



# Seen and Heard

*supporting vulnerable children in the youth justice system*

Jenny Talbot

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# Seen and Heard: supporting vulnerable children in the youth justice system

## CONTENTS

|   |    |
|---|----|
| Acknowledgements  | 2  |
| Foreword  | 3  |
| Summary   | 5  |
| Introduction  | 9  |
| The <i>No One Knows</i> programme                                   | 9  |
| The <i>Out of Trouble</i> programme                                 | 10 |
| Profile of children who offend                                      | 11 |
| Disability discrimination and the inclusion agenda                  | 12 |
| Youth justice services  | 13 |
| Structure of this report  | 16 |
| Terminology   | 16 |
| Part one: aims and methods  | 17 |
| Aims of this study  | 17 |
| Methods   | 17 |
| Part two: the views of YOT staff                                    | 21 |
| Identifying impairments and difficulties of children who offend     | 21 |
| Prevalence of children who offend with impairments and difficulties | 30 |
| Specialist staff and service provision                              | 32 |
| Reasonable adjustments and adapted interventions                    | 40 |
| Difficulties experienced by children                                | 42 |
| Training and support for YOT staff                                  | 46 |
| Disability equality and statistics                                  | 48 |
| Levels of confidence amongst YOT staff                              | 48 |
| Custodial sentences   | 52 |
| Work of which YOT staff were proud and examples of good practice    | 52 |
| YOT staff recommendations for change                                | 57 |
| Part three: conclusion  | 61 |
| Main findings   | 61 |
| Concluding discussion   | 64 |
| Part four: recommendations  | 81 |
| References  | 86 |
| Appendices  | 89 |
| Appendix 1: publications from <i>No One Knows</i> .                 | 89 |
| Appendix 2: publications from <i>Out of Trouble</i> .               | 90 |
| Appendix 3: check list for youth offending teams.                   | 91 |

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## Foreword

In December 2007 I was invited by the government to undertake a review of people with mental health problems or learning disabilities in the criminal justice system. What began as a six month review of the organisation and effectiveness of court liaison and diversion schemes was extended to over 12 months so that a more comprehensive consideration of the 'offender pathway' could be undertaken. The confines of the review, however, did not allow for the same consideration of children with mental health problems or learning disabilities in the youth justice system. My report\*, published in 2009, contained 82 recommendations of which a small number related to children, children's services and the youth justice system.

During my review it was clear that the early identification of children with learning disabilities or mental health problems and the provision of appropriate treatment and support not only have the potential to impact on immediate offending and reoffending rates, but also to influence children and young people away from an adulthood of offending.

How well youth justice services identify and support children with mental health problems or learning disabilities – and a number of other impairments and difficulties such as autistic spectrum disorder, attention deficit hyperactive disorder, communication difficulties, special educational needs and specific learning difficulties, was the primary focus of this study.

Youth offending team staff who participated in this study spoke candidly of their experiences. Many had positive things to say about work they were proud of. Others recounted stories about individual children that they and other YOT staff had supported. The overall picture, however, was mixed, and a significant cause for concern.

With the possible exception of mental health problems, there was a lack of routine screening or assessment procedures to identify children's support needs, and information received from children's services such as special educational needs teams and child and adolescent mental health services, was limited. Only around half of YOT staff received training to help identify when children might have particular impairments and difficulties. Although YOT staff generally spoke highly of specialist services and support, many reported gaps in provision.

According to YOT staff, children with impairments and difficulties who offend face particular problems. These include, understanding and participating in court proceedings, understanding what is expected of them and the consequences of non-compliance, and many find it hard to participate in youth justice programmes and activities.

The implications for these children are grave, and this is reflected in the view held by most YOT staff that children with impairments and difficulties were more likely than children without, to receive a custodial sentence.

Notwithstanding the above, it is pleasing to see that good work does exist; a number of YOTs do use screening or assessment procedures to identify children's support needs; information is promptly received from children's services; YOT staff do receive training, and specialist services are readily available, providing guidance to YOT staff and support for children.

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\*Department of Health (2009) The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system, London: Department of Health.

To work effectively with this group of children – and influence them away from an adulthood of offending – we need to know who they are, what treatment and support they require, and be able to intervene swiftly and appropriately. With the coalition government’s plans to radically overhaul youth justice, there is an opportunity to build on what works and to replicate ‘good practice’ as standard practice across the entire youth justice system.

This report is timely; it includes a series of well thought through recommendations for youth justice and children’s services, local authorities and government departments, and a helpful checklist for use by individual youth offending teams.

A handwritten signature in black ink that reads "Keith Bradley". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

The Rt Hon Lord Keith Bradley

## Summary

It is well established that high numbers of children who come to the attention of youth justice services have complex support needs, low levels of educational attainment, and far more unmet health needs than other children of their age. It is further acknowledged that action taken to address children's additional needs helps to prevent a range of negative outcomes and offers the greatest prospect of realising reductions in offending behaviour.

How staff from youth offending teams (YOTs) identify and support children with particular impairments and difficulties who come to the attention of youth justice services, and what support they in turn receive, was the primary focus of this large-scale study. The impairments and difficulties included in this study were: mental health problems, very low IQs of less than 70 (possible learning disabilities), communication difficulties, attention deficit hyperactive disorder (ADHD), autistic spectrum disorder, low levels of literacy, special educational needs and specific learning difficulties such as dyslexia.

There were a number of ways in which a child's impairments or difficulties might come to the attention of YOT staff, including the use of screening and assessment tools and information from children's services. However, there was no routine or systematic procedure to ensure the particular support needs of individual children were recognised and met, and some YOT staff mistakenly said that the ASSET<sup>1</sup> would identify children with learning disabilities and communication difficulties. While some YOTs used a number of different screening and assessment tools and procedures, others used very few; for example, most YOTs did not use screening tools to identify children with learning disabilities, communication difficulties, ADHD or autistic spectrum disorder. Only around half of YOT staff routinely requested information from children's services, such as schools, special education teams and child and adolescent mental health services (CAMHS), and the quality and timeliness of information received varied.

With the possible exception of mental health problems, the identification of which has received some attention and investment by the Youth Justice Board (YJB), knowing which children experience one or more of the difficulties and impairments addressed by this study was ad hoc. In consequence, the implications for individual children who offend are very serious indeed.

Although most YOT staff said the proportions of children who offend with impairments and difficulties were similar to research findings, there were some important differences that reflect the lack of routine screening and assessment procedures. For example, around a quarter of YOT staff said that the number of children with mental health problems was lower than research findings indicate, and almost a third said that the number of children with special educational needs was higher. Further, there were a lack of data on the number of children with disabilities serving court orders, and fewer than one in ten YOT staff said there was somebody at their YOT who had responsibility for children with disabilities.

A common theme throughout this study, which drew on responses from over half the YOTs in England and Wales, was the high value placed on specialist YOT staff and service provision. However, the availability of specialist staff and services varied and YOT staff said there were gaps in provision. Around one in five said their YOT did not have a mental health worker and similar numbers were dissatisfied with their local CAMHS; only one in three YOT staff said their local CAMHS had learning disability expertise and fewer than

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<sup>1</sup> ASSET is the standard assessment tool used by youth offending teams to assess all children and young people in contact with the youth justice system. It identifies risk and protective factors and measures change over time (YJB website, August 2010).

one in four said their YOT had a member of staff qualified in special educational needs. YOT staff were especially concerned about the lack of specialist provision for 16 and 17 year olds, in particular for children with mental health problems and learning disabilities. Further concerns expressed by YOT staff included, thresholds to access specialist services being set too high; specialist provision not catering well for the particular needs of children who offend; long waiting times for services, and unclear referral routes.

Although around two-thirds of YOT staff said that service level agreements were in place for CAMHS, very few agreements existed for other specialist provision, such as speech and language therapy.

Disability awareness training and specific training to help YOT staff identify when children might have particular impairments and difficulties was not routinely available; fewer than half said such training was available at their YOT. YOT staff were clear about the sort of training that would help them to identify and support children with impairments and difficulties including, for example, a better understanding of how a child's impairment or difficulty affects daily living, in particular how it might impede their ability to meet the conditions of their court order, and how best YOT staff can provide effective supervision and support.

Although YOT staff invested a great deal of time and effort in adapting youth justice programmes and activities to include children with impairments and difficulties, around two fifths said that almost half of such children found it hard to participate fully.

YOT staff identified further problems experienced by children. These included difficulty understanding, for example, what is expected of them at the different stages of the youth justice system, such as understanding and participating in court proceedings – which in turn gives rise to concerns about the right to a fair trial and adherence to the United Nations Beijing Rules on juvenile justice; the consequences of failing to comply with court orders, and what they need to do to complete an intervention successfully; low levels of confidence and self-esteem, and children feeling and being marginalised and stigmatised.

Most YOT staff said that children who offend with learning disabilities, communication difficulties, mental health problems, ADHD, and low levels of literacy were more likely than children without such impairments to receive a custodial sentence. Focus groups held to explore this finding suggest the coming together of a number of factors that might lead to this view being held. These were: the lack of routine screening and assessment to identify the particular support needs of children who offend; a poor understanding across youth justice services of how impairments and difficulties can affect behaviours, which can be particularly significant during court proceedings; limited availability of appropriate youth justice programmes, activities and support, linked to which, the increased likelihood that children with impairments and difficulties will fail to comply. The consequences for non-compliance are grave and may well result in a further court appearance and possible custodial sentence.

Findings from this study show significant variations between local youth justice services, to the extent that children with impairments and difficulties receive treatment and support as much on the basis of where they live, as on need.

Contact with youth justice services can, however, create the opportunity to identify and meet children's additional needs. While the overall picture from this study was disappointing, there were many examples where the additional support needs of children were being identified and met; where youth justice programmes and activities were being thoughtfully and skilfully adapted to include children, and where routine training and support for YOT staff took place.

The coalition government has announced a number of commitments<sup>2</sup> that should help to support children with impairments and difficulties who offend, and the staff who work with them. For example, improvements in early intervention and the increased focus on the neediest families through Sure Start, and improved diagnostic assessment in schools each have the potential to help prevent children's entry into the youth justice system. While for children in contact with youth justice services, the dedicated focus on the rehabilitation needs of children should address specific training and support for staff, and timely access to specialist support and service provision for children with impairments and difficulties. There is the requirement also for greater equity in outcomes for children with impairments and difficulties who offend, with treatment and support based on need. While youth justice services locally will determine how best to meet that need, national standards are necessary to avoid the postcode lottery of a custodial sentence.

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<sup>2</sup> HM Government 2010.



## Introduction

The publication of this report, *Seen and Heard*, comes at a time of uncertainty for public sector services. It attempts to address the particular support needs of certain children who offend; that is, children with impairments and difficulties, who are often vulnerable and frequently disadvantaged. The commitment of the coalition government to support those most vulnerable in our society will be pivotal in ensuring that, even in an adverse economic climate, children with impairments and difficulties who offend receive appropriate treatment and support to help them lead productive and purposeful lives, free from crime.

This report is timely and has the potential to inform a number of consultations currently underway, and anticipated, that will affect youth justice services both directly and indirectly. These include the NHS White paper, *Equality and excellence: Liberating the NHS* (Department of Health, 2010); the Government Equalities Office consultation on the public sector equality duty, *Promoting equality through transparency: A consultation* (Government Equalities Office, 2010); the Green paper, *children and young people with special educational needs and disabilities* (Department for Education, 2010); *Unfitness to plead*, a consultation paper (Law Commission, 2010), and the forthcoming Green paper on criminal justice from the Ministry of Justice.

Further, notice has been given that the Youth Justice Board will close in 2011 and the Ministry of Justice will assume its responsibilities directly.

It is hoped that findings from this study, and recommendations made, will help to inform the future of youth justice services and specialist service provision for these children, and support for the staff who work with them.

### **The *No One Knows* programme**

This study builds upon a three-year programme of work undertaken by the Prison Reform Trust that looked into the experiences of adult offenders with learning disabilities and difficulties as they entered and travelled through the criminal justice system. The programme, entitled *No One Knows*, showed that between 20 and 30% of offenders have learning disabilities or difficulties that interfere with their ability to cope within the criminal justice system. Of this group, between five and 10% have very low IQs of less than 70 and a further 25% will have an IQ of less than 80<sup>3</sup>.

Research from *No One Knows* showed that the particular support needs of adult offenders with learning disabilities and difficulties are frequently neither recognised nor met. At the police station they only rarely receive the support of an appropriate adult, they don't fully understand what is happening to them, and may incriminate themselves during police questioning. Once in court, their lack of understanding grows as their lives are taken over by opaque court procedures and legal terminology. In prison, their situation often goes from bad to worse. Their inability to read and write very well, or at all, and poor verbal comprehension skills relegates them to a shadowy world of not quite knowing what is going on around them or what is expected of them. They spend more time alone than their peers and have fewer things to do. They will have less contact with family and friends. They are more likely to experience high levels of depression and anxiety. They are

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<sup>3</sup> See appendix 1 for publications from the *No One Knows* programme.

more vulnerable to ridicule and exploitation. They are more likely than other prisoners to be subject to disciplinary procedures and to spend time in segregation. Many will be excluded from programmes to address their offending behaviour, which may mean longer in prison as a result<sup>4</sup> (Talbot, 2008).

Typically, offenders with learning disabilities and difficulties who took part in the *No One Knows* research said that – as children – they had not enjoyed school and had struggled with schoolwork; more than half said they had attended a special school at some point in their education, and similar numbers had been excluded from school. Many had experienced troubled childhoods. Prior to being arrested, most were unemployed and around a quarter were regularly involved in drug and/or alcohol abuse (Talbot 2008).

For these adult offenders, early intervention during childhood and appropriate support during their teenage years and young adulthood to live purposeful and law-abiding lives has come too late. The subsequent costs to society – both financially and personally – are significant.

## **The *Out of Trouble* programme**

The *Out of Trouble* programme is the Prison Reform Trust's five-year programme to reduce child and youth imprisonment in the UK; it is supported by The Diana, Princess of Wales Memorial Fund.

*Out of Trouble* started in September 2007 and has so far focused on reducing the number of 10 –17 year olds imprisoned in the UK. A series of research reports have been published showing how imprisonment is used inappropriately, and highlighting how other ways of working with children who offend are more successful in preventing them reoffending, see Appendix 2.

The extent to which children with particular impairments and difficulties are identified and supported by youth justice services will directly affect their ability to engage with the programmes and activities designed to help them stop offending.

This study explores ways in which youth justice staff identify and support children with particular impairments and difficulties, the specialist services and support they are able to draw upon, the training and support available to youth justice staff, and concludes by asking staff what would most help them in working with these children.

The impairments and difficulties addressed by this study were:

- Learning disabilities or low IQ
- Specific learning difficulties
- Communication difficulties
- Mental health problems
- Low literacy levels/difficulties with literacy
- Attention deficit hyperactivity disorder (ADHD)
- Autistic spectrum disorder.

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<sup>4</sup> See for example – R (Gill) v Secretary of State for Justice 2010 EWHC 364 9 Admin.

## Profile of children who offend

All children in the youth justice system are vulnerable by virtue of their young age and developmental immaturity. Many are, in fact, doubly vulnerable: that is they are disadvantaged socially, educationally, and also because they experience a range of impairments and emotional difficulties. This has been set out clearly - most recently by an overarching review, commissioned by the Prison Reform Trust, of 6,000 children who entered some form of custody in the last six months of 2008<sup>5</sup>. It is now well established that high numbers of children who come to the attention of youth justice services have complex support needs, low levels of educational attainment, and far more unmet health needs than other children of their age<sup>6</sup>.

### Mental health problems

On the basis of an international literature review Hagell (2002) concludes that rates of mental health problems are at least three times higher among children in the youth justice system than within the general population of children:

*Rates of mental health problems in the general population of adolescents have been estimated at 13% for girls and 10% for boys (11–15 years). Research suggests that prevalence of mental health problems for children in contact with the criminal justice system range from 25 to 81%, being highest for those in custody. We concluded that a conservative estimate based on the figures in the literature would indicate the rates of mental health problems to be at least three times as high for those within the criminal justice system as within the general population. The most common disorders for both the normal population and the population of young offenders were conduct disorders, emotional disorders and attention disorders. Substance misuse is also a particular problem (Hagell, 2002).*

More recently, the prevalence of emotional and mental health needs among children in the youth justice system was assessed in the course of joint Healthcare Commission and HM Inspectorate of Probation inspections of youth offending teams (YOTs). A 2006 Healthcare Commission report notes that the 2004/5 inspection of 29 YOTs found 44% of children to have emotional or mental health needs. A subsequent review of inspections found 43% of children on community orders to have emotional and mental health needs (2009).

### Learning disabilities and learning difficulties

A review in 2002 by HM Inspectorate of Prisons and the Office for Standards in Education of almost 6,000 boys screened on admission to 11 custodial establishments found that:

- 4% had attainment at pre-entry level (i.e. lower than would be expected of a seven-year-old) in numeracy, and 4% had pre-entry level attainment in literacy
- 38% had entry-level attainment (i.e. the level expected of a seven-year-old) in numeracy, and 31% had entry-level attainment in literacy.

More recently, an assessment of children who offend in England and Wales by Harrington and Bailey (2005) found that 23% had an IQ of under 70 ('extremely low') and 36% had an IQ of 70-79<sup>7</sup>.

In 2006 the Youth Justice Board (YJB) reported that:

- 25% of young offenders had special educational needs identified, 19% of whom had a Local Education Authority statement of special educational needs, and
- 46% were rated as under-achieving at school (YJB, 2006).

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<sup>5</sup> See Jacobson et al, 2010.

<sup>6</sup> HM Government, 2009b.

<sup>7</sup> Harrington and Bailey (2005) note that standardised IQ measures, such as those used in their study, are criticised for their limited capacity to differentiate between individuals with intrinsic learning difficulties and individuals with low IQ scores reflecting a lack of education.

### **Communication difficulties**

A number of research studies have demonstrated high numbers of children in the youth justice system with communication difficulties (RCSLT, 2010). One recent study showed that over 60% of children in the criminal justice system have a communication disability and, of this group, around half have poor or very poor communication skills (Bryan, Freer and Furlong, 2007).

In his review of services for children with speech, language and communication needs, John Bercow notes the high prevalence of these problems among children who offend and argues for better responses to such needs across the youth justice system (Bercow, 2008).

### **Children in care**

It has long been recognised that children who are or have been in care are over-represented among the offender population. Research commissioned by the Youth Justice Board found that 41% of children on custodial sentences had been 'held in care', while 17% were on the child protection register (Hazel et al, 2002). A more recent review found that 22% of children aged under 14 years had been living in care at the time of their arrest and a further 6% were on the child protection register (Glover and Hibbert, 2009).

### **Experiences of abuse<sup>8</sup>**

Needs relating to, or following from, experiences of abuse are also common among children in the youth justice system; research shows that two in five girls in custody and a quarter of boys reported suffering violence at home; one in three girls and one in 20 boys in prison report sexual abuse, and half the girls in prison have been paid for sex (Prison Reform Trust, July 2010).

## **Disability discrimination and the inclusion agenda**

The Disability Discrimination Act (DDA) 1995 made it unlawful for public authorities to discriminate against people with disabilities. Amendments made by the DDA 2005 took this further by introducing the Disability Equality Duty (DED). The DED has the dual aim of eliminating discrimination and promoting equality, thus public authorities must work to ensure that discrimination does not occur by, for example, making adjustments to existing service provision and in ensuring that future provision is accessible to people with disabilities.

The DDA 1995 defines a disabled person as someone who has 'a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities' (section 1(1)). This definition would include certain mental health problems and is sufficiently broad to encompass learning, developmental or behavioural disorders such as autistic spectrum disorder, ADHD, communication difficulties, and dyslexia.

The Equality Act 2010 replaced existing anti-discrimination laws with a single Act. The Act includes a new public sector Equality Duty, replacing the separate public sector equality duties relating to disability, race and gender equality. The Equality Duty comprises a

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<sup>8</sup> See, for example, Solomon (2004)

general duty, set out in the Act itself, and specific duties imposed through regulations. Secondary legislation is required to fully implement the Equality Duty and in August 2010 the government Equalities Office launched a consultation on draft regulations for the specific duties, which ended on 12 November 2010. At the time of writing, the government is planning to bring the general and specific duties into force in April 2011 (Government Equalities Office, 2010).

For the purposes of this report, the provisions of the DDA 1995 and 2005 will apply to data provided by YOT staff, while the implications of the new Equality Duty are considered in the concluding discussion.

## **Youth justice services**

### **Crime and Disorder Act 1998**

Part III of the Crime and Disorder Act 1998 sets the statutory framework for the youth justice system in England and Wales. The youth justice system relates to children between 10 years of age and under 18, and the principal aim is to prevent offending. Section 38 of the Act requires local authorities, acting in cooperation with partner agencies (these are the police, probation and health), to ensure that youth justice services, appropriate to their local area, are available. This obliges local authorities to assess what level of services is appropriate for their area and to take steps to secure provision (Office of Public Sector Information, 2010: annex C).

Under the provisions of the Act, local authorities must establish, in cooperation with partner agencies, one or more youth offending teams (YOTs) for their areas.

### **Youth Offending Teams**

YOT staff work with children when they first come into contact with youth justice services and, in particular, prepare pre-sentence reports for the courts, and provide supervision and support for children in receipt of court orders. YOT staff also work with children identified as being '*at risk of offending*', to prevent first time offending and anti-social behaviour.

Under the provisions of the Act, YOTs should include at least one of the following:

- an officer of a local probation board
- a social worker of a local authority social services department
- a police officer
- a person nominated by a primary care trust or a health authority, any part of whose area lies within the
- local authority's area
- a person nominated by the chief education officer appointed by the local authority under section 532 of the Education Act 1996.

