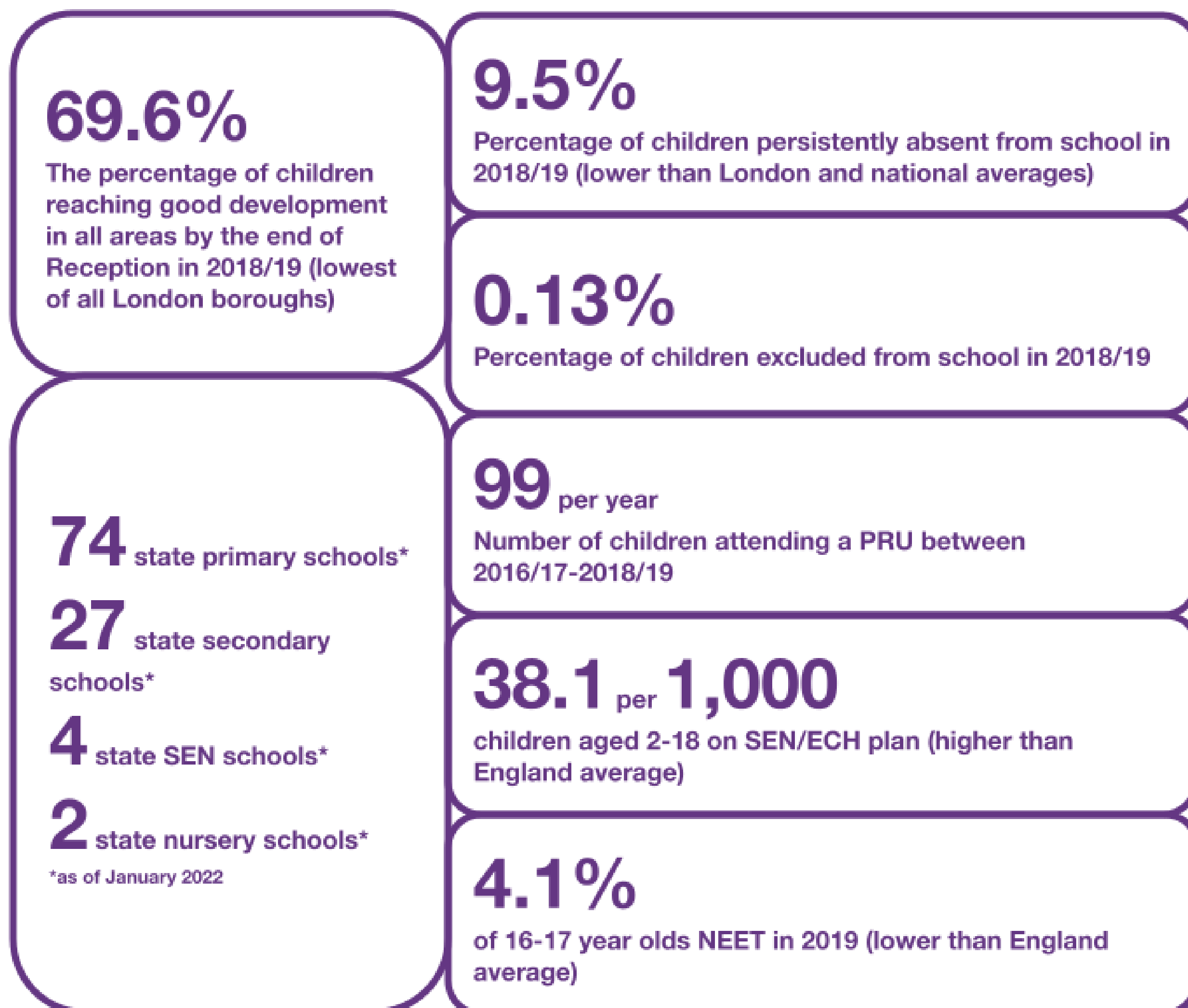
Traumatic brain injury is an emerging risk factor for youth offending. This is also more likely to occur in individuals who are already risk-takers, therefore the link may be in both directions [87]. Traumatic brain injury can affect neurological and psychosocial development [88], leading to emergence of conduct disorders and low executive function, thus increasing likelihood of offending behaviours [89]. Likelihood of damage is greater when injury occurs earlier in childhood, or repeatedly [87,89]. Children and young people who have experienced traumatic brain injury are also more likely to struggle to engage positively with the YJS, therefore increasing likelihood of prosecution [87]. Traumatic brain injury also increases the risk of reoffending [89].

