Nottinghamshire Health & Wellbeing Board

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

The Health and Wellbeing of Children who are known to the Youth Justice Service

PROFILE PACK

July 2024

Topic Information	
Topic owner	Nottinghamshire Youth Justice Partnership Board
Topic author(s)	Nicola Suttenwood, YJ Development Manager
Topic quality reviewed	June 2024
Topic endorsed by	Nottinghamshire Youth Justice Partnership Board, July 2024
Topic approved by	Health and Wellbeing Board, September 2024
Replaces version	Health Needs of Young Offenders in Nottinghamshire (2014)
Linked JSNA topics	Early Years and School Readiness (2019) Emotional and Mental Health of Children and Young People (2021) Substance Misuse: Young people and adults (2022) Special Educational Needs and Disability 0 to 25 years (2023) Children in Care and Care Leavers (2024)

Nottinghamshire Health & Wellbeing Board

Executive Summary

Nottinghamshire Youth Justice Service (YJS) works with children between the ages of 10-18 years old to prevent offending and re-offending. Whilst the service support children who have been instructed to work with the service by the Courts, or the Police on a statutory basis, it also provides support to children on a voluntary basis as part of preventative and diversionary programmes of interventions. Interventions are varied and tailored to meet the individual needs of the child; the aim is to steer children away from crime and anti-social behaviour, helping them make the most of their lives.

Children aged 10-17 who find themselves in contact with the Youth Justice Service (YJS) are known to experience poorer health outcomes and have an increased number of needs than children in the wider population. Increasingly, children in contact with the YJS are presenting with multiple needs and vulnerabilities and, despite many of these children already being known to early help services, their health and wellbeing needs have been missed at an earlier stage.

Being away from education, being in the care of the local authority, substance use, and residing in an area of deprivation have been identified as risk factors which increase the likelihood of children becoming involved in offending behaviour. When exploring the health and wellbeing needs of children involved with the YJS; there is a higher proportion of children with neurodiversity and unrecognised speech, language and communication needs, and the prevalence of social, emotional, and mental health needs can be up to three times higher than for children within the general population. Whilst individual risk factors are known to increase the likelihood of offending behaviour, it is often the cumulative effect of several risk factors which place individuals at a heightened risk of offending, rather than just one factor alone.

Children from minority ethnic backgrounds are overrepresented in the YJS and are known to be at a higher risk of being dealt with by the Court, as opposed to being offered a diversionary alternative, both nationally and locally. Whilst there are more boys in the YJS than girls, data suggests that girls are being criminalised sooner than boys. It appears that the underlying factors driving girls offending behaviour is not being identified at an early stage, and they are not being given the opportunity to engage in interventions which could help them not to offend and avoid contact with the Criminal Justice System (CJS).

Despite children presenting with comparable needs, there is some disparity in the services that are available to children who are working with the YJS on a statutory and non-statutory basis. This disparity increases the risk of some children not having their needs met, being at a greater risk of reoffending and being increasingly vulnerable to becoming more entrenched in the CJS.

The YJS is a multi-agency partnership, with the local authority, probation, health, police and education all having a statutory responsibility. The number of children involved in the formal Youth Justice System is reducing year on year. A significant amount of work has been undertaken to reduce unnecessary child arrests, alongside engaging children in preventative intervention at the earliest opportunity and diverting them away

from formal criminal justice processes. With this shift in focus, it is essential that statutory partners work together to ensure that the health and wellbeing needs of this cohort of vulnerable children are being identified early, and resources are available to meet children's often complex and multiple needs, reducing the likelihood of criminalisation and subsequent entry into the Youth Justice System.

Recommendations for consideration

	Recommendation	Lead(s)
	Data Collation and Reporting	
1	To embed current processes relating to the recording and analysis of Youth Justice Key Performance Indicators (KPI) data to better understand the needs of children working with the YJS.	YJS Partnership Board
2	To improve the recording of the needs of children who are accessing targeted preventative intervention to help plan service provision. Making full use of the newly introduced assessment tool and working with the Information and Systems Team to create a dashboard assisting with data collection and analysis.	YJS / Business Intelligence and Information and Systems Teams
3	Embedding and acting on the analysis of data which measures the impact of diversionary outcomes / targeted preventative intervention on rates of offending; short and long term.	YJS Partnership / Board Business Intelligence and Information and Systems Teams
	Service delivery	
4	Further analysis of girls who offend to support services in the early identification of vulnerabilities driving girls offending so that services can provide appropriate support and prevent them from encountering the CJS.	YJS/Police/Education Teams
5	Further analysis of children from black and minority ethnic backgrounds to understand the barriers to accessing preventative services.	YJS/Police/Childrens Social Care/LA Education Teams
6	To carry out further analysis of children who have committed motoring offences and become an FTE; exploring diversionary alternatives and reducing entry to the CJS where appropriate alongside meeting these children's needs.	YJS/Crown Prosecution Service /Police/Courts
7	Improve the YJ Partnerships understanding of attendance data (including suspensions and exclusions) for children known to the YJS, linking in with the wider strategic attendance and behaviour strategy; exploring opportunities for early intervention.	Local Authority Education Teams/YJS Partnership Board
8	Increase staffs' understanding of the SEN code of practice and Nottinghamshire's processes, including the graduated response to SEN, so they can better support children.	Local Authority Education Teams/YJS
9	Undertake a review of the support in place for children who are accessing alternative provision (including EOTAS) to support sustainment and positive outcomes.	YJS/LA Education Teams

10	Strengthen speech, language and communication provision for children that are known to the YJS. Ensure there is a monitoring and evaluation process measuring impact and outcomes.	Local Authority Public Health Commissioning Teams/YJS
11	Strengthen access to emotional and mental health provision for children who are working with the YJS and accessing non statutory programs of intervention. Supporting YJS staff to identify and address the needs of children in accordance with the Thrive framework	Childrens Integrated Commissioning Hub (CICH)/Integrated Commissioning Board (ICB)/YJS
12	To review the service offer and capacity requirements of the Clinical Nursing Team based on guidance and best practice to ensure a continued robust health offer to the YJS	CICH/ICB/YJS
13	To develop YJS and partnership staff's knowledge and understanding of autism and the link with offending behaviour with a view to sharing effective practice.	YJS/ICB/YJS Partnership Board
14	To ensure partnership staffs practice and processes for early engagement with children recognises neurodiversity, communication, and other health needs (e.g., early arrest and voluntary interview practice. See the CJS Learning Disability and Autism Pathway Project for principles and guidance)	YJS/ ICB /Police
15	To review Police/YJ practice in relation to Police Facilitated Community Resolutions and develop a clear framework for joint working to ensure that children are receiving appropriate support at the earliest opportunity to help them avoid further offending	YJS/Police
16	Partner agencies to commit to undertaking the 'Child First' self-assessment toolkit (commissioned by YJB); supporting them to reflect on current practice, how far it is in line with the evidence base of what works with children, and how they might become more Child First in their practices and approaches.	Police/Education Teams/Health/YJS Partnership Board

Nottinghamshire Health & Wellbeing Board

What do we know and what does that tell us?

1. Introduction

Children aged 10-17 who find themselves in contact with the Youth Justice Service (YJS) are known to experience poorer health and have an increased number of needs than children in the wider population (PHE, 2019). Their health and wellbeing needs are often missed at an earlier stage, despite many of these children being known to children's social care (CSC) and early help services, and despite a sharp incline in offending behaviour during adolescence, health services and criminal justice responses often fail to reflect these changes (The Bradley Commission, 2014). Despite high levels of physical and mental ill health there is a low usage of primary health care amongst this cohort, compared to a high use of secondary health care (Lader et al, 2000) as children fail to readily access universal health service provision, often due to the social and environmental context in which they live. With far more complex and unmet needs, often compounded by a range of entrenched difficulties including school exclusion, social exclusion, and unstable living conditions (DH, 2009), it is not surprising that children in contact with the justice system are at greater risk of not achieving good health and wellbeing outcomes and future economic stability.

This chapter is a refresh of the previous of the 2014 JSNA Chapter - Health Needs of Young Offenders in Nottinghamshire.

1.1. Purpose

The number of children involved in the formal Youth Justice System is reducing year on year. There is a significant amount of work being undertaken to reduce unnecessary child arrests and prioritise diverting children away from formal criminal justice processes; less children are coming through the youth courts and fewer children are being made subject to statutory police caution/conditional cautions. The work of Youth Justice Services continues to change; the most recent workload survey completed by the Youth Justice Board 2020/21 showed that the average prevention and diversion caseload for Youth Justice Services was 52%; in some services this could be as low as 6% or as high as 85% (YJB, 2023). With an increased focus on diversion and prevention of offending, partners are increasingly having to work together to address the health and wellbeing needs of this cohort of vulnerable children. It is essential that the health and wellbeing needs of these children are being identified early, and resources are available to meet their often complex and multiple needs, reducing the likelihood of criminalisation and subsequent entry into the Youth Justice System.

The purpose of writing this Joint Strategic Needs Assessment (JSNA) chapter is to provide a better understanding of the health and wellbeing needs of Nottinghamshire's children who commit offences, and those children who are at risk of offending and encountering Nottinghamshire County Council's (NCC) Youth Justice Service (YJS). It will inform and support the Nottinghamshire Youth Justice Partnership (Police, Health,

Local Authority, Probation) to make decisions around commissioning and resources to provide quality services for this cohort of vulnerable children in Nottinghamshire. Being better able to meet children's health and wellbeing needs will also assist in further reducing First Time Entrant's (FTE) into the criminal justice system (CJS) and reduce their risk of reoffending now and in the future.

1.2 Scope

This JSNA will provide information on the health and wellbeing needs of Nottinghamshire children who are in contact with the CJS, as part of a diversionary programme of intervention, or as a FTE. It will also provide information on those children who have been identified as being at risk of coming into the system and are working with the service on a voluntary basis, accessing preventative interventions. This JSNA will bring together various sources of information to provide a comprehensive analysis. The chapter will provide insights into the availability and effectiveness of the current services and support arrangements that are in place for these children in the community.

Evidence of multiple disadvantages amongst this group of children enforces the need for a coordinated response by stakeholders. This chapter endeavours to establish if the current provision of services across Nottinghamshire are sufficient to meet the health needs of this group. This profile pack will be of interest to service planners spanning both children's social care, health (Integrated Care Boards), police and the wider system.

Given the small numbers of children who are remanded/sentenced to Youth Custody in Nottinghamshire, this profile pack excludes any specific evaluation of children in custody. Similarly, it will have limited focus on those children who have received an out of court disposals (OOCD) from the police without prior referral and assessment by the YJS. These outcomes mainly consist of Police Facilitated Community Resolutions.

To ensure currency and relevance, the evidence reviewed will focus primarily on literature from the last 5 years (i.e., 2018 to 2023), although key finding from research prior to this will be included.

1.3 Notable changes from previous JSNA

Recommendation	Update on Progress
Develop opportunities to undertake preventative work and engagement with groups including looked after children and excluded children, with regard to both health provision and wider social provision including alternative educational or employment provision. The Tender Specification for the Young People's Substance misuse service includes some specific work with LAC population	CGL (Change Grow Live) hold the contract for young people's substance misuse services within Nottinghamshire. There is a specialist worker based within the YJS and a Children in Care link role based at CGL to support partnership working between NCC and substance use services.
Commission a public health nursing service for 5–19-year-olds to replace the current model of school nursing, with targets to engage young offenders as a key priority group.	There is a commissioned 'Youth Justice Team Nursing Service' for City and County Youth Justice Services. .
Develop an electronic information sharing system to enable the secure and efficient sharing of patient information between targeted community health services	Clinical Nurse Specialists have access to electronic recording systems to inform their work with children who are known to the YJS.
Establish protocols for the sharing of information between community health services and custodial settings.	The County YJS have agreed processes to ensure that health partners are alerted when a child has been sentenced to custody. Sharing of relevant information between community health services and custody has been built into existing SLAs between heath partners and the YJS.
Develop strategies to increase the capacity of the Clinical Nurse Specialist to ensure that the physical health needs of young offenders are met.	Nottinghamshire YJS benefit from having access to services from the wider Nursing partnership which has succeeded in increasing capacity of the Clinical Nurse Specialist for children in the County.
Develop a formal evaluation process for each of the services.	Review and evaluation of substance use services is built into current commissioning arrangements. A formal review of the current service offer and capacity requirements of the YJ Clinical Nurse Specialist needs to be completed to ensure a continued robust health offer to the YJS.

2. Who is at risk and why?

The Youth Justice System works to prevent offending and re-offending by children, through providing a child centred service that focuses on assessing the individual needs of the child and supporting them to achieve better outcomes. The YJS is a statutory partnership that takes an holistic approach to working with children. Children who offend are considered a marginalised group who experience complex health needs greater than those children in the wider non-offending population (Lader et al, 2000). With reduced contact with universal health services, and increased risk-taking behaviour, it is not uncommon for children in contact with the YJS to present with multiple health problems and vulnerabilities arising from a variety of social, psychological and economic factors (The Bradley Commission, 2014).

2.1 Age and sex

The Youth Justice System works with children between the ages of 10-18 years old; however, most children known to Youth Justice Services nationally (around 80%) are between the ages of 15 and 17 years old. Offending appears to escalate during teenage years and tails off in line with the natural maturation process (NAYJ, 2012). Whilst boys are more likely to offend than girls, existing research states that girls are treated more harshly for lesser offences, and criminalised more quickly, than their male counterparts (Weinberg, 2023). Evidence also tells us that girls have higher levels of need and vulnerabilities than young men; and girls under the age of 18 are more likely to come to the attention of the CJS because of their vulnerability and the risks they face, rather than the severity of their offending (AYJ, 2021). There are clear links between the vulnerabilities of girls in transition and their offending. These vulnerabilities can include (but are not limited to) experience of the care system, experience of abuse, exploitation, struggling with mental health, substance use, school exclusion and poor responses to girls with learning and communication difficulties (AYJ, 2021). The Centre for Justice Innovation reports that females committing low-level offences are less likely than males to re-offend and criminalising females can make it harder for them to successfully address the issues that underpin their offending behaviour. Research such as this highlights how important it is for girls to have their individual vulnerabilities recognised so that they can be referred into the correct services at the earliest opportunity to prevent them from encountering the CJS.

2.2 Ethnicity

Whilst most individuals in the Youth Justice System are white, children from black, and minority ethnic backgrounds are overrepresented (Taylor, 2016). Data tells us that, children who offend are disproportionality from working class backgrounds, and tend to suffer from relative poverty and a range of related problems which are considered as risk factors often associated with offending/anti-social behaviour and coming into contact with the YJS. Risk factors can be linked to the individual, family, peer, or wider community; and whilst individual risk factors increase the likelihood

of offending behaviour it is often the cumulative effect of several risk factors which place individuals at a heightened risk of offending, rather than just one factor (Murray and Farrington, 2010).

2.3 Education

School exclusion and disengagement from education are risk factors clearly associated with entry into the CJS. In England (2022/23), the proportion of children that had been cautioned or sentenced for an offence that had been suspended was 72% and 10% had been permanently excluded. It is reported that, all too often the reasons behind a child's behaviour are not fully explored and they are excluded from school which, for many, acts as a trigger pushing them further away from education and increasing the likelihood of them being exploited and drawn into offending (CRAE, 2021). Children not in mainstream education are also considered more vulnerable to becoming a victim of exploitation, and experiences of exploitation can make exclusion from school more likely. Nationally, 41% of children that have attended alternative provision have received a caution or conviction.

2.4 Speech, language and communication needs

A report prepared by the Commission on Young Lives (2022) also speaks about children with unmet needs as being in a greater danger of becoming involved in the CJS. Unmet needs may include lack of support for speech language and communication challenges, mental health conditions, or neurodiversity, resulting in problems at school or home.