Each YOT has a manager who is responsible for coordinating the work of youth justice services locally.

YOTs are mostly coterminous with local authority areas. In 2008/09 there were 157 YOTs; 139 of which were in England and 18 in Wales.

The work of YOTs is currently overseen by the Youth Justice Board.

### **Youth Justice Board**

The Youth Justice Board (YJB) was established by the Crime and Disorder Act to, amongst other duties, monitor the operation of the youth justice system and the provision of youth justice services.

In its efforts to address offending behaviour the YJB said:

*The risk factors for youth offending and substance abuse overlap to a very large degree with those for educational underachievement, young parenthood, and adolescent mental health problems. Action taken to address these risk factors (and to increase levels of protection) therefore helps to prevent a range of negative outcomes. Moreover, because these outcomes are closely related... this broad based approach to prevention offers the greatest prospect of securing lasting reductions in offending behavior (YJB, 2005).*

In October 2010, the government announced its decision to abolish the YJB with responsibility for youth justice being subsumed into the Ministry of Justice in 2011.

### **Context**

In February 2009 the Healthcare Commission and HM Inspectorate of Probation echoed the words of the YJB (above), noting in its report, *Actions Speak Louder* (Healthcare Commission and HM Inspectorate of Probation, 2009), that health needs – including mental health and substance misuse

*...have to be recognised and addressed in order to increase the likelihood of making the lives of these children and young people better and free of crime.*

*Actions Speak Louder* is the second review of healthcare in the community for young people who offend. The report looks at how much health services contribute to addressing the health needs of children and young people through their involvement in youth offending work, and is primarily based on inspections of YOTs.

The report went onto say:

*It was very disappointing for us to find that insufficient progress has been made in many of the key elements over the course of this cycle of inspections<sup>9</sup>, and following our previous review report [October 2006]. This patchy nature of the improvements we have identified simply reinforces our continuing concerns about health inequalities in this field (Healthcare Commission and HM Inspectorate of Probation, 2009).*

The *Youth Crime Action Plan* (YCAP), developed by the previous government, is a cross departmental programme (led by the Home Office, the Department for Children, Schools and Families, and the Ministry of Justice) that seeks to tackle youth crime and anti-social

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<sup>9</sup> A five year inspection cycle that began in September 2003.

behaviour and to reduce re-offending; it was first published in 2008, followed by the *Youth Crime Action Plan – one year on* in July 2009 (HM Government, 2009a). The YCAP reflects a triple track approach of enforcement where behaviour is unacceptable, non-negotiable support and challenge to children and families where it is needed, and better and earlier prevention.

Although *YCAP-one year on* highlights the health – in particular the mental health – needs of children and young people, and how these might impact on offending behaviour, no specific reference is made to the impact that communication difficulties, learning disabilities, autistic spectrum disorder or ADHD might also have on the behaviour of children and young people who offend; while disability more generally is not referred to at all. Further, *YCAP-one year on* acknowledges that while

*... many children and young people who offend have health, mental health or well-being needs, [these] needs can be complex and might not be identified or addressed until the child or young person has progressed some way into the criminal justice system (2009a:61).*

This should be of particular concern to those members of the judiciary responsible for sentencing children and young people, who rely on pre-sentence reports to inform sentencing decisions. Comprehensive pre-sentence reports, which highlight when a child has particular impairments or difficulties, help to ensure the most appropriate disposal from the court. This, in turn, provides the best chance of preventing a child from offending further.

In December 2009, the previous government published its strategy to promote the health and well-being of children and young people in contact with the youth justice system, *Healthy Children, Safer Communities* (HM Government, 2009b). The report sets out the case for change, highlighting the need to intervene more effectively in the lives of children and young people – *providing the right help at the right time* – and to use the opportunity of children and young people's contact with youth justice services to provide better support.

The report recognises the high level of unmet health needs of children and young people in contact with youth justice services – including poor communication skills, mental health problems and learning difficulties (2009b:13) – and acknowledges the inadequacies of current provision (2009b:15). The report further recognises the need for improved assessment, noting that assessment tools used by youth justice services underestimate mental health problems, and that available tools do not assess for learning disabilities, communication difficulties or conduct disorder (2009b:31).

It is against this backdrop that this study was conceived.

## Structure of this report

### This report is presented in four parts:

- Part one, aims and methods: this section describes the aims of this study and methods used.
- Part two, the views of YOT staff: this section presents the findings from the survey of YOT staff, and includes how staff identify and support children with particular impairments and difficulties, the specialist services and support they are able to draw upon, what training and support is available to YOT staff, and what would most help them in working with these children.
- Part three, conclusion: this section presents main findings and eight overarching themes in a concluding discussion.
- Part four, recommendations: this section draws on the main findings from this study and makes recommendations for change.

### Terminology

YOT staff who took part in this study are referred to throughout this report as 'participants'. Where relevant, the names of the different staff groups are given.

Children and young people: the YJB describes those individuals who come into contact with youth justice services as children and young people, or as young offenders; in this study most YOT staff referred to them as young people. The definition of a child in the Children and Young Person's Act 1969 is a person under the age of 14, and the definition of a young person as one aged 14 or over, but under 18 years. The United Nations Convention on the Rights of the Child defines individuals under the age of 18 as children; for ease of reference, so too does this report.

# Part one: aims and methods

## Aims of this study

The primary aims of this study were to:

- Hear from YOT staff:
  - ◆ How they identify and support children with particular impairments and difficulties
  - ◆ What specialist services and support they are able to draw upon
  - ◆ What training is available to them
  - ◆ What would most help them in working with these children.
- Highlight the implications for youth justice services of the views and experiences of YOT staff.
- Make recommendations for change.

## Methods used

YOT staff were invited to complete a questionnaire, which was made available on-line using 'Survey Monkey' and in hard copy format. All but ten responses were made on-line and questionnaires completed in hard copy were later inputted on-line. The questionnaire included quantitative closed questions and qualitative open-ended questions. Quantitative data were logged on SPSS but were largely analysed using 'Survey Monkey'.

Identifying and supporting children with impairments and difficulties is often seen as a responsibility for specialist YOT staff, for example health or education staff. However, YOT caseworkers generally undertake initial interviews with children who offend, for example to complete ASSET<sup>10</sup>. To ensure this study reflected the views of all YOT staff four different post-holders were encouraged to complete the questionnaire. These were:

- Heads of service
- YOT managers
- YOT workers (caseworkers)
- Specialist YOT staff (these were asked to say what their specialism was).

The survey focused on eleven different areas:

1. Ways in which YOT staff identify children with impairments and difficulties
2. Prevalence: how closely research findings on the prevalence of impairments and difficulties in children who offend matched the experiences of YOT staff; the following research findings were cited in the questionnaire:
  - a) 23% of young offenders have very low IQs of less than 70 (Harrington and Bailey et al, 2005)
  - b) 60% have communication difficulties (Bryan, 2004; 2007)
  - c) 40% have mental health problems (Healthcare Commission, 2006)
  - d) 29% have difficulties with literacy (YJB, 2006)
  - e) 25% have special educational needs (YJB, 2006)
  - f) 15% of 10 –19 year olds in custody had a diagnosis of ADHD (Fazel et al, 2008; review of international research literature)

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<sup>10</sup> ASSET is the standard assessment tool used by youth offending teams to assess all children and young people in contact with the youth justice system. It identifies risk and protective factors and measures change over time (YJB website, August 2010).

3. Specialist YOT staff and service provision
4. Changes made to support children's participation in youth justice programmes and activities
5. Training and support for YOT staff
6. Levels of confidence amongst YOT staff
7. Disability equality and statistics
8. Difficulties faced by children with impairments and difficulties
9. Custodial sentences
10. Work of which YOT staff were proud, and good practice examples
11. Recommendations for change.

The survey was undertaken between October and December 2009. To supplement responses to one of the areas covered by the survey (point 9, above), three focus groups were arranged that took place in July 2010. Focus groups involved 18 staff from three different YOTs.

Information about the research and the questionnaire were circulated to YOT managers by the Association of YOT Managers Ltd and, separately, by the Prison Reform Trust. It became apparent at an early stage that specialist workers were most likely to complete the questionnaire and further emails to encourage YOT workers, heads of service and YOT managers to participate in the research were sent.

Responses were received from over half of YOTs in England and Wales; there were 208 responses from 89 YOTs<sup>11</sup>. Two YOTs returned nine questionnaires each and nine participants didn't identify which YOT they were from.

Of the responses:

- Five were from Wales and 203 from England
- Nine (4%) were from heads of service
- 41 (20%) were from YOT managers
- 60 (29%) were from YOT workers/caseworkers
- 98 (47%) were from specialist workers; of this group:
  - ◆ Around half were from health, including mental health workers, general health workers, learning disability nurses, clinical psychologists, occupational therapist, a general practitioner (GP), substance misuse workers, and from CAMHS
  - ◆ Ten were from education, including education liaison officers, education workers, teachers, educational psychologist, and staff from education, training and employment (ETE)
  - ◆ Five were probation officers
  - ◆ Smaller numbers, between one and three in each case, were responsible for accommodation, performance and practice, anti-social behaviour, restorative justice, parent support, parenting programmes, offending behaviour programmes, mentoring, intensive support and supervision, and prevention work; or were social workers, youth workers, YOT court workers and connexions workers.

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<sup>11</sup> In 2007/08 there were 157 YOTs: 139 in England and 18 in Wales (YJB, 2009).

The data were analysed by total response and by the different staff groups, which were:

- Heads of service and YOT managers together
- YOT workers (caseworkers)
- Specialist YOT staff.

Not all participants answered every question. Where fewer than 75% of the total response (208) answered a particular question, the actual number, or percentage, of people who did respond is given.



## Part two: the views of YOT staff

### Identifying impairments and difficulties of children who offend

This section looks at the ways in which children with impairments and difficulties might come to the attention of YOT staff.

#### Screening or assessment tools or procedures

Participants were asked whether their YOT used any screening or assessment tools or procedures to identify the impairments and difficulties addressed by this study. Screening or assessment tools or procedures to identify mental health problems were significantly more likely to be used than tools or procedures for any other impairment or difficulty – see Table 1.

Table 1: Does your YOT use any screening or assessment tools or procedures?

|  | Yes % | No % | Don't know % |
|--|-------|------|--------------|
| Learning disabilities or low IQ                | 37    | 56   | 7            |
| Specific learning difficulties, e.g. dyslexia  | 35    | 56   | 9            |
| Communication/speech and language difficulties | 36    | 56   | 8            |
| Mental health problems                         | 85    | 11   | 4            |
| ADHD   | 45    | 46   | 9            |
| Autistic spectrum disorder                     | 28    | 60   | 12           |
| Low levels of literacy                         | 54    | 37   | 9            |
| N=170  |       |      |              |

Responses varied according to the different staff groups; specialist workers were almost two and a half times more likely than heads of service/YOT managers to say that screening or assessment tools or procedures were used by their YOT.

Participants were asked what screening or assessment tools or procedures were used and for which difficulty or impairment, and 152 (73%) responded. Participants listed a large number of different tools but it wasn't always clear for which impairment or difficulty they were being used for; further, the name of the tool often wasn't given, although it was said that an 'assessment' took place. Descriptions of procedures used were, on the whole, limited to participants saying that 'a referral' could be made, but the criteria by which the decision to refer was made generally wasn't given.

Some participants cited one or two different tools or procedures used by their YOT, while others cited many.

One participant said:

*Although we do not use any specific written tools for these conditions we do have staff in the team who are specialist in different areas. These specialists provide a consultation service to the youth offending service team through individual discussions and a weekly consultation and referral meeting.*

**ASSET and ONSET:** around one-fifth of participants cited ASSET and ONSET as tools used to identify some or all of the impairments and difficulties addressed by this study. Both are youth justice service assessment tools, and it is important to describe their purpose, especially the sort of information they were designed to provide:

- *ASSET is the standard assessment tool used by youth offending teams to assess all children and young people in contact with the youth justice system. It identifies risk and protective factors and measures change over time.*
- *ONSET is a referral and assessment framework used by youth justice system preventive programmes to identify risk and protective factors for children and young people at risk of offending (YJB website, August 2010).*

According to the government strategy to promote the health and well-being of children and young people in contact with the youth justice system, Healthy Children, Safer Communities, these youth justice service assessment tools:

*... were specifically designed to assess risk in relation to offending and to measure progress in preventing reoffending. While they include sections on physical, emotional and mental health, their focus is on the extent to which health needs are associated with the likelihood of further offending. As a result, physical health problems are often overlooked and the rate of mental health problems underestimated.*

*Moreover, the more specialised mental health screening and assessment tools ... do not assess for learning disability, for speech, language and communication needs, or for conduct disorder (HM Government, 2009b).*

In other words, while both tools may be perfectly suited to assessing risk in relation to offending they were not designed to screen for or assess the particular difficulties and impairments addressed by this study – the one exception being for mental health problems, which are covered below.

That said, a number of participants said ASSET and ONSET were used to identify some or all of the impairments and difficulties addressed by this study:

*ASSET looks at all these factors and advises the best type of intervention.*

*ASSET would cover most of these [impairments and difficulties]; we would then make referrals to the appropriate person, for example the health worker. We don't use any other screening tools.*

*ASSET questions are used to determine learning disabilities.*

*Whilst we do not use any tools specifically for education or communication problems, these are identified through ASSET.*

**Mental health problems:** the most commonly cited tools and procedures were for mental health problems, and around half of participants made reference to these, in particular – but not exclusively – the mental health screening questionnaire interview for adolescents (SQIFA) and the mental health screening interview for adolescents (SIFA). The SQIFA and SIFA are youth justice service tools:

- *SQIFA is a short mental health screening questionnaire interview for adolescents attached to ASSET to be completed by all YOT staff*
- *SIFA is a detailed mental health screening interview for adolescents to be completed by YOT health staff (YJB website August 2010).*

Where scores on the SQIFA are over a certain level, the young person is referred to YOT health staff for a more detailed SIFA assessment.

Some participants said they used screening or assessment tools that had been developed either in-house or by their local CAMHS, while others named particular tools, including:

- The adolescent well-being scale
- Beck's depression scale
- The FACE scale (brief non-verbal method for assessing patient mood)
- HoNOSCA (health of the nation scales for children and adolescents; for use in CAMHS)
- HAD (hospital depression and anxiety) scales
- MFQ (mood and feelings questionnaire)
- STAXI (State-Trait anger expression inventory)
- SAVRY (structured assessment of violence risk in youths).

Participants also said they would refer children they were concerned about to their YOT's mental health worker – if they had one – who would undertake an assessment, or to local CAMHS, although by what criteria the decision to refer was made generally wasn't given:

*Young people can be referred to our mental health worker if we suspect non-diagnosed difficulties and she can refer them on for specialist assessment.*

**Low levels of literacy and specific learning difficulties:** around one-third of participants cited screening and assessment tools and procedures concerned with 'education', although it often wasn't clear whether they were being used to identify low levels of literacy or specific learning difficulties or other difficulties within the learning context. A large number of different tools were again mentioned; the most commonly cited included:

- Learning styles questionnaire; VAK (visual, auditory and kinaesthetic learning styles) and QuickScan
- LADS (screening for dyslexia)
- Basic skills assessment
- Rapid English diagnostic assessment (for literacy)
- WIAT (Wechsler individual achievement test for language, numerical and reading abilities)
- SDQ (strengths and difficulties questionnaire)
- Read Write Plus initial assessment
- PhaB (phonological assessment battery) to assess phonological skills; often used in educational settings and by some speech and language therapists
- NFER Nelson Group reading analysis

- British Picture Vocabulary Scale
- HDQ<sup>12</sup> (hidden disabilities questionnaire)
- British Ability Scale.

Referral for an 'education assessment' was commonly cited, which was generally undertaken by a YOT education worker or YOT teacher, although it wasn't clear by what criteria the decision to refer was made.

**Learning disabilities or low IQ:** one in ten cited screening or assessment tools for learning disabilities, which included:

- Adaptive behaviour scales
- Hayes adaptive behaviour (which may relate to inappropriate sexual behaviour and/or offending, or the HASI – see below)
- HASI (Hayes ability screening index).

Smaller numbers said there were referral procedures for children who YOT staff thought may have learning disabilities, although it wasn't clear what these were or by what criteria the decision to refer was made.

One participant said:

*ASSET is used, but as a health practitioner – when young people are referred to me – I use my own developed health profile based on learning disability experiences. There was nothing in place when I started.*

While another said:

*Several years ago funding was obtained for a learning disability specialist and we assessed all children; this funding ended, as did the service.*

At one YOT all children received a screening appointment

*... with one of the psychologists, who is alert to IQ, communication and autistic spectrum disorder problems.*

**Communication difficulties:** smaller numbers – less than one in ten – cited tools or procedures for communication difficulties. Two participants said their YOT used a tool developed locally by a speech and language therapist, while others cited QuickScan and SCORE, or referred to 'an assessment' being undertaken.

Four participants said they could refer children to a speech and language therapist.

**ADHD:** less than one in ten cited tools or procedures for ADHD. The most common tool was Connors checklist for ADHD, and SNAP behaviour for social, emotional and behavioural difficulties. A small number also said they were able to refer to CAMHS or their YOT health specialist, and some said that ADHD would be identified by SQIFA<sup>13</sup>.

<sup>12</sup> Rack, J.P (2010) The Development and Validation of the Hidden Disabilities Questionnaire (HDQ). [www.dyslexiaaction.org.uk/hiddendisabilities](http://www.dyslexiaaction.org.uk/hiddendisabilities).

<sup>13</sup> The ADHD/hyperactivity questions contained in SQIFA are based upon 'observations' made by YOT staff and 'other information' obtained from 'a teacher/parent/person who knows the young person well'. As such, ADHD is not likely to be identified unless prior knowledge is reported, although concerns may influence the decision for a more detailed screening interview – the SIFA – undertaken by YOT health staff.

**Autistic spectrum disorder:** four participants cited tools or procedures for autistic spectrum disorder, and one tool was referred to by name – Gillberg’s criteria for Asperger’s disorder. Others said that referrals could be made to CAMHS or health specialists, but no criteria were given for when a referral might be made.

**How useful is the ASSET assessment process?**

As described in the previous section, while the ASSET include sections on physical, emotional and mental health, its focus is on the extent to which health needs – and low educational attainment – are associated with the likelihood of further offending by the young person; ASSET was not designed as a screening or assessment tool to identify particular difficulties and impairments.

Having said that, certain sections in the ASSET that consider physical, emotional and mental health, and education, may act as a trigger to alert YOT staff to the possibility that a child might have particular difficulties or impairments.

Participants were asked how useful the ASSET process was in alerting them to the possibility that a child might have particular impairments or difficulties and 150 (72%) responded.

With the exception of mental health problems and autistic spectrum disorder, these findings show a rather mixed and inconclusive picture. Similar numbers of participants said that the ASSET process was very useful or quite useful, as those who said it was not very or not at all useful. For mental health problems and autistic spectrum disorder the response was much clearer. More than four-fifths said the ASSET process was quite useful or very useful for mental health problems, while only around a quarter said so for autistic spectrum disorder – see Table 2.

*Table 2: How useful was the ASSET process in alerting YOT staff to the possibility that a child might have the following difficulties or impairments?*

|  | Very useful<br>% | Quite useful<br>% | Not very useful<br>% | Not at all useful<br>% |
|--|------------------|-------------------|----------------------|------------------------|
| Learning disabilities or low IQ                | 9                | 40                | 38                   | 13                     |
| Specific learning difficulties, e.g. dyslexia  | 7                | 38                | 41                   | 14                     |
| Communication/speech and language difficulties | 11               | 37                | 41                   | 11                     |
| Mental health problems                         | 23               | 61                | 13                   | 3                      |
| ADHD   | 14               | 36                | 41                   | 9                      |
| Autistic spectrum disorder                     | 10               | 18                | 58                   | 14                     |
| Low levels of literacy                         | 10               | 46                | 31                   | 13                     |
| N=150  |                  |                   |                      |                        |

Responses between the different staff groups varied. Specialist workers were more likely than YOT workers and heads of service/YOT managers to say they found the ASSET process very useful for each impairment or difficulty – in some cases markedly so. For example, specialist workers were around three times more likely than heads of service/YOT managers to say the process was very useful for learning disabilities, communication difficulties, ADHD, and autistic spectrum disorder; they were almost twice as likely as YOT workers to say the process was very useful for mental health problems and low levels of literacy, and six times more likely than YOT workers to say the process was very useful for ADHD.

### **Information requested and received about individual children**

Participants were asked whether they requested and/or received information from children's services about impairments and difficulties when a child first came into contact with their YOT; around half (51%) said they did, while slightly fewer than two-fifths (37%) said they sometimes did.

Participants were asked to comment on the type of information requested and received, including where from, the quality of the information and its timeliness and 138 (66%) responded.

The amount of information requested and received varied greatly, with some participants listing a range of different sources:

*I contact the schools, alternative provision, managed move team, education welfare officers, special education needs team, traveller team or behaviour support team for an education report, which includes information such as attendance figures, punctuality, behaviour, attitude, academic ability, parental support, peer association, relationship with teachers, start date, and predicted grades. This information is put on the ASSET.*

While others asked for, and received, very little:

*Usually only notified whether or not a young person is open [sic] to children's services or has been known to services.*

*This is an area I want to improve as often this information is not asked for or it is requested from schools or social care and not received.*

The quality of information received also varied:

*Educational statements (often behavioural rather than about need or mental health issues); psychological reports (often out of date); school nurse summaries (usually excellent). CAMHS interventions, often about failure to engage, it's a very medical model. Custody discharges vary from excellent to poor. Child in need and CAF [common assessment framework<sup>14</sup>] – usually comprehensive. No standard format of minimum information.*

The quality and timeliness of information received depended on a number of factors, including – but not exclusively so – whether the person requesting information knew the person providing it and whether they enjoyed a good relationship:

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<sup>14</sup> The CAF was introduced as part of Every Child Matters Change for Children programme in 2004. It is a shared assessment and planning framework for use across all children's services and local areas in England. It aims to help the early identification of children and young people's additional needs and promote coordinated service provision to meet them (CWDC, 2010).