Low school attendance, low school achievement, Special Educational Needs and Disability (SEND) and developmental language disorders

Children and young people who do not engage regularly with mainstream education are likely to experience less structure and are more likely to experience rejection from social circles and a reduced sense of belonging. This can lead to an increased risk of criminal exploitation [90]. Difficulties understanding and recognising social cues and emotions in others may subsequently lead to youth offending [84].

Children and young people with developmental language disorder are also overrepresented in the reoffending population [91]. Once children and young people start to experience difficulties in mainstream school, they may be transferred to a Pupil Referral Unit. There tends to be a high concentration of children and young people with similar vulnerabilities in such settings, thus increasing the risk of an individual becoming involved in youth offending [90].

Fig 39. Snapshot of education statistics in Hackney [34]



Lack of parental supervision and structured activities

Where there is poor parental engagement, supervision and a lack of consistent discipline, there is an increased risk of youth offending and reoffending [79,85,92]. The likelihood of this occurring increases in areas of high socioeconomic deprivation, as parents are more likely to be working, therefore absent, at the extremes of the day, and families are likely to be larger [82]. In such areas, there is also likely to be a lack of organised leisure activities, which would otherwise provide structure within a child or young person's life [86]. Structured activities can provide wider social support, positive influences of social group norms and positive social role modelling [93].

Early maturation

Children and young people who mature earlier are more likely to associate with older peers and tend to have earlier breakdowns in parent-child relationships. Such individuals are also more likely to engage in unstructured leisure activities, which may leave more scope for youth offending. Individuals who mature earlier may be more likely to engage in hazardous substance use [94].

Association with deviant groups, including peers and family

Where family members are known to offend, there is likely to be an increased acceptability of youth offending behaviours within the home, particularly during the early years of social development [78-79]. There may also be ready availability of weapons [95]. Children and young people in these households may be more likely to turn to aggressive or antisocial behaviours when navigating relationships [75].

Later in adolescence, family influence becomes less important and children and young people become more likely to imitate youth offending behaviours if these are demonstrated by peers, perhaps within education or through gang affiliation or membership [79,82,92]. Although not strictly an 'association' with a deviant group, children and young people who have previously been victims of crime may be more likely to offend, and reoffend, themselves. This is often through weapon-related crime, as they may be more likely to carry a weapon for their own perceived protection [76,86]. By the same token, however, positive relationships with peers can improve the likelihood of positive outcomes [73]. In some cases, entire families of young people who have offended are moved away from the area of crime perpetration, in order to distance the child or young person from those who encourage or enforce criminal behaviours, for example a gang. This does have a positive effect, but is of questionable sustainability for the individual and their family, considering the effect on schooling and employment [90].