Research indicates that, individuals with speech, language and communication needs (SLCN) are at greater risk of contact with the CJS and have much higher rates of previously undiagnosed SLCN than those of the general population. The Royal College of Speech and Language Therapists (RCSLT) report that 60% of children in the YJS have a SLCN, with the vast majority not having their needs identified prior to entering the CJS (Anderson, Hawes and Snow 2016). Figures from the Youth Justice Board (YJB) supported this, highlighting that 71% of children where an Asset Plus (assessment and intervention plan) had been completed had SLCN's (YJB, 2020). National research found that children with language and communication difficulties, often lack the linguistic skills to understand what is happening to them and will struggle to express themselves clearly. This has implications for the YJS as poor language skills also make it harder for these children to take part in interventions that are intended to prevent them from offending, making them more vulnerable to reoffending. Consequently, children with an undiagnosed language problem are reported to be twice as likely to reoffend within a year (NHR, 2021).

2.5 Neurodiversity

Neurodiversity is disproportionately present in children in the CJS, with one in six in the general population having some form of neurodiversity, whereas in the YJS, this is around one in three, with many of these yet to be identified (Kirby, 2021). Individuals diagnosed with neurodevelopmental disorders, primarily Autism Spectrum Disorders (ASD) and learning difficulties will also typically have some form of SLCN and there is also an increased risk of SLCN within children with Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorders, Social Emotional Behavioural Difficulties (SEBD) and dyslexia (Coles et al., 2017). 81% of children with emotional and behavioural difficulties are said to have unidentified language difficulties (Bercow, 2018). This cross over with emotional and behavioural difficulties, and many other difficulties, means that the focus is elsewhere with SLCNs not being identified and therefore not being sufficiently addressed. An independent review of provision for children with SLCN's in England reported that the system is missing out many children known to be at high risk, and poor identification of children excluded from school, within the care system, with mental health issues, or in contact with the Youth Justice System was highlighted as a significant risk to children's wellbeing (Bercow, 2018)

2.6 Social, emotional, and mental health needs

Research tells us that the prevalence of social, emotional, and mental health needs amongst children having contact with the Youth Justice System can be at least three times higher than within the general population of adolescents with mental health needs (Mental Health Foundation, 2002). Poor mental health is closely linked with adverse childhood experiences (ACEs) which research shows have a strong correlation with crime (TSG, 2018). Disadvantaged and vulnerable children are at greater risk of exposure to ACEs which the WHO defines as some of the most intensive and frequently occurring sources of stress that children may suffer early in life. Examples include multiple types of abuse; neglect; violence and conflict between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community, and collective violence. The Commission on Young Lives report (2022) highlighted that failing to meet the needs of children with poor mental health leads to more behavioural incidents at school, a rise in school exclusions, and exposes more children to exploitation, crime, and offending.

Children with Statement of Educational Need (SEN) are also at a higher risk of offending and encountering the Youth Justice System. According to the Dofe data (2019/20) 80% of children in England that had been cautioned or sentenced for any offence were recorded as having a recorded SEN.

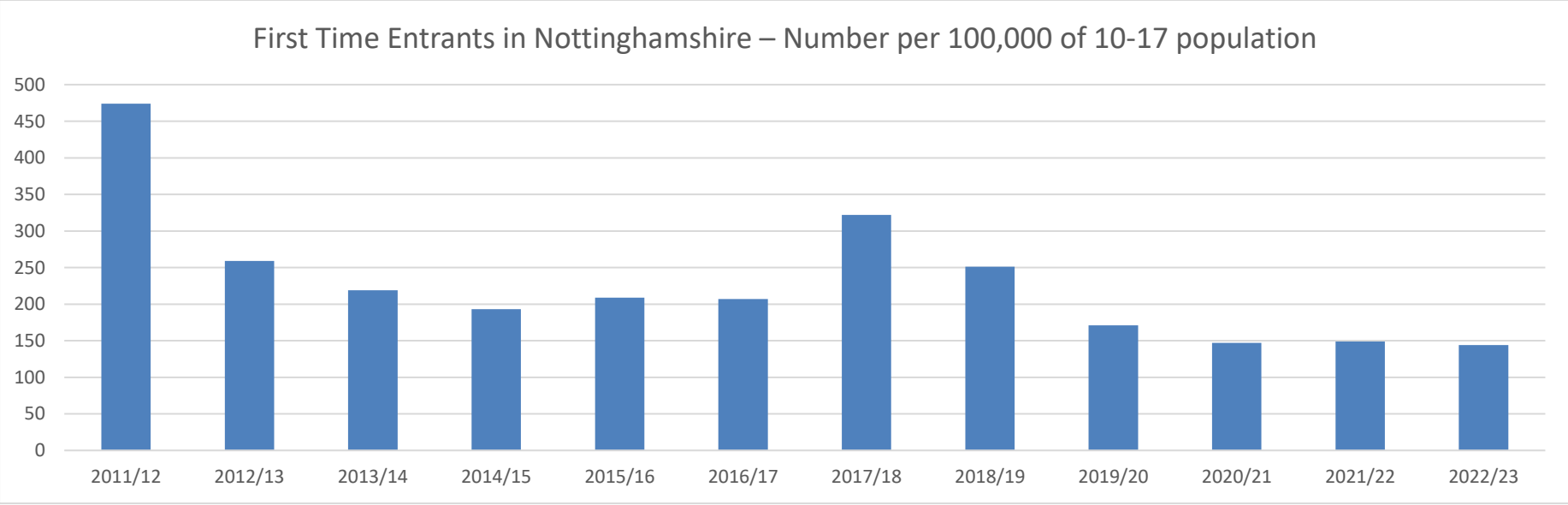
Data tells us that children in care are over-represented in the Youth Justice System and the proportion of children in England that had been cautioned/sentenced for any offence, that had ever been a child who was looked after, was 15% and for a serious violence offence was 24%.

The proportion of children in England that had been cautioned or sentenced for an offence that had ever been a child in need was 45%, and for a serious violence offence was 54%. The Childrens Commissioner (2020) reported that systems are letting children down by missing opportunities to keep children safe and not addressing the root cause of offending behaviour.

3. Nottinghamshire Youth Justice Service

Nationally, First Time Entrants (FTEs) into the Youth Justice System has continued to fall with a 78% decrease since 2012. Whilst there has been a reduction in youth related crime, the continued decrease in FTE can be attributed to changes in national policy and changes in police practice to increase the diversion of children, who have committed a low-level crime, out of the Youth Justice System (Sutherland et al., 2017). The FTE rate in Nottinghamshire is now plateauing with the FTE rate for 2022/23 being 144 (per 100,000 of 10-17 population); this is lower than the national average of 168 (per 100,000 of 10-17 population).

Figure 1: Number of first Time Entrants in Nottinghamshire YJS (per 100,000 of aged 10-17 population) from 2011/12 to 2022/23

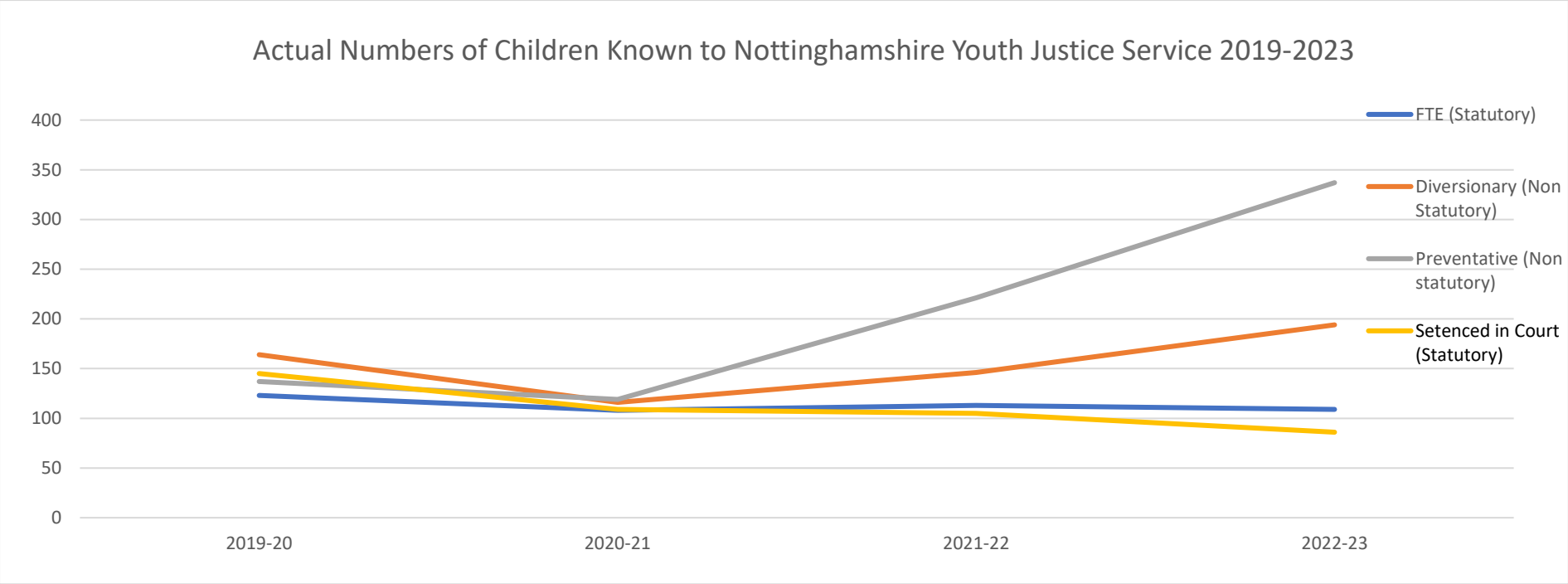


With an increased focus on diversion, a smaller proportion of children are now being processed through formal criminal justice processes, whether through the courts system or statutory police caution/conditional caution. Only 13,800 children received a sentence or police caution across the whole of England and Wales in 2021/2022 compared with almost 70,000 10 years ago (HMIP, 2022). In Nottinghamshire the number of children receiving a sentence through the courts has reduced by 40% in the last three years. Youth Justice services are taking more of a responsibility for the delivery of preventative programmes of intervention; these are voluntary programmes aimed at children who are at risk of offending. A project completed by the Youth Justice Board (YJB), concluded that there was significant commitment to preventative work from Youth Justice Services; however, there was also substantial variation in the work that was taking place within services, with the highest prevention caseload being reported as 85% and the lowest being 6% (YJB, 2023).

Nottinghamshire YJS accepts referrals for children who are identified as being at risk of offending from both professionals and parents/carers. In 2020, Nottinghamshire YJS introduced a new criteria and referral pathway for its preventative service (see appendix 1). The aim was to increase the number of children who were accessing preventative intervention, intended to reduce the potential of them entering the CJS. This was successful and the revised criteria has resulted in a significant increase in the number of children referred to Nottinghamshire YJS for targeted preventative intervention. Over the last three years, there has been a 146% increase in the numbers of children engaging in preventative interventions delivered by Nottinghamshire YJS.

Similarly, this change in practice, has resulted in a 65% increase in the number of children who have received diversionary outcomes as part of Out of Court Disposal (OOCD) processes (2020/21 to 2022/23). A diversionary outcome is an informal OOCD outcome which does not result in a criminal record (Community Resolution, Outcomes 20, 21,22). However, this still provides the child with the opportunity to receive intervention and support on a voluntary basis. Due to covid restrictions being in place, 2020/21 saw reduced offending and reduced numbers of children being referred to the service for an OOCD to be considered. This resulted in a fall in the number of children receiving diversionary outcomes. However, referrals into the YJS for an OOCD have again risen, as has the number of children receiving intervention as part of a diversionary outcome that have been given as part of the OOCD process.

Figure 2: Number of children accessing the different statutory and non statutory programmes of intervention in Nottinghamshire YJS from April 2019 to end March 2023



3.1 Types of offences

In Nottinghamshire, for the past three years, the most common offences committed by children who have entered the CJS for the first time has been offences of violence and weapon possession which is in line with the national trend. Similarly, of those children in Nottinghamshire who have received an OOCD (with or without a YJ assessment), and those who have received a diversionary outcome, most have committed offences of violence.

Nottinghamshire YJS have not historically had a system for being able to record and analyse reasons for children being referred in for targeted prevention, or the characteristics/needs of this cohort of children beyond their basic demographics; this is something which remains inconsistent. Between October 2023 and March 2024, the reasons for referral to the YJS for targeted prevention was analysed for 66 referrals. Of these referrals, 22 were for violence, 17 were for Child Criminal Exploitation, 15 were in relation to Anti-Social Behaviour and the remainder were for Theft, Harmful Sexual Behaviour and Substance use. There is some commonality across all three areas of intervention (prevention/diversion/FTE) in that the most prevalent offence, behaviour of concern, is that of violence.

Table 1: Type of offences committed by children in Nottinghamshire YJS who have received a Youth Caution and above which has resulted in them becoming a First Time Entrant from 2019/20 to 2022/23

Offence type	Proportion of FTEs 2019/20	Proportion of FTEs 2020/21	Proportion of FTEs 2022/23
Violence Offences (incl. Robbery)	28%	25%	28% (n31)
Weapon/Possession	25%	26%	23% (n25)
Motoring offences	14%	22%	19% (n21)
Burglary / Theft	6%	8%	5%
HSB	-	8%	-
Criminal Damage	-	-	8%
Harassment/threats/ Public Order	12%	6%	8%
Drug related	-	-	-
Other (bail act/football)	-	-	-

n = actual number

Where the number of FTEs is less than 5 the value has been removed to avoid the risk of disclosure.

Table 2: Types of offences committed by children in Nottinghamshire YJS who have been referred to the YJS for an OOCD assessment and received a Community Resolution / Outcome 20/22.

Offence type	Proportion of Community Resolution (Q2,Q3,Q4 2022/23)	Proportion of Outcome 20/22s (Q2,Q3,Q4 2022/23)
Violence Offences (incl. Robbery)	46%	46%
Weapon/Possession	11%	5%
Motoring offences	0%	1%
Burglary / Theft /vehicle theft	12%	7%
HSB	1%	1%
Criminal Damage	8%	15%
Harassment/threats/ Public Order	5%	12%
Drug related	5%	9%
Fraud	2%	0%
Other (bail act/football)	10%	4%

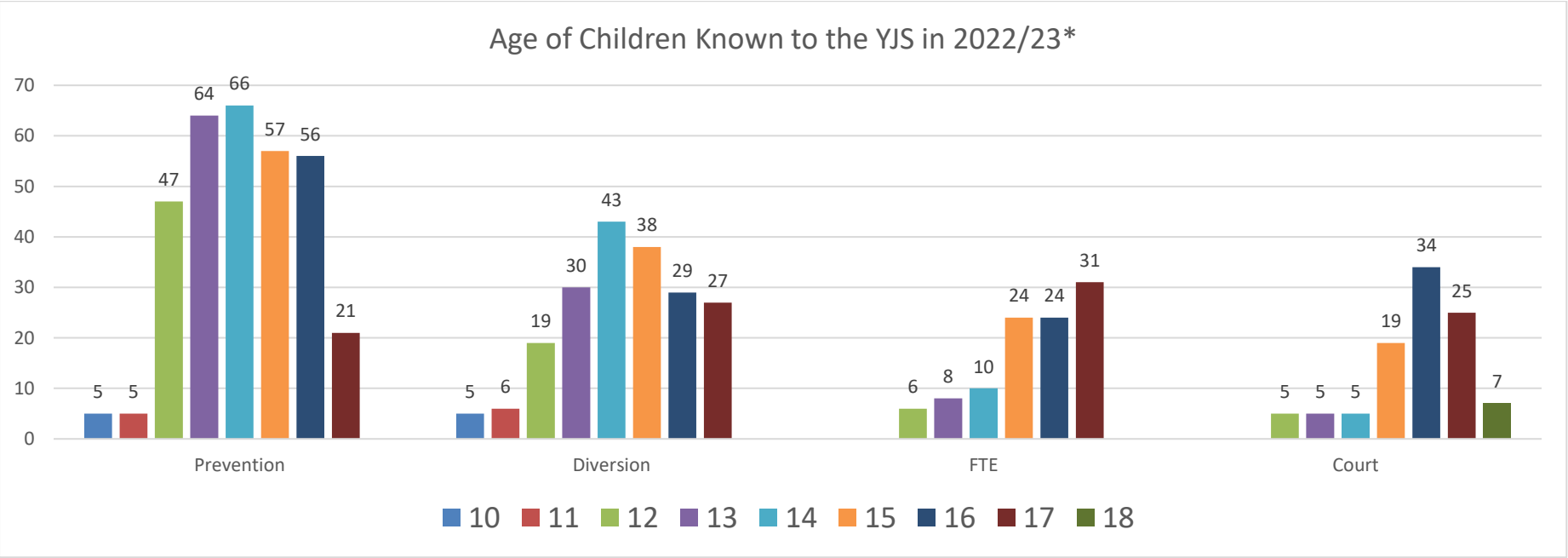
3.2 Age

Whilst the average FTE age nationally is 15, data indicates that children in Nottinghamshire are becoming FTE's later into their childhood. Locally, this is seen as a potential indicator that preventative interventions are proving successful in helping younger children not to offend. It may also be an indication that efforts to divert younger children from the CJS, using diversionary outcomes, are proving to be effective.