*[Information from] CAMHS is easy to access as I am employed by CAMHS and considered to be an integral part of the service. I can obtain information on behalf of my colleagues, being mindful of confidentiality and consent issues.*

*Response times vary; not surprisingly I tend to get a very prompt service from people that already know me/my role.*

For some participants information requests were channelled through specialist YOT staff, which meant that – although information of good quality might be received – system delays were inevitable:

*Our specialist services (education, health, etc.) can source the relevant information, although it can sometimes be patchy and can often only be sourced through a few identified people, meaning response times can often be delayed.*

Other factors included how well data had been recorded, and whether the child was currently ‘known’ to services.

A small number of participants said that service level agreements were in place, which helped to ensure timely information of good quality, although such agreements did not necessarily guarantee a ‘good’ response:

*The youth offending service has an agreement with every secondary school in the area to access information on all young people who come into the service. However, due to administrative difficulties this process frequently doesn't happen.*

*We have an agreement, not often honoured, to share literacy and numeracy assessments with the PRU [pupil referral unit], but these [assessments] seem to be not only sporadic, but not in line with our own experience.*

Information sharing was at times problematic; one participant said that CAMHS would share information only ‘with consent’ from the individual child, while another said:

*It is difficult to get information from social services departments and although we are working with children subject to statutory interventions we have been advised by some social service departments that providing information would be a breach of confidentiality – so much for working together guidance.*

Information mostly came from education, children’s social services, health services, via the common assessment framework (CAF) and local database services – and each of these are considered below.

**Education:** slightly more than half of participants said they received information from ‘education’, including from the local education authority, education welfare, SEN teams, and directly from the school – including the school nurse – college or ETE provider. The list of what information was requested and/or received varied and included: attendance at school, academic ability, attainment, particular welfare concerns, difficulties in English, literacy levels, difficulties in maths, parental support, peer association, behaviour and special educational needs, including statementing information, school action, and school action plus.

Around one-fifth said they specifically requested information about special educational needs (SEN), and while some received information in a timely way, others did not:

*Statement of SEN can take weeks.*

*We don't receive any information from the SEN department and this would benefit us and the young people.*

Some participants didn't request information about SEN

*... unless this has been previously identified or there is clear cause for concern.*

Or because:

*It is often difficult or time-consuming to get access to a copy of the young person's SEN.*

For some participants, sourcing information during school holidays was problematic:

*We request information from education via the education welfare officers, however, this service is not fully available during the school holidays.*

**Children's social services:** around half of participants said that checks were made to see if a child was known to children's social services and, if they were, requests for information were made. A number of participants said that such checks could be made directly via a children's service database (see below) and more detailed information was requested as appropriate. If a child was currently known to children's services, for example, as a looked after child or a child subject to a care protection plan, information was more likely to be timely and of good quality, not least because telephone conversations could be had with the child's social worker. If, however, 'the case' was closed, it was more difficult to get information released or to speak to the relevant social worker; the quality of information was also dependant on how well records had been kept.

Some participants said that information from children's services was most likely to focus on child protection or safeguarding issues and would not necessarily include information about any impairments or difficulties experienced by the child.

**Health services:** less than one-fifth (15%) said they received information from a range of healthcare services, including from CAMHS, learning disability services, Primary Care Trusts, general practitioners, accident and emergency, drug and alcohol services, and school nurses.

**Database services:** around one in ten said they were able to access database services, which included a countywide schools databases and an 'integrated children's services' database:

*We have direct access to a county database of school records, which carries details of school history, including SATs<sup>15</sup>, GCSE results and SEN history.*

*A SWIFT [database] check is made and if it is seen they [children] are or were an 'open case' to children's services further information is sought by telephone.*

**Common assessment framework (CAF):** seven participants said information came via the CAF, which was either readily accessed or sent directly to the YOT:

*The CAF form comes with the young person in most cases.*

*Common assessment framework form from social care. Information is usually very generic which is positive because it provides direct links to other agencies. The form is usually completed promptly and simply needs to be accessed.*

Other sources of information included Connexions and the parents and family of the child.

### **Other ways in which a child's impairments or difficulties might come to the attention of YOT staff**

Participants were asked if there were any other ways in which a child's impairments or difficulties might come to their attention and 154 (74%) responded. Around three-quarters said there were other ways (74%), and less than one-fifth (17%) said there sometimes were. An analysis of qualitative data showed that responses can be clustered under the following three headings:

- Routine contact (formal and informal) with YOT colleagues and other professionals and practitioners in youth justice and children's services
- Engaging with, and observing the behaviour and ability of the child, and receiving feedback from colleagues
- Information from parents and carers.

1. Routine contact (formal and informal) with YOT colleagues and other professionals and practitioners in youth justice and children's services.

Participants were most likely to say they 'picked up' or 'heard about' a child's difficulties or impairments during routine contact, both formal and informal, with YOT colleagues and others working in youth justice and children's services, and slightly more than one-third described receiving information in this way:

*We sit on numerous forums/groups such as team around the child, fair access panel, vulnerable learners group, etc., which often makes you aware of other issues and other professional involvement.*

*Different case workers will often have a conversation with me about issues that they uncover during their assessments and they will bring such matters to the case discussion, held on a weekly basis.*

Some participants spoke about the importance of specialist and/or experienced YOT staff being involved in recognising when a child might need particular support:

*In my experience the most appropriate referrals are not necessarily based on ASSET scores but on an individual's knowledge/experience and will often come after an informal discussion.*

A small number of participants said information might also come to their attention from the child's solicitor, the appropriate adult who attended the police station, the police, and custodial staff.

And one participant said that a YOT worker having a *gut feeling that all is not well* was important in identifying possible impairments and difficulties.

2. Engaging with, and observing the behaviour and ability of the child, and receiving feedback from colleagues.

Slightly fewer participants – around a third – said that engaging with, and observing the behaviour and ability of the child, for example in supervision meetings, group discussion and informal conversations, would highlight possible impairments and difficulties:

*As a caseworker I have picked up difficulties with a young person in supervision sessions, especially literacy when doing written exercises.*

One participant highlighted the importance of such contact thus:

*I do not feel that the ASSET particularly highlights ADHD or ASD; it is the face-to-face contact with a young person that helps in highlighting/alerting one to those needs or possible difficulties.*

A number of participants highlighted the importance of reported observations and feedback from YOT colleagues who had contact with the child over prolonged periods:

*The reparation team spend a lot of time with the young people and find out issues that do not always become apparent in sessions with case managers. The same can be said for work done with the education worker.*

A small number of participants said that, on occasion, a child will 'self-report' a particular impairment or difficulty, and others spoke about information being forthcoming as their relationship with the child develops.

3. Information from parents and carers.

Smaller numbers, around a quarter, cited information from parents, other family members and from carers, who might express concerns or report particular impairments and difficulties. This information might be received through formal contact, for example during scheduled meetings with the YOT, or informally.

## **Prevalence of children with impairments and difficulties who offend**

How many children who offend have the impairments and difficulties addressed by this report is not entirely clear. As demonstrated by the previous section, routine screening is not undertaken by the YOT, or at any other point in the youth justice system. Prevalence research has, however, provided valuable data and participants were asked how closely research findings matched their own experiences.

For each impairment or difficulty, around half of participants said research findings were about the same as their own experiences, however, there were some important differences. For example, one-fifth of participants said there were fewer children with very

low IQs of less than 70 than research findings show, and more than one-quarter said there were fewer children with mental health problems and communication difficulties. Conversely, around one-third of participants said there were more children with special educational needs and ADHD than research findings show, and over two-fifths said there were more children who had difficulties with literacy – see Table 3.

Table 3: Extent to which prevalence research matched the experiences of YOT staff

| Research findings <sup>16</sup>  | Higher % | About the same % | Lower % | Don't know % |
|--|----------|------------------|---------|--------------|
| About one in four or 23% of young offenders have very low IQs of less than 70 (possible learning disabilities) | 12       | 55               | 20      | 13           |
| Over half or 60% have communication difficulties   | 12       | 53               | 27      | 8            |
| Two in five or 40% have mental health problems   | 13       | 51               | 26      | 10           |
| Less than one third or 29% have difficulties with literacy   | 45       | 43               | 4       | 8            |
| One in four or 25% have special educational needs  | 32       | 48               | 11      | 9            |
| Fewer than one in five have ADHD   | 31       | 53               | 7       | 9            |
| N=203  |          |                  |         |              |

Responses from the different staff groups varied, in particular for children with very low IQs of less than 70 (hereafter referred to as learning disabilities), communication difficulties and mental health problems. An analysis of data showed that:

- For learning disabilities specialist workers<sup>17</sup> were more than three times as likely as heads of service/YOT managers to say that proportions were lower than research findings – 27% and 8% respectively – and almost twice as likely as YOT workers to say that proportions were lower.
- For communication difficulties, YOT workers were almost twice as likely as heads of service/YOT managers to say that proportions were lower than research findings – 34% and 18% respectively. The experience of specialist workers equated roughly to that of all participants.
- For mental health problems, YOT workers were the most likely to say that proportions were lower than research findings, more than one-third (36%) said so compared to around one-fifth (21%) of specialist workers<sup>18</sup> and one-quarter of heads of service/YOT managers.

Don't know responses: overall, 54 participants, more than one-quarter (27%) said on at least one occasion they didn't know what proportion of children experienced any of the difficulties or impairments listed. Of this group, over half (52%) were specialist workers<sup>19</sup>

<sup>16</sup> See methods used, page 17.

<sup>17</sup> Where specialisms were given, seven were mental health workers; seven general health; three education; three psychologists; and one each were probation, substance misuse, occupational therapist, programmes, youth work, and a learning disability nurse.

<sup>18</sup> Where specialisms were given, nine were mental health workers; two social workers; two nurses; and one each were general health, education, psychologist, ISS (intensive support and supervision) worker, Connexions adviser, and restorative justice.

<sup>19</sup> Where specialisms were given, 12 were from health, including four mental health workers, three general health, two psychologists, two nurses and one general practitioner; six were from education, including a teacher and an educational psychologist; two from parenting, and one each were a court worker, prevention, probation, anti-social behaviour, and positive activities for young people (PAYP).

and around a quarter each were heads of service/YOT managers or YOT workers. They were most likely to say they ‘didn’t know’ what proportion of children had learning disabilities and were least likely to say they ‘didn’t know’ what proportion had difficulties with literacy.

## Specialist staff and service provision

This section considers the involvement of specialist YOT staff working as an integral part of the YOT team – either employed directly or seconded from other services – and specialist service provision available as part of children’s universal services.

### Specialist YOT staff – mental health

Participants were asked whether their YOT had one or more mental health workers and almost four-fifths (78%) said they had.

Participants who said they did have a mental health worker were asked whether s/he had learning disability expertise and one-fifth said they had – see Table 4.

Table 4: YOTs with a mental health worker and whether they have learning disability expertise

|   | Yes % | No % | Don't know % |
|---|-------|------|--------------|
| Mental health worker                                | 78    | 22   | 0            |
| If YES, do they have learning disability expertise? | 20    | 44   | 36           |
| N=155   |       |      |              |

### Specialist YOT staff – health

Participants were asked if their YOT had any other health workers and almost nine in ten (88%) said it did. Of this group, 126 described the areas of expertise that their health worker(s) covered, which largely fell into four distinct groups:

- Three-quarters said their health workers(s) had expertise in substance misuse
- Two-fifths had expertise in general and physical health
- Slightly less than one-fifth had expertise in sexual health – including support for sexually inappropriate behaviour
- One in ten had expertise in learning disabilities.

In addition, between one and five participants said they had the following health professionals, practitioners or expertise within, or attached to, their YOT:

- Psychiatrist
- Psychologist
- Speech and language therapist
- School nurse
- Expertise in autistic spectrum disorder

- Expertise in emotional mental health
- Expertise in ADHD
- Expertise in behaviour therapy and anger management
- Health services co-ordinator.

### **Specialist YOT staff – education**

Participants were asked if there was a member of staff at their YOT qualified in special educational needs (SEN) and of the 151 (73%) who responded slightly less than one-quarter (23%) said there was, while less than one-fifth (16%) didn't know.

Participants who said there wasn't such a member of staff at their YOT were asked if there was a procedure for referring children for assessment if YOT staff suspected they may have special educational needs, and around three-quarters said there was. Just over one in ten (13%) said referrals were made through YOT education workers and a further 16% said they were made through the child's school or education provider. Smaller numbers said referrals were made via CAMHS, YOT health workers, the local authority SEN team, and directly with education psychology.

A number of participants highlighted difficulties in making referrals for 16 and 17 year olds:

*Under 16 year olds can access usual services; if they are over 16 there is no service other than support if they are on ETE [education, training, employment] or educational support in further education or on projects.*

*Generally they [education] aren't interested in assessing YOT clients because they are too old and are nearing the end of statutory school age.*

Waiting times: participants were asked if there was a waiting list for referrals and around one-fifth (21%) said there was, while one-third didn't know. When asked what the waiting periods were, responses varied. One participant said, *longer than it should be*, but most didn't know. The shortest time given was two weeks and the longest up to six months.

Service level agreement: participants were asked whether their YOT had a service level agreement for assessment of SEN and fewer than one in ten (7%) said their YOT did; 5% said that no agreement was necessary as services were provided 'in house', while almost two-fifths (37%) didn't know. One participant noted that although there wasn't a service level agreement, *we have a good relationship with these teams.*

### **Specialist provision – child and adolescent mental health services (CAMHS)**

Participants were asked how satisfied they were with their local CAMHS and 147 (71%) responded. Although the majority were either quite satisfied (59%) or very satisfied (19%) a significant one-fifth was either not very or not at all satisfied.

Specialist workers were more than twice as likely as heads of service/YOT managers and YOT workers to say they were very satisfied with their local CAMHS – see Table 5.

Of the specialist workers, all the mental health staff, including CAMHS workers, were either quite satisfied or very satisfied with their local CAMHS. Specialist workers who were not very, or not at all satisfied included two learning disability nurses, four general health workers, a GP, and a psychologist.

Table 5: How satisfied were YOT staff with their local CAMHS?

|                             | Very satisfied % | Quite satisfied % | Not very satisfied % | Not at all satisfied % |
|-----------------------------|------------------|-------------------|----------------------|------------------------|
| Overall                     | 19               | 59                | 16                   | 6                      |
| Head of service/YOT manager | 12               | 60                | 17                   | 11                     |
| YOT worker                  | 12               | 69                | 12                   | 7                      |
| Specialist worker           | 28               | 51                | 18                   | 3                      |
| N=147                       |                  |                   |                      |                        |

Participants were further asked how they would describe the quality of their relationship with CAMHS. It was noteworthy that those who described their relationship in positive terms were often either seconded CAMHS staff, or worked in YOTs where CAMHS staff were an integral part of the team:

*Very good because I am part of the team and that works really well... we have worked hard to get a good relationship.*

*Good. Our mental health worker is seconded from CAMHS so the referral process goes through her and she then goes straight to them.*

Relationships were described in less positive terms when YOT staff found it hard to get referrals accepted:

*They never accept my referrals; their threshold is too high so most of our children don't get the service they require.*

Others said that while they might receive good advice from CAMHS, it was often hard to get a case opened.

Relationships with CAMHS were frequently described in terms such as *tenuous*, *improving*, and *could be better*. Particular factors that seemed to affect relationships included poor communication and a perceived unwillingness to share information – to the point of being *secretive*.

Waiting times: around half said there was generally a waiting list for CAMHS and one-fifth said they didn't know whether there was a waiting list or not. A small number said that YOT referrals were 'fast tracked', and others that it depended on the seriousness of the referral. The range of waiting times given was between 24 hours and 12 months, with most falling between two weeks and three months. One participant said:

*There is always a waiting list unless a young person has been sectioned or has attempted suicide.*

Learning disability and CAMHS: participants were asked whether the CAMHS to which

they referred children had learning disability expertise. Of the 146 (70%) who responded over one-third (36%) said it did, while around one-half didn't know.

Participants were asked whether their YOT had access to LD (learning disability) CAMHS and, of the 150 who answered, less than one-third (31%) said that it did, while more than two-fifths (45%) didn't know<sup>20</sup>.

Service level agreement: participants were asked whether their YOT had a service level agreement with CAMHS and almost two-thirds (64%) said their YOT did, while around one-quarter didn't know. A further 6% said the agreement was currently being re-written.

Gaps in provision: the thresholds imposed to access CAMHS was a particular cause for concern with participants frequently saying that children were denied access to specialist services because their problems were not seen as being of sufficient severity:

*We have one mental health nurse assigned to the team who covers the whole county. The role only screens children against CAMHS criteria and refers if meeting that criteria. This misses a huge amount of young people who are suffering low depressive episodes, are isolated from their families or who are not suffering a specific 'mental illness'.*

*I feel that the young people with whom we work are very disadvantaged in terms of mental and emotional health needs... I have worked with many young people whose difficulties do not meet the thresholds for either CAMHS or CHAD.*

Participants felt thresholds that were set too high created a significant gap in provision for children who nevertheless needed specialist support:

*We need another service that will work with lower level emotional issues and the young people should not have to ask for this. YOT staff should explain the benefits of the service and encourage and motivate children to engage.*

*I think mental health is seen too narrowly. They [children] may say they haven't got a mental health problem and in need of CAMHS when I think they do have issues and could benefit from counselling/therapy.*

Some participants also raised the question of whether CAMHS were adequately equipped to deal with children who offend:

*CAMHS general is lacking in understanding of working with complex emotional needs where there is a forensic component. The risk associated with this client group adds to reluctance for services to engage with them. There can also be a misunderstanding about roles; specifically what interventions are enforced by law.*

The lack of CAMHS provision, including for children with learning disabilities, for some 16 year olds and for 17 year olds was a particular concern:

*The main issue is that CAMHS goes to 16. It's difficult to get a young person's service for 16 plus. It's a massive issue.*

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<sup>20</sup> Unfortunately, because data were collected differently (qualitative and quantitative), it is not possible to say what overlap there was between CAMHS with learning disability expertise and access to LD CAMHS; thus the figures shown present the best possible scenario.

*If the young person is aged 16 or 17 years they are not eligible for a learning disability service via CAMHS or adult services.*

### **Specialist provision – learning disability services**

Participants were asked whether their YOT had access to learning disability services and, of the 148 (71%) who responded, over two-fifths (45%) said it did. Slightly less than one-third (30%) didn't know whether any such provision existed or not. Of those who said they did have access, a number qualified their response by saying that access was limited:

*Yes, but very difficult to access due to lack of resources in this borough.*

*It's only for young people with severe learning disabilities, but we mostly see young people with mild learning disabilities.*

One participant said that children would first need to be registered with a local GP in order to access local service provision.

Waiting times: more than one-fifth (22%) said there was generally a waiting list and around two-fifths (39%) didn't know. When asked what the waiting periods were, most didn't know. Of those who gave a waiting period it varied between seven days and more than six months. One participant said there was no service for 16 and 17 year olds and that the waiting period was until they turn 18 or six months plus.

Service level agreement: participants were asked whether there was a service level agreement between their YOT and specialist provision and less than one-fifth (14%) said there was.

Gaps in provision: the difficulty of accessing services for 16 and 17 year olds was again highlighted by participants, and some also raised concerns about thresholds for services being set too high:

*Learning disability services only accept severely disabled children, i.e. IQ 50 and below. Mild and moderate learning disability can be referred to specialist CAMHS but only if they meet the criteria of a mental health/illness. When youth offending services suspect that a young person has a learning disability there is no easy direct pathway for psychometric assessment.*

Poor early recognition of children with learning disabilities, which in turn often compounded difficulties in transition from children's to adult services, was also raised:

*I feel that learning disabilities are often overlooked and if the young people are not stated or diagnosed with a specific difficulty by the age of 14 or 15, then they are expected to wait for adult services to become available. I find this wholly unacceptable.*

### **Specialist provision – speech and language therapy**

Participants were asked whether their YOT had access to speech and language therapy services. Of the 149 (71%) who responded less than one-fifth (15%) said their YOT had access and similar numbers said they had, but ‘not directly’; referrals were made via schools, CAMHS or other children’s services, *for which there are very long waiting lists*. More than one-fifth (22%) said they didn’t know.

Three participants said there was a service but only for children still in formal education up to 11 years of age, while another gave the age as 16 years.

One said:

*No, we don’t have access [to a speech and language therapist]. In October 2009 I submitted a report to the PCT for this provision, ideally a seconded member of staff or if not access to services in the community. Local authority speech and language colleagues have offered some training but we need first to have an understanding of the services that can be accessed.*

Waiting times: almost one-quarter (23%) said there was generally a waiting list, while over three-quarters (77%) didn’t know. When asked what the waiting periods were most didn’t know. Of those who gave a waiting period, it varied between two weeks and more than six months.

Service level agreement: slightly more than one in ten (13%) said there was a service level agreement or thought there was.

Gaps in provision: a number of participants highlighted a lack of specialist support from speech and language therapy services, which was described by one participant as a massive gap, before adding:

*This is vital in our role as there are a high percentage of young people who come through the youth justice system who have issues in this area.*

One participant said that having a speech and language therapist based within the YOT for one and a half days a week had:

*...served to raise the consciousness within the team of issues around speech, language and communication needs, and learning disabilities and difficulties.*

### **Specialist provision – education psychology**

Participants were asked whether their YOT had access to an educational psychologist. Of the 150 (72%) who responded around one-third (34%) said their YOT had. Slightly less than one-quarter (23%) said they had, but ‘not directly’; referrals were made via schools or other children’s services. A small number qualified their response, saying that children needed to be in education to access such support and that services were not available for 17 year olds. One said that access was only through the courts.