Substance use

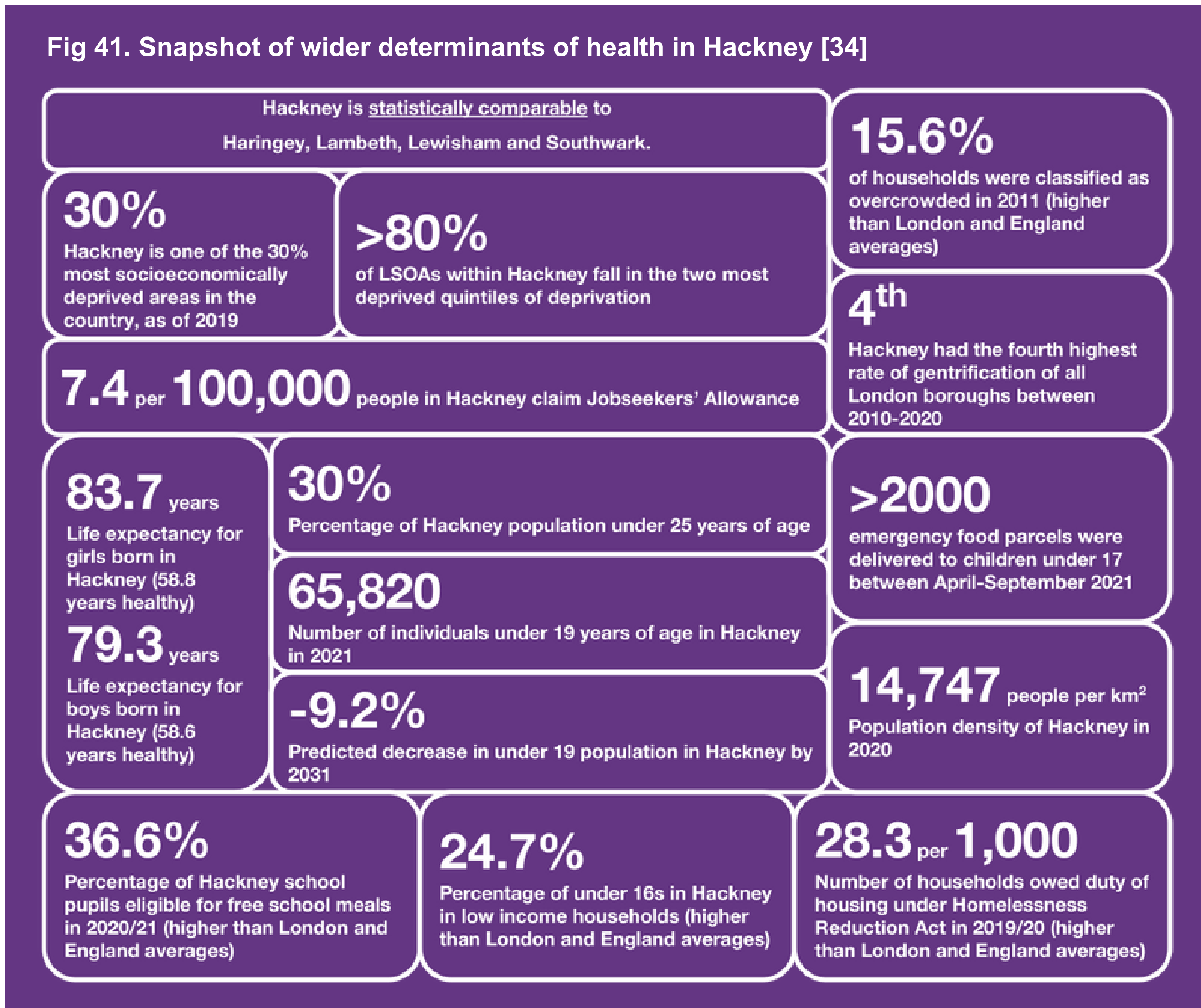
Children and young people are particularly likely to use substances (alcohol, drugs and cigarettes) if they associate with peers who do the same [92]. Substance use may also be more common in individuals who are not engaged in organised leisure activities, due to the aforementioned lack of structure [93]. Early substance use is linked to low executive functioning and impaired maturation [96], which may lead to poor behavioural control and impulsive or aggressive actions [97]. Children and young people are more susceptible to these effects than adults, in general, due to their lower BMI and less efficient alcohol metabolism [98].

Fig 40. Snapshot of teenage substance muse in Hackney [34]

Socioeconomic factors

As described within the ‘Community factors’ box under ‘Risk factors for youth offending’ above, a number of consequences of socioeconomic deprivation lead to an increased risk of youth offending. The longer a child or young person is exposed to deprivation, the more likely they are to offend [86]. ACEs are also more likely to occur in deprived populations [96]. In addition to the factors mentioned, education is likely to be of lower quality in more deprived areas [74], along with an increased risk of poor physical health [86]. Children and young people from more deprived areas may also feel that they need to offend in order to provide an income for their families [82].

Fig 41. Snapshot of wider determinants of health in Hackney [34]



Frequently going missing

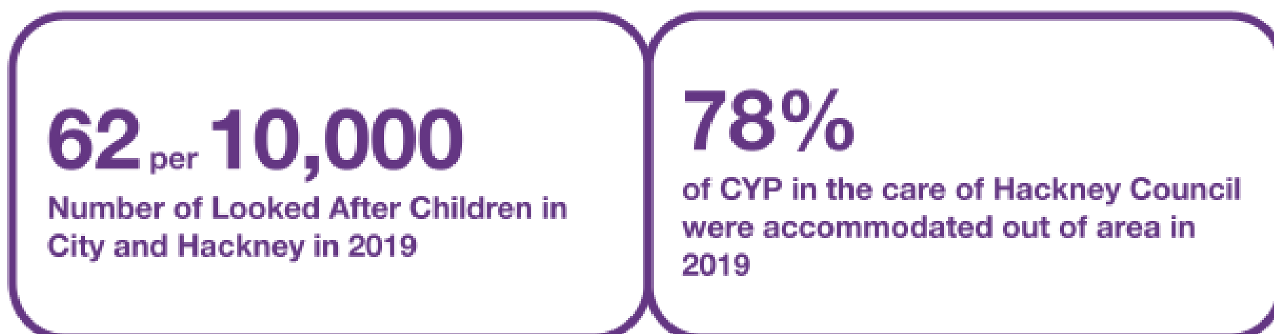
Children and young people who frequently go missing are likely to be those same individuals exposed to multiple ACEs. They are at higher risk of criminal exploitation due to lack of supervision [99].