In the last year Nottinghamshire YJS has seen a rise in the proportion of 17-year-olds becoming a FTE (2021/22 22%, 2022/23 28%) and a reduction in the proportion receiving diversionary outcomes (2021/22 19%, 2022/23 14%) and engaging in preventative interventions (2021/22 11%, 2022/23 6%). Motoring offences are now the third most prevalent offence type for FTEs, with this offence mostly being committed by 16 and 17-year-old males which accounts for some, but not all, of this FTE increase for this age group.

There is a noticeable spike in the number of 12 to 14-year-old children being referred for preventative intervention and in the number that are receiving diversionary intervention as part of the OOCD process which appears to peak at aged 14. A similar pattern has also been noticed as part of the Serious Youth Violence Strategic Needs Assessment (January 2024) completed by the Violence Reduction Partnership (VRP) that has seen the age profile for perpetrators of sexual assault shifting to a much younger age, especially amongst 12 to15 year old boys, and an increase in the number of 13 to 15 year olds becoming involved in Urban Street Gang (USG) activity in Nottinghamshire.

Figure 3: Pattern of children accessing different programmes of intervention in Nottinghamshire YJS in 2022/23 according to their age.

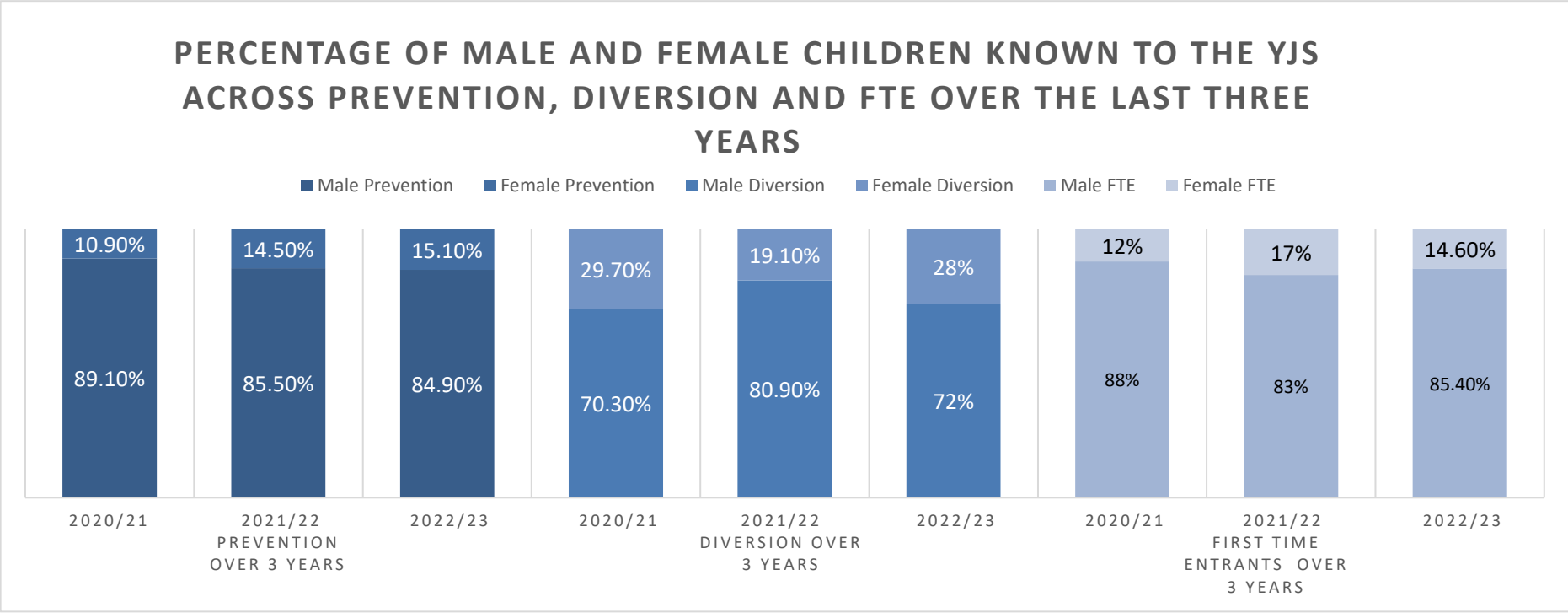


*Children could feature within more than one category e.g., they could be a FTE as a result of an order given at Court.
Where the number of children in an age group is less than 5 the value has been removed to avoid the risk of disclosure.

3.3 Sex

At the end of March 2022, nationally, boys made up 86% of the offending population and girls made up 14% which compares with Nottinghamshire's FTE data where boys made up 83% and girls made up 17%. The proportion of girls taking part in preventative interventions delivered by the YJS has remained consistent for the past two years and in 2022/23 girls made up 15% of this total cohort of children. In comparison to other types of intervention, there is a higher proportion of girls being referred for an OOCD assessment and receiving diversionary outcomes. In 2022/23 girls made up over a quarter of those receiving an OOCD assessment and the proportion of girls receiving a diversionary outcome was 28%.

Figure 4: Percentage of children accessing different programmes of intervention according to gender between years 2020 and 2023.



Whilst it is positive that girls are receiving diversionary outcomes, as opposed to becoming a FTE, disparity in the proportion of girls being referred for an OOCD, as opposed to the proportion referred for preventative interventions, leads us to question if girls in Nottinghamshire are being treated more harshly than boys. Given what is known about girls and offending, this JSNA questions if girl's vulnerabilities and needs are being correctly identified, and sufficiently addressed to reduce the potential of them offending and encountering the CJS. It is well known that girls who encounter the YJS have complex needs and are more vulnerable than boys. National research reports that, 90% of girls in contact with the Youth Justice System have experienced abuse from a family member or someone they trusted, and 63% of girls and young women aged 16-24 serving community sentences have experienced rape or domestic abuse (Guardian, 2022).

Case study of child A is representative of one young girl's experiences leading up to her involvement with the YJS. This provides an indication of the factors which, and highlights the multiple vulnerabilities of, children who are encountering the YJS.

In relation to her offence, Child A reported that she had fallen out with someone who had asked her via Snapchat to meet for a fight which she did, along with all her friends. A stated that; 'things got out of hand and made me mad. I got done for an assault which was filmed on a phone and uploaded to snap-chat'.

Talking about her experience before encountering the YJS A tells us that; her parents broke up and 'that messed her up'. She says that she has struggled with her mental health and used to self-harm by cutting herself. A has had previous contact with the mental health crisis team.

A tells us that her mum and stepdad think that she has ASD/ADHD, and she has been on a waiting list 'for assessment for ages'. In relation to her educational experience, A says that this has not been positive, and she has been bullied for a long time which meant that she didn't always attend school. As a result of this offence, A has been permanently excluded from school and is currently being home schooled which she says she does not like.

Talking about the support she has had from the YJS, A tells us that she sees a mentor once a week and they talk about her emotions and her anger. She has received education in relation to the dangers of social media; 'I learned about how to stay safe and not give my personal information to anyone I didn't know'. She reports that the YJS have assisted her in accessing support from other services, including the youth club, health services and education; 'My worker helped me see a nurse and that helped me feel better. She even helped me get a school offer. A's mum tells us that the YJS have also supported in getting an appointment for A with the Neurodevelopmental Support Team.

Local data tells us that girls offending, and behaviour of concern, consists mainly of theft from shop and violence. In 2023 (Q3, Q4) girls made up 35% of all Police Facilitated Community Resolutions (no YJ involvement), 76% of which were for shop theft and 18% for offences of violence/threats/harassment. The offences for which girls receive a diversionary outcome, or become a FTE, consist mainly of violence. Nationally violence is the most common offence type committed by girls; with girls offending often being a response to emotional problems and relationship difficulties, with parents, partners, and friends (HMIP, 2019).

3.4 Ethnicity

As is the case nationally, within Nottinghamshire YJS white children are underrepresented and ethnic minority groups of children are overrepresented. White children make up 85% of the offending population within Nottinghamshire but make up 90% of the 10 – 17-year-old population; however, children from ethnic minority groups make up 15% of the offending population but only 10% of the 10 – 17-year-old population. The most overrepresented ethnic group within Nottinghamshire YJS is mixed children who make up 8% of the offending population but make up just 5% of the 10 – 17-year-old population.

Ethnicity data shows an over representation of mixed heritage children receiving cautions and statutory outcomes within Nottinghamshire and compared to other ethnicities mixed children have also shown the greatest increase in the proportion of all children cautioned or sentenced over the last year. From 2018, the numbers of white children receiving a formal caution or sentence has fallen by 56%; however, for children from ethnic minority groups this reduction is just 35%. In 2022/23 children from ethnic minority backgrounds made up a quarter of all FTEs in

A group of children from White, Black and Mixed ethnicity backgrounds spoke about their different lived experiences. This case study highlights the importance of services actively considering disproportionality across all areas and the impact of being out of education on children from black and minority ethnic backgrounds.

Black children felt that they were stereotyped as ‘offenders’ after getting into trouble and felt that they were routinely challenged by teachers and suffered harsher disciplinary measures in the form of detentions. They spoke about the impact of receiving repeat detentions and isolations which had resulted in them pulling away from the educational system and thinking ‘what’s the point of going to school!’ which impacted upon their attendance. Children reflected on the pressure they received from peers who should have been in school but were not and seeing their peers making ‘easy money’. Black children also spoke about being targeted by white children to carry drugs/weapons for them.

Nottinghamshire YJS; however, referrals evidence that the numbers of children from ethnic minority backgrounds being referred to the YJS and receiving targeted prevention intervention remains consistently low (less than 10.4% in 2022/23) and more needs to be known about this pattern of disproportionality.

3.5 Geography

Deprivation levels for Nottinghamshire are comparable with England; however, within Nottinghamshire there are communities with both some of the highest and lowest levels of deprivation in the country (IMD 2019). More information on Index of Multiple Deprivation in Nottinghamshire can be found here.

The pattern of most deprived districts within the county corresponds with the highest proportion of children becoming a FTE in Nottinghamshire. Mansfield district is ranked 46 out of 317 Lower Tier Local Authorities (Local Authority District) in England, which puts Mansfield in the top 20% of most deprived districts in the country. Local levels of deprivation then follow with Ashfield (68 out of 317), then Bassetlaw (106), Newark and Sherwood (145), Gedling (209), Broxtowe (220) and Rushcliffe (314) as one of the least deprived districts in the top 3% least deprived areas in England.

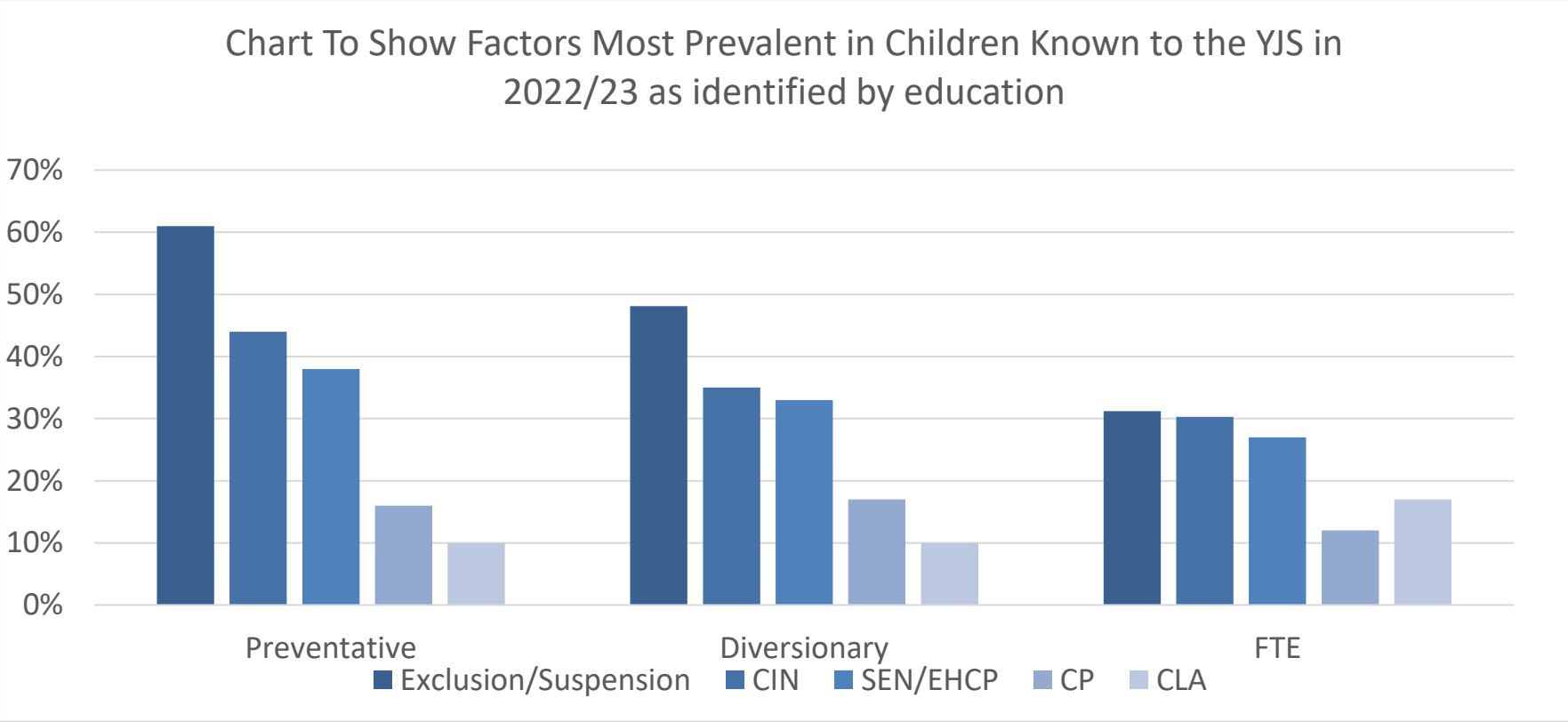
In 2022/23 children in Mansfield accounted for over one quarter of all FTEs and children in Mansfield and Ashfield accounted for 43% of all FTEs. Mansfield's rate of FTEs (per 100,000) was double that of Newark & Sherwood which has the second highest FTE rate, and data indicates that children in Mansfield are over six times more likely to become FTE than children from Rushcliffe.

This pattern is consistent across all three areas of intervention with most referrals for targeted preventative intervention, and OOCD assessments/diversionary outcomes, being for children who reside in Mansfield and Ashfield.