Waiting times: around one-third (30%) said there was generally a waiting list and around one-fifth (21%) didn't know. Most participants said they didn't know how long the waiting period was, while those who did know said that waiting times were anything from six days to two years.

Service level agreement: just over one in ten (13%) said there was a service level agreement:

*Yes, but this has just commenced. We will receive eight, three-hour sessions through the year.*

### **Specialist staff and service provision – other areas of expertise**

Participants were asked whether their YOT had access to any other specialist staff or service provision and of the 142 (68%) who responded more than three-fifths (65%) said it did. While most listed relatively small numbers of specialist staff and/or service provision they had access to, others reported extensive support:

*Family and systemic therapy – relationships and communication. Early intervention for psychosis, substance misuse, housing officer dedicated to young people with special need (mental health, learning disability and very vulnerable) to support them with independent living. Cross cultural issues are a speciality of this YOT in working with children and specific issues are targeted for dual heritage children in regard to identity. Tier 2 counselling service for issues of emotional and mental health problems, including bereavement issues and domestic violence, are available with a two/ three week waiting list. Voluntary sector provision mainly aimed at young woman also available.*

In addition to statutory services, a number of participants also listed a range of voluntary sector organisations that provided support:

*Barnados, OKUK, Merseyside Youth Association, NACRO, Local Solutions, Positive Futures, Mentoring and Befriending Foundation, National Appropriate Adult Network, The Children's Society, Parents Like You, Anthony Walker Foundation.*

*We are working together with Hampshire Autistic Society on improving identification and access to services for children in the criminal justice system with autistic spectrum disorder.*

*Transitional service between voluntary agency (Jigsaw) to work with children with learning difficulties up to age 25.*

Whether services were contracted or provided via a voluntary agreement was not explored.

Participants listed a huge range and number of different specialists and organisations demonstrating the breadth of specialist provision that YOTs have access to, although the extent to which they provided particular support for children with impairments wasn't clear.

### **Specialist support or service provision – further thoughts from YOT staff**

Participants were asked if there was anything else they wanted to say about specialist support or service provision and around a quarter (26%) responded. Responses tended to cover two main areas; these were gaps in provision, which have been incorporated above, and particular ways of working, including the importance of multi-disciplinary teams, building positive relationships, referral pathways – as well as praise for the work of specialist staff – which are described below.

**Multi-disciplinary teams:** the benefit of a seconded multi-disciplinary team of specialists, based within the YOT, was raised by a number of participants:

*Our YOT is a multi-disciplinary team with a lot of strong links with other agencies partly because of the number of specialist staff seconded from those agencies. I believe this benefits our young people.*

*Generally speaking, the multi-agency approach appears to be working well, and a lot of time is saved being able to approach agencies directly because they have a representative in the team.*

However, problems arose when a secondment was ‘short-term’ or when there were gaps between one secondee leaving and another being appointed:

*Keep the staff at the YOT; seconded staff are the key to its success, however they should be permanently seconded.*

*They are not replaced fast enough when they leave.*

**Positive relationships:** building positive relationships with specialist service providers was highlighted as a route to yielding good results:

*The specialist staff have built good relationships with external services so we can get the best outcome for the young people known to us.*

But there was a cautionary note; positive relationships – and indeed relying on a small number of specialist staff – were not sufficient to guarantee consistent service provision of high quality, and formal agreements were necessary:

*It usually depends on the experience and knowledge of good individuals rather than a systematic, thought through set of resources.*

*It would, in my view, be beneficial for our service to agree a SLA [service level agreement] with CAMHS and get a seconded health worker in.*

**Referral pathways:** the importance of clear referral pathways was highlighted, with one participant noting that her YOT had clear pathways for referral and excellent communication with other partner agencies. However, that was not the case for everyone:

*There does not seem to be any clear pathway to refer our young people directly into these [specialist] services, and, as they are not all in one place, it is confusing.*

Others highlighted the importance of understanding the role of specialist services, including likely outcomes:

*Sometimes there is a lack of communication about what the health worker can and can't do/refer to, and the consequent outcomes of those referrals.*

While one participant noted that the referral process for CAMHS and the learning disabilities team, which was made via YOT health workers, *appeared unsuccessful and disjointed at present.*

The importance of **good specialist staff** was summed up thus:

*I think we have great links via the specialist YOT staff. It's important to have good specialist staff so that the YOT workers can focus on offending behaviour and the rest of us [specialist staff] can focus on unmet needs.*

## Reasonable adjustments and adapted interventions

Participants were asked whether changes were made to interventions to support the participation of children with impairments and difficulties and, if so, for which particular impairment or difficulty. Of the 137 (66%) who responded more than two-thirds (69%) said that changes had been made (which is less than half of all the 208 participants) while almost one-fifth (17%) said that changes had not been made.

Specialist workers were the most likely to say that changes had been made, with almost three-quarters (73%) saying so; 67% of heads of service/YOT managers said changes had been made, and 62% of YOT workers.

Participants were asked to describe the changes made to a number of different programmes and activities, including offending behaviour work, victim awareness, restorative justice, substance misuse, positive activities, education, and connexions.

Many of the changes described by participants for one programme or activity, or for a particular impairment or difficulty, were replicated across all programmes and activities. What was clear was that many YOT staff invested a great deal of time and effort in adapting programmes and activities, and in creating new ones, to assist participation by individual, and certain groups, of children.

What was less clear, however – and was raised by some participants – was the extent to which YOT staff were adequately qualified, experienced and supported to both identify a child's particular support needs, and to make the necessary adjustments, to ensure that the child was able to participate effectively.

Around half of participants said interventions were 'tailored' to meet the support needs of the individual child – although few said how this might be achieved. Some qualified their response saying that changes would only be made if a child's support needs had previously been identified:

*Consideration is given to acknowledged and recognised difficulties.*

*All work would be adapted to meet an individual's need – if that need was identified.*

Other participants provided more detail:

*Sessions may involve drawing rather than talking if the young person communicates better this way.*

*For learning difficulties work has been simplified and more games and visual learning have been incorporated.*

*We are trying to use resources more suitable for the apparent mental age and understanding of the young person; for example, body board for emotional and sexual health for young people with learning disabilities, or what appears to be learning disabilities.*

*For ADHD – active learning, for example 'group work on feet'.*

Around one-fifth said that the individual learning styles of children were taken into account:

*We are trying to assess learning styles more now as this was highlighted in the inspection process.*

Smaller numbers said that changes were made in consultation with YOT colleagues and specialist staff, including contact with schoolteachers, care home staff and parents:

*Caseworkers liaise with specialist workers to ensure interventions are appropriate and safe.*

*Liaison [on adapting interventions] is made all the more possible due to the mental health nurse being part of the YOT and available to colleagues.*

One participant had re-written an offending behaviour programme so that it was easier for children to understand, while others said that specific training was undertaken to assist YOT staff in adapting interventions and in supporting children's engagement:

*The psychologist is rolling out training for practitioners in motivation interviewing and cognitive behaviour treatment.*

Some described screening and assessment procedures undertaken to assist in adapting interventions:

*Mental health screening is undertaken to identify the ability of the young person to understand and to engage in youth offending service orders.*

*Assessment is conducted for suitability for group work as well as looking at literacy skills and the ability to engage.*

While one participant said:

*... checking young people can read before giving out leaflets. Case managers are checking if young people can read, tell the time and understand such things as the days of the week.*

Practical changes described by participants included:

- Shorter sessions and more active sessions, in particular for children with low levels of concentration, for example role play
- Use of imagery to encourage visual learning, for example pictures, DVDs, story/body boards, 'feeling faces', prompt cards
- Less reliance on written work; simpler/more accessible language for spoken and written work
- Use of mentors and support workers to assist engagement
- Computer based activities
- Small groups for group work; one-to-one work
- Music therapy, in particular for children with low self-esteem
- Introduction of a combined sports engagement team and personal development programme.

### **Proportions of children who find it hard to participate in interventions**

Participants were further asked what proportions of children, in their view, found it hard to fully participate in interventions. Despite the range of adaptations described above, of the 137 (66%) participants who responded, around two-fifths said almost half of children found it hard to fully participate – see Table 6.

*Table 6, Proportions of children who, according to YOT staff, find it hard to participate in interventions because of their impairments or difficulties:*

| Less than 10% | Less than 20% | Almost half | More than half |
|---------------|---------------|-------------|----------------|
| 22%           | 33%           | 38%         | 7%             |
| N=137         |               |             |                |

### **Difficulties experienced by children**

Participants were asked what they thought were some of the greatest difficulties faced by children with impairments and difficulties and 115 (55%) responded. Although participants sometimes described specific 'difficulties' for the different impairments, for example difficulties in sustained concentration for children with ADHD, most of the 'difficulties' described were common across all impairments, and some participants highlighted this:

*For all [impairments] really: understanding the language used, what's expected of them, unable to work in a highly structured environment without flexibility, short attention span, etc.*

*For all the list [of impairments] young people having their actions and behaviour misinterpreted; as a result, interventions are inappropriate to their needs. There is a lack of support and understanding of the type of support they require.*

An analysis of qualitative data showed that these common, or 'generic' difficulties can be clustered under three main headings:

1. Difficulty understanding
2. Low levels of confidence and self-esteem; feeling or being marginalised and stigmatised
3. Poor identification of children with impairments and difficulties; lack of specialist support and service provision, and availability of appropriate interventions.

#### 1. Difficulty understanding.

Children experiencing difficulties with understanding was by far the most commonly cited, and was mentioned 124 times in the following contexts.

- Difficulty understanding the various legal and youth justice processes, including understanding and participating in court proceedings, and what is required of them at each stage of the youth justice process.
- Difficulty understanding their rights and entitlements as they enter and travel through the youth justice system.
- Difficulty understanding the consequences of failure to comply with court orders and non-compliance generally, for example not understanding what they need to do to successfully complete an intervention, and the penalties for non-compliance.
- Difficulty understanding the impact of their behaviour on themselves and others, including how to deal with difficult social situations.
- Difficulty understanding written information, for example official letters, timetables for activities, and, more generally, information displayed on notice boards.
- Difficulty in conveying<sup>21</sup> their levels of understanding, for example of the youth justice process, and of their crime or alleged crime.
- Difficulty in making sense of the world around them.
- Difficulty in engaging effectively in interventions.

Difficulty understanding – what participants said about children with learning disabilities:

*[Children are] being criminalised and processed through the justice system with no understanding of what is happening to them.*

*Difficulties with consequential thinking as part of offending behaviour work. Poor memory; [children] often forget appointments or choose not to come because they can't make sense of the sessions.*

*Understanding what you are proposing and what they've done; difficulty differentiating right from wrong. Difficulty understanding the impact on the victim and the community.*

What one participant said about children on the autistic spectrum:

*Not having an informed understanding of the process and procedures of their path into the criminal justice system and its link to what brought them there.*

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<sup>21</sup> Suggestive of communication difficulties.

What one participant said about children with communication difficulties:

*... not fully understanding what is expected of him; lack of vocabulary to articulate thoughts and feelings.*

What one participant said about children with mental health problems:

*Difficulties understanding the consequences of their actions and thought processes in relation to offending and victims.*

For some participants, difficulties with understanding were closely linked to low levels of literacy with many children simply not being able to read information, which in turn limited understanding:

*Not being able to read some of the material and sessional and appointment letters and being too inhibited to admit; hence more likely to breach orders.*

Difficulties in understanding were not always directed at children. Participants also highlighted difficulties in understanding by youth and criminal justice staff, in particular of the different impairments and difficulties experienced by children, the likely impact these might have on the behaviour of the child, and how best to manage and support individual children, which in turn created further difficulties for the child:

*The lack of understanding! Services not understanding what this [learning disability] means in practice for the young person and how to adapt their work to make it more relevant.*

*Balancing the need for case workers to appreciate some of the symptoms whilst not 'disabling' the client and expecting little from them.*

*The criminal justice system not fully recognising the limitations of culpability in such cases.*

2. Low levels of confidence and self-esteem; feeling or being, marginalised and stigmatised.

Low levels of confidence and self-esteem were highlighted, frequently attributed to the negative life experiences of the child due to their particular impairment or difficulty, which, in turn, often led to the child being, or feeling, marginalised and stigmatised.

What participants said about children with specific learning difficulties and low levels of literacy:

*The shame of being identified as 'stupid' which resonates with early experiences of being bullied.*

*Low attainment and low self-esteem, which impacts on further education, training and employment.*

*Feelings of being marginalised; embarrassed to volunteer that they cannot read and write fluently.*

What one participant said about children with mental health problems:

*Feeling different, 'stigmatised'. This often prevents the young person from engaging at all as parents often share the view that things should not be talked about or shared with professionals.*

What participants said about children with learning disabilities:

*Feeling isolated ... problems with self-esteem.*

*Low confidence and poor self-esteem; fear of ridicule, bullying.*

Linked to the above, feelings of frustration, often leading to anger and aggression were attributed especially – but not exclusively – to children with learning disabilities, and communication difficulties:

*Difficulty communicating and making sense of the world, which causes frustration and anger. There is a lack of opportunity [for children with learning disabilities].*

*The frustration of not being able to express anxiety or concern to staff, which leads to misunderstanding and increased risk of conflict.*

For children with learning disabilities in particular, vulnerability to being easily influenced and exploited by peers was also highlighted.

3. Poor identification of children with impairments and difficulties; lack of specialist support and service provision, and availability of appropriate interventions. Poor identification of children with impairments and difficulties, lack of specialist support and service provision, and availability of appropriate interventions were highlighted as difficulties as were transitions between child and adult services, in particular for children with mental health problems:

*Not receiving an appropriate [specialist health] service due to their criminal behaviour – being viewed as an offender first rather than a child with complex mental health needs.*

*Not accessing services ... Resources to meet their needs are very limited; outreach especially limited.*

What one participant said about children with learning disabilities:

*Disabilities are not recognised by staff or not acted upon if known about. There are a lack of suitable resources.*

What one participant said about children with specific learning difficulties:

*Lack of early diagnosis. Young people feeling perplexed and confused... youth offending service staff not recognising they have learning difficulties.*

*Getting a diagnosis – who pays for an assessment especially when school has been a bad experience? [Lack of] provision and support.*

What one participant said about children with ADHD:

*Proper work not being carried out with them; low expectations in every area of their lives.*

## Training and support for YOT staff

### Disability awareness training

Participants were asked if their YOT undertook any disability awareness training<sup>22</sup>, and of the 140 (67%) who responded, just over two-fifths (44%) said they did (which is less than a third (29%) of the total group). Responses between the different staff groups varied with over half (58%) of heads of service/YOT managers saying their YOT did disability awareness training, compared to slightly less than two-fifths of specialist staff and YOT workers, 39% and 37% respectively.

Participants who said their YOT did undertake disability awareness training were asked what was included, and all responded. Participants were most likely to say that mental health problems, ADHD and autistic spectrum disorder were included, and least likely to say that specific learning difficulties, learning disabilities and communication difficulties were included – see Table 7.

Table 7: What YOT staff said was included in their YOTs disability awareness training

|  | Included % | Not included % | Unsure % |
|--|------------|----------------|----------|
| Learning disabilities or low IQ                            | 49         | 32             | 19       |
| Specific learning difficulties                             | 46         | 31             | 23       |
| Communication difficulties                                 | 31         | 38             | 31       |
| Mental health problems                                     | 83         | 4              | 13       |
| ADHD   | 65         | 20             | 15       |
| Autistic spectrum disorder                                 | 62         | 21             | 17       |
| Low levels of literacy                                     | 50         | 28             | 22       |
| Disability Discrimination Act and Disability Equality Duty | 50         | 28             | 22       |
| N=62   |            |                |          |

<sup>22</sup> Participants were advised that this question related to all disabilities.

## Specific training on the identification of particular health or special educational needs

Participants were asked if YOT staff received any specific training on the identification of particular health or special educational needs that required further assessment or to be acted upon and, of the 140 (67%) who responded, just over two-fifths (42%) said they did (which is slightly more than a quarter (28%) of the total group). Responses from the different staff groups varied with around half (49%) of specialist workers saying such training was received while less than one-third (29%) of YOT workers said it was.

Some said that specific training was routinely available, as an integral – albeit in some cases limited – part of on-going training:

*Health workers do an introduction to mental health issues and child development... update done yearly. The learning disability nurse does learning disability, autistic spectrum and identifying underpinnings of behaviour. The Autistic Society has done training for staff and magistrates – a conference has been held, open to all criminal justice staff from custody suite to victim liaison. Education has offered training on statements and literacy difficulties.*

*The nurse and mental health worker provide annual training from a health perspective but only two to three hours are allowed for this.*

While others suggested a rather more ad hoc approach:

*I had a friend, a psychologist who I linked into the team; I pushed ADHD and autism training but nothing specific was brought in by youth offending services.*

*When we had a CAMHS nurse she delivered a training session on basic mental health.*

Of the 59 who said that specific training on the identification of particular health or special educational needs was received, around half said it was for mental health problems, including how to complete the SQIFA and the SIFA<sup>23</sup>. Around one-fifth said specific training was received on autistic spectrum disorder, and around one in ten said it was received on learning disabilities and ADHD.

Very small numbers, between one and three in each case, said that YOT staff received specific training on the following:

- Attachment disorder
- Dyslexia and screening for dyslexia
- Self harm and vulnerability
- Special educational needs
- Specific learning difficulties
- Literacy difficulties
- Speech, language and communication needs
- Mood disorder
- Suicide prevention.

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<sup>23</sup> See page 23.

### **Further training and support**

Participants were asked if, in addition to their YOTs ASSET improvement plan, there was any further training or support they could think of that would assist YOT staff in completing the ASSET in regard of children with impairments and difficulties and, of the 128 (62%) who responded, more than two-thirds (68%) said that they could think of further training and support. Heads of service/YOT managers were the most likely to make recommendations for further training and support and almost nine in ten (88%) did, compared to around two-thirds (65%) of specialist workers and around three-fifths (59%) of YOT workers.

Recommendations made about further training and support have been incorporated in the later section, YOT staff recommendations for change.

## **Disability equality and statistics**

### **Responsibility for children with disabilities**

Participants were asked if there was anybody at their YOT who held a brief for children with disabilities and of the 138 (66%) who responded fewer than one in ten (9%) said there was, while slightly less than two-fifths (38%) didn't know. Three-quarters of heads of service/YOT managers said there wasn't anyone at their YOT who held such a brief.

### **Disability equality scheme**

At the time of writing, the Disability Discrimination Act (2005) required local authorities to prepare a Disability Equality Scheme (DES). Distinct units within the local authority, for example YOTs, are sometimes required to create their own action plan within a generic local authority DES.

Participants were asked whether their YOT had an action plan and, of the 135 (65%) who responded, fewer than one in ten (7% or 10 participants) said they had; three-quarters didn't know.

Participants were asked whether their local authority reflected their YOTs actions in its own DES, and just over one in ten (11% or 14 participants) said it did; eight of the 14 were the same participants who said their YOT had an action plan.

Overall, only 16 participants (8%) said their YOT had an action plan and/or that their local authority reflected their YOTs actions in its own DES.

### **Statistics**

Participants were asked if their YOT kept statistics on the numbers of children with disabilities and of the 139 (67%) who responded just over one in ten (12%) said they did. Of this group, when asked, only two participants said how many children currently on an order at their YOT, including on a final warning, had a disability: one said 35% of children had a disability, while the other said there were no children with disabilities at his/her YOT.

## **Levels of confidence amongst YOT staff**

Participants were asked how confident they were that their YOT had the skills and expertise, or ready access to them, to identify and support the needs of children with impairments and difficulties, and 142 (68%) responded.

Levels of confidence varied according to the impairment or difficulty. Participants were most confident for mental health problems, low levels of literacy and ADHD, and were least confident for communication difficulties. For learning disabilities, specific learning difficulties and autistic spectrum disorder the picture was less clear. Although most participants were either quite or very confident, similar numbers were not very or not at all confident.

Even where participants were the most confident, i.e. in being able to identify and support the needs of children with mental health problems, more than one in ten (15%) were either not very confident or not at all confident. While almost three-fifths (57%) were not very confident or not at all confident in the ability of their YOT to identify and support children with communication difficulties – see Table 8.

*Table 8: How confident were staff that their YOT had the skills and expertise, or ready access to them, to identify and support the needs of children with the following difficulties and impairments?*

|  | Very confident<br>% | Quite confident<br>% | Not very confident<br>% | Not at all confident<br>% |
|--|---------------------|----------------------|-------------------------|---------------------------|
| Mental health problems                         | 36                  | 49                   | 12                      | 3                         |
| ADHD   | 21                  | 51                   | 26                      | 2                         |
| Low levels of literacy                         | 20                  | 58                   | 19                      | 3                         |
| Learning disabilities                          | 9                   | 47                   | 40                      | 4                         |
| Specific learning difficulties, e.g. dyslexia  | 8                   | 48                   | 39                      | 5                         |
| Communication/speech and language difficulties | 8                   | 35                   | 51                      | 6                         |
| Autistic spectrum disorder                     | 15                  | 40                   | 37                      | 8                         |
| N=142  |                     |                      |                         |                           |

Overall, specialist workers were the most confident, and heads of service/YOT managers the least. For example, specialist workers were more than twice as likely as heads of service/YOT managers to say they were either quite confident or very confident that their YOT had the skills and expertise, or ready access to them, to identify and support the needs of children with learning disabilities, 70% and 33% respectively, and were more than one and a half times as likely to say so for children with autistic spectrum disorder, 66% and 36% respectively.