Being a Looked After Child

Children and young people who have had a high number of referrals to Children's Social Care, or are older upon entering the care system, or who have experienced a high number of short-term care placements are particularly likely to become involved in youth offending and reoffending. Individuals who are placed in group residential settings are also more at risk, along with those who are from a global majority group or who identify as LGBTQ+ [100-101]. Looked After Children (LAC) are inherently more likely to have been exposed to a higher ACE load [102], but are also more likely to come into contact with other young people who have offended through the care system and to lack consistent discipline, parenting and education [86,102-103]. Children and young people within the care system are more likely to be inappropriately criminalised due to a lower threshold of involving police in minor infractions such as property damage [103]. Individuals who are placed 'out of area' are particularly at risk of offending and are more likely to go missing regularly [104]. Where there is poor support after leaving care, children and young people may be moved into inappropriate accommodation and have limited education, training and employment opportunities, therefore are more likely to experience poor outcomes [103].

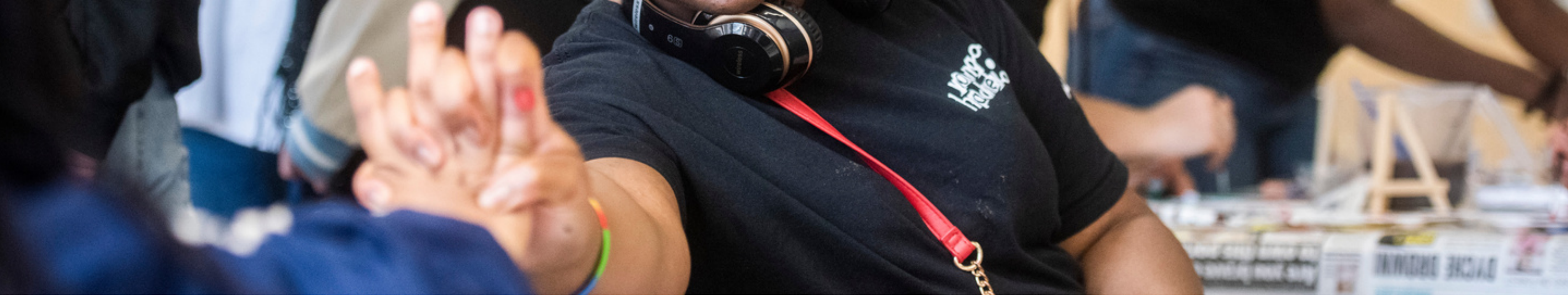
In some cases, however, becoming a LAC can have a positive impact, by providing a consistent, nurturing, affectionate parent-child relationship and removing a child from a household in which they may be more likely to imitate offending behaviours [73,103]. Support schemes such as 'Staying Put', in which young people are enabled to remain in their foster home until the age of 21, provide opportunities for independence, developmental of life skills and support with accessing housing and education, training or employment, which reduce risk of criminal behaviour [103].

Fig 42. Snapshot of Children's Social Care statistics in Hackney [34]



Social isolation

Social isolation may be due to peer group rejection, exposure to racism or stigmatisation due to educational or mental health difficulties, amongst other causes. This may lead to seeking solace in other isolated children and young people, which may increase overall risk of involvement in youth offending [2,79,82]. Young people who are not engaged in a romantic relationship are also at greater risk of offending [76].