3.6 Identified Needs

An analysis of identified need indicates that, over the last three years, there has been a similar pattern of needs that are the most/least prevalent across all types of YJ intervention (preventative/diversionary/FTE). Whilst there were other areas of need identified, the numbers were so small that they have not been included.

Figure 5: Proportion of children known to Nottinghamshire YJS who are known to childrens social care, have an educational learning need and/or have ever had an exlusion/suspension from education; as identifed and recorded by education providers from April 2022 to end of March 2023



CIN: Child in Need; CP: Child Protection; EHCP: Educational and Health Care Plan; SEN: has Statement of Educational Need support; CLA: Child Looked After. Children can be counted I more than one category.

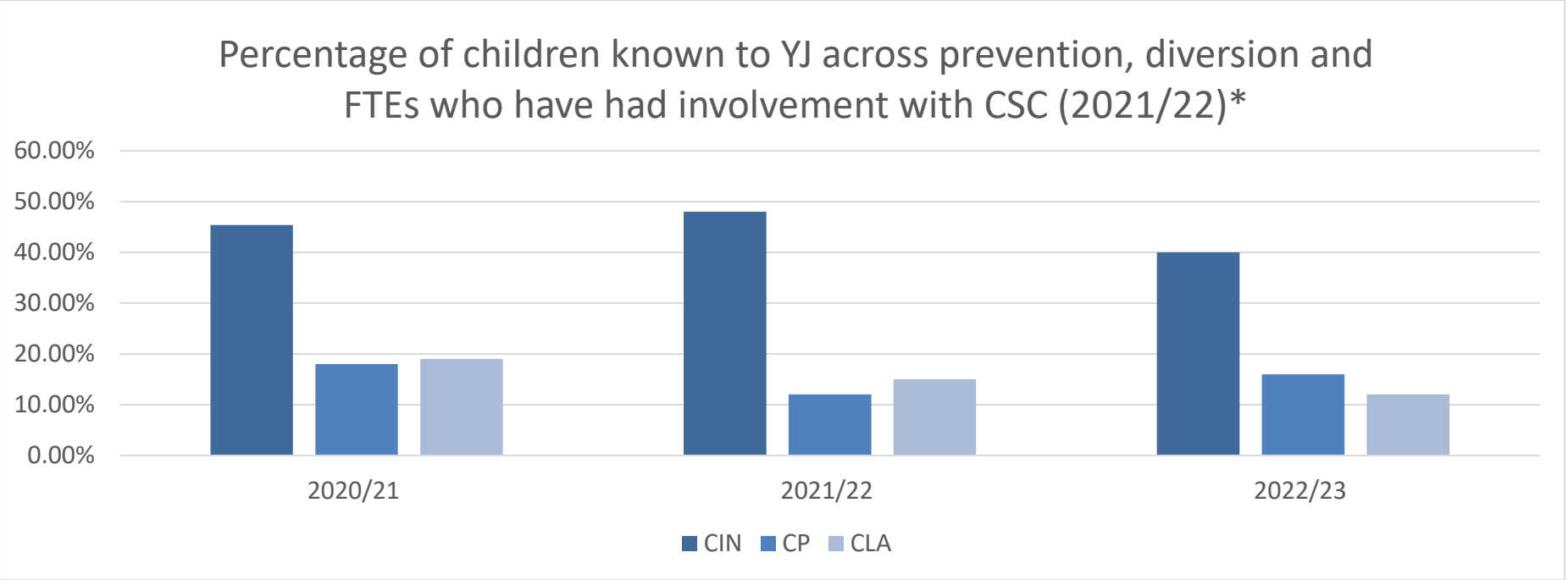
Given that there are a higher number of children post 16 (not of statutory school age) who are FTEs, extracting these children from this data increases the proportion of children experiencing school exclusion to 66% for preventative, 59% for diversionary, and 50% for FTE's. This further illustrates that exclusion is a vulnerability factor for children of statutory school age who are involved with the YJS.

4. Wider services

4.1 Children's social care

Data for Nottinghamshire (2022/23) indicates that 40% of children known to the YJS across preventative, diversionary and FTE's had experience of Children's Social Care as a Child in Need, and 12% was or had been looked after. The number of FTE's who are looked after is lower than that of previous years. This is encouraging and suggests that partnership arrangements to reduce the criminalisation of children, particularly children in care, could be having a positive impact.

Figure 6: Proportion of children known to Nottinghamshire YJS as a First Time Entrant, accessing preventative or diversionary interventions in 2021/22 who have been known to Childrens Social Care as a Child in Need, as a Looked After Child or due to Child Protection



*A child could feature in more than one category.

Of the 108 children who were closed to Nottinghamshire YJ in Q3 2022/23 (OOCD and Court) data indicates that a third were open to wider services (Early Help Services: Family Service / Childrens Social Care). High rates of children being involved with Childrens Social Care, and having contact with Early Help Services, prior to becoming known to the YJS suggests that all practitioners need to be able to identify and address needs at an earlier stage, ensuring that they are being referred to the correct services prior to behaviours escalating and them committing an offence, or being referred to the YJS in respect of their concerning behaviour.

To increase insights into offending of Nottinghamshire's children in care, a local review was undertaken considering all children who were looked after and who became a FTE in a 12-month rolling period (2022-2023). The review found that out of a sample of 15 children.

- 11 were already looked after prior to the offence, of these, six offended within three months of entering care.
- 10 had experienced significant transition in the three months prior to their offence. In each case the transition event was identified as being a change in placement (either switching between placement type, provider, entering care or re-entering care).

- Eight were not in education, employment or training (NEET) at the time of the offence; two others were intermittently in school / not being engaged.
- There had been prior criminalisation / exploitation concerns for nearly 90% of the children.
- Child Criminal Exploitation (CCE) was a linked concern in at least a third of the children.
- Most children (two thirds) were known to use illicit substances.
- Eight referenced significant wellbeing or mental health concerns (though all 15 were seen to have experienced significant Adverse Childhood Experiences (ACEs) which will have impacted on their emotional health and wellbeing).

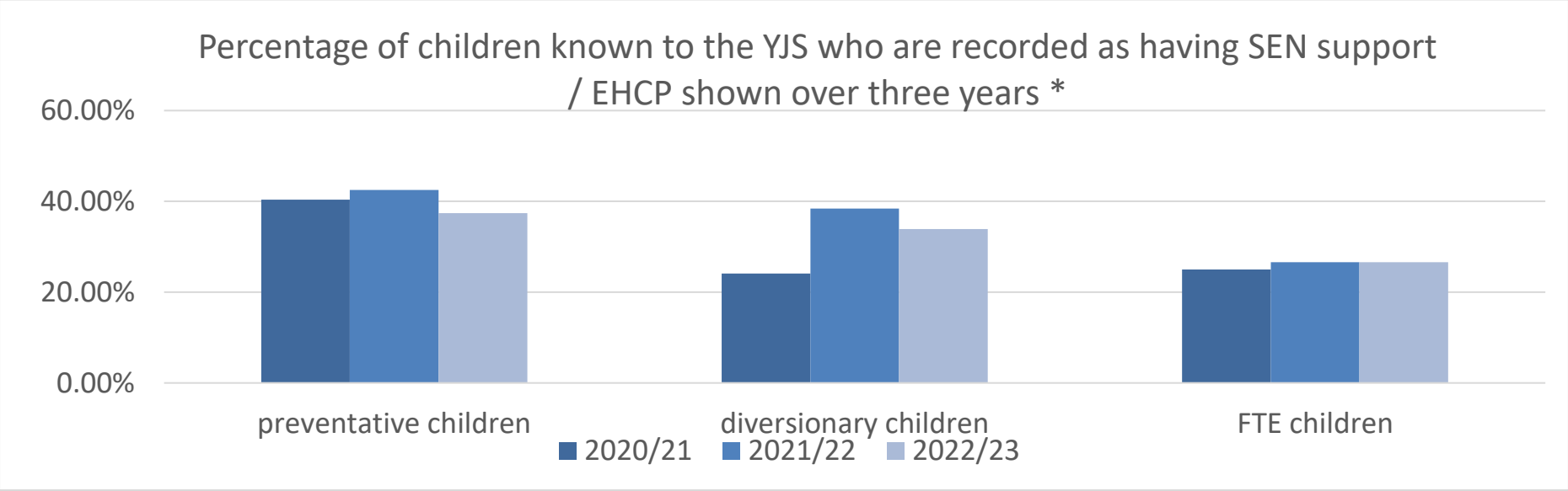
Whilst this review is important in highlighting the potential impact of becoming a child in care on their behaviour which can result in them offending, it is also significant in highlighting the multiple vulnerabilities amongst children who are encountering the CJS. Whilst the factors which place a child in care at risk of offending are like that of the general population, the additional vulnerabilities which exist for this cohort of children living outside of the family home increases their potential of encountering the YJS.

4.2 Statement of Educational Need support / Educational Health Care Plan (SEN / EHCP)

According to the DofE data (2019/20) the proportion of children in England that had been cautioned or sentenced for any offence that had ever been recorded as having a Statement of Educational Need (SEN) was 80%. School level data in Nottinghamshire reports much lower levels of children having SEN support/EHCP who are known to the YJS and for the past two years the percentage of children with SEN support/EHCP who have become a FTE is showing as lower than for those who are involved in preventative and diversionary interventions.
Local KPI data for children closed to Nottinghamshire YJS in Q3 2022/23 (108 children) indicates that 31% (33) had SEN support/EHCP. Education Training and Employment (ETE) Advisors within the YJS report that the percentage of children presenting with behaviours which may be indicative or characteristics of having an educational learning need is much higher than KPI and other local data indicates. Given that data reporting is restricted to children who have had a formal diagnosis of SEN there is a potential under recording of need for children who are working with the YJS in Nottinghamshire and existing data doesn't reflect the complexity of the YJ cohort across all types of intervention.

The Special Educational Needs and Disability (SEND) 0 to 25 years JSNA (2023) identified gaps in data collection which was impacting upon a complete picture of children with SEND being obtained. They recommended continuing to develop a multi-agency data dashboard to assist with improved data capture and reporting of SEND indicators in all children. Routinely collating, and analysing data about children with SEND in the YJS was also a recommendation (JSNA, 2023).

Figure 7: Proportion of children known to Nottinghamshire YJS as a First Time Entrant, accessing preventative or diversionary interventions idebtified by education as having statement of educational need support or an educational health care plan from 2020 to 2023



* a child can only be recorded against one category

Where SEN support / EHCP has been identified by schools, this has been broken down into distinct categories with the highest identified need in relation to social, emotional, and mental health, then learning difficulty, then Autistic Spectrum Disorder (ASD).

4.3 Social, Emotional and Mental Health Needs (SEMH)

Of those children sentenced in the year ending March 2020 (England and Wales) with a completed AssetPlus assessment, there were concerns in relation to the emotional and mental health in 72% of cases (HMIP, 2021). According to locally produced KPI data, for 108 children (OOCD and Court, no Prevention) that were closed to Nottinghamshire YJS (1st October 2023 and 31st December 2024), 68% were identified by YJS Case Managers as having an ongoing social, emotional, and mental health need at the end of their involvement with the YJS.

Whilst Nottinghamshire YJS Case Managers are reporting higher levels of social emotional and mental health needs than what is being recorded within school level data, local YJS data is more in line with National data as reported by the YJB, 2020. YJS Case Managers reporting higher

levels of need for children working with the YJS could be attributed to the YJS considering a broader range of social, emotional, and mental health needs than schools; however, this would require further exploration.

At this time, the YJS do not formally record vulnerability factors in relation to children engaged in targeted preventative interventions in a way which enables analysis. Given that data appears to indicate an under reporting of social, emotional, and mental health needs for children with diversionary outcomes, and for those who have become a FTE, it can be assumed that school data does not accurately reflect the extent of social, emotional and mental health need for children who are accessing prevention support from the YJS.

Figure 8: Proportion of children known to Nottinghamshire YJS as a First Time Entrant, accessing preventative or diversionary interventions as having social, emotional and mental health needs plan as identified and recorded by education; 2020 – 2023

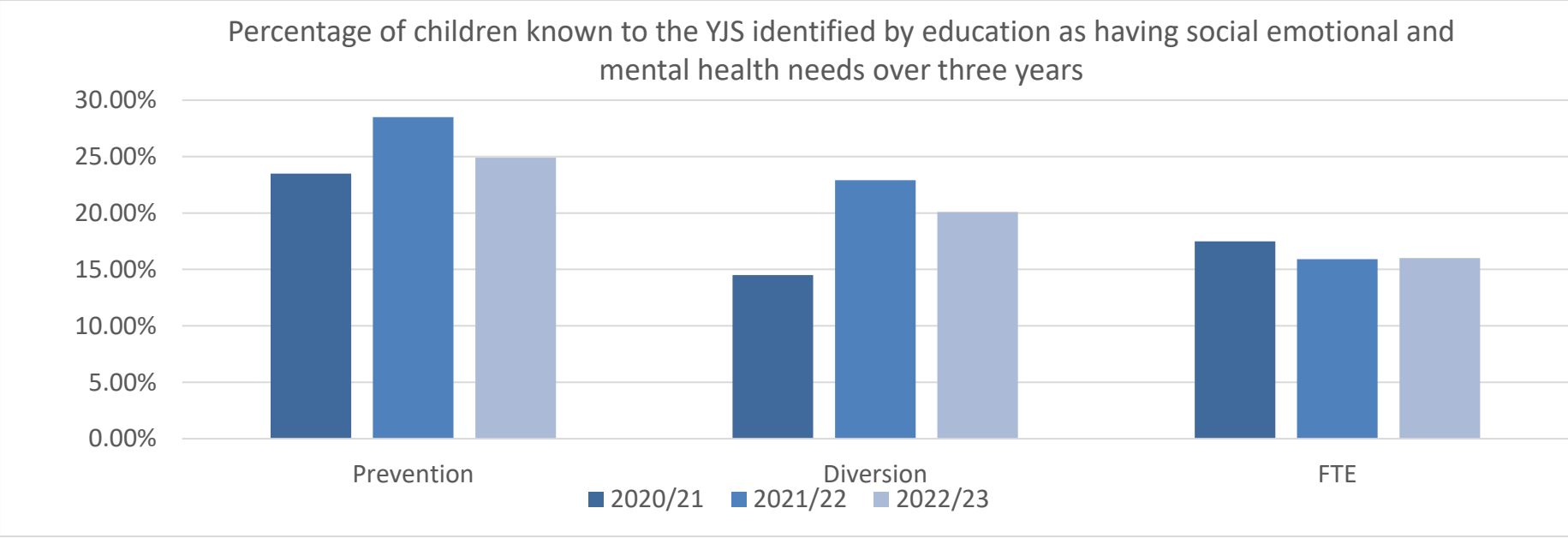
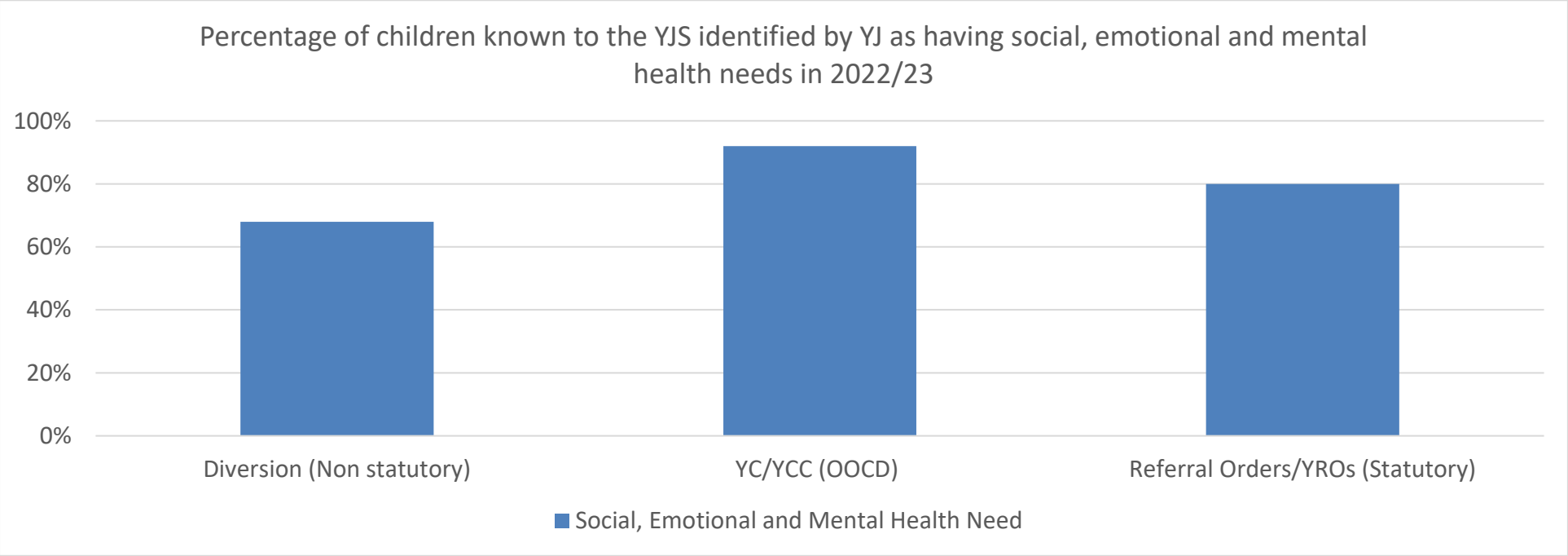


Figure 9: Proportion of children known to the YJS on an Out of Court Disposal, accessing diversionary or statutory interventions as having social, emotional and mental health needs plan as identified and recorded by the Youth Justice Service in 2022/23



4.4 Speech, Language and Communication Needs (SLCN)**

From 2021-2022 the NHSE Collaborative Commissioning Network (CCN) workstream funded a Speech and Language Therapist (SALT) into Nottinghamshire YJS to develop a Speech and Language Therapy Provision and to enhance the Health and Justice Pathways in Nottinghamshire and Nottingham City. Where there were specific concerns in relation to the SLCNs of a child, YJS Case Managers could access a consultation with the SALT and, where there were high level concerns, there was opportunity for the child to be referred for a specialist assessment.