What made some participants ‘very confident’ is worthy of consideration. An analysis of responses to particular questions for the three impairments and difficulties that participants were most confident in – that is mental health problems, ADHD, and low levels of literacy compared to the responses of all other participants, is shown below. Although numbers dealt with are sometimes small, the findings are nonetheless informative.

**Mental health problems:** 51 participants, just over one-third (36%) of the 142 who responded, said they were very confident that their YOT had the skills and expertise to identify and support the needs of children with mental health problems, or had ready access to them; of this group, 34 (more than three-fifths) were specialist workers<sup>24</sup>, nine were YOT managers and eight were YOT workers; participants came from 36 different YOTs.

<sup>24</sup> Specialisms were: nine mental health practitioners, including three from CAMHS; eight health workers; three nurses, including one learning disability nurse; three education workers; two probation officers; two social workers; one each of the following: education psychologist, clinical psychologist, ISS worker, restorative justice and reparation worker, senior practitioner, parenting worker, Connexions personal adviser.

This group was more likely than all other participants to say their YOT used a screening tool for mental health problems, 96% and 79% respectively; was more likely to say their YOT had a mental health worker, 94% and 69% respectively; and was almost four times as likely to say they were 'very satisfied' with their local CAMHS, 37% and 10% respectively.

(It is noteworthy that of the four participants who said they were not at all confident, three said their YOT did not have a mental health worker, and two of the three were from the same YOT.)

**ADHD:** 30 participants, just over one-fifth (21%) said they were very confident; of this group, 23 (more than three-quarters) were specialist workers<sup>25</sup>, four were YOT workers and three were YOT managers; participants came from 25 different YOTs.

This group was twice as likely as all other participants to say their YOT used a screening tool for ADHD, 75% and 37% respectively; and was four times more likely to say they found the ASSET process very useful, 37% and 8% respectively.

**Low levels of literacy:** 28 participants, one-fifth (20%) said they were very confident; of this group, 17 (more than three-fifths) were specialist workers<sup>26</sup>, nine were YOT workers and two were YOT managers; participants came from 23 different YOTs.

This group was around one and a half times as likely as all other participants to say their YOT used a screening tool for literacy levels, 78% and 47% respectively; and four times more likely to say they found the ASSET process very useful, 28% and 7% respectively.

The pattern continued for each of the remaining difficulties and impairments – those who said they were very confident were more likely than all other participants to report a higher use of screening and assessment tools and procedures, and were more likely to say they found the ASSET process very useful, and were most likely to be specialist workers.

### **Pre-sentence reports**

Participants were next asked how confident they were that the pre-sentence reports prepared by their YOT adequately addressed the implications of impairments and difficulties experienced by children, in order that magistrates and judges can make informed sentencing decisions and 136 (65%) responded. Levels of confidence again varied according to the impairment or difficulty and between the different staff groups.

For each of the impairments and difficulties most participants were either quite confident or very confident that pre-sentence reports adequately addressed the implications of the impairments and difficulties of children, and it was only for communication difficulties that the margin between participants being quite confident or very confident, and not very confident or not at all confident was slim.

That said, apart from mental health problems, between one-fifth and one-third of participants were either not very confident or not at all confident that the information provided to the courts enabled the judiciary to make informed sentencing decisions – see Table 9.

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<sup>25</sup> Specialisms included: six mental health practitioners, including one from CAMHS; two health workers; three nurses, including two learning disability nurses; one each of the following: teacher (ADHD coach and adviser), probation officer, social worker, education psychologist, clinical psychologist, ISS worker, senior practitioner, parenting worker, Connexions personal adviser, senior practitioner, combined specialist team response.

<sup>26</sup> Specialisms included: two mental health practitioners; two education liaison officers; two nurses, one a learning disability nurse; one each of the following: probation officer, social worker, education psychologist, ISS worker, health worker, Connexions personal adviser, senior practitioner, PAYP, combined specialist team response.

Table 9: How confident were YOT staff that pre-sentence reports prepared by their YOT adequately addressed the implications of impairments and difficulties of children, in order that magistrates and judges can make informed sentencing decisions.

|  | Very confident % | Quite confident % | Not very confident % | Not at all confident % |
|--|------------------|-------------------|----------------------|------------------------|
| Communication/speech and language difficulties | 12               | 42                | 42                   | 4                      |
| Learning disabilities                          | 17               | 54                | 26                   | 3                      |
| Specific learning difficulties, e.g. dyslexia  | 15               | 51                | 31                   | 3                      |
| Mental health problems                         | 27               | 61                | 10                   | 2                      |
| ADHD   | 24               | 56                | 18                   | 2                      |
| Autistic spectrum disorder                     | 19               | 47                | 30                   | 4                      |
| Low levels of literacy                         | 17               | 52                | 27                   | 4                      |
| N=136  |                  |                   |                      |                        |

What was surprising – and arguably counterintuitive – was that, apart from low levels of literacy, participants were even more confident that the pre-sentence reports prepared by their YOT adequately addressed the implications of the impairments and difficulties experienced by children, than they were in their YOT having the skills and expertise in being able to identify them and to provide support<sup>27</sup> – see Table 10.

Table 10: Levels of confidence – participants who were very confident or quite confident.

|                                 | My YOT has the skills and expertise, or ready access to them, to identify and support the needs of children % | Pre-sentence reports adequately address the implications of the impairments and difficulties of children in order that magistrates and judges can make informed sentencing decisions % |
|---------------------------------|---|--|
| Learning disabilities or low IQ | 56  | 71   |
| Specific learning difficulties  | 56  | 66   |
| Communication difficulties      | 43  | 54   |
| Mental health problems          | 86  | 88   |
| ADHD                            | 72  | 80   |
| Autistic spectrum disorder      | 55  | 66   |
| Low levels of literacy          | 78  | 69   |
|                                 | N=142   | N=136  |

<sup>27</sup> Note: it must be considered that this question might be ambiguous, with levels of confidence being expressed by YOT staff about known difficulties and impairments, and this is addressed in the concluding discussion.

## Custodial sentences

Participants were asked if, in their opinion, children with the impairments and difficulties addressed by this study were more likely or less likely to receive a custodial sentence than children without such impairments and difficulties, or whether there was no difference. With two exceptions, for specific learning difficulties and autistic spectrum disorder, most participants said they were more likely to receive a custodial sentence – see Table 11.

*Table 11: The views of YOT staff – were children with impairments and difficulties more likely or less likely to receive a custodial sentence than those without such impairments and difficulties?*

|                                 | More likely to receive a custodial sentence<br>% | Less likely to receive a custodial sentence<br>% | No difference<br>% |
|---------------------------------|--|--|--------------------|
| Learning disabilities or low IQ | 59   | 17   | 24                 |
| Specific learning difficulties  | 45   | 6  | 49                 |
| Communication difficulties      | 53   | 9  | 38                 |
| Mental health problems          | 68   | 19   | 13                 |
| ADHD                            | 68   | 19   | 13                 |
| Autistic spectrum disorder      | 47   | 28   | 25                 |
| Low levels of literacy          | 52   | 5  | 43                 |
| N=119                           |  |  |                    |

The difference in the proportion of participants who said that children with particular impairments and difficulties were more likely to receive a custodial sentence, than those who said it made no difference, was stark.

Participants said that children with mental health problems and ADHD were five times more likely to receive a custodial sentence than children without such impairments; that children with learning disabilities were around two and a half times more likely to receive a custodial sentence; and that children on the autistic spectrum were around twice as likely to receive a custodial sentence.

Participants were not asked to give reasons for their views, however, three focus groups were subsequently held to explore this particular question, the results of which are included in the concluding discussion.

## Work of which YOT staff were proud and examples of good practice

Participants were asked to describe good practice and work of which they were proud and 101, slightly less than half, responded. Overwhelmingly the responses were positive.

An analysis of qualitative data showed that responses for work of which participants were proud fell broadly into four main areas:

1. Particular support and encouragement for children
2. Particular ways of working
3. Input from specialist and other YOT staff
4. Positive relationships with specialist service providers

1. Particular support and encouragement for children.

Arguably, all examples given relate in some form to the support and encouragement of children; however, there were some specific examples that demonstrated particular commitment to individual children and certain groups of children.

More than one in ten spoke about individual children they had supported – on occasion providing significant support – because other agencies, for whatever reason, were not involved:

*I worked with a young man... with learning disabilities, who lived independently, by ensuring that he ate adequately and that he knew where I was if he needed any further support. Throughout this time I and the learning disabilities nurse tried to get support from other agencies who were reluctant to get involved, which resulted in me providing support. Unfortunately this young man became a risk to the public and himself and was sectioned.*

*There was a good piece of co-working between myself and CAMHS earlier this year, with a young person with... autism, where he had been previously making dangerous threats and being aggressive towards staff and members of the public. By the end of his DTO licence he had calmed greatly through learning to explore his feelings in our joint sessions, managed to maintain a college placement and even learned to smile, something we hadn't seen from him in 12 months of working with him.*

*We worked with CAMHS and children's services to avoid a young person with low IQ and communication difficulties being sentenced to custody and he received a hospital order, being placed in a specialist unit.*

Two participants highlighted support they had provided during a young person's transition to adult services:

*Being able to support a young person through a diagnosis of schizophrenia whilst he was subject to a court order and maintain support during transition to adult services.*

Around one in ten spoke about working with particular groups of children:

*Helping young people with low levels of literacy onto college courses and watching them achieve higher grades and feel better about themselves.*

*The reparation team at our YOT has completed some worthwhile community work with 'hard to engage' clients with some of the difficulties mentioned. The work was mainly physical and individual to particular clients; the quality of intervention was better and self-esteem in the client improved, as they were able to complete the tasks set.*

Seemingly small successes were important:

*Just to have someone attend for a number of consecutive appointments and show motivation to change is a joy and especially when they then move away from their criminal peers and choose other ways of occupying their time.*

As were building positive relationships with children:

*[I am] proud to see personal growth and confidence and the emerging ability to trust another adult over a period of time.*

*I feel that the young people believe we care for their future and offending behaviour so by building this relationship they have respect for us.*

Being constant was highlighted by one participant:

*Working consistently with the young person and making sure that their needs are met and they are regularly supported.*

2. Particular ways of working.

Around one-fifth of participants spoke about particular ways of working, from ensuring effective structures and procedures were in place – for example, clear referral pathways to specialist services, ‘excellent’ service level agreements and strategic representation on local service provision – to the very practical:

*If a young person with a low level of literacy has to meet several different professionals... I have found it useful to use different coloured paper to highlight the different appointments.*

One participant said that when a child’s disability was identified she would help them to *receive appropriate support or equipment*; one boy simply needed a pair of glasses.

A number of examples related to adapting activities to enable children to meet the conditions of their order, which often required one-to-one work:

*Working on a case-by-case basis and adapting each order to allow the young person to have the same chance as others [without impairments] to complete it.*

A number of participants highlighted the importance of flexibility when working with children with particular support needs:

*We have suspended national standards for young people with a variety of different disabilities to enable them to gain from their orders. We have made referrals to other agencies following our own assessment of need when these [impairments] have been missed by other agencies. We have helped young people with autistic spectrum disorder get through the highest level of orders and complete them successfully due to our flexibility and versatility.*

The use of resources, group work and group work techniques appropriate for children with particular difficulties were highlighted:

*We have identified group work practice that supports children with learning difficulties and programmes that can be used effectively by those that can read and those that cannot. Before children are referred to a group programme learning styles and difficulties are talked about with the young person and support put in place.*

For some participants a degree of personal commitment was evident such as progressing important work that perhaps wouldn't have happened had it not been for their efforts:

*I've started making enquiries into speech, language and communication issues, after reading the Bercow report. I've attended a speech and language managers meeting, which involved local authority and PCT staff. I was invited to prepare a report for the PCT, which I've done, and the local authority has offered training to staff.*

*I'm proud of the anger programme I have devised, and that I started the protocol/SLA [service level agreement] between the health service and the YOT... we have excellent health links – that's down to me in my role at the YOT and health colleagues outside of the YOT.*

3. Input from specialist and other YOT staff.

Slightly more than one in ten highlighted the work of specialist YOT staff in particular, and other YOT staff. Mental health staff, learning disability specialists, health workers and substance abuse workers, a dyslexia support worker, a communications worker and a *visual specialist worker* were cited as undertaking work that participants were proud of or considered to be good practice:

*Our mental health workers are very highly qualified and have a wealth of experience. They work across the service with a huge number of our young people and we pride ourselves on the service offered. They make a difference to many children's lives and without them reoffending rates would be a lot higher.*

A number of participants highlighted screening and early identification of difficulties and impairments experienced by children, which often relied upon input from specialist workers and very experienced caseworkers:

*For school-age children we identify any learning difficulties at PSR [pre-sentence report] stage to ensure the magistrates sentence on the right information. This ensures that any difficulties are stated pre-sentence.*

*We are setting up a standardised mental health assessment of young people – to include psychological assessment, cognitive screen, mood, behaviour and resilience psychometrics, communication and literacy screen – all to be conducted at the PSR stage to inform sentence.*

The value of specialist workers in being able to 'put pressure' on local services – presumably because they knew their way around the different systems – was highlighted:

*We have a YOT health worker and educational worker who can liaise with other provision in and outside the borough and can put pressure on other services to make provision.*

One participant felt that having a health team manager both *raised the profile of health issues within the YOT and gave credibility when dealing with the PCT.*

And another highlighted colleagues *taking the initiative to design or adapt the necessary resources.*

4. Positive relationships with specialist service providers.

Around one in ten highlighted good relationships and joint working with other services, in particular with education and CAMHS:

*Youth offending services have very strong links with schools, special educational needs team (local authority) and the Connexions service, where we have the opportunity to identify the children, offer them support, and develop an appropriate action plan.*

*We have a very good and responsive relationship with specialist CAMHS which ensures that young people are seen quickly and appropriately.*

A number of specialist workers provided awareness training for YOT and other criminal justice staff, for example magistrates, including the work of specialist services:

*Supporting staff through in-house training and joint working, particularly with children with ASD, communication difficulties and specific learning difficulties.*

*Encouraging youth offending service staff to explore the feelings underpinning the anger many young offenders feel. To listen to and validate their often traumatic life stories. Often basic stuff such as naming feelings, understanding facial expressions.*

### **Good practice examples**

Small numbers of participants cited specific good practice examples; these included a summer school, a custody diversion project, therapeutic policies and groups, and involving children in informing service provision:

*We run a summer school based around the arts, which is run with young offenders on ISSP orders. All of these young people fall into at least one of these categories [the difficulties and impairments addressed by this study]. These young people attended for the full six weeks and made massive steps forward both in the arts and numeracy and literacy. These children had not been in regular mainstream provision for long periods of time and so the attendance alone was a massive result.*

*The custody diversion pilot... provides essential information to the youth offending service and partner agencies to help inform actions and outcomes for children.*

*Therapeutic Intervention Group (TIG) – multi-professional group of professionals for caseworkers to discuss their cases and to help them prioritise next steps.*

*The inclusion of young people in informing service provision and identifying useful ways of working.*

One participant highlighted the multi-disciplinary nature of the YOT:

*The concept of an 'all under one roof' team of specialists and case managers seems to work better than having to make referrals to outside agencies. This is especially true when a young person needs several different specialist services at once.*

## YOT staff recommendations for change

Participants were asked what would most help them in working with children with the impairments and difficulties addressed by this study; they were also asked what recommendations for change they would make. Responses to both questions are reported in this section.

Over half of participants, 114 (55%), described what would most help them in working with children, and slightly fewer, 97 (47%), made recommendations for change. Slightly more than two-fifths, 44%, of all participants answered both questions.

An analysis of qualitative data showed that responses fell broadly into four main areas:

1. Specialist YOT workers and access to specialist service provision
2. Training and support for YOT staff
3. Early and more effective identification of children with impairments and difficulties
4. Adapted interventions; appropriate resources; greater flexibility.

### 1. Specialist YOT workers and access to specialist service provision

Almost four-fifths of participants highlighted the need for greater input from specialist workers and timely access to service provision:

*Having staff with the specialist knowledge and skills who could assist in identifying and assessing need and help adapting programmes and interventions.*

Some recommended that a speech and language therapist and a learning disability nurse be seconded to every YOT; others wanted mental health workers, education staff, educational psychology, personal mentors, and literacy support. Specialist staff 'in situ' would help to identify need, provide support to YOT staff on how best to work with and to support individual children, assist in adapting programmes and interventions, and facilitate appropriate referrals to mainstream services. As one participant pointed out, there is a need

*...to deal with things in the YOT straight away. It's hard enough getting children to YOT appointments never mind health.*

Clear referral pathways – including guidelines on when to make a referral and how – service level agreements to secure improved provision, and improved links and timely access to specialist mainstream services, in particular to CAMHS, were highlighted:

*If I had a magic wand, top managers would secure service level agreements for mental health and learning disabilities.*

One participant recommended

*...effective protocols to provide a premium service to children with these issues.*

And another that commissioners of children's universal services be required to include explicitly in their remit children who present through youth offending services – a referral from a YOT should not be a barrier to accessing services:

*Having specific service level agreements in place that ensure a service being offered to our client group.*

*There should be a statutory requirement on CAMHS to provide services.*

Other recommendations included lower thresholds to access specialist services, in particular CAMHS, greater consistency of eligibility criteria for specialist services and support, speedier access to services, and a more flexible approach to working with children in contact with youth offending services:

*Specialist workers would have a more flexible 'outreach' approach to children. In particular we often find that the criteria for gaining a service are inaccessible for anyone with a mental health problem or learning difficulty, for example, difficult to access premises that are far away, lack of home visits, only communicating with the young person rather than with the parents and carers or YOT workers as well, only communicating by letter, lack of explanation about what their service involves.*

One participant recommended the creation of an emotional well-being health service, and another a directory of *specialists to contact in respect of the various impairments.*

The need for specialist services and support was described by one participant thus:

*Having facilities for young people who, for example, have extreme needs that don't fit the remit of traditional services, i.e. CAMHS, local authority psychologists or clinical social workers. An example being someone with a learning disability and conduct disorder, where we get told that nothing currently exists to meet that young persons needs.*

## **2. Training and support for YOT staff**

More than three-fifths (64%) of participants recommended enhanced training and support, including awareness and induction training and opportunities to share ideas and evolving/best practice. One participant went further, suggesting the

*... creation of a communications co-ordinator; a champion role for each YOT to develop a network of effective practice; creation of a project lead at the Youth Justice Board to drive forward and co-ordinate the development of best practice in relation to speech, language and communication needs and learning disabilities.*

The sorts of training that participants recommended or said would help include:

- How to recognise the particular impairments that children may experience, for example a better understanding of presenting behaviours and what to look out for.
- A better understanding of the ways in which different impairments can affect the daily living experiences of children – which in turn might lead to risky and offending behaviour – and, in particular, how a child's impairment or difficulty might impede their ability to meet the conditions of their order.
- How to work with and support children with particular impairments, including alternative methods of communication and engagement.
- Practical suggestions for ways to adapt interventions, including specialist resources and equipment.

- A better understanding of the ways in which specialist staff and service provision can help, in particular what support they are able to provide, knowing what specialist provision is available locally, and how and when to make referrals.
- Generic disability awareness training.

Participants said that training should be undertaken on a regular basis; that all new staff should undertake training as part of their induction; and that funding and time for training should be 'ring fenced'. Some said there was a need for greater supervision of, and support for, YOT staff; two said that awareness training and continuing professional development should be mandatory; two recommended the appointment of a dedicated member of staff with a responsibility for 'disability'; and one noted that YOT staff not only needed the skills to recognise when a young person might have a disability, but also

*...advocacy skills to ensure YOT children get the services they need.*

A number of participants highlighted the need for training across the wider children's workforce, and for youth justice staff in particular; others suggested joint training between YOT staff, other youth justice staff – for example police and magistrates – and children's services.

### **3. Early and more effective identification of children with impairments and difficulties**

More than one-third (34%) recommended early and better identification of children with impairments and difficulties, including identification at the point of arrest, to inform sentencing decisions, at the start of their court order and while children were still in school:

*Better screening at point of arrest. Some children with these difficulties are criminalised when their offending is directly linked to their difficulty. More exploration of these difficulties at pre-sentence report/referral order stage. We gain much information from family and school but it is my fear that many young people go undiagnosed and will continue to be criminalised because they lack the basic understanding needed to learn from mistakes.*

The need for screening and assessment tools was frequently mentioned, with some participants recommending a suite of common tools. Some participants wanted specific screening tools to sit along side ASSET, while others suggested that screening and assessment should be made integral to an enhanced ASSET:

*ASSET should have a specific section with prompts; think about the young persons needs – they don't always fit into a category and therefore staff will refer to mental health when issues are to do with learning disability. Having core things to be alert to, for example a statement or non-attendance, not being able to tell the time, etc.*

### **4. Adapted interventions; appropriate resources; greater flexibility**

Slightly smaller numbers of participants, around one-fifth (21%), recommended the development of adapted programmes, and information about resources appropriate for use with children with different impairments and difficulties.

Some recommended the waiving of standards to ensure children were better able to fulfil the conditions of their order:

*Standards waived as this group have difficulties keeping to court orders.*

And time to work with children on a one-to-one basis, including the development of *individual action plans*, were recommended by a number of participants in order to *be more responsive to their needs and improve compliance*.

In addition to the above 'clusters' of recommendations, smaller numbers of participants recommended:

- More effective sharing of information across and between the youth justice system and other children's services and the introduction of information sharing protocols.
- Consistency in specialist service provision and thresholds to access support across all YOTs, including access to children's universal services by YOT clients.