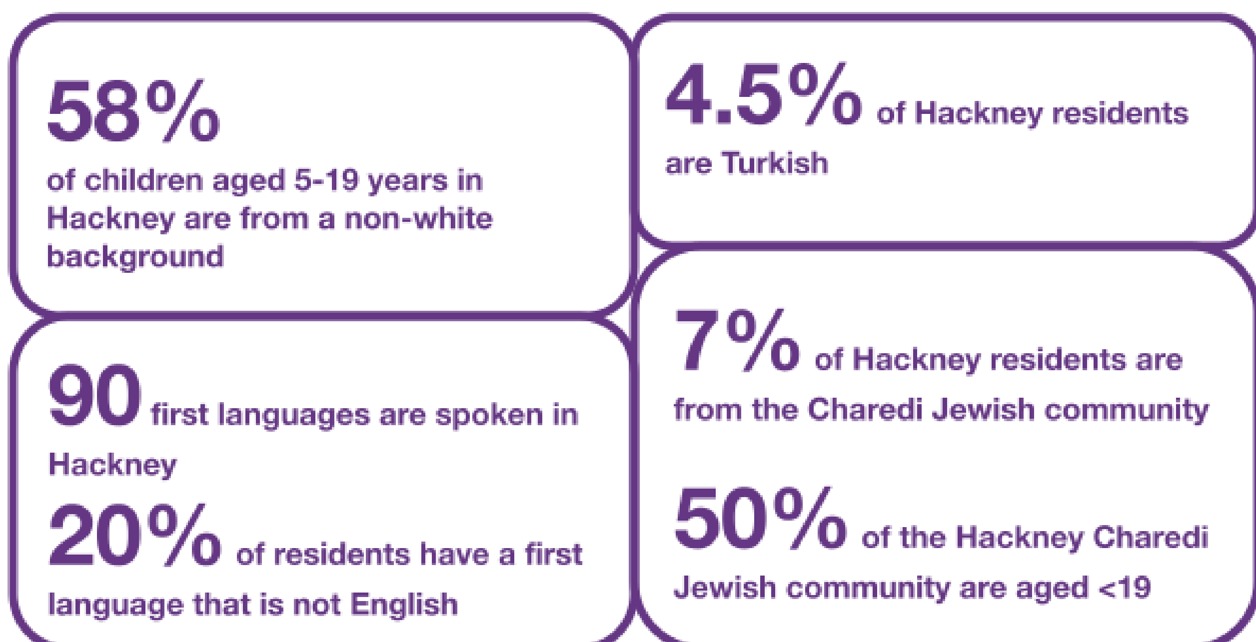
Gender

Both females and males have certain specific risk factors for involvement in youth offending. Males may have a lower tolerance for negative life experiences than females, meaning that they are more likely to demonstrate a more aggressive or violent response [105]. However, females are more likely to have experienced ACEs and are more likely to have been Looked After Children. They are more likely to experience mental health difficulties and may be more likely to be punished for transgressing gender norms, such as perpetrating violence and aggression [86]. They may also be at higher risk of criminal exploitation by gangs, due to lower suspicion from authorities [106].

Ethnicity

Although typical ethnicity profiles of local youth offending populations vary, there is a general trend within the UK that boys from black and global majority groups are overrepresented within the YJS. This is likely to be due to their increased risk of being exposed to all of the above factors. Children and young people from these groups are also more likely to be inappropriately stopped and searched, which may lead to a higher representation within the YJS, but may also undermine trust in authority and lead to an increased risk of offending. There is also an overrepresentation of children and young people from global majority groups within the reoffending population, which may be in part due to the fact that individuals are at higher risk of receiving harsher sentences, which may subsequently lead to greater difficulties reengaging with society [86,90].

Fig 43. Snapshot of ethnicity and diversity in Hackney [34]



Previous experience of the Youth Justice Service

Some children and young people have a negative experience of formal involvement with the YJS, which can lead to an increased risk of reoffending. It is suggested that involvement with the YJS may even be 'criminogenic'. Children and young people may, without intervention, mature away from offending behaviours, but intervention from the YJS in some cases may hinder this maturation and increase the likelihood of individuals adopting 'delinquent identities' [86].

Where children and young people become imprisoned, the risk of reoffending may increase even further. Normal relationship forming may be interrupted and individuals may develop psychological difficulties and low resilience, impairing their ability to subsequently embark upon positive life journeys [84,86].

Where additional needs exist, for example SEND, imprisonment may impact upon delivery of supportive services, thus exacerbating difficulties [86]. These difficulties are particularly severe for individuals imprisoned during the COVID-19 pandemic, during which time visits from family, friends and professionals were drastically reduced and opportunity for recreation was limited, exacerbating impacts on mental health and social development.

Due to inherent community discrimination against those with criminal history, children and young people with a history of involvement with the YJS may struggle to access appropriate accommodation, education, training or employment opportunities, thus increasing their likelihood of turning to further crime. This trajectory may be strengthened by association with gangs [86,106].

Conversely, in some cases, intervention by the YJS can have a positive effect, and can reduce the risk of reoffending [107]. Where individuals feel fairly treated by the law and undergo more holistic rehabilitation interventions, there may be diversion away from reoffending behaviours by supporting the development of independence and life skills [2,108].