As part of this project, a caseload sampling was carried out across the service which identified that the prevalence of SLCN in children known to Nottinghamshire YJS was 82%; much higher than the national published data (60%); and only 3% of those children had been known to a Speech and Language Therapist (SALT) prior to being in contact with the YJS.

SLCN screening identified that, 88% of the children referred to the SALT had difficulties understanding and remembering information, 75% had difficulties expressing their ideas and 37% had difficulties with their social communication but hadn't received any previous diagnosis of ASD/Social Communication Disorder. Of the children that were referred to the SALT there was a high occurrence of neurodiversity with 30% having a diagnosis of ASD and a further 64% having a diagnosis of ADHD. 12% of those with diagnosed ASD also had a co-occurring ADHD presentation.

It was found that, whilst 37% of the YJS cohort had been referred to Child and Adult Mental Health Services (CAMHS), due to concerns regarding social communication and emotional regulation, the high probability of children having a SLCN had not been considered. Similarly, neither had the possibility of a speech and language assessment to contribute towards a neurodevelopmental assessment. As national and local research indicated, this cross over with emotional and behavioural needs, and many other difficulties, means that the focus is elsewhere and often the nature of a SLCNs is not being fully explored or addressed.

More recently (2022-2023), Home Office funding supported SALT resource as part of the 'Nottinghamshire Violence Reduction Partnership's Divert Plus Programme', aimed at preventing young people becoming involved in violence. The primary aim of the SALT offer was to identify, assess, formulate, and support the unmet SLCNs in children aged 10-17 who had had contact with the CJS. Findings were consistent with the previous project in that, over half of children seen had a pre diagnosis of neurodiversity; and language difficulties associated with ASD, ADHD, or IDD (Intellectual and Developmental Disabilities) had not been acknowledged as part of the child's difficulties, specifically within educational settings.

It was reported that 88% of those assessed had some level of difference or difficulty across all domains of language; difficulties with understanding information (receptive), sharing information through spoken language (expressive) and engaging in social interactions, including building, and maintaining relationships (social communication). Difficulties in all domains of language which has significant implications for self-esteem, educational attainment, engagement with verbally mediated therapies/offence management programmes, attention and listening skills, prevalence of violence, aggression, and emotional dysregulation (Hyde and Anderson, 2023).

Twenty individuals received direct and/or indirect intervention as part of the project. Findings indicated that the SALT intervention made significant improvements to the lives of these children and, whilst the impact fell across multiple areas of the individual's life, it was deemed as most impactful on the child's social participation and wellbeing.

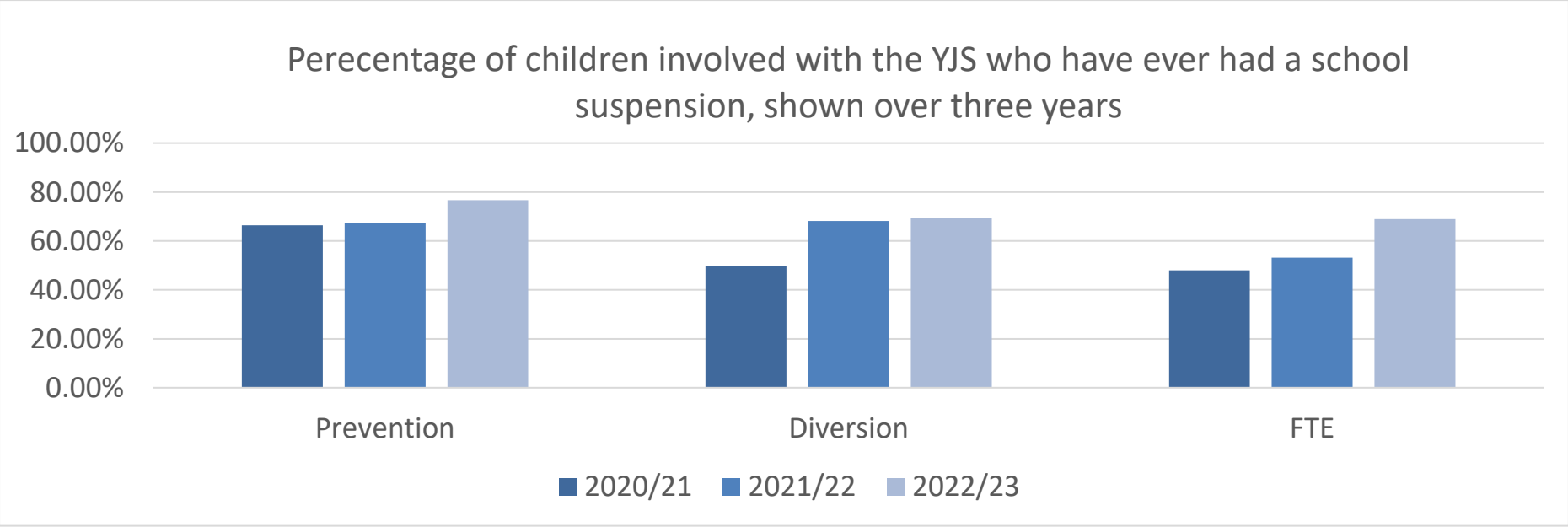
**See RCSLT briefing paper 2020 for a definition of SLCNs and further information on Developmental Language Disorder.

4.5 Education and suspension / exclusion

Temporary (i.e., Suspension) and permanent exclusion numbers have increased nationally with the rate higher than before the pandemic (DofE, 2023). Whilst Nottinghamshire falls below the national rate for exclusions (per 100,000), for the past three years Nottinghamshire rate of suspensions (per 100,000) has been higher than the national average.

In England (2022/23), the proportion of children that had been cautioned or sentenced for an offence that had been suspended was 72% and 10% had been permanently excluded. Data for Nottinghamshire (2022/23) indicates that 68.9% of children who became a FTE, and 69.5% of those accessing diversionary interventions, had experience of being suspended from school. This rate is higher for those children accessing preventative interventions where over three quarters have experience of being suspended (76.6%). Local data indicates that across all areas (prevention/diversion/FTE) the percentage of children who have experienced an exclusion/suspension is above 65%, this indicating a clear vulnerability factor for children who are involved with the YJS.

Figure 10: Proportion of children known to Nottinghamshire YJS as a First Time Entrant, accessing preventative or diversionary interventions who have ever had a suspension from education as recorded by education; 2020 - 2023



Case Study of child B is representative of one boys' experience of education, highlighting the importance of considering the attendance levels of children beyond suspensions/exclusions and the importance of education settings exploring wider contextual issues which could be impacting upon Childrens behaviour within an educational setting.

Child B spoke about his experience as a young carer. He said he would arrive to school late which resulted in detentions which caused stress at home as he wasn't home on time. B reported that this had resulted in high levels of stress and a decline in his mental health, and, at the time, he had thoughts of suicide. Whilst he spoke about pastoral support, he stated that the school were more concerned about what was happening in school and not what was going on for him outside of this environment.

Local data indicates that the numbers of children experiencing a suspension whilst working with YJS is also high, with the assumption being that the behaviour which has led to this is the same as the behaviour which has led to the referral into the YJS.

Of 72 school aged children that were closed to the YJS in Q3 2022/23 (OOCD and Court - no Prevention) 15 of these were in alternative provision and three children were assessed as being in unsuitable educational provision, accessing zero hrs at the time of closure. Whilst an additional seven children were on part-time timetables, these were assessed as suitable for their needs and partners were working together having a plan to increase the number of hours.

4.6 Substance Use

In a breakdown of factors for and against desistance, substance use featured highly as one of the factors which was against desistance for children in Nottinghamshire who were taking part in statutory programmes of interventions (June 2022) (see Appendix 2). Of 108 children that were closed to the YJS (Q3) 2022/23 (OOCD and Court) it was reported that 37 of these had an identified need for intervention/treatment to address their substance misuse. Of these, nine children were reported as receiving targeted intervention and four were reported as receiving specialist substance misuse treatment. This data conflicts with information received from Change Grow Live (CGL) which suggests that more children have been referred by the YJS for intervention than what YJS data recording is indicating.

Locally, it has been recognised that services don't keep accurate records of identified substance misuse, so it is difficult to get a true picture of the level of use across different cohorts of individuals. It's also recognised that what is defined as 'misuse' can differ between professionals, which can impact upon data recording and onward referrals (JSNA: Substance Misuse Young People and Adults, 2022). Those presenting to

substance use services are reported to demonstrate wider vulnerabilities such as domestic abuse, mental health problems and self-harm. Nottinghamshire has a large proportion of children in treatment who are not in education, employment, or training (NEET) and, when compared to national trends, Nottinghamshire's level of those who are NEET is much higher than the East Midlands and national averages which provides a further example of children presenting with multiple vulnerabilities.

5. National and local strategies and policy drivers

5.1 The Youth Justice Board

As an independent public body appointed by the Secretary of State for Justice, the YJB have a statutory responsibility to oversee the whole of the Youth Justice System. They have a unique role providing evidence-based advice and guidance on the provision of youth justice services.

The YJB Strategic Plan 2021-2024 reaffirmed its commitment to building a Child First Youth Justice System, a system which supports children to become the best version of themselves. There was recognition that increasingly children in contact with the Youth Justice System have multiple needs and vulnerabilities and whilst numbers of children within the system are known to be declining, they appreciate that many more are on the cusp of contact with the system. Bearing this in mind, the YJB wants to ensure that the whole youth justice sector can respond to children's differing levels of vulnerability and need to ensure that less contact occurs with the system and children are not unnecessarily criminalised because of their vulnerabilities and the challenges they face. Considering the many interventions that are in place for children, the YJB are committed to using their statutory role to better join up these interventions and facilitate collaboration in a more holistic way and drive towards improving outcomes for children.

Figure 11: Shows the Youth Justice Boards strategic approach and central guiding principles and values as outlined in the [2021 -2024 YJB Strategic Plan]



5.2 Nottinghamshire Youth Justice Strategic Plan 2023/24

Nottinghamshire Youth Justice Service is committed to embedding child-first principles throughout all elements of service delivery. Its vision is to be a child first service which sees children as children and which takes a trauma informed, strengths-based approach to working with all children. The service places a strong emphasis on forming positive relationships and sees these relationships as key to helping individuals build their resilience, building on their strengths, and fulfilling their potential. It is fundamental that children are treated fairly and are supported to actively engage with the service and, where possible, are diverted away from the Youth Justice System to encourage wider social inclusion.

Nottinghamshire Youth Justice Strategic Plan 2023/24 chose to focus on four primary objectives.

- ✓ Developing a shared diversionary vision across the partnership; the outcome of this was that children and young people who were at risk of offending were identified at the earliest opportunity so that their individual needs could be met.
- ✓ Improving arrangements for children and young people on multiple pathways; this was concerned with improving the co-ordination of resources and services to prevent duplication and ensure that children and young people's experience was the best that it could be when working with multiple services.
- ✓ Strengthening the approach to addressing serious youth violence and exploitation; developing a deeper understanding of SYV locally to be able to better respond and ensuring that policies / practice for how the partnership approaches violent/weapons offences was reflective of 'best practice'.
- ✓ Improving access to mental health and speech and language provision; the Service wanted to improve access to early intervention support for children and young people with speech, language and communication needs, and emotional and mental health issues. This is something which remains a priority for the service in the coming year.

5.3 Violence Reduction Partnership

The Violence Reduction Partnership has commissioned academic research into FTE's to be undertaken by Nottingham Trent University in collaboration with the City and County Youth Justice Services. It is hoped that this will provide Insights into the factors contributing to high levels of FTEs into the CJS which can be used to shape activity in this area.

5.4 The Serious Violence Duty

Effective from 31st January 2023, the Serious Violence Duty is legislation that requires specified authorities to work together to reduce and prevent serious violence. The authorities involved include Fire and Rescue Authorities, police, justice agencies, health, education, and local authorities. The Duty aims to improve information sharing and collaboration among the authorities and to target their interventions to the local needs

In line with requirements for the Serious Violence Duty, there is a local steering group which lead on the development of shared data insights and data products across the partnership. Serious Violence profiles have been created and circulated for each district to inform partnership activity which includes working with children and young people. Refreshed local area profiles will be provided over the summer months to enable community safety partners to assess against their response strategies.

5.5 From Harm to Hope: A 10-year drugs plan to cut crime and save lives.

Addressing substance misuse remains a key national priority. The National Drug Strategy 2021, 'From Harm to Hope: A 10 Year drugs plan to cut crime and save lives' builds on the previous 2017 national drug strategy and aims to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm and overall drug use, deter the use of recreational drugs and work to prevent young people from taking drugs.

The YJS will be working with the Violence Reduction Partnership to ensure that young people are considered within any relevant activity that is taking place between partners.

5.6 Emotional Wellbeing and Mental Health

The Nottingham and Nottinghamshire Integrated Care System (ICS) developed the first Children and Young People's Local Transformation Plan (LTP). The aim of the Plan is to improve the emotional wellbeing and mental health of the local population of children and young people in Nottingham and Nottinghamshire. This LTP is the delivery Plan for Nottingham and Nottinghamshire's ambitions, informed by the NHS Long-Term Plan (2019), the ICS strategy and the ICS Joint Forward Plan.

It is further strengthened by alignment with other local work including:

- The ICS All Ages mental health Strategy (2019-2024)

- Nottingham City SEND Strategy (2023 – 2025)
- The ICB wide Suicide Prevention Strategy and Action Plan (2019-2023)
- Nottinghamshire SEND Strategic Action Plan (2021-2023)
- Nottinghamshire Joint Health and Wellbeing Strategy (2022-2026)
- Joint Health and Wellbeing Strategy for Nottingham (April 2022-March 2025)

The Plan will be monitored through the governance arrangements outlined in the 'Working Together' section. In addition to monitoring the Plan, the ICS has a performance monitoring process to ensure delivery against National targets.