## Part three: conclusion

This study was ambitious in that it addressed a number of different impairments and difficulties experienced by children who offend. The views presented in this report are those of YOT staff whose work brings them into close and daily contact with children who offend.

Much data was gathered during the research period; sometimes the views expressed by YOT staff were broadly similar, while on other occasions there were marked differences. It should be noted, therefore, that while 'norms' are shown in this section – as in 'most' YOT staff holding a particular view – individual members of staff, and YOTs, may hold views that are different to the 'norm'.

### Main findings

#### Identifying children with impairments and difficulties

1. There were a number of ways in which children's impairments and difficulties might come to the attention of YOT staff, including:
  - a. The use of screening or assessment tools or procedures
  - b. Information from children's services
  - c. Information via routine contact with YOT colleagues and others in youth justice and children's services
  - d. Engaging with, and observing the ability and behaviour of, the child
  - e. Information from parents and carers
  - f. Self report from children.
2. Screening or assessment tools or procedures:
  - a. A large number of different screening and assessment tools were used by YOTs, some of which had been developed locally.
  - b. Most YOTs do not use screening or assessment tools or procedures to identify children with learning disabilities, specific learning difficulties, communication difficulties, ADHD, or autistic spectrum disorder.
  - c. Most YOTs use screening or assessment tools or procedures to identify children with mental health problems.
  - d. Just over half of YOTs use screening or assessment tools or procedures to identify children with low levels of literacy.
3. ASSET:
  - a. A small but significant number of YOT staff mistakenly believe that ASSET screens for particular impairments, such as learning disabilities and communication difficulties.
  - b. Specialist YOT staff were more likely than YOT workers and heads of service/YOT managers to say they found the ASSET process useful.
4. Around half of YOT staff routinely request information from children's services – such as from CAMHS, education services and social services – about impairments and difficulties when a child first comes to the attention of the YOT; information received varies in its quality and timeliness.

## **Prevalence of children who offend with impairments and difficulties**

5. Although most YOT staff said the proportions of children who offend with impairments and difficulties were similar to research findings, there were some important differences that reflect the lack of routine screening and assessment procedures.
6. Around one in ten YOT staff said their YOT kept statistics on the number of children with disabilities who were serving court orders at their YOT.

## **Specialist staff and service provision**

7. More than one in five YOT staff said their YOT did not have a mental health worker.
8. More than one in five YOT staff were either not very satisfied or not at all satisfied with their local CAMHS.
9. One in five YOT staff said their mental health worker had learning disability expertise, and slightly more than one in three said their local CAMHS had learning disability expertise.
10. Fewer than one in four YOT staff said their YOT had a member of staff qualified in special educational needs.
11. Almost two in three YOT staff said there was a service level agreement in place for CAMHS, while fewer than one in seven said such agreements were in place for learning disability services and speech and language therapy.
12. There were gaps in specialist support and service provision, in particular YOT staff wanted:
  - a. Greater input from specialist workers to assist in identifying and supporting children with impairments and difficulties.
  - b. Lower thresholds to access services, in particular for children with learning disabilities and mental health problems.
  - c. A more flexible approach in the delivery of specialist provision, for example 'outreach' services.
  - d. Support for older children – 16 to 17 year olds – and better transition planning into adult services.
13. YOT staff often didn't know what specialist service provision was available, or what benefits access to such support might bring.

## **Reasonable adjustments and adapted interventions**

14. YOT staff invested a great deal of time and effort in adapting programmes and activities to include children with impairments and difficulties; however, around two-fifths of YOT staff said that almost half of children found it hard to fully participate.

## **Training and support for YOT staff**

15. Disability awareness training is not routinely available to YOT staff; fewer than half said their YOT undertook disability awareness training.
16. Specific training on the identification of particular health or educational needs that require further assessment or to be acted upon is not routinely available; fewer than half of YOT staff said such training was available at their YOT.

17. YOT staff wanted more training and support, including:
  - a. How to recognise different impairments and difficulties.
  - b. A better understanding of how a child's impairment or difficulty affects daily living, in particular how it might impede their ability to meet the conditions of their court order.
  - c. How best to supervise and support children with particular impairments and difficulties.
  - d. Practical suggestions for ways to adapt interventions.
  - e. A better understanding of the ways in which specialist staff and service provision can help, in particular what support they are able to provide, and how and when to make referrals.

### **Disability equality**

18. Fewer than one in ten YOT staff said there was somebody at their YOT who held a brief for children with disabilities.
19. Fewer than one in ten YOT staff said their YOT either had an action plan integral to their local authority's Disability Equality Scheme or that their local authority reflected the actions of the YOT within its own scheme.

### **Difficulties experienced by children with impairments and difficulties**

20. YOT staff reported a number of difficulties experienced by children, in particular:
  - a. Difficulty understanding, for example the consequences of failing to comply with court orders and what they needed to do to successfully complete an intervention.
  - b. Low levels of confidence and self-esteem; being or feeling marginalised and stigmatised.
  - c. Poor identification of impairments and difficulties by youth justice staff and subsequent lack of appropriate support and specialist intervention.

### **Work of which YOT staff were proud**

21. YOT staff described a range of work of which they were proud, in particular the support and encouragement of individual, and certain groups of, children.

### **Custodial sentences**

22. Most YOT staff said that children who offend with learning disabilities, communication difficulties, mental health problems, ADHD, and low levels of literacy were more likely than children without such impairments to receive a custodial sentence<sup>28</sup>.

### **Levels of confidence**

23. YOT staff were, on the whole, confident that their YOT had the skills and expertise to identify and support children with impairments and difficulties; confidence levels were higher still when asked whether pre-sentence reports adequately addressed the implications of particular impairments in order that the judiciary can make informed sentencing decisions<sup>29</sup>.

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<sup>28</sup> This finding was the subject of three focus group discussions and is explored in the concluding discussion.

<sup>29</sup> This finding is arguably counter-intuitive to other findings and is explored in the concluding discussion.

## Concluding discussion

The concluding discussion covers the following eight areas:

1. Knowing which children have impairments and difficulties
2. Specialist staff and service provision
3. Disability equality and reasonable adjustment
4. Training and support for YOT staff
5. Difficulties experienced by children with impairments and difficulties – the views of YOT staff
6. Levels of confidence amongst YOT staff – how confident were YOT staff:
  - a. That their YOT had the skills and expertise, or ready access to them, to identify and support children with impairments and difficulties
  - b. That pre-sentence reports prepared by their YOT adequately addressed the impairments and difficulties experienced by children so that the judiciary could make informed sentencing decisions.
7. Custodial sentences
8. Work of which YOT staff were proud and recommendations.

### 1. Knowing which children have impairments and difficulties

Screening or assessment tools or procedures:

The high priority placed by the Youth Justice Board (YJB) on meeting the mental health needs of children at risk of offending and reoffending<sup>30</sup>, is reflected in this study. For example, in the relatively high percentages of YOT staff who said their YOT used screening or assessment tools or procedures to identify children with mental health problems and that had mental health workers. Notwithstanding this 'high priority', more than one in ten YOT staff said that their YOT did not use screening or assessment tools or procedures to identify children with mental health problems and more than one-fifth said their YOT did not have a mental health worker.

The ASSET process incorporates an initial and a more detailed screening questionnaire – the SQIFA and the SIFA<sup>31</sup> – that aim to identify children with mental health problems, and these were the screening and assessment tools most commonly cited by YOT staff in this study. However, by the (previous) government's own admission, mental health problems are underestimated by youth justice screening tools (HM Government, 2009b: 31). Nevertheless, the use of such tools provided a more consistent approach to identifying mental health problems than for any other impairment or difficulty addressed by this study.

While slightly more than half of YOTs use screening or assessment tools or procedures to identify children with low levels of literacy, fewer than half do for ADHD (45%); slightly more than a third do for learning disabilities (37%), communication difficulties (36%) and specific learning difficulties (35%), and slightly more than a quarter use screening or assessment tools or procedures for autistic spectrum disorder (28%). In the absence of any standardised approach, a large number of different screening and assessment tools were used, including locally developed tools – which may or may not be validated – while the belief held by some YOT staff that ASSET screens for certain difficulties and impairments,

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<sup>30</sup> YJB website, August 2010.

<sup>31</sup> See page 23.

such as learning disabilities and communication difficulties, is of particular concern.

It is noteworthy that specialist YOT staff were the most likely to find the ASSET process useful in alerting them to the possibility that a child might have particular impairments or difficulties, in some cases markedly so. There could be a number of reasons for this, not least the ability of specialist staff to draw upon relevant professional training and expertise, which, in turn, rendered the ASSET process useful, rather than the process being 'useful' in or of itself.

For example, the Royal College of Speech and Language Therapists has drawn attention to concerns that the ASSET process itself is flawed in that it relies largely upon verbal mediation – that is, data to complete the ASSET is provided by the child in response to questions asked by a member of YOT staff. If the child has communication difficulties the ASSET process and subsequent assessment is undermined<sup>32</sup>.

At the time of writing, the YJB was undertaking a review of screening and assessment tools and assessment practice – including ASSET and ONSET – that is due to report in 2011, while a recent study commissioned by the Children's Workforce Development Council (CWDC) considered how the common assessment framework (CAF) aligns with specialist assessments, including youth justice assessments such as ASSET and ONSET (CWDC, 2010).

The CAF was introduced in 2004. It is a shared assessment and planning framework for use across all children's services and local areas in England. It aims to help the early identification of the additional needs of children and to promote coordinated service provision to meet them (CDWC, 2010). Given the profile of children who offend, in particular the high numbers with complex support needs and low levels of educational attainment, it is perhaps reasonable to expect that many would have been subject to the CAF prior to coming to the attention of youth justice services. However, in this study, only seven YOT staff said they received information about individual children via a CAF.

Specialist assessments have a more specific purpose, for example as in youth justice assessments, where the main purpose is to assess the child's risk of offending and reoffending; other examples include education assessments such as special educational need (SEN), social care assessments such as 'children in need', and physical and mental health assessments. The CAF process may identify the need for more specialist assessment and support; conversely a specialist assessment, such as the ASSET, may identify the need for a CAF because the child's broader needs are unclear or are not being met by the specialist service.

The study commissioned by the CDWC, *Present position and future action* (2010), found that while universal and specialist practitioners – including youth justice staff – understood the purpose of the CAF, there were a number of concerns. These included a lack of local systems and procedures, and poor infrastructure support to enable practitioners both to initiate and to engage in the CAF process, including how the CAF connects with specialist assessments such as the ASSET; a lack of clarity around the CAF process, in particular

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<sup>32</sup> www.rcslt.org; in particular Jane Mackenzie and Claire Moser; see also *Engaging for their futures and our society: improving the life chances of children with speech, language and communication needs*; report from the Children's Communication Coalition, RCSLT, July 2010.

where it is used as a referral as well as an assessment tool; and a reluctance by certain practitioners to initiate a CAF because of anxieties about the extra workload it would generate for them.

Notwithstanding the difficulties in administering a single assessment framework – and the study did highlight where local arrangements had been made to work – the potential benefits are clear<sup>33</sup>. Children who offend frequently experience high levels of often complex support needs and multiple disadvantage<sup>34</sup> and, where appropriate, the CAF should be used both as an assessment, and a referral tool, to secure comprehensive and integrated support from universal children's services. This, in turn, would avoid children who offend being 'siloes' into youth justice services and provide much needed support to YOT staff. Further, the CAF has the added benefit of providing a welfare-based approach to meeting the additional support needs of children.

That so many children appear to enter youth justice services without a CAF suggests that more needs to be done to trigger when its use might be appropriate. For example one area involved in the CWDC study had developed a protocol that required practitioners to complete a CAF after a decision to move to a specialist assessment, such as Early Years Action or School Action Plus, had been made (CWDC, 2010:7); further triggers relating to 'risk factors' associated with children who offend could be developed.

Requesting and receiving information:

As it stands, the ASSET process should act as a prompt for YOT staff to make specific requests for information. One such prompt, for example, would be if a child had been permanently excluded from school (page 8, ASSET core profile). *YCAP-one year on* (HM Government 2009a) made permanent exclusion a trigger for a CAF, and this information should be available to YOT staff:

*Exclusions guidance now states that local authorities should assess a pupil's needs, using the Common Assessment Framework, following a permanent exclusion (2009a:35).*

Further, knowing whether a child has special educational needs (SEN) and/or a statement of SEN (page 8, ASSET core profile) only provides partial information. For example, data from the Spring 2009 school census showed that almost 20% of children aged between 11 and 17 years identified as having a SEN associated with behavioural, emotional and social difficulties (BESD), also had learning disabilities (PRT, forthcoming). In addition to the statement of SEN, YOT staff should obtain the appendices to the statement as these often provide further details such as associated support needs. This additional information should be used by YOT staff to inform their work with individual children including, for example, adapting youth justice programmes and activities.

However, when information about possible impairments and difficulties was sought by YOT staff, there was no guarantee that it would be received in a timely way, or at all, or that prior identification of any impairments or difficulties will have been made. While it was clear that some YOT staff asked for and received good quality information in a timely way, and for some YOTs, agreements were in place to facilitate this process, others did not ask for, or receive, information. For some YOT staff, accessing information from SEN teams – which had the potential to yield extremely useful data – seemed to be a particular difficulty.

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<sup>33</sup> See for example *A Joint Inspection of Youth Crime Prevention*, which recommends that the generic CAF and specialist assessments for children likely to offend be 'redesigned so they can be used consistently and effectively without duplication of effort' (Inspection of Youth Offending and Criminal Justice Joint Inspection, 2010:7).

<sup>34</sup> See, for example, Jacobson et al, 2010.

Healthy Children, Safer Communities (HM Government 2009b) acknowledges the problems of information sharing within the youth justice system, noting that failure to share information ‘*can expose [children] to risk of harm*’. But, as this study has shown – and not for the first time, see for example Let’s Talk About It (Healthcare Commission, 2006:20) – there are also problems with sharing information between children’s services and between children’s and other public services more generally despite a number of guidance documents. These include, for example, *Sharing Personal and Sensitive Personal Information on Children and Young People at Risk of Offending. A practical guide* (YJB and Association of Chief Police Officers, 2005); *Information Sharing: Guidance for practitioners and managers* (HM Government, 2008); *When to Share Information: Best practice guidance for everyone working in the youth justice system* (Department of Health, 2008); *Information Sharing: Further guidance on legal issues* (HM Government 2009c). And there remains the ubiquitous problem of incompatibility between different electronic information sharing systems used by different services and, on occasion, within the same service.

Implications for sentencing:

Identifying children who have difficulties or impairments is fundamental to knowing how best to work with them to prevent further offending. While the YJB has acknowledged and responded to the high levels of mental health problems amongst children who offend and, to a lesser extent, within the last year or so, children with communication difficulties – the same cannot be said for children with other impairments and difficulties addressed by this report. This knowledge gap should cause particular concern to those involved in sentencing children in the criminal courts, largely undertaken by magistrates.

In its definitive guideline, *Overarching Principles – Sentencing Youths* (Sentencing Guidelines Council<sup>35</sup>, 2009) the Sentencing Council highlights the legal obligation of the court to ‘*have regard to the welfare of the child*’ (SGC, 2009, paragraph 2.7), and continues:

*In the light of the high incidence of these impairments [mental health problems, learning difficulties, learning disabilities and speech and language difficulties] amongst young people in custody or subject to a community sentence, and taking account of the fact that the principle aim of the youth justice system is preventing offending, a court should always seek to ensure that it has access to information about how best to identify and respond to those impairments and, where necessary, that a proper assessment has taken place in order to enable the most appropriate sentence to be imposed* (SGC, 2009 paragraph 2.10).

Two recent initiatives should help generate progress in identifying children with impairments and difficulties who offend – but only once they have become involved in risky or offending behaviour. These are:

- Youth justice liaison and diversion schemes<sup>36</sup>, piloted by the Centre for Mental Health (formerly the Sainsbury Centre for Mental Health), which focus on the early identification of and diversionary interventions for children with particular health and mental health needs, including learning disabilities and communication difficulties.

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<sup>35</sup> Now the Sentencing Council.

<sup>36</sup> [www.centreformentalhealth.org.uk/criminal\\_justice/youthjustice\\_pilots.aspx](http://www.centreformentalhealth.org.uk/criminal_justice/youthjustice_pilots.aspx) (August 2010).

- The Communication Trust's youth justice programme<sup>37</sup>, established in response to the Bercow report (DCSF, 2008). Amongst other things, the programme delivers training for YOT staff, including the use of a screening tool (the hidden disabilities questionnaire – HDQ<sup>38</sup>).

With the possible exception of mental health problems, knowing which children experience one or more of the difficulties and impairments addressed by this report is at best ad hoc. In consequence the implications for individual children, as they enter and travel through the youth justice system, are potentially very grave indeed.

Early recognition of children's additional support needs, and the provision of appropriate support, has a direct bearing on the likelihood that the lives of these children will be better, free from crime, and, as young adults, more purposeful and productive.

## 2. Specialist staff and service provision

A common theme throughout this study was the high value placed on specialist YOT staff and service provision. This was especially so when specialist staff were integral to the YOT, on hand to support YOT workers on a daily basis. This multidisciplinary model – the original concept of the YOT – was highly valued. Specialist YOT staff not only provided in-house support, they also acted as a conduit for referrals to children's universal services. It was noteworthy, in this study, that satisfaction with CAMHS was highest when there was a member of CAMHS staff seconded to, and working as an integral part of, the YOT<sup>39</sup>. This ability to 'bridge build' between the YOT and specialist service provision, providing seamless and timely support for children, seemed to create a perfect model. However, the reality for many YOT staff was observed more in the breach.

Specialist YOT staff who were part-time or covering large geographical or high density population areas were often time-limited in the amount of support they were able to provide – both to the individual child and to YOT workers – consequently only those children with the highest need might receive attention; while in the case of seconded YOT staff, there were delays between one seconded staff member leaving and a replacement being appointed.

There were problems too in accessing specialist provision. For example, long waiting times<sup>40</sup>, unclear referral routes<sup>41</sup>, provision not being available for older children, i.e. 16 and 17 year olds<sup>42</sup>, poor transition planning between children's and adult services<sup>43</sup>, especially for children with mental health problems and learning disabilities, and the perception – held by many YOT workers – that thresholds for provision were set too high<sup>44</sup>.

Further, YOT workers often had limited knowledge about what specialist support or provision was available, and there was a lack of understanding about the benefits access to such provision might bring. All of which culminated in the view, generally, that there were gaps in specialist service provision and support.

Given the length of time that youth, and criminal justice, services have recognised the low educational attainment of offenders, and the relationship between offending behaviour and low levels of literacy in particular – together with the successful introduction of special

<sup>37</sup> [www.sentencetrouble.info](http://www.sentencetrouble.info) (August 2010).

<sup>38</sup> Rack, J.P (2010).

<sup>39</sup> See also Healthcare Commission and HM Inspectorate of Probation, 2009:25.

<sup>40</sup> See also DCSF and Department of Health 2010, paragraph 4.6ii.

<sup>41</sup> See also Healthcare Commission and HM Inspectorate of Probation, 2009:21.

<sup>42</sup> See also Healthcare Commission and HM Inspectorate of Probation, 2009:4.

<sup>43</sup> See also DCSF and Department of Health 2010, paragraph 4.2ii, which notes there are inconsistencies in the commissioning of the full range of emotional wellbeing and mental health services. For example, there are few examples of adult and children's commissioners working together to ensure appropriate transitional care.

<sup>44</sup> See also DCSF and Department of Health 2010, paragraph 4.6ii.

educational needs coordinators (SENCOs) into the secure estate for under 18 year olds – it was a matter of concern that less than a quarter of YOT staff said their YOT had a member of staff qualified in special educational needs.

Although most YOT staff said their YOT had a mental health worker<sup>45</sup>, a significant one in five said their YOT did not. Consequently – and perhaps unsurprisingly – those YOT staff left unsupported in this way were less confident that their YOT had the skills and expertise to identify and support children with mental health problems than those who said their YOT did have a mental health worker. In-house expertise and/or ready access to specialist provision for children with learning disabilities, communication difficulties, ADHD and autistic spectrum disorder was in short supply.

Holding specialist service providers to account:

In its 2006 review of healthcare in the community for young people who offend, the Healthcare Commission recommended that:

*... protocols and service level agreements between the youth offending team and healthcare organisations are written or updated as appropriate to cover the specifications of service and roles of healthcare workers, including terms of secondment, arrangements for cover and access to mainstream services (Healthcare Commission, 2006:29).*

Although there were few examples overall of service level agreements between YOTs and specialist service providers, almost two-thirds of YOT staff said their YOT had a service level agreement with CAMHS, which was consistent with the Healthcare Commission's most recent review of healthcare, which found that:

*Just under a third of YOTs still had either no service level agreement, just a draft version, or the existing agreement was assessed as simply inadequate (Healthcare Commission and HM Inspectorate of Probation, 2009:30).*

Models of delivery:

How specialist health service provision and support are best provided for youth justice services is under review. Commissioning guidance is being developed as part of the *Healthy Children, Safer Communities* strategy (HM Government 2009:b), while there are potentially far reaching changes in the configuration of healthcare in England, generally, following the NHS White paper, *Equity and excellence: Liberating the NHS* (Department of Health, 2010). Of more immediate interest is the aptly named report from the Centre for Mental Health, *You just get on and do it: healthcare provision in youth offending teams* (Centre for Mental Health, 2010), which describes a number of different models used by YOTs, including the lone health practitioner model, the health team within a YOT model, the regional team model, and the external YOT health one-stop-shop.