Appendix 2

Literature review methodology

A request was sent to the UK Health Security Agency Knowledge and Libraries Service to perform a literature search for relevant secondary evidence, primary research and practice-based information using the following keywords:

- Youth offend*
- Young offend*
- Reoffend*
- Re-offend*
- Youth Justice System
- Youth Offending Services
- Youth Offending Teams
- Youth Offender Institution
- Risk factors
- Protective factors
- Adverse Childhood Experiences (ACEs)

In order to ensure that the evidence was relevant to children and young people in Hackney, we limited the results to 'UK only' and to limit the time required for analysis, specified that evidence must be 'English language only'. In order to ensure that we received a suitable range of evidence, including secondary evidence which may not be published as frequently, we specified that the publication date should be between 2013-2023. Five electronic databases were searched: Medline, Embase, Emcare, Google Scholar, and Social Policy and Practice.

The search returned 56 journal articles and 24 items of 'grey literature'. The abstract, introduction and discussion of all journal articles were reviewed and 'grey literature' was reviewed in full for relevant content. Six of the journal articles and one of the items of 'grey literature' could not be accessed in full-text form, and a further 14 journal articles and four items of 'grey literature' were deemed not to be relevant after review. 36 journal articles contained relevant content, of which 24 were used to evidence Chapter 2 (those that were not used contained extraneous detail or duplicated information). 19 items of 'grey literature' contained relevant content, of which 12 were used to evidence Chapter 2 (again, those that were not used contained extraneous detail or duplicated information). Two further journal articles were identified separately from the literature review. Two relevant local Joint Strategic Needs Assessments were also identified separately and used to inform Chapter 2.

Appendix 3

Prevention services for children and young people in Hackney

Service name	Provider	Service description
Services for those aged 0-5		
Health Visiting	Homerton Healthcare NHS Foundation Trust	Health visiting is a statutory nurse-led service for 0-5s which is both universal and targeted. It is a four tier offer with five mandatory universal reviews for all children. Families with additional needs can also receive a visit at one month and four months in addition to the five mandated visits.The Health Visiting service is to be replaced by a new Enhanced Health visiting Service from 1 September 2023
Community Based Peer Mentoring and Advice and Signposting Service	HENRY	The new service aims to increase awareness of and reduce access barriers to perinatal and postnatal local support services as well as provide social, emotional and informational support to socially vulnerable pregnant women and new mothers within the first 1001 days, in Hackney and the City of London. The service will operate across City and Hackney and provide two main services: • A high quality, accessible community based peer mentoring service • An advice and signposting service for socially vulnerable pregnant women and new mothers Local women from disadvantaged communities will be recruited to work as community based, voluntary peer mentors and will be provided with accredited training so that they have the skills and knowledge to deliver the service whilst improving their confidence, self esteem and enhancing their opportunities for further training and employment.

Healthy Early Years Service	Hackney Education	The main aim of the service is to reduce health inequalities by supporting a healthy start to life for children under 5 years by: • Supporting Early Years settings to achieve their Healthy Early Years (HEYL) Awards status • To facilitate access to further training (online) to achieve HEYL standards • To deliver a culturally appropriate service that serves the needs of Charedi Early Years setting
0-5 Healthy Lifestyle Service	HENRY	A universal and targeted healthy weight service for children aged 0-5 years and their families. There are four key components to the service: • Healthy Start Vitamin promotion and delivery • Healthy eating education workshops for families • Health promotion of a healthy weight • Training and development
Alexander Rose	Alexander Rose Charity	The Alexander Rose Vouchers for Fruit & Vegetables service helps families with children aged 0-4 years old and pregnant women on low incomes to buy fresh fruit and vegetables and supports them to give their children the healthiest possible start in life. A family receives £4 of Alexander Rose Vouchers for each child every week, or £6 if the child is under one year old. The Service will be provided to families with young children (under 5), and pregnant women. Families can either be: a) on low income; b) eligible for Healthy Start vouchers; c) with No Recourse to Public Funds
Oral Health Prevention and Promotion Service	Kent Community Health	The Oral Health Prevention and Promotion Service aims to improve oral health and reduce oral health inequalities. The service includes: • Universal provision of toothbrushes and fluoride toothpaste amongst children and young people in early years nurseries, childrens centres, special schools, care and nursing homes • Oral health training of children and adult service staff • Targeted interventions including: a) supervised tooth-brushing programme in SEND Schools, Pupil Referral Units and nurseries including Orthodox Jewish nurseries and childminding day nurseries, b) Fluoride Varnish Programme in primary schools, c) support implementation of CQC oral health standards in nursing and supported living settings