5.7 All Age Autism Strategy (April 2022-March 2025)

Nottingham and Nottinghamshire Integrated Care System (ICS), All Age Autism Strategy (2022-2025), outlines their vision to improve the health and wellbeing of autistic children and adults to ensure that they can live happier, healthier and longer lives. Highlighted priorities include improving the diagnostic pathway and post diagnostic support, improving autistic children's access to education, supporting positive transitions to adulthood, and improving support for autistic children within the criminal and youth justice systems.

6. Current activity, service provision and assets – what's working well and what requires improvement

When a child is referred into the YJS, in the absence of an up-to-date assessment (completed by Children's Social Care / Early Help Services), the YJS will complete a full assessment. This will assess the child's home and family circumstances and take into consideration their physical health, social, emotional, and mental health, substance use and Education, Training and Employment (ETE) status. The circumstances of the child's offending / behaviour of concern and the factors which underpin their behaviour will also be considered. Completed assessments are used to tailor an individual package of support and any concerns raised during the initial, or subsequent assessments, will form the basis for making referrals to partner agencies.

6.1 My Futures

Children aged 10-17 who are at risk of offending can be referred to Nottinghamshire YJS for targeted preventative intervention. This comprises mainly of one-to-one support tailored to the individual needs of the child and can be a standalone programme of intervention or in conjunction

with a plan of work being co-ordinated by Children's Social Care/the Family Service. The service also has access to a small group of mentors who can work with children for a longer length of time.

There is a growing demand for this service and YJ staff are reporting an increase in the number of children who are referred for targeted preventative intervention with multiple vulnerabilities, including unmet neurodiversity needs, which are having a significant impact upon their behaviour. Whilst there is limited data available relating to children who are accessing targeted preventative intervention, from April 2024 a new assessment tool will improve data collection for children who are accessing My Futures, enabling further analysis of children's needs to be completed.

6.2 Education, Training and Employment

Nottinghamshire YJS retains a dedicated Education, Training and Employment (ETE) Team who are all seconded from Futures Career, Advice and Guidance Service. This consists of a Senior Practitioner ETE Coordinator and three Information Advice and Guidance (IAG) NVQ Level 6 Qualified Advisers based within each of the three locality teams. The team provide up to date information on a child's ETE provision, suitability and hours being offered and attended. ETE advisers work with partners to ensure that, where there are educational concerns, children are highlighted to the most relevant partner within the local authority to ensure a suitable multi-agency solution is in place. The YJS ETE team are a member of the Novus Education Forum (Wetherby YOI) where education programs, projects, updates, ideas, and concerns are discussed. This strengthens the links between custody and the community, improving a child's educational transition from within custody to the community and vice versa.

If a child was in education, employment, or training (EET), and experiencing difficulties, ETE Advisers offer support which is often critical to helping children to sustain their placement. If a child is in contact with the YJS, and if there is poor attendance, risk of exclusion, or there are no post 16 plans, the YJS ETE Advisers provide pre-16's with an enhanced level of support, increasing their chances of securing appropriate provision post 16. ETE advisers also offer bespoke packages of support to children who are post 16 and NEET (Not in Education, Employment or Training) which can include supporting them as they transition to adult services.

Whilst the support of the ETE Advisers is positive, they are unable to support children beyond the end of their involvement with the YJS regardless of their ETE status. Children who are post 16 and NEET are not accessing specialist assistance beyond their contact with the YJS. Due to large numbers of children who are being supported, the post 16 universal offer is to attempt to make contact but, if after several attempts, they are unsuccessful, or the child doesn't engage, they are closed, and contact is attempted again in 3-6 months. As a result, there is a potential for those

with the most need, to leave the service NEET and remain NEET for longer, thus increasing the likelihood of them becoming involved in future offending.

Whilst the ETE team can provide advice and guidance to YJ case managers they do not work directly with children who are accessing preventative intervention. Where there are ETE concerns with this cohort of children it is the role of the case manager to work with the child and family, ensuring that they have access to the relevant support. The YJ Service's work with children is time limited and whilst it is known that this cohort of children have a higher level of need and would benefit from ongoing specialist support, service capacity does not allow for this level of support. Similarly, children presenting with low level educational concerns who are being supported by ETE advisers during their involvement with the YJS lose this level of support when their involvement with the YJS ends.

Children in alternative provision are some of our most vulnerable and can require a high level of support to sustain their current provision and reduce the likelihood of them becoming NEET. Whilst there are inconsistent levels of support for children who are accessing alternative provision, this is not something which ETE advisers can provide beyond the child's involvement in the YJS. Similarly, whilst the service receives notifications of all permanently excluded children this is only acted upon if the child is working with the service and attendance data (including suspensions and exclusions) of children known to the YJS is not something which is actively monitored.

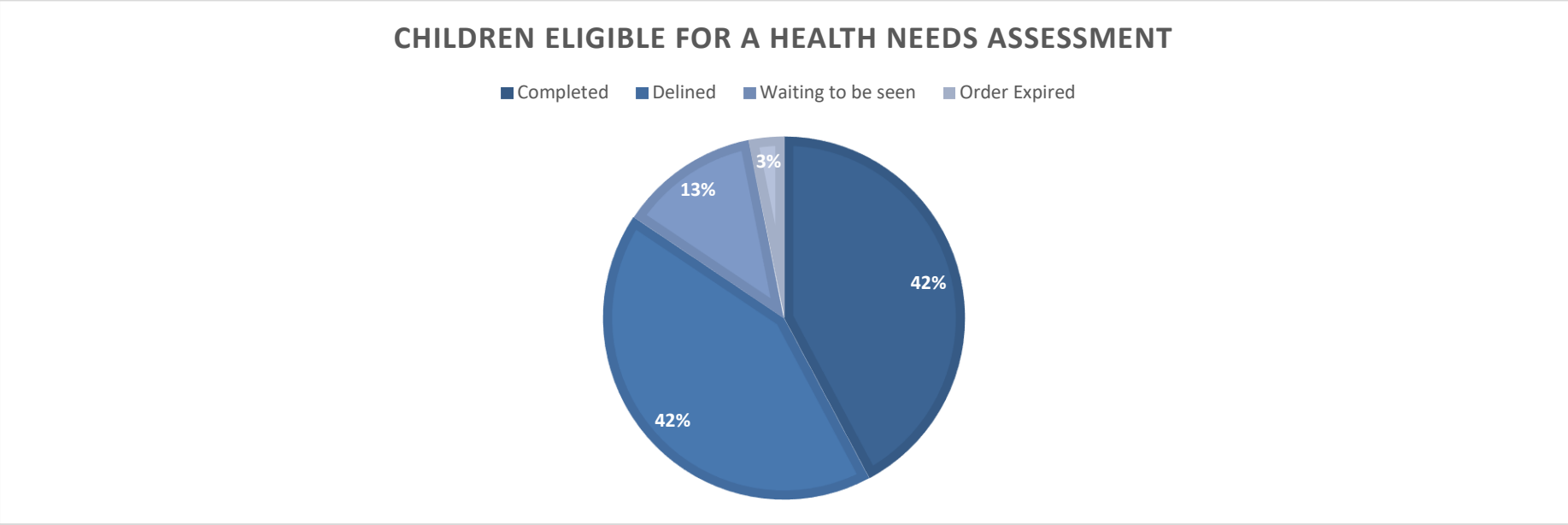
6.3 Clinical Nurse Specialist (CNS)

Sitting within the Integrated Commissioning Hub, YJ Clinical Nursing Specialists (CNS) work closely with primary and secondary health care providers to enable children to have their health needs met holistically. Until recently, Nottinghamshire YJS had just 1 FTE CNS to cover the whole of Nottinghamshire YJS. This level of resource presented a risk to the service being able to sufficiently assess and meet the health needs of its children. A new model of service delivery has recently been introduced which has improved resourcing from the YJ Nurse partnership and provides cover should there be staff sickness, annual leave etc ensuring that the health needs of children known to the YJS are still being assessed.

There is a graduated offer in place which consists of; all children who receive a statutory order being referred to a YJ CNS for a face-to-face appointment where a health needs assessment will be completed. This is a voluntary appointment and children can choose not to engage. Reasons for non-engagement are often children not wanting to engage in a health needs assessment, saying that they have no health needs / they can go to their GP, or they are already accessing health support via a paediatrician. All children who are referred for an OOCD assessment will receive a desk top screening by a CNS and where there are complex health needs a face-to-face assessment can be requested. Case Managers also have access to consultation for children accessing a preventative or diversionary programme of intervention.

Between 1 April 2023 and 31 March 2024, 64 children working with the YJS were eligible to be seen by the YJ Nurse for a health needs assessment with a 55% take up rate.

Figure 12: Outcome of YJ Nurse referral being offered to children who were eligible for a health needs assessment from April 2023 to end March 2024



The role of the CNS includes supporting children to access universal services and to take responsibility for their own health through education and awareness; registration to services including GPs, dentists and optometrists demonstrates a level of success. In 2022-2023, main brief interventions delivered was for emotional health, and the majority of interventions were vaccinations, followed by mental and emotional health. The most common referral on was to the school aged immunisation service.

As the current model of service delivery is new in implementation it's imperative that the current service offer and capacity requirements are reviewed based on guidance and best practice to ensure a robust health offer is provided to children within the YJS.

6.4 Substance Use

Change Grow Live (CGL) are commissioned to deliver an all-age substance misuse treatment and recovery service for individuals and families across Nottinghamshire. Young peoples' services are focused on reducing harm, preventing substance use from escalating, and preventing young people from becoming substance–dependent adults, working as part of a wider network of universal (e.g., schools, colleges, and youth clubs) and targeted (e.g., youth justice and non-mainstream education) services.

All children who are referred to the YJS are screened for substance use. Where there is an identified need, and there is consent, the child can be referred to CGL. Referrals can be made regardless of whether the child has offended and regardless of their level of need. As part of the commissioned service, CGL provide the support of a specialist young person substance use practitioner who will provide consultation to case managers, attend YJ led case management meetings and provide bespoke training to YJ staff, contributing towards upskilling the workforce in identifying need and working with children in relation to their substance use. Given that not all children will consent to working with CGL upskilling YJ staff to deliver brief intervention continues to be a necessity.

Between March 2021 and February 2024 CGL received 707 referrals for children and young people across Nottinghamshire. Referrals from the YJS made up 17% (123) of those referrals with the highest proportion of referrals being made for children residing in the Mansfield and Ashfield area; a pattern which correlates with referrals to CGL more generally and is linked to areas of high deprivation. Cannabis and alcohol were the two main reasons for referrals, with cannabis being an issue for 81% of the children who were referred for intervention by the YJS. Males aged 15-17 years of age made up the majority of YJ referrals, which is again consistent with referrals from other partners. CGL report that, of the children who were referred by the YJS for intervention 80% received some type of support / intervention from their service.

There is good access to substance use support for children that are working with the YJS, and intervention can take place on a targeted one to one or group work basis. CGL are responsible for delivering interventions to children who have received a community resolution from the police for first time cannabis possession and there is good communication of outcomes to the YJS which can be used to inform future work with the child.

Nottinghamshire JSNA: Substance Misuse (2022) identified that there needs to be a stronger focus and a more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour across all services. Whilst CGL is a consent-based service the YJS are working with CGL to develop a pathway for children who are reluctant to meet with the service; however, the safety and wellbeing of themselves/others is being compromised by their use of substances.

Given disparities in data that has been shared between CGL and the YJS it is surmised that there is an under reporting of substance use needs amongst children who are in contact with the YJS. Further embedding KPI recording processes will assist in improving the recording of substance use, intervention, and onward referrals, for children who are in contact with the YJS This will enable the YJS to get a better understanding of need and how this need is being addressed, identifying any gaps in services/resources.

6.5 Emotional Health and Wellbeing and Speech and Language

Within Nottinghamshire several services are commissioned to meet the emotional health and wellbeing needs of children and young people. In Nottinghamshire, specialist provision is commissioned for vulnerable children with complex needs. Services such as Children in Care CAMHS, CAMHS Intellectual Disability and Head 2 Head are examples of this specialist provision.

The Head 2 Head service is provided by Nottinghamshire Healthcare NHS Foundation Trust and works to.

- Provide mental health assessment and intervention for children who are involved in the YJS.
- Provide a mental health assessment and intervention for children who experience mental health difficulties and have substance use needs (Dual Diagnosis).
- Provide assessment and treatment for children presenting with First Episode Psychosis and ‘at risk’ mental state.
- Provide mental health assessment and intervention for children who display Harmful Sexual Behaviour, who present with mental health difficulties or high/complex risk (this element is currently commissioned by Nottinghamshire County Council Children’s Services and is currently under review from ICS partners).

Over the last three years, 32,774 10–18-year-olds have been referred to CAMHS (Nottinghamshire); with the most common reason for referral being for anxiety. Of all referrals, 1,740 (5%) have been from the YJS (County YJS 937 and City YJS 803) with the highest number of referrals in the county being for children living in the Mansfield and Ashfield area; again, corresponding to areas with the highest levels of deprivation within the County. 77% of YJ referrals relate to males which is substantially different to the overall picture which shows males accounting for just 35% of referrals.

Locally, whilst Head 2 Head will accept referrals from the YJS for children who are subject to statutory programmes of intervention, there have been gaps for children on non-statutory orders in terms of access to early intervention and specialist mental health services. This lack of specialist provision extends to children who are working with Nottinghamshire YJS as part of preventative intervention. Positively, in January 2023, an action plan was agreed to improve mental health support for children known to the YJS by extending their offer to include provision for those children on OOCDs. The Integrated Commissioning Board (ICB) is currently finalising a revised service model and specification with the provider

which will see increased capacity in relation to Harmful Sexual Behaviour and increasing resources to work with children who are accessing non-statutory programmes of intervention.

6.6 Speech Language and Communication Needs (SLCN)

Whilst it is recognised that SLCNs significantly impact children within the YJS, at this time, case managers have had limited access to SLT services that can support them in their work with children. Specifically in terms of providing advice as to how YJ and partner services can make reasonable adjustments to support engagement with interventions. Additionally, there have been no staff working within the YJS who can provide specialist intervention to children with SLCNs. Whilst the forensic CAMHS pathway offers consultation to professionals and can provide some SLT assessments if a child's clinical presentation is impacting upon their risk and vulnerability, this would be rare and only in exceptional circumstances.

All children who are referred to the YJS are screened for SLCNs using the screening tool that is embedded into the AssetPlus YJB assessment tool. This screening is used to indicate to case managers if there is a potential SLCN and can assist them in knowing how to tailor their interventions, and if a referral to a specialist service may be required. Of 108 children that were open to the YJS in March 2024, where a SLCN screening had been completed, thirty-eight children scored twenty or more which would indicate that a specialist SLCN assessment should be considered. YJS staff report that, in these circumstances, with no existing YJS SLT pathway accessing specialist services for children over the age of ten to get their needs met has been difficult.

In a joint review of Nottinghamshire YJS HMIP reported that; 'children's health needs were not being met consistently, especially their emotional and mental health and wellbeing needs, and their speech, language, and communication needs'. They recommended that Nottinghamshire healthcare partners should make sure that provision for YJS children meets their emotional, mental health and wellbeing, and speech, language, and communication needs. Within the Special Educational Needs and Disability 0-25 years JSNA (2023), there was also a recommendation to review options to offer Speech and Language Therapy in the Youth Justice setting.

Following the inspection, a joint commissioning project has been underway (County and City YJS, ICB and OPCC) which has resulted in securing additional funding to increase resources allocated to the YJS; this will include provision to support children with SLCNs. Working together in the planning and mobilisation stages will be key to improving services to support children with SLCNs.