But there is a conundrum: on what information should commissioning be based? There is a lack of reliable information about the health needs of children who offend, and the lack of routine data collection makes it difficult to assess need and inform service planning (HM Government, 2009b: 18). Given the paucity of data – on which the need for specialist

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<sup>45</sup> See also *The Bradley Report* (Department of Health 2009:33) and *Healthy Children, Safer Communities* (HM Government, 2009b:16).

service provision and support should surely be based – research findings on prevalence assume a particular importance. For example, should specialist service provision be developed on the basis of research findings? That is, around a quarter of children who offend have learning disabilities (HM Government 2009b: 28), therefore an equivalent amount of specialist service provision and support should be commissioned. And, by implication, if such provision is not available there is the inherent risk that children with learning disabilities who offend will be set up to fail.

Whatever configuration of specialist service provision and support is decided upon – and there are a number of different models – the fine detail must be informed by local youth justice services, and implementation closely monitored to ensure delivery.

The recent review of the YJB's governance and operating arrangements, *Safeguarding the Future* (Office of Public Sector Information, 2010), highlights again the connection between reducing reoffending and the provision of support for young people who offend, for example support 'to find housing, employment or training and [to] address any health problems' (2010:6). The report goes on to say that the YJB<sup>46</sup> has a 'legitimate role' in ensuring that the local authority fulfils its responsibilities to those at risk of offending, before adding:

*Making further progress on this requires the YJB holding its partners, including local mainstream services, to account for carrying out their responsibilities to young people (2010:6).*

Health authorities have particular responsibilities<sup>47</sup> and in 2006 the Healthcare Commission found that 'too many primary care trusts are failing in their statutory duty to provide healthcare workers to youth offending teams' (Healthcare Commission, 2006:11). The most recent YJB figures (December 2008) indicate that 24 YOTs – more than one in six – still have no health worker on site, despite there being a statutory duty for health authorities to provide such a worker.

Joint working brings its own challenges and however good the model for specialist service provision and support is, it will only work if there is effective leadership, a commitment to joint working and a shared understanding of what the outcomes should look like<sup>48</sup>.

The following quote, from a practice supervisor at one YOT, highlights some of the difficulties:

*The youth offending services relationships with its partners vary in terms of their effectiveness. They have quite a good relationship with education staff based at the YOT, but mainstream education services generally don't do well with young people who offend, and particularly with those who offend and have learning difficulties. The relationship with CAMHS is very different. The health posts in the YOT are empty half the time. There's no commitment from CAMHS to provide the YOT with workers. Those health workers who do work with the YOT tend to act as gatekeepers to services – but gatekeepers who put more emphasis on closing than opening the gate.*

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<sup>46</sup> In October 2010 it was announced that the YJB would be abolished and responsibility for youth justice be subsumed into the Ministry of Justice. Whatever the new arrangements, it is essential that mechanisms exist through which youth justice services can hold local providers to account.

<sup>47</sup> Under the provisions of the Crime and Disorder Act 1998.

<sup>48</sup> See *Healthy Children, Safer Communities* (HM Government 2009b: 56-57); Williams and Sullivan (2010).

In a slightly different but related context, the National Advisory Council for children's mental health and psychological wellbeing recently called for '*stronger, more coherent leadership*', adding:

*Directors of children's services and PCT leads have the mechanisms at their disposal to make changes happen. The challenge to them is to work together to be accountable for this. Our visits have shown that joint leadership is not always a comfortable process (DCSF and Department of Health 2010, paragraph 4.1iii).*

The comprehensive spending review (October 2010), the NHS White paper (2010), the forthcoming criminal justice Green paper and the Government Equalities Office consultation on the public sector equality duty (2010) will each affect the ways in which specialist staff and service provision are made available to youth justice services. Whatever the configuration and accountabilities of future service provision, youth justice staff must be clear about the specialist support and service provision necessary to meet the needs of children who offend in order that they, in turn, can fulfil their responsibility to prevent offending and reoffending by children – regardless of any impairments and difficulties they may have.

### **3. Disability equality and reasonable adjustment**

Helping children to address their offending behaviour can take a number of forms, such as participation in restorative justice activities and offending behaviour programmes, increasing levels of self-esteem and building confidence. Whatever approach is taken, effective practice is predicated on knowing the particular support needs of individual children and how best to engage with them.

When the survey for this report was undertaken – autumn 2009 – the Disability Discrimination Act (DDA) 2005 required local authorities to prepare a Disability Equality Scheme (DES). Distinct units such as YOTs may be reflected in such schemes or be required to create their own action plan. That so few YOT staff, in particular heads of service and YOT managers, knew whether their YOT had an action plan or whether their activities were reflected in their local authority's DES gives rise for concern. Of even greater concern, however, was the very small number of YOT staff who knew how many children at their YOT had a disability and, further, were able to confirm whether a member of staff at their YOT held a brief for children with disabilities.

By implication, there seemed to be little evidence that would suggest any routine or systematic approach to compliance with disability equality legislation.

Very small numbers of YOT staff – 62 or 29% – said their YOT undertook any disability awareness training; of this group, only half said such training included the DDA and the DES. Even smaller numbers said YOT staff received specific training on the identification of particular health needs or special educational needs.

That said, around half of YOT staff invested a great deal of time and effort in adapting interventions to encourage greater participation by children with impairments and difficulties. Further, when asked about work of which YOT staff were proud, many responded by talking in detail about efforts made to support individual and certain groups of children.

However, how effective locally adapted youth justice programmes and activities were was unclear and, despite the considerable efforts of YOT staff, around two-fifths said that almost half of children found it hard to participate in such interventions because of their impairments and difficulties.

The presumption that an intervention has been appropriately adapted to meet the particular support needs of an individual child, with the corresponding expectation of participation and compliance, means that non-participation and non-compliance is likely to be viewed more severely than if no changes had been made. Subsequently, adaptations presumed to be appropriate may well place a child in a worse position – in particular in terms of compliance and possible breach – than had no change been made.

That so many YOT staff reported needing to make changes to interventions to support children's participation – including rewriting whole programmes – suggests that a more standardised, inclusive approach should be taken. Such an approach would reduce the inherent inefficiencies in constantly 'reinventing the wheel', support YOT staff in their efforts, and help to ensure a more effective outcome both for individual children and their local community.

The recent review of the YJB's governance and operating arrangements, *Safeguarding the Future* (Office of Public Sector Information, 2010), recommends a more standardised approach 'to identifying and delivering "what works", adding 'that it is the YJB's role to do this' (paragraph 1.22)<sup>49</sup>.

How effective youth justice interventions are – and how effectiveness is evidenced – will become increasingly relevant for two quite different reasons: the implementation of the new public sector Equality Duty in April 2011, for which measurable results, or outcomes, will be the main focus rather than the steps, or process, taken in order to achieve equality objectives (Government Equalities Office, 2010); and the imperative to deliver 'what works' as public sector resources are reduced.

#### 4. Training and support for YOT staff

Surprisingly little awareness or specific training in impairments and difficulties experienced by children who offend appeared to be available for YOT staff. Of the 140 who responded to the two questions about training, less than half said their YOT undertook either disability awareness training or specific training on the identification of particular health or special educational needs; as a percentage of the total group, the figure fell to less than a third. Only 32 YOT staff – from 23 different YOTs – said their YOT undertook both disability awareness training and specific training on the identification of particular health or special educational needs. And yet, when asked, YOT staff were very clear about the sorts of training and support that would help, especially heads of service and YOT managers.

At its most basic, all YOT staff should undertake disability awareness training and specific training on how to recognise when a child might have particular health<sup>50</sup> or special educational needs – and some progress is already being made. For example, the Communication Trust's youth justice programme<sup>51</sup> includes training for YOT staff, developed in partnership with I CAN and Dyslexia Action. The training raises awareness of hidden communication needs and the impact these can have on children; it also looks

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<sup>49</sup> In October 2010 it was announced that the YJB would be abolished and responsibility for youth justice be subsumed into the Ministry of Justice. Whatever the new arrangements, it is essential that mechanisms exist through which standardised approaches can be taken, where appropriate and cost effective.

<sup>50</sup> See *The Bradley Report* (Department of Health 2009:32) and *Healthy Children, Safer Communities* (HM Government, 2009b:65).

<sup>51</sup> [www.sentencetrouble.info](http://www.sentencetrouble.info) (August 2010).

at strategies that YOT staff can employ to support the children they work with and covers specific needs such as dyslexia, dyspraxia, autistic spectrum disorder, and attention deficit hyperactivity disorder. Further, as part of the training, YOT staff learn how to use a screening tool which, although not a diagnostic tool, can alert them to where specific needs may exist.

Such training is an example of where standardised approaches are beneficial. Although there is no minimum training requirement for YOT staff, since 2003 the YJB has encouraged YOT staff to gain the Professional Certificate in Effective Practice (Youth Justice) at level two. As at February 2010, 4,878 YOT staff<sup>52</sup> (almost 70% of the workforce) have registered for the certificate, of which 2,507 are known to have successfully completed, while results from the last two cohorts, in October 2009 and February 2010, are not yet known<sup>53</sup>. However, no detailed work is included in the course content that would help YOT staff to identify, supervise and support children with the impairments and difficulties addressed by this study.

This study shows that YOT staff are clear about the need for training and support and what they believe would most help them. The consistency of response strongly suggests that a similar standardised approach, for example to address the areas identified by YOT staff, would be both beneficial and cost effective.

Plans for workforce development and training for people who come into contact with children and young people who offend, and those working directly in youth justice services are set out in *Healthy Children, Safer Communities* (HM Government, 2009b). Section three of the strategy, 'Making it happen', states that people working in youth justice services:

*... need a good understanding of risk and protective factors, learning difficulties and disability (including autistic spectrum disorders), emerging mental health problems, and needs related to speech, language and communication. Knowing how these needs can impact on behaviour is also important. So, too, is the ability to analyse information clearly, especially when doing assessments (2009b: 63).*

Locally developed training and support is important too, for example, to respond to locally identified needs, and to ensure that YOT staff are familiar with specialist service provision, locally agreed referral routes and service level agreements. A number of participants in this study described the value of joint training organised locally with colleagues from wider youth justice services, for example magistrates, while others spoke highly of specialist YOT staff running training sessions and providing advice.

Learning from each other:

How learning is shared and 'knowledge' managed is especially important for youth justice services. There are a number of reasons for this, such as the coming together of staff from different agencies, disciplines – and cultures – within a YOT team, and the changing nature of teams as seconded staff return to their host organisations and are replaced by 'new' ones. The need for more and better opportunities to share good practice and ideas through regular practitioner forums was raised by a number of YOT staff. In 2007 the YJB launched the youth justice interactive learning space (YJILS). The site includes information and resources on ten areas of effective practice<sup>54</sup>, and a further resource is being developed on pre-sentence reports and court skills. However, at the time of writing, only around 60% of YOT staff had registered to use the site.

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<sup>52</sup> This figure includes all registrations during the period 2003–2010 and does not take into account YOT staff who have since left.

<sup>53</sup> Information provided in email correspondence with the YJB, 23 September 2010.

<sup>54</sup> These are: restorative justice; education, training and employment; substance misuse; assessment (not yet available); parenting; mental health; young people who sexually abuse; offending behaviour programmes; accommodation, and engaging with young people (currently being written).

Web-based resources and interactive sites can be very useful, especially at a time when costs associated with traditional training opportunities, for example a venue, travel costs and catering, are likely to come under pressure. But human interaction is important too and for many people an essential precursor to using web-based resources – a factor recognised by the YJB in its workforce development strategy 2008–11, which, while highlighting the ‘*enormous potential*’ of YJLS, notes that ‘*some staff will need extra support to become confident users of such a solution*’ (YJB, 2008:15). Neither should the use of web-based resources be something that YOT staff are left to utilise in their own time. As for traditionally organised training courses, dedicated training time is necessary.

Partnership working:

The very nature of youth justice services requires a high degree of cooperation and collaboration across and between a wide range of different local services, practitioners and professionals. YOT staff, as a matter of routine, are in contact – and frequently work – with a wide range of local services, some of which will have very different cultures and expectations of youth justice services, to their own. In their paper on collaborative working, Williams and Sullivan (2010) talk about ‘boundary-spanning’ skills<sup>55</sup> – the ability to work effectively in collaborative settings. The skills and competencies necessary to work collaboratively – where even the statutory requirement to provide specialist staff<sup>56</sup> is not a sufficient guarantee of provision – are especially important for YOT staff. As one participant in this study said, YOT staff not only need the skills to recognise when a young person might have a disability, but also

*...the advocacy skills to ensure YOT children get the services they need.*

The importance of training, especially at a time of change, should not be underestimated. While local training, to meet locally identified needs and utilising local expertise will always have its place – so too has standardised training and workforce development. A standardised approach is necessary to drive up and maintain national standards, to ensure consistency of provision and equitable outcomes for children, and support for youth justice staff.

## **5. Difficulties experienced by children with impairments and difficulties who offend – the views of YOT staff**

YOT staff reported a number of difficulties experienced by children with impairments and difficulties who offend. While some were specific to particular conditions, for example difficulties in sustained concentration for children with ADHD, most of the difficulties described by YOT staff were common across all impairments and difficulties.

According to YOT staff, children faced difficulties with understanding and participating in youth justice programmes and activities, with low levels of confidence, low levels of self-esteem and feelings of being marginalised and stigmatised<sup>57</sup>. These difficulties were further compounded due to the poor identification by youth justice services of children with impairments and difficulties, a lack of specialist support and service provision, and availability of appropriate interventions.

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<sup>55</sup> For example, networking activities to build collaborative cultures based on effective interpersonal relationships, trust and reciprocity; brokering to bring people together to deliver ‘win-win’ situations; mediation processes to align different cultures and viewpoints; organisational skills to convene and co-ordinate collaborative processes; entrepreneurial activities to promote innovative approaches to difficult and complex problems (Williams and Sullivan, 2010:10).

<sup>56</sup> Healthcare Commission, 2006:11.

<sup>57</sup> See also DCSF and Department of Health 2010, paragraph 4.11v.

Of particular concern were the difficulties experienced by children in understanding the youth justice process, including what is required of them at each stage of the process, understanding and participating in court proceedings<sup>58</sup>; in conveying levels of understanding, for example of their crime or their alleged crime; and in understanding their rights and entitlements as they enter and travel through the youth justice system. This lack of understanding gives rise to a further concern – that is, the right to a fair trial.

Article 6 of the European Convention on Human Rights sets out the right to a fair trial, which for a child defendant is further illuminated in the United Nations ‘Beijing Rules’ on juvenile justice. These state that:

*...the proceedings... shall be conducted in an atmosphere of understanding, which shall allow the juvenile to participate therein and to express himself freely (UN, 1985: paragraph 14.2).*

Although the past decade has seen the emergence of a variety of initiatives aimed at supporting child defendants in the courtroom there continues to be grave concerns about the capacity of children to participate effectively in court proceedings. A report from the Audit Commission found that some magistrates had difficulty in effectively engaging with young defendants to the extent that more than three fifths (61%) had

*...some or a lot of difficulty in getting young people to engage in discussion (Audit Commission, 2004:30).*

Perceived difficulties experienced by children, articulated by YOT staff, may well be different to the difficulties that children might themselves highlight. Interviews with children and young people who offend, who have learning disabilities and mental health problems, about their experiences of the youth justice system will be reported in a forthcoming publication by the Prison Reform Trust and YoungMinds, *Children’s Voices*, due in 2011.

## **6. Levels of confidence amongst YOT staff**

This study asked YOT staff about their levels of confidence in two important areas. These were:

- a. Whether their YOT had the skills and expertise, or ready access to them, to identify and support children with impairments and difficulties.
- b. Whether pre-sentence reports prepared by their YOT adequately addressed the impairments and difficulties experienced by children so that the judiciary can make informed sentencing decisions.

The response to these two questions presents a slightly contradictory picture.

On the one hand, apart from mental health problems and low levels of literacy, most YOTs do not use screening or assessment tools or procedures to identify children with difficulties and impairments, and only around half of YOT staff routinely request information from children’s services; most YOT staff do not undertake disability awareness training or specific training to assist in identifying possible difficulties and impairments; most YOT staff do not know how many children serving court orders at their YOT have disabilities and, while specialist services and support do exist – especially for mental health problems – many YOT staff highlight gaps in provision.

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<sup>58</sup> See also Jacobson with Talbot (2009); Plotnikoff and Woolfson (2002 and 2009); Hazel et al (2002).

On the other hand – with the exception of communication difficulties – most YOT staff said they were either quite confident or very confident that their YOT had the skills and expertise, or ready access to them, to identify and support children with impairments and difficulties.

A more detailed analysis of data showed some common themes amongst YOT staff who said they were ‘very confident’. For example, YOT staff who said they were ‘very confident’ were more likely than all other YOT staff to report a higher use of screening and assessment tools and procedures, and were more likely to say they found the ASSET process very useful; they were also most likely to be specialist YOT workers. There are a number of reasons why this might be so. For example, specialist YOT workers were perhaps the most likely to have relevant professional training, skills and expertise that made them better able to identify and support children with impairments and difficulties, which in turn made them more confident than other YOT staff. However, the survey question was framed as confidence in ‘your YOT’ and, as such, it would seem there was a mismatch in the perceptions of different YOT staff as to what skills and expertise were available within, and accessible to, their YOT. This ‘mismatch’ might also reflect the reduced understanding that some YOT staff had of the specialist services and support that were available, and the benefits access to such provision might bring.

For pre-sentence reports (PSRs), levels of confidence amongst YOT staff rose for all impairments and difficulties except for low levels of literacy. Once again, specialist workers were the most confident, although the difference in levels of confidence was less marked. On first reading, this finding was somewhat surprising and arguably counterintuitive. It should, however, be considered that the question – as it was posed – might be ambiguous, with levels of confidence being expressed by YOT staff about known difficulties and impairments.

Either way, levels of confidence in PSRs amongst YOT staff were at odds with recent findings by the Healthcare Commission, which notes:

*Only a third of court reports represented individual’s health needs accurately, and they rarely contained a health report as a supplement, or addendum (Healthcare Commission and HM Inspectorate of Probation, 2009:3).*

While acknowledging there were good examples of PSRs the report went on to say:

*More worryingly, only 48% of those [pre-sentence] reports were considered by the inspectors to be balanced, verified and factually accurate, and only 58% were seen to have addressed diversity issues sufficiently (Healthcare Commission and HM Inspectorate of Probation, 2009:17).*

Data from the youth justice assessment, ASSET, are used to inform PSRs. A recent study by the Prison Reform Trust, *Punishing Disadvantage* (Jacobson et al, 2010), which used ASSET forms as a primary source of data to build a profile of 6,000 children in custody, found three main limitations. These were: specific information on learning disabilities and communication difficulties not being addressed by ASSET and mental health problems being underestimated; sections of ASSET being missed or completed inconsistently because older versions of ASSET were in use alongside a more up to date version; and parts of ASSET being poorly completed, such that there were discrepancies between information provided in different parts of the ASSET form.

There can be no doubt that certain YOT staff were confident for good reason: the combination of effective support from specialist YOT workers, appropriate use of screening and assessment tools and procedures, access to specialist service provision and timely information from children's services, lends itself to a quality outcome for children who offend. The concern, however, must be raised that in the absence of some, or a number of these factors – as was clearly the case for many YOT staff in this study – expressed levels of confidence may be set too high.

## 7. Custodial sentences

YOT staff were asked if, in their opinion, children with the impairments and difficulties addressed by this study were more likely or less likely to receive a custodial sentence than children without such impairments and difficulties, or whether there was no difference. With two exceptions – for specific learning difficulties and autistic spectrum disorder – most YOT staff said that children with impairments and difficulties were more likely to receive a custodial sentence – see Table 11, page 52.

To explore these findings, three focus groups involving 18 YOT staff in total, were undertaken at three YOTs. A number of different views were expressed during the discussions though some common themes emerged. These were:

- Whether a child's impairments or difficulties were recognised, and their support needs met
- Time pressure during court proceedings
- The availability of appropriate youth justice programmes
- The chance that children with impairments or difficulties will fail to comply with youth rehabilitation orders (YRO), their subsequent breach, and likelihood of a custodial sentence
- Custodial remand.

Recognising impairments and difficulties, and meeting support needs:

Whether a child's impairments or difficulties were recognised when they first came into contact with youth justice services depended on a number of factors. The more obvious or severe the impairment or difficulty, the more likely it would come to the attention of YOT staff. Some children might already be in receipt of specialist support, which would also be likely to come to the attention of YOT staff. For children with less severe and less obvious – so called 'hidden' – impairments or difficulties, focus group members were less certain that their particular support needs would be recognised and met.

If it were known, or suspected, that a child had particular impairments or difficulties, focus group members said this would form part of the pre-sentence report (PSR), and, on occasion, a specialist practitioner might provide information directly to the court. How PSRs were written was important; for example one focus group member said that reports could be written to 'heighten' the vulnerability of a child. Further, the court might ask for additional information, such as a psychiatric report. It seemed to some group members that the extent to which this information, taken together, showed that the child was 'vulnerable', directly affected the chances of receiving a custodial sentence – the more vulnerable, the less likely a custodial sentence. Conversely, for remand, the more vulnerable, the more likely they were to be remanded into custody<sup>59</sup>.

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<sup>59</sup> See Gibbs, P. and and Hickson, S. (2009).

For children whose support needs were less obvious, and children's communication difficulties were cited as a particular concern, behaviours associated with certain impairments and difficulties, which might be 'accepted' and/or accommodated if the impairment or difficulty had been recognised, were generally interpreted by the courts in a negative light. One focus group member highlighted, as an example, a very eloquent child who had received a number of 'last chances' during his appearances in court. The child was able to participate effectively in court proceedings and to articulate 'remorse'. Consequently, it seemed to group members that he was dealt with more leniently than, as another group member put it, *a kid in a hoodie who doesn't want to be there and can't explain himself*.