Services for those aged 5-25		
School-based health service	Homerton Healthcare NHS Foundation Trust	A nurse-led service for school age children which includes the National Weight Measurement Programme (NCMP) and school entry health check, Safeguarding (all schools) Individual Care Plans for children with health conditions. The service includes dedicated nursing support for children attending special schools.
Young People's Education and Outreach Service	Young Hackney	The Service aims to deliver a holistic young person centred, health and wellbeing education service that is focused on improving the health and wellbeing outcomes of all children and young people in City and Hackney. The service is focused on prevention, building young people's knowledge, self-esteem and resilience, while enabling them to manage their own health and wellbeing either independently or with support. The service works with all children and young people in City and Hackney aged 5-19 years, and up to 25 years. It provides a universal and targeted service, delivering advice and information, signposting, health promotion, awareness-raising and health education including the facilitation of PSHE and RSE delivery in schools and youth settings.
5-19 interim Healthy Weight Service*	Homerton Healthcare NHS Foundation Trust	Responsible for delivering and creating a behaviour change programme for children, young people and families in City and Hackney, helping them improve their weight and create long term healthy habits related to diet and physical activity.
Young People's Substance Misuse Service*	Young Hackney	A non-prescribing service for children and young people which includes harm reduction interventions, working with children in contact with youth justice, prevention, education and outreach working in partnership with Hackney Health and Wellbeing service.

*contract not directly managed by the Children and Young People or Health Protection team

Domestic violence services for those aged 16+		
Identification and Referral to Improve Safety (IRIS) in Primary Care	Nia	Nia delivers the Primary Care Domestic Violence Identification and Referral Service (IRIS service - Identification and Referral to Improve Safety). The IRIS service is a specialist domestic violence and abuse (DVA) training, support and referral programme for general practices. The service aims to increase the confidence and competence of GP practice staff to recognise the signs of domestic abuse and provide a consistent response by taking the appropriate safeguarding actions.
Domestic Violence Training service	Hackney's Domestic Abuse Intervention Service (DAIS)	Public Health and NEL ICB are jointly funding Hackney's Domestic Abuse Intervention Service (DAIS) to deliver a domestic abuse training and case consultation service (consisting of 2 domestic abuse trainers) for a wide range of front facing practitioners. There is a focus on those working within NHS and local authority services (including Hackney council and City of London Corporation) but may also include staff in the voluntary and charity sector (VCS) and external agencies such as the Metropolitan and City of London Police and the London Fire Brigade. The aim of the service is to increase early identification, prevention, action and appropriate referral of individuals experiencing domestic abuse across a range of front facing practitioners in City and Hackney.

Appendix 4

Data deep dive: risk factors for having received more than one HYJS intervention in their lifetime

To further investigate risk factors for having received more than one HYJS intervention in the lifetime in the HYJS cohort, statistical analysis using the HYJS cohort's data was conducted. The outcome variable is 'received more than one intervention', defined as if a young person has received more than one HYJS (any type, including community resolution) in their lifetime. This binary variable ('received one intervention' vs. 'received more than one intervention') was computed using the count of total court/post-court interventions, and count of total P&D referrals. Please see below for complex cases when there were several interventions involved for the same or different offence(s):

- Court/post-court: if there was more than one intervention ID for a young person, but the intervention start date was the same, the young person was counted as having 'received one intervention'
- P&D: If a young person had more than one P&D referral, but the referral had the same start dates, the young person was counted as having 'received one intervention'
- Both: in the case where a young person had one court/post-court intervention and one P&D intervention only, and interventions were for different offences, the young person was counted as having 'received more than one intervention'. If they were for the same offence, the young person was counted as having 'received one intervention'.

Following explanatory variables were selected based on relevance if suspected as significant risk factors for having received more than one intervention according to literature review and descriptive analysis in this analysis: age at intervention, IMD, gender, children's social care involvement, had a C&F assessment, FSM, SEND, and RONI high risk. Explanatory variables between 'received one intervention' and 'received more than one intervention' were compared using non-parametric test (two-samples Wilcoxon test) for continuous variables and Pearson's chi-squared test for categorical variables. Univariable analysis using simple logistic regression models were conducted to observe unadjusted associations between each explanatory variable and the outcome. Multivariable analysis using a fixed-effects multivariable logistic regression model was performed to observe adjusted associations between the outcome and explanatory variables that had p-values<0.1 in the univariable analysis (overall or within the subgroups). When adding explanatory variables to the model, manual forward stepwise method was adopted. Multicollinearity was tested using the variance inflation factor (VIF) and if the multicollinearity was detected, variables with high VIF were not included in the same model. We adopted for complete-case analysis model, as the missingness was missing completely at random.