6.7 Neurodevelopmental Behaviour Service / Autism and ADHD Team

The Autism and ADHC Team service is based within the Family Service and provides early support to families where there are concerns that a child has neurodevelopmental behaviour support needs which may be indicative of ASD or ADHD. This can include an assessment to identify if referral to a Tier 3 Service is required and a range of interventions for families and children displaying behaviours that cause concern or challenge

both pre and post diagnosis. Support is available for families of children diagnosed with ASD and/or ADHC or when there is no formal diagnosis, but where behaviours maybe indicative or characteristic of these conditions.

Children working with the YJS have additional vulnerabilities and long waiting lists can be a barrier to families accessing this service. The maximum waiting time for initial assessment by the Family Service Autism and ADHC team in Nottinghamshire currently stand at around 2 years; average waiting times are around 60 weeks.

Recognising the need to provide early specialist support to our most vulnerable children, the YJS have a Memorandum of Understanding with the service so that, where there are established concerns, children working with the YJS can be considered for escalation within the neurodevelopmental behaviour service. Whilst this will be beneficial for many children, understandably, capacity within the team will impact upon the ability to consistently escalate support for all children who are known to the YJS where there are identified support needs. Importantly, if the Family Service Autism and ADHC team refer onwards to Community Paediatric Services, the child then leaves the local authority pathway and joins an NHS waiting list.

- **You Know Your Mind (YKYM)**

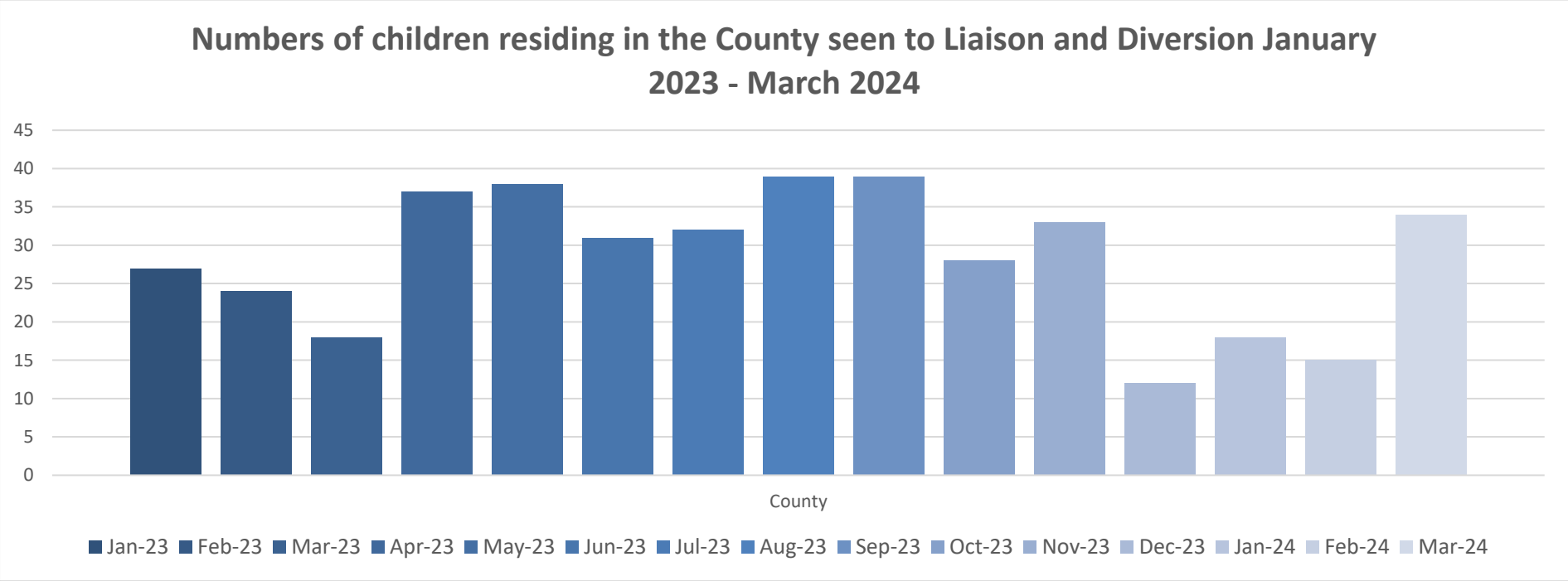
The YJS have access to 'You Know Your Mind (YKYM)' funding which provides alternative mental health support to children who are known to the Nottinghamshire YJS using a personal budget. Over a two-year period (2022-2023), 196 children were given a budget to fund something which they identified would be good for their emotional health and mental wellbeing. Personal budgets were available to children across all interventions and used on a variety of things including (but not limited to), gym memberships, sports equipment, horse riding lessons, boxing lessons, bike equipment and music courses.

In 2020 an evaluation of the YKYM programme delivered to children in care demonstrated that YKYM contributed to an improvement in children's mental health and wellbeing. The evaluation included a survey of 45 children engaged with the YKYM programme, of those surveyed, 61.8% said they felt more independent following YKYM support, 66.7% reported an improvement in having fun, 62.2% reported an improvement in happiness and 48.9% reported an improvement in mental health. Staff narratives in the evaluation triangulate survey results, identifying how these new skills improved individual's 'sense of wellbeing through enhancing confidence, self-efficacy and by giving them a positive focus. Despite the anecdotal success of this project in improving the emotional health and well-being of children known to the YJS who have accessed this provision, formal evaluation of the programme is currently lacking.

- **Liaison and Diversion**

Liaison and Diversion (L and D) services are a specialist mental health service who work with people aged 10 and upwards who come into contact with the CJS. L and D currently operate in the Mansfield and Coronation House custody suites and the City Courts and aim to identify a person's vulnerability and share relevant information with the police and YJS. L and D can offer a screening and, where appropriate, they will refer children into relevant services, supporting them with the referral process. Whilst L ad D can offer a follow up, their involvement is short term which means often children are not supported beyond the signposting/referral process which could be completed via a letter.

Figure 13: Numbers of children aged 10 and above who have been seen by Liaison and Diversion services in Nottinghamshire County between January 2023 and March 2024



Whilst data can tell us how many children have been seen by L and D, there is limited information available as to the identified needs of this cohort of children, nature of any onward referrals or uptake of services to which signposting has taken place.

6.8 Key Performance Indicators (KPIs)

Given the functionality of the electronic case recording system used within the YJS (CorePlus), there has been a limited amount of data available regarding children working with the YJS across the full range of interventions. This lack of available data has impacted upon the partnerships ability to fully understand the needs of this cohort of children. From April 2023, in addition to the existing KPIs (first time entrants, reoffending and number of children in custody) Youth Justice Services were expected to report on 10 new KPIs as part of improved monitoring by the YJB; this includes.

- The proportion of children in suitable accommodation at the end of their intervention.
- The Proportion of children in suitable ETE.
- The number of children with SEND and the proportion with a formal plan in place.
- The number of children with an identified need for Mental health and emotional wellbeing.
- The number of children with an identified substance use need.
- The proportion of children connected to wider care and support services.
- The number of victims engaged in restorative justice services.

Continued reporting in relation to these KPIs will increase the amount of available data for analysis. This will help the partnership to better understand the needs of children who are working with the YJS.

7. Community Assets

7.1 Youth Clubs

Young people centres provide safe spaces for young people, with trusted youth workers and fun and engaging activities offering them an opportunity to meet other young people. In Nottinghamshire there are several purpose-built young people's centres across the county managed by youth workers, as well as several clubs and mobile provision. These centres provide an important resource for children in Nottinghamshire engaging them in constructive activities and YJ case managers actively encourage children with whom they are working to access this universal

provision. However, this facility is not available during school holidays and many children who are working with the YJS do not engage with this type of provision. The Linx project Middlesborough saw a significant reduction in crime amongst children because of youth workers delivering support in the community (NYA, 2023). The National Youth Agency, 2023 reports a clear association between reduced funding for youth provision and an increase in crime rates for some young people.

The Violence Reduction Partnership (VRP) funds several projects for children who are vulnerable to offending or re offending in Nottinghamshire. The VRP brings together specialists from local government, health, education, policing and criminal justice to work with communities and the third sector to reduce serious violence and tackle its underlying cause.

7.2 Restorative Choices- Remedi

Remedi have developed a series of educational interventions to address the issues presented by knife crime and the exploitation of children and young people.

7.3 Youth Diversion – Support through Sport

Support Through Sport Youth CIC are a young people led organisation. Their project runs sessions and sport-based activities in Stapleford, Mansfield and Sutton in Ashfield. These locations have been identified by local intelligence as containing certain hotspots for knife crime, gang violence, exploitation and serious youth violence. Support through Sport's work will aim to support young people through sports programmes followed by further initiatives, whilst tackling the rise in negative influences within the local community.

7.4 The Evolution project - Base 51

Therapeutic counselling offer to young people affected by serious violence, including next day access to drop in counselling, response to trauma, and ongoing therapies including art therapy.

7.5 The Growth Project – Al Hurrayah

A crime reduction initiative within BAMER Communities that is delivered by Al Hurrayah. The project provides workshops, counselling, one-to-one and group mentoring for young people most at risk of involvement in serious crime.

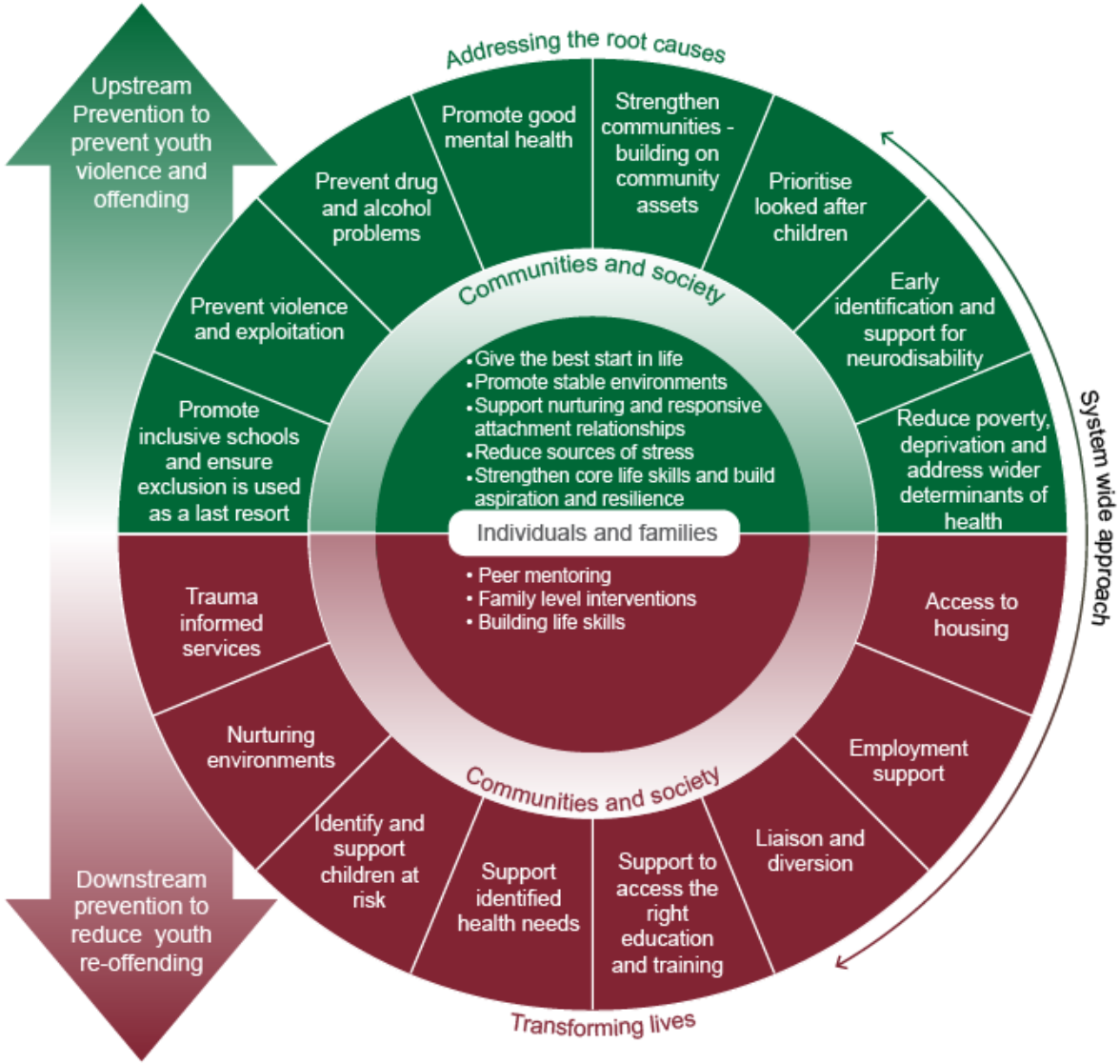
8. Evidence of What Works

8.1 The CAPRICORN framework

Public Health England 2019 evidence review of offending and reoffending reported that ‘the Youth Justice System has very little influence on almost all causes of offending, so it is important that a range of organisations in local areas work together to help prevent children offending and re offending’.

The CAPRICORN framework sets out a framework to help local authorities prevent children from offending and re offending, by looking at primary (upstream) causes of offending, as well as secondary (downstream) causes. CAPRICORN takes a collaborative approach, showing the diversity of resources required to help children realise their potential and describes actions that local partnerships can take to help individuals and families and for communities and society (PHE, 2019).

Figure 14: ***[The CAPRICORN framework]*** **taken from Public Health England (2019) Collaborative approaches to preventing offending and re offending by children**



8.2 Milton Keynes YJS

As part of the preventative offer, Milton Keynes YJS have a Promoting Reintegration and Reducing Exclusions (PRRE) project. This project offers primary, secondary and further education settings free SLT provision in order to identify any additional needs for children identified by the school as being at the greatest risk of school suspension and managed moves to alternative provisions. The early identification of unmet and unrecognised SLCN and SEND enables children at greatest risk of suspension to be provided with appropriate support so that they can be supported to remain in a setting on a full-time timetable, reducing the risk of them being exploited or becoming involved in offending.

Their model offers assessments to settings and builds on staff knowledge and confidence to address SLCN via free SLCN training which is delivered by a SLT and Senior Educational Psychologist who are attached to Milton Keynes YJS but integrate into the wider SLCN service.

Referrals to promoting Reintegration and Reducing Exclusion (PRRE) SLT project in schools showed that out of 31 children assessed, following a referral from their school setting for being at greater risk of suspensions, 96% of the children had an identified SLCN.

Milton Keynes YJS state that, carrying out this work at the diversion and prevention stage is deemed to be the most beneficial, preventing children from coming into the criminal justice system and experiencing the associated stigma. Whilst the service reports positive reoffending rates and reduced first time entrant rates and received positive inspection outcomes it must be acknowledged that their rate of FTEs is currently above average for their comparison group.

The below represent different models of working across the YJ sector.

8.3 Derbyshire YJS

Derbyshire YJS have a variety of workers seconded from Health who sit on an internal 'health hub' where they discuss the needs of children.

The YJS has two link Child and Adolescent Mental Health Service (CAMHS) practitioners and seconded Psychologists who provide guidance and direction to case managers and professionals working with children whose lives are complex and who present with concerning risky behaviours.

They have a SALT who assists children with accessing universal and targeted provision. The SALT works within a consultation model whereby they have consultations with workers and can accompany workers on visits to advise and assist.

Additionally, the service has staff employed as Wellbeing workers who act as mentors with an emotional/mental health focus. Wellbeing workers deliver sessions to address emotional concerns and anxiety, support children to attend meetings and access any additional help they need.

When inspected implementation and delivery was rated as being ‘outstanding’. HMI Probation (2022) commented that ‘Mental health and emotional difficulties featured in a number of cases, and these needs were met well, with the support of the wellbeing workers a particular strength’. It was also noted as a strength that children receiving an out-of-court disposal had the same access to services and support as those subject to a statutory order.