One focus group used the term 'rough justice' to describe the courts response to children with communication difficulties generally, and especially those with autistic spectrum disorder, whose presenting behaviour might be viewed by the court as anti-authoritarian, which in turn might adversely affect sentencing decisions. This reflects findings in a report by the Audit Commission which found:

*If a young person is inarticulate, inhibited or lacks understanding, which is not uncommon among teenagers, this may lead to misunderstandings and even the passing of an inappropriate sentence (Audit Commission, 2004:30).*

The report went on to say:

*Eighty percent of magistrates surveyed said that the attitude and demeanour of a young person influences their sentencing decision to some or a greater extent (Audit Commission, 2004:30).*

Some focus group members said that the 'scaled approach'<sup>60</sup> to sentencing was likely to escalate more rapidly for children with impairments and difficulties. This was because YROs were unlikely to take into account the particular support needs and abilities of children, which in turn increased the chance of non-compliance and subsequent breach; similar views have been expressed by the Standing Committee for Youth Justice (SCYJ):

*Young people suffering the most disadvantage, with the least parental or adult support, who experience reduced educational and other opportunities, will — as a direct consequence of the scaled approach — be subject to higher, and more intrusive, levels of criminal justice intervention. There is, implicit in the approach, a risk of discrimination against the most deprived children (SCYJ in Justice Committee, 2009).*

Time pressures during court proceedings:

The pressures of time, or lack of it, were also raised; as one focus group member put it, *there is an obsession in the court system to do things quickly*. Courts are too impatient to wait for specialist assessments that might identify whether a child has impairments or difficulties, which in turn would inform sentencing decisions and a more appropriate disposal. Youth justice services were often under pressure to deliver a pre-sentence report (PSR) on a child's first appearance in court, making it difficult to gather relevant information from children's services. YOT staff might be asked to produce a short, one page, 'stand down' report, which was described by some focus group members as 'ASSET on a page' – the full ASSET is 26 pages long. Describing the stand down report, one focus group member said:

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<sup>60</sup> To support the implementation of the YRO, the YJB developed the 'scaled approach'. This was intended to ensure that the nature and intensity of a YOT's work with a given child matches that individual's assessed likelihood of re-offending and risk of causing serious harm to others. Under the scaled approach, the YOT is expected to determine the appropriate level of intervention for the individual as 'standard', 'enhanced' or 'intensive'. This intervention level should then inform sentence proposals made to the court in the PSR, and the interventions subsequently provided during the YOT's management of the order (YJB, 2009b); see also Jacobson with Talbot (2009:57).

*It's a bit like someone coming to measure up your house for carpets and not letting them inside – it deprofessionalises the assessment.*

However, the point was also made that if YOT staff firmly asked the court for more time, they would usually be willing to grant it.

Availability of appropriate youth justice interventions:

Focus group members said that while the YRO provided the opportunity to create orders tailored to the needs of individual children, there was a lack of available youth justice activities and programmes. Further, it seemed that some magistrates were tempted to 'overload' YROs with a number of different requirements, making it more difficult for certain children to comply.

Members of one focus group said it had been impossible to implement mental health requirements on YROs because of problems associated with naming an appropriate health practitioner. Similarly with education, children were not receiving provision specified by the YRO.

Some focus group members said it was difficult to offer appropriate alternatives to custody for children with impairments and difficulties. For example, while intensive supervision and surveillance (ISS) should be considered before a custodial sentence is imposed<sup>61</sup>, some focus group members said these programmes were frequently unsuitable for certain children with impairments and difficulties. ISS programmes were complex and demanding, frequently involving high levels of group work, which many children with impairments and difficulties struggled to cope with. One focus group member noted that

*...the most effective tool to keep them out of custody is not suited to young people with these kinds of problems.*

Failure to comply and breach:

The likelihood of breach for children whose support needs were neither recognised nor met, or where inadequate support was put into place – and the subsequent chance of custody following breach – seemed, to focus group members, a realistic outcome. This was especially so for children subject to an ISS programme. One focus group member said:

*The assumptions on which the [youth rehabilitation] orders are structured create a picture of a young person who is organised, responsible, has resources and has support. If you're missing that, it's almost designed to trip you up. The ISS is highly demanding; it would be a challenge for most YOT workers to meet the requirements.*

Custodial remand:

For certain impairments (the example given by one focus group member was for mental health problems), offending behaviour can escalate rapidly if appropriate support is not put into place and there are long waits for specialist service provision. Family problems or problems with housing, especially if a young person was homeless, would further compound the situation, which might make custody – in particular being subject to custodial remand – a more likely option<sup>62</sup>.

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<sup>61</sup> Sentencing Guidelines Council, 2009: paragraph 11.11, page 23.

<sup>62</sup> See also Jacobson et al, 2010.

One of the three focus groups spoke particularly of children being subject to custodial remand. Group members expressed the view that children with impairments and difficulties – especially those with communication difficulties – were more likely to be subject to custodial remand because they were perceived by the courts as less reliable and more likely to miss subsequent court appearances<sup>63</sup>. However, the same ‘risk’ of a custodial sentence would not necessarily apply when it came to sentencing because YOT staff would, by then, have completed a full PSR<sup>64</sup>.

It is well known that children who enter the youth justice system experience high levels of often complex support needs and multiple disadvantage (Jacobson et al, 2010); it is also known that children who end up in custody experience the highest levels of mental health problems amongst all children in the youth justice system. There can be no doubt that these children are highly troubled; at the same time, their behaviour is often highly troublesome for their families and for their schools and communities. While custody is unlikely to provide the solution, that most YOT staff who took part in this study believe – despite their best efforts – that some of the most vulnerable children in our society are more likely than their peers to end up in prison simply because they are disabled, or because they have particular difficulties, is especially disturbing.

## 8. Work of which YOT staff were proud and recommendations

There was a significant amount of work of which YOT staff were proud, as reported in section two of this report, along with a number of recommendations made by YOT staff.

There were many examples of one to one work to support children with particular impairments and difficulties – support that at times appeared above and beyond that reasonably expected from youth justice services. One such example was the very practical support given to a young man with learning disabilities, who lived independently, to ensure he ate enough. Other agencies were seemingly reluctant to be involved in providing support and the young man was later sectioned. There was no question that this example was work of which to be proud, but it was also work that further demonstrates gaps in service provision for children with disabilities who offend. In a similar vein, one member of YOT staff queried, *is it the job of YOTs to teach young people to read when schools should be doing that?*

There were many seemingly small achievements of which YOT staff were proud, which clearly involved a significant amount of time and effort, patience, tenacity and expertise, to realise. For example, to ensure that a child attended ‘*a number of consecutive appointments*’, when he had never managed to do so previously, and to provide a consistency of working so that individual children gained the ‘*ability to trust another adult over time*’. Such achievements are of great importance but seem to sit at odds with the tough language of ‘*enforcement*’ and ‘*non-negotiable support and challenge*’ contained in the *Youth Crime Action Plan*, while there was little evidence for these children of ‘*better and earlier prevention*’ (HM Government 2009a).

Other areas of work of which YOT staff were proud included particular ways of working, input from specialist and other YOT staff and positive relationships with specialist providers. Arguably, most of the examples given were what could reasonably be expected to happen in all YOTs as a matter of routine. This highlights one of the recommendations made by a number of YOT staff – that of sharing good practice, ideas and concerns through regular practitioner forums.

Further recommendations made by YOT staff have been incorporated into the overall recommendations contained in part four of this report.

<sup>63</sup> See, for example, comments made by John Drew in Justice Committee (House of Commons) (2009).

<sup>64</sup> But see Jacobson et al, 2010 and Healthcare Commission and HM Inspectorate of Probation, 2009:3 and 17.

## Part four: recommendations

The following recommendations incorporate those made by YOT staff.

### 1. Knowing which children who offend have impairments and difficulties

The additional needs of children should be recognised and addressed at an early stage. Where this has not happened, children's contact with youth justice services provides an important opportunity to identify their additional needs, and to ensure that appropriate treatment and support is put in place.

- a. National standards to determine when the common assessment framework (CAF) is initiated should reflect 'risk' factors<sup>65</sup> associated with offending behaviour amongst children, for example, educational under-achievement and exclusion from school, and should include the point at which a child first comes into contact with youth justice services<sup>66</sup>.
- b. The police and the courts should have timely access to youth justice liaison and diversion schemes to ensure the early identification of children with particular support needs, and, where appropriate, diversion away from the youth justice system<sup>67</sup>.
- c. Pre-sentence reports prepared by YOT staff should highlight any concerns about possible impairments and difficulties of individual children. In particular, reports should include how a child's impairments and difficulties might affect their behaviour in court and what support or special arrangements are necessary, and the most appropriate sentencing options. Where more time is required to complete a pre-sentence report, for example to pursue information or to arrange a specialist assessment, the onus rests with YOT staff to request more time, and with the courts to agree a reasonable extension.
- d. A standardised suite of screening tools to assist youth justice staff in recognising when children might have particular impairments and difficulties, such as the SQIFA and the SIFA<sup>68</sup>, should be adopted. Individual tools should include information about behaviours that might indicate the presence of particular impairments and difficulties, practical guidance on how best to support such children and when a referral to specialist services is necessary.
- e. The current review of ASSET should explicitly address the additional needs of children, and, where available, build upon pre-existing information contained in the CAF and specialist assessments such as social care and education assessments.
- f. Local areas should agree protocols for improved and consistent alignment between the different assessment tools used by children's services, including youth justice services. This will avoid duplication of certain assessment procedures and help to promote a coordinated response to meeting the needs of all children.

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<sup>65</sup> See for example Losel and Bender, 2003; and the Independent Commission on youth crime and antisocial behaviour, 2010.

<sup>66</sup> See also Inspection of Youth Offending and Criminal Justice Joint Inspection (2010:7).

<sup>67</sup> See Department of Health, 2009; and the Centre for Mental Health [www.centreformentalhealth.org.uk/criminal\\_justice/youthjustice\\_pilots.aspx](http://www.centreformentalhealth.org.uk/criminal_justice/youthjustice_pilots.aspx) (August 2010).

<sup>68</sup> SQIFA is a short mental health screening questionnaire interview for adolescents attached to ASSET to be completed by all YOT staff; SIFA is a detailed mental health screening interview for adolescents to be completed by YOT health staff (YJB website August 2010).

## 2. Children's services

Local systems and procedures should facilitate timely access to children's universal services for children who offend, and, where appropriate, specialist assessment, treatment and support.

- a. The high levels of multiple and complex support needs of children who offend should be recognised as requiring greater levels of input from children's services. This will help to ensure that outcomes for these children are equitable to those of children with lesser needs in the general population.
- b. The cumulative effect on the lives of children with a number of low-level support needs which, taken separately, may not be serious enough to attract attention from specialist services, should be recognised and addressed<sup>69</sup>.
- c. In the absence of robust local data, research findings on the prevalence of children with particular impairments and difficulties who offend should be used to determine the extent of children's universal and specialist service provision required.
- d. There should be national standards for meeting the additional needs of children who offend, and eligibility for support should be flexible and inclusive. Standards should include transition arrangements between children's and adult services, such as mental health and learning disability services, and provide guidance on accountability.
- e. All police stations and youth courts should have timely access to youth justice liaison and diversion schemes<sup>70</sup>, and national standards should determine minimum levels of provision.
- f. Local authorities, youth justice management boards and commissioners of children's services should ensure:
  - i. The additional support needs of children with impairments and difficulties who offend are met across the entire youth justice pathway, including diversion away from the youth justice system, as appropriate.
  - ii. Service provision is available for older children who offend, i.e. 16 and 17 year olds, in particular for mental health problems and/or learning disabilities, and that transition planning between children's and adult services is comprehensive and timely.
  - iii. The most appropriate models of delivery<sup>71</sup> are in place for the provision of services to children who offend; delivery should take into account the particular circumstances of certain children who offend such that more flexible models of delivery may be required, for example 'outreach' services and specialist staff meeting children on neutral ground.
  - iv. The explicit inclusion of children who offend in all provision commissioned by, and for, children's services.
  - v. Service level agreements between local youth justice services and service providers are in place for all commissioned services; agreements should include required outcomes and referral protocols for youth justice services and service providers, and should be routinely monitored and reviewed.

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<sup>69</sup> The accumulation of unmet support needs can increase the likelihood of reoffending and deterioration in the physical and mental health of children.

<sup>70</sup> See also Centre for Mental Health pilots: [www.centreformentalhealth.org.uk/criminal\\_justice/youthjustice\\_pilots.aspx](http://www.centreformentalhealth.org.uk/criminal_justice/youthjustice_pilots.aspx) (August 2010), and Department of Health (2009).

<sup>71</sup> See for example, Centre for Mental Health (2010: pages 23-41).

### 3. Recording and use of data

Reliable information about the support needs of children who offend should be available to inform the development of youth justice services and service planning<sup>72</sup>.

- a. Data on the disabilities and difficulties of children who offend should be recorded by individual YOTs.
- b. Aggregated data should be used:
  - i. By local authorities and in particular by youth justice management boards to inform the ongoing development of youth justice services, including the planning, delivery and commissioning of specialist service provision, and workforce development. Data should be routinely shared with others involved in youth justice, for example youth courts and the police, as well as children's services more generally.
  - ii. By the Ministry of Justice and other relevant government departments (i.e. Home Office, Department for Education and Department of Health) to inform policy aimed at preventing offending and reoffending by children.

### 4. Information sharing

The sharing of information across the youth justice system, and between youth justice and other children's services, can be problematic<sup>73</sup>. At the same time appropriate information sharing between professionals can help ensure that the right support is offered. Relevant government departments (i.e. Ministry of Justice, Home Office, Department for Education and Department of Health) should collectively re-state the principles underpinning information sharing, and model protocols should be developed for use at a local level. Protocols should include safeguards to ensure that the sharing of information is proportionate and discourages the casual passing on of information.

### 5. Training and support for YOT staff

YOT staff should be equipped with the skills to recognise when a child might have particular impairments and difficulties, to know how best to engage with children with particular impairments and difficulties, and when and how to refer a child to specialist services; and YOT staff should have timely access to support.

- a. All YOT staff should undertake the following training, which should be delivered by appropriately qualified personnel and refreshed on a regular basis:
  - i. How to recognise when a child might have one or more of the impairments and difficulties addressed by this study.
  - ii. How particular impairments and difficulties can affect children's daily living; the implications for sentencing, and the likely support needed by individual children to satisfactorily complete the requirements of a court order.
  - iii. How best to supervise and support children with particular impairments and difficulties.
  - iv. Equality awareness training, in particular the public sector Equality Duty.

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<sup>72</sup> See also HM Government, 2009b: 18.

<sup>73</sup> See also Healthcare Commission and HM Inspectorate of Probation, 2009; HM Government 2009b.

- b. The following local information/awareness training should be routinely available for YOT staff:
  - i. Arrangements for specialist service provision and support, including specifications for service level agreements, and how and when referrals should be made; what gaps, if any, there are in local service provision and how this is being addressed; what specialist expertise and support is available within the YOT team.
  - ii. Information sharing protocols between children's and youth justice services, and how to ensure that information is appropriately shared.
  - iii. How the different assessment procedures used by children's and youth justice services are aligned.
- c. YOT staff responsible for completing youth justice, i.e. ASSET, and other assessments should receive ongoing training, support and supervision<sup>74</sup>, and assessments should be routinely monitored to ensure quality and consistency.
- d. YOT staff responsible for completing pre-sentence reports should receive ongoing training, support and supervision, and reports should be routinely monitored to ensure quality and consistency.

## 6. Youth justice programmes and activities

Youth justice programmes and activities should be accessible to all children who offend; a 'one size fits all' approach, or an approach that doesn't fully take into account a child's support needs, is unlikely to produce the desired outcome.

- a. A core suite of youth justice programmes and activities should be developed for children with low cognitive ability, low levels of literacy and communication difficulties; YOT staff responsible for delivering these programmes should receive training, and outcomes should be monitored.
- b. Programmes should be designed so that the particular support needs of children can, with guidance and wherever possible, be met by YOT staff. However, for certain children it will be necessary to enlist the support of specialist staff. For example, children on the autistic spectrum might need additional support to engage in restorative justice programmes.
- c. The need to undertake preparatory work with certain children so they are able to participate effectively in youth justice programmes and activities should be recognised. For example, some children will need to build their confidence prior to participating in a group, and some will need to learn and to practice group work and social skills. While some children may need limited amounts of additional support, others may require specialist support over a sustained period.

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<sup>74</sup> See Jacobson et al (2010:88, recommendation 8).

## 7. Public sector Equality Duty, Equalities Act 2010

- a. Local authorities and youth justice management boards should ensure that YOTs comply with the public sector Equality Duty; in particular that youth justice services, programmes and activities are accessible to, and outcomes equitable for, all children. Equalities should be a standing agenda item for all meetings of youth justice management boards.
- b. There should be a member of staff within each YOT responsible for disabilities (and for equalities more generally), who should receive training and support in order to fulfil this function.
- c. The problems experienced by children with impairments and difficulties, in particular concerning their understanding of, and participation in, court proceedings<sup>75</sup> should be addressed to ensure their right to a fair trial<sup>76</sup> and that the United Nations Beijing Rules on juvenile justice are upheld<sup>77</sup>.

## 8. *Out of Trouble* principles

The following principles underpin the work of the Prison Reform Trust's *Out of Trouble* programme, of which this report is a part.

- a. Custody should be reserved for the minority of children who commit serious violent or sexual offences, and who are at high risk of committing further such offences.
- b. The age of criminal responsibility should be raised from ten years and be aligned at least with the European norm of 14 years.
- c. The costs of child custody should be borne by local authorities. This would incentivise a reduction in the inappropriate imprisonment of children through the provision of improved prevention services and community sentencing options. Subsequent savings should be reinvested in rehabilitation, and in the provision of health and welfare services, which help prevent and reduce youth offending.
- d. Imprisoning children for breaching the terms of community orders, where this has not been accompanied by further serious offending, is inappropriate and should stop.
- e. More use should be made of restorative justice. Sentencers in England and Wales should be able to recommend a restorative justice disposal for all children who offend, even those who have committed serious offences, as practiced in Northern Ireland.
- f. Meeting the welfare needs of children who offend should be an integral part of any criminal justice sanction imposed as a punishment for wrongdoing.

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<sup>75</sup> See also Jacobson with Talbot (2009); Plotnikoff and Woolfson (2002 and 2009); Hazel et al (2002).

<sup>76</sup> In accordance with Article 6 of the European Convention on Human Rights.

<sup>77</sup> United Nations 1985.

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All publications are available from the Prison Reform Trust and PDFs can be found at [www.outoftrouble.org.uk](http://www.outoftrouble.org.uk)

## Checklist for youth offending teams

This checklist is not exhaustive; local YOTs, together with their specialist service providers, will no doubt identify more that can be done.

|   | Yes | No | Action |
|---|-----|----|--------|
| Does your YOT have screening procedures for the following <sup>78</sup> ? <ul style="list-style-type: none"> <li>• Low levels of literacy</li> <li>• ADHD</li> <li>• Learning disabilities</li> <li>• Learning difficulties</li> <li>• Autistic spectrum disorder</li> <li>• Communication difficulties.</li> </ul> |     |    |        |
| Does your YOT routinely ask children: <ul style="list-style-type: none"> <li>• If they are taking any medication?</li> <li>• If they are in receipt of Disability Living Allowance?</li> </ul>  |     |    |        |
| When a child first comes into contact with your YOT is information routinely requested from children's services, in particular whether there is a CAF?  |     |    |        |
| Does your YOT have a mental health worker? If yes, does s/he have learning disability expertise?  |     |    |        |
| Does your YOT have clear procedures for when staff suspect a child may have particular impairments or difficulties? Are all staff aware of procedures?  |     |    |        |
| Are service level agreements in place for specialist service provision?   |     |    |        |
| Is your YOT proactive in building positive relations with specialist services? For example learning disability services and SEN teams.  |     |    |        |
| Does your YOT have information sharing protocols with children's services, in particular with CAMHS, SEN teams, schools, social services? Are all staff aware of protocols?   |     |    |        |
| Is disability awareness training routinely undertaken by YOT staff?   |     |    |        |
| Is specific training routinely undertaken by YOT staff to help them identify particular impairments or difficulties that need further assessment or to be acted upon?   |     |    |        |
| Are YOT programmes and activities accessible to children with particular impairments and difficulties? If yes, how do you know? If no, what support and/or changes are necessary?   |     |    |        |
| Is information for children available in a range of formats? For example easy read, audio/video.  |     |    |        |
| Do you know how many children in contact with your YOT have a disability?   |     |    |        |
| Is there anyone at your YOT who has a responsibility for children with disabilities?  |     |    |        |

<sup>78</sup> Mental health problems are screened for by the SQIFA and the SIFA.





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It is well established that high numbers of children who come to the attention of youth justice services have complex support needs. It is further acknowledged that addressing these needs helps to prevent a range of negative outcomes and reduces reoffending.

How staff from youth offending teams (YOTs) identify and support children with particular impairments and difficulties who come to the attention of youth justice services, and what support they receive, was the primary focus of this study. The study shows significant variations between local youth justice services, to the extent that children with impairments and difficulties receive treatment and support as much on the basis of where they live, as on need.

Especially concerning was the view, held by most YOT staff, that children with learning disabilities, communication difficulties, mental health problems, ADHD, and low levels of literacy who offend were more likely than children without such impairments to receive a custodial sentence.

Although the overall picture from this study was mixed there were many examples where the support needs of children were being identified and met; where youth justice programmes and activities were being thoughtfully and skilfully adapted to include children, and where routine training and support for YOT staff took place.



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