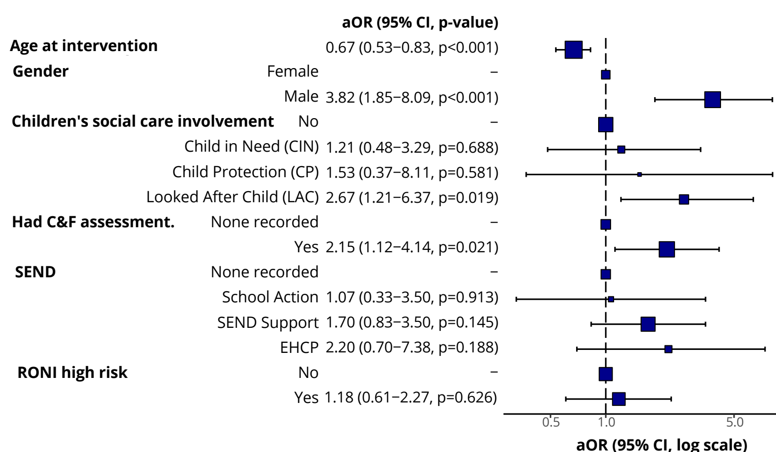
The univariable analysis found the following explanatory variables to have less than 0.1 p-value, therefore, were included in the final model: age at intervention, gender, children's social care involvement, had a C&F assessment, SEN, RONI high risk (RONI score 5 or more). Due to the high collinearity between children's social care involvement and C&F assessment status, these variables were not included in the same model together.

Multivariable analysis showed statistically significant increased odds of receiving more than one intervention for the following factors:

- **Young people who had a C&F assessment** had over two times higher odds of receiving more than one intervention than those who never had a C&F assessment, and it was statistically significant.
- **Young people who have ever been LAC** had more than three times the odds of receiving more than one intervention than those with no children's social involvement, and it was statistically significant. Being a CIN (aOR: 1.49, 95% CI: 0.60-3.98) or having CP also showed increased odds, however, these figures were not statistically significant. However, It is important to note that this group includes those who became LAC because they were remanded into local authority accommodation and/or to Youth Detention Accommodation.
- **Male young people** had more than three times higher odds of receiving more than one intervention than female young people, and it was statistically significant.
- While age at intervention was a significant factor and a year increase in age decreased the odds of receiving more than one intervention by 36% (and it was statistically significant), this may be because those who first offended at a later age had fewer years until they turned 18 than those who first offended at a younger age.

Our findings indicate that addressing risk factors that can be modifiable and giving equitable support to particular risk groups, such as to those who have ever been LAC, could reduce the risk of receiving more than one intervention in their lifetime.

Fig 44. Reoffending risk factors adjusted odds ratio (aOR) plot - Multivariable analysis



Appendix 5

List of stakeholders engaged during the assessment

Amy Wilkinson Integrated Commissioning Workstream Director (Children, Young People, Maternity and Families, NHS North East London, Hackney Council, City of London)

Andrew Mackey Senior Business Intelligence Analyst (Management Information Systems and Analysis, Hackney Council)

Anita Coutinho Clinical Lead (Children, Young People, Maternity and Families, NHS North East London, London Borough of Hackney, City of London)

Anita Seeshaye Data Manager (East London Criminal Justice Liaison Service, East London NHS Foundation Trust)

Anna Garner CCG Head of Performance and Integrated Commissioning Alignment (Population Health Hub, Hackney Council, City of London, NHS North East London)

Anna Jones Designated Nurse for Looked After Children (NHS North East London ICB)

Anthea Henry Public Health Business Manager (Hackney Council)

Bella Relph Employability and Wellbeing Manager (Hackney Quest), Co-Founder (16+ Network, Hackney Council)

Beth Ettinger Co-ordinator (Laburnum Boat Club)

Brendan Finegan Service Manager (Youth Justice Service, Children and Families Service, Hackney Council)

Carolyn Sharpe Consultant in Public Health (Hackney Council, City of London)

Catherine Clarke Assistant Psychologist (Hackney Council)

Charanjit Dosanjih Youth Justice Integrated Health Officer (Hackney Council)

Clare Parkinson Highly Specialist Speech and Language Therapist (Hackney Youth Offending Team, Children and Families Service, Hackney Council)

Claudia Hillaire Service Manager (Corporate Parenting, Children and Families Service, Hackney Council)

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