8.4 North Yorkshire

No Wrong Door (NWD) is an integrated service and approach to supporting adolescents enabling children to access the right services, at the right time and in the right place to meet their needs. In North Yorkshire, NWD supports adolescents aged 12-15. The hub team comprises of specialist roles including a life coach (clinical psychologist), a speech therapist and other lead specialist roles (accommodation, ETE etc.) who are all under one management umbrella, addressing children’s needs within a single team.

NWD has had a positive impact on a wide variety of areas, reducing the numbers of children entering care, reducing the time children spend in care, a reduction in high-risk behaviours and criminal activity and an increase in children remaining in ETE. These positive outcomes correlate with overall improved level of wellbeing, resilience, and mental health.

8.5 Lincolnshire

Lincolnshire have a complex health team (multidisciplinary) which has SALT and rated outstanding in 2023.

Nottinghamshire Health & Wellbeing Board

What should we do next?

9. Recommendations for consideration

	Recommendation	Lead(s)
	Data Collation and Reporting	
1	To embed current processes relating to the recording and analysis of Youth Justice Key Performance Indicators (KPI) data to better understand the needs of children working with the YJS.	YJS Partnership Board
2	To improve the recording of the needs of children who are accessing targeted preventative intervention to help plan service provision. Making full use of the newly introduced assessment tool and working with the Information and Systems Team to create a dashboard assisting with data collection and analysis.	YJS / Business Intelligence and Information and Systems Teams
3	Embedding and acting on the analysis of data which measures the impact of diversionary outcomes / targeted preventative intervention on rates of offending; short and long term.	YJS Partnership / Board Business Intelligence and Information and Systems Teams
	Service delivery	
4	Further analysis of girls who offend to support services in the early identification of vulnerabilities driving girls offending so that services can provide appropriate support and prevent them from encountering the CJS.	YJS/Police/Education Teams
5	Further analysis of children from black and minority ethnic backgrounds to understand the barriers to accessing preventative services.	YJS/Police/Childrens Social Care/LA Education Teams
6	To carry out further analysis of children who have committed motoring offences and become an FTE; exploring diversionary alternatives and reducing entry to the CJS where appropriate alongside meeting these children's needs.	YJS/Crown Prosecution Service /Police/Courts
7	Improve the YJ Partnerships understanding of attendance data (including suspensions and exclusions) for children known to the YJS, linking in with the wider strategic attendance and behaviour strategy; exploring opportunities for early intervention.	Local Authority Education Teams/YJS Partnership Board
8	Increase staffs' understanding of the SEN code of practice and Nottinghamshire's processes, including the graduated response to SEN, so they can better support children.	Local Authority Education Teams/YJS
9	Undertake a review of the support in place for children who are accessing alternative provision (including EOTAS) to support sustainment and positive outcomes.	YJS/LA Education Teams

10	Strengthen speech, language and communication provision for children that are known to the YJS. Ensure there is a monitoring and evaluation process measuring impact and outcomes.	Local Authority Public Health Commissioning Teams/YJS
11	Strengthen access to emotional and mental health provision for children who are working with the YJS and accessing non statutory programs of intervention. Supporting YJS staff to identify and address the needs of children in accordance with the Thrive framework	Childrens Integrated Commissioning Hub (CICH)/Integrated Commissioning Board (ICB)/YJS
12	To review the service offer and capacity requirements of the Clinical Nursing Team based on guidance and best practice to ensure a continued robust health offer to the YJS	CICH/ICB/YJS
13	To develop YJS and partnership staff's knowledge and understanding of autism as the link with offending behaviour with a view to sharing effective practice.	YJS/ICB/YJS Partnership Board
14	To ensure partnership staffs practice and processes for early engagement with children recognises neurodiversity, communication, and other health needs (e.g., early arrest and voluntary interview practice. See the CJS Learning Disability and Autism Pathway Project for principles and guidance)	YJS/ ICB /Police
15	To review Police/YJ practice in relation to Police Facilitated Community Resolutions and develop a clear framework for joint working to ensure that children are receiving appropriate support at the earliest opportunity to help them avoid further offending	YJS/Police
16	Partner agencies to commit to undertaking the 'Child First' self-assessment toolkit (commissioned by YJB); supporting them to reflect on current practice, how far it is in line with the evidence base of what works with children, and how they might become more Child First in their practices and approaches.	Police/Education Teams/Health/YJS Partnership Board

Key contacts

Nicola Suttenwood
YJ Development Manager
Nicola.suttenwood@nottscc.gov.uk

References

Alliance for Youth Justice (2021) Young Womens Justice Project Briefing, Falling Through the Gaps, Young Women Transitioning to the Adult Justice System,

Bradley Commission (2014) Briefing 2: Young adults (18-24) In transition, mental health and criminal justice. Centre for Mental Health

Centre for Justice Innovation; Pre Court Diversion for Women: Evidence and Practice briefing

Childrens Commissioner (2020) Injustice or In Justice | Children's Commissioner for England (childrenscommissioner.gov.uk)

Childrens Rights Alliance for England (2021) Supporting Schools o Break the Link between School Exclusions and Child Criminal Exploitation, Just for Kids.

Coles, H., Gillett, K., Murray, G. and Turner, K. (2017) The Royal College of Speech and Language Therapists: Justice Evidence Base

Commission on Young Lives (2022) Hidden in Plain Sight: A national plan of action to support vulnerable teenagers to succeed and to protect them from adversity, exploitation, and harm.

Commission on Young Lives (2022) Heads up Rethinking Mental Health Services for Vulnerable Young People

CQC (2011) Re:Actions: A third review of healthcare in the community for young people who offend (justiceinspectorates.gov.uk)

Department of Education (2023) Suspensions and permanent exclusions in England, Autumn term 2022/23 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

DH (2009) Healthy Children, Safer Communities: A strategy to promote the health and wellbeing of children and young people in contact with the youth justice system. Department of Health

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. 1998. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), pp. 245–258. Available at: https://doi.org/10.1016/S0749-3797(98)00017-8 [Accessed 16.03.2024].

Guardian (2022) Justice System in England and Wales 'risks causing fresh trauma to girls', Violence against women and Girls (accessed 7/03/24)

HMIP (2014) Girls in the Criminal Justice System An Inspection by HM Inspectorate of Probation

HMIP (2021) The Evidence Base – Youth Offending Services

HMIP (2022) Annual Report: Inspection of Youth Offending Services

Home Office (2022) Serious Violence Duty Preventing and reducing serious violence; Statutory Guidance for responsible authorities, England and Wales

ICS, Nottingham & Nottinghamshire Integrated Care System, All Age Autism Strategy (April 2022-March 2025)

Kirby, A. (2021) Neurodiversity- a whole child approach for youth justice, HM Inspectorate of Probation, Academic Insights 2021/08

Kirby, A. (2021) Risk and Protective Factor, Youth.gov (accessed 19/03/24)

Lader D, Singleton N and Meltzer H (2000) Psychiatric Morbidity among Young Offenders in England and Wales. London: Office for National Statistics

Mental Health Foundation (2002) The Mental Health Needs of Young Offenders Updates, 13(18).

NYA (2023) Youth centre closures linked to greater risk of young people entering criminal justice system – NYA (accessed 16/03/24)

NHS Digital (2018) Mental Health of Children and Young People in England. (Available at: https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf)

NIHR (2021) Young offenders with undiagnosed language problems are twice as likely to reoffend within a year (accessed 1/05/2024)

Public Health England (2019) Collaborative approaches to preventing offending and re offending by children (CAPRICORN): summary - GOV.UK (www.gov.uk)

RCSLT (2018) Bercow: Ten Years On: An Independent review of provision for children and young people with speech, language and communication needs in England

RCSLT (2020) RCSLT briefing paper on language Disorder with a specific focus on Developmental Language Disorder

Sutherland, A., Disley, E. Cattell, J. and Bauchowitz, S. (2017) An analysis of trends in first time entrants to the youth justice system, Ministry of Justice Analytical Series.

Taylor, C. (2016) *Review of the Youth Justice System in England and Wales*. London: Ministry of Justice.

Weinberg, C. (2023) Patriarchy on Trial: Double Standards in the Criminal Justice System – Revolving Doors (revolving-doors.org.uk)

World Health Organisation (2014) Social determinants of mental health. Available at: https://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_ mental_health/en/ [Accessed 16.03.2024].

World Health Organisation (2018) Mental Health: Strengthening Our Response. Available at: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-ourresponse

YJB (2008) Girls and offending- patterns, perceptions, and interventions.

YJB (2020) Assessing the needs of sentenced Children in the Youth Justice System 2018/19

YJB (2021) YJB Strategic Plan 2021-2024

Youth Justice Board (2023) Prevention and Diversion Project: Final Report

https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2018/05/understanding-childhood-adversity-resilience-crime/documents/00535550-pdf/00535550-pdf/govscot%3Adocument/00535550.pdf (accessed 16/03/2024) (TSG, 2018)

5 Kessler, R. B. P. D. O. J. R. M. K. a. W. E., 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication.. Archives of general psychiatry, 6(62), pp. 593-602.

Hyde, K and Anderson, M (2023) Speech and Language Therapy Project Report Divert Plus Project associated with Violence Reduction Partnership July 2022-September 2023

Nottinghamshire JSNA CYP Emotional and Mental Health Final (06-01-21) .pdf

Nottinghamshire JSNA: Substance Misuse Young People and Adults, 2022

The Special Educational Needs and Disability 0 to 25 years JSNA (2023)

Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health 2016-2024 (healthandcarenotts.co.uk)

Indices of Deprivation (2019) - Nottinghamshire Insight

Nottinghamshire Health & Wellbeing Board

Appendix 1

YJS My Futures Referral Form

The Youth Justice Service work with young people on a voluntary basis, offering diversionary interventions to address individual needs, with the aim of preventing them from entering the Criminal Justice System (CJS).

Referrals will be considered for young people aged 10 – 17 (up to the 18th birthday). Referrals are welcomed from across all partner agencies and should be made at the earliest opportunity.

Name of Young person:	
Date of birth:	
Address:	
Core+/Mosaic number if known:	
Name of parent/carer:	
Best contact details for family:	
Referrer name/role:	
Referrer address:	
Referrer e-mail address and contact number:	

Referral criteria, please tick all relevant to this referral	
Young person involved in or at risk of becoming involved in criminal behaviour.	

Young person involved in violent behaviour or has used a weapon.	
Concerns regarding the use of social media which places them or others at risk of harm	
There are concerns regarding the young person's thinking and behaviour which harmfully impacts on their relationships (e.g. discriminatory attitudes and beliefs)	
The young person is at risk of being drawn into the CJS through exploiting / being exploited by others.	
Other concerning or worrying behaviour, which unaddressed, may lead to criminalisation.	

The young person & parent/carer are aware and have consented to this referral	
YJS are part of a multi-disciplinary panel called Youth Support Group, working closely with other diversionary services, offering constructive use of time, bespoke short pieces of work and group work. It may be deemed during screening that this referral would be better placed with another team, please indicate by ticking the box, that you are happy for this young person to be considered at Youth Support Panel, should it not be appropriate for My Futures.	

Nottinghamshire Health & Wellbeing Board

Please provide as much information as possible about why you are making this referral:

If there are concerns that are not referenced above, please contact the Early Help Unit 0115 8241248 for advice and guidance. If a young person is in immediate danger or at risk of harm a safeguarding referral should be made to MASH 0300 500 80 90 email: mash.safeguarding@nottscc.gov.uk (or contact the Emergency Duty Team if out of hours on 0300 456 4546).

If you are unsure about the referral you are making or would like to speak to someone before referring, please contact YJS Duty Officer

Telephone: 0115 8042888

(Mon – Thurs 8:30am – 5:00pm, Friday 8:30am – 4:30pm)

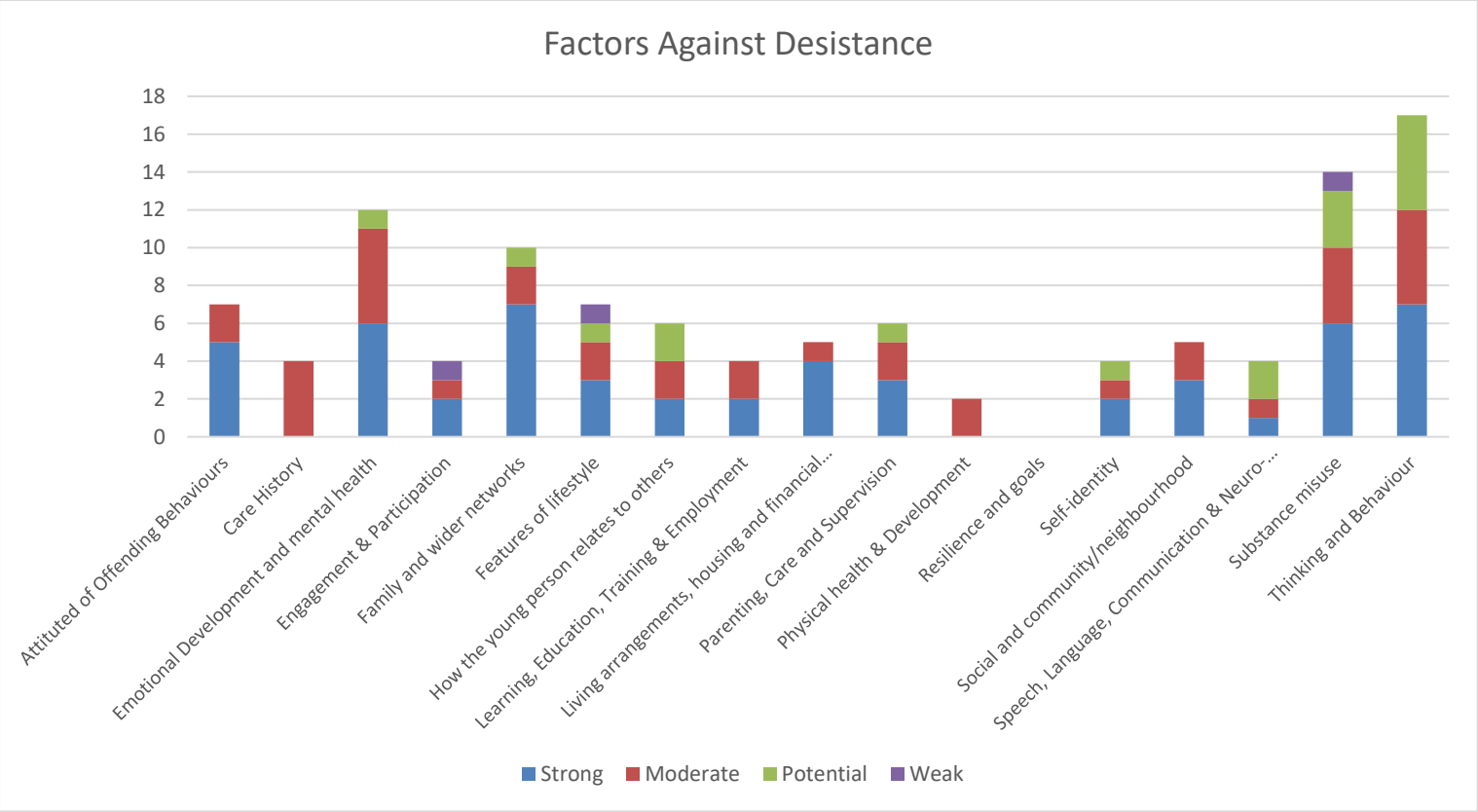
Completed referrals should be sent by email to: Youthjusticeservicenotts@nottscc.gov.uk

My Futures referrals will be screened by the Interventions Team: Candiss Wapples, Team Manager or Hedley Sansom, Advanced Practitioner.

Nottinghamshire Health & Wellbeing Board

Appendix 2

Factors for and against desistance for children for whom there had been an AssetPlus assessment January to June 2022. This would be children who had a Referral Order, Youth Rehabilitation Order or DTO.



Nottinghamshire Health & Wellbeing Board

