



Youth Offending Team

Health service evaluation

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Commissioned by Lancashire Youth Offending Team



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Executive summary

Lancashire Youth Offending Team (YOT) commissioned the Corporate Research and Intelligence Team to work with it on a qualitative evaluation of YOT's assessment of the health needs of young people who offend. The work was conducted through interviews with young people who offend and a discussion group with staff.

Key findings

Interviews with young people

- Responses to the interviews indicated that there are some health areas that YOT covers very well, for example substance misuse, and others that are more overlooked.
- A common theme with the health areas that were asked about was that interviewees said they haven't, or wouldn't, think to discuss it with YOT, but they would discuss it if they were asked directly.
- Building up trust between the YOT worker and the young person is also seen to be important - the young people may not always be willing to discuss a health need in their first YOT session. Interviewers found that if health needs had not been picked up at initial assessment, the young person may not be asked about health needs again at later meetings.
- Interviewees were more comfortable discussing certain health needs directly with the health workers. However, the young people are generally only referred to a health worker if a need is identified, so if their YOT worker doesn't know they have a health need, they may not get the opportunity to see a health worker.
- Where issues were identified and had been discussed with the YOT worker, in most cases support had been offered and the interviewees were happy with how YOT had dealt with their issues.

Staff discussion group

Assessment of health needs

- ASSET is the main tool used to assess the health needs of young people in YOT. Participants feel that this is not ideal as it is a tool designed to assess risk of reoffending and not specifically to identify health needs.
- While ASSET works well to identify some health needs (eg substance misuse), it is not suitable to detect a wider range of issues.

- Other tools used by YOT workers are the 'what do you think now?' form, SLCN assessment and a bespoke set of criteria implemented by the health worker in one area.
- Participants feel that neither YOT workers nor health workers have the capacity to fully address the health needs of young people in YOT.
- Participants feel that the health service that young people in YOT receive is a 'lottery' depending on which health worker is associated with their YOT and which YOT worker they have.
- In contrast to the findings of the interviews, staff feel that health issues can be identified as a young person's order progresses even if they are not identified initially.

Support and referral

- Again, participants feel that the support and services available to young people depends on the area they live in.
- YOT workers feel there are clear pathways for dealing with substance misuse issues but not all workers are sure how to deal with other issues.
- Participants described difficulty in referring young people to external services, eg mental health care, CAMHS
- The referral of young people aged 16-18 causes problems as they are out of the age bracket for some young people's services but the adult services which they are eligible for don't always deal with the relevant issues
- Participants feel there is a lack of understanding of the needs of young people who offend by universal services such as GPs and dentists, which makes it difficult for the young people to access these services.

Service improvement

- In general, participants feel that YOT does the best it can with what is available, but that it could deal with health needs more effectively.
- Strengths of the YOT's health provision are thought to be having health workers embedded as part of the team in each area and strong links with substance misuse workers.
- Weaknesses that were identified are the disparity in service available between areas, difficulty in accessing specialist services and the capacity of both YOT

workers and health workers to deal with the health needs of young people fully.

- Possible improvements that could be made that the group identified are introducing a more effective tool for assessing health needs, improving the pathways for dealing with identified health needs, working more effectively with external services and increasing the resources available to each team.

Recommendations

- Not all interviewees were aware that YOT can help them with health issues. If it isn't happening already, a discussion around health and how YOT can help should be built into the initial meeting.
- Some interviewees were happier to talk to health workers rather than YOT workers about some issues. While health workers don't have the capacity to see all the young people, it would be useful if access to the health workers could be made available to all if it is requested.
- Interviewees felt that, in order to discuss some health needs, they would need to build up trust with their worker. Look at discussing health with the young people regularly and not just at the initial appointment.
- ASSET is not designed specifically to identify health needs. It would be useful to introduce some form of assessment that would identify health needs although the capacity of YOT workers to implement this in addition to their current work needs to be considered.
- Look at improving access to different health specialisms between the different areas in order to reduce the 'lottery' element of the service.
- At a county level, implement clear guidelines for dealing with different health needs so all workers know what is expected and what can be provided, and all young people receive a similar service.
- Work with external services to improve access for the young people.
- Look at providing resources where possible to implement health related activities, eg cooking classes.
- This report will be used to support the Youth Justice process mapping exercise and will contribute to the development of the Youth Justice health improvement plan.

Introduction

The Lancashire Youth Offending Team (YOT) works with young people from the age of 10-17 who have either become involved in offending or are at risk of offending. The YOT will be involved if someone receives a warning from the police, when they are on bail, when they go to court and when they are sentenced either to a community penalty or to custody.

The North West Regional Offender Health Team, in partnership with the North West Regional Youth Justice Board (YJB), developed a Youth Justice (YJ) Health Audit tool to examine the quality of health provision. The YJ Health Audit indicators provide an assessment framework to examine how appropriately the needs of young people who offend are being met. The Regional Offender Health Team undertook Lancashire YOT's YJ Health Audit in January 2011.

Lancashire Youth Offending Team commissioned the Corporate Research and Intelligence Team to work with it on a qualitative evaluation of YOT's assessment of the health needs of young people who offend, looking in particular at issues that were highlighted by the YJ Health Audit.

Objectives

The overall objectives of the work were to:

- support a better understanding in YOT of the young people's experience of health service provision;
- understand the YOT staff's experience of how young people access relevant health service provision throughout Lancashire; and
- support YOT's understanding of perceptions of young people who offend of their own health issues, eg emotional and mental health, sexual health, physical health, substance misuse.

Methodology

The work was conducted through interviews with young people who offend and a discussion group with staff to understand:

- YOT's current process for identifying health needs;
- the options and pathways that are provided by YOT for meeting various health needs; and
- the experience of young people of YOT's identification and support of health needs.

Interviews

The interviews with young people were carried out by the six YOT health workers. Each health worker carried out interviews in a different area to the one they normally work in.

Interviews were carried out between mid-October and early November. Anticipating that there would be a high non-attendance rate, interviews with ten young people were arranged in each area with the hope that 25-30 interviews would be completed overall.

Initially, young people with higher intensity orders were selected for interview as they have more sessions with the YOT and were more likely to be available for interview. However, in some cases, where interviewees didn't attend, interviews were carried out with another young person who happened to be attending the YOT office that day in order to get the required number of interviews.

Interviewees had to sign a consent form before the interview and, if necessary, get a parent or carer to sign the form as well. Interviewees were allowed to have a parent, carer or their YOT worker present at the interview if they wanted.

Attendance at the interviews was voluntary, but interviewees were advised that attending would count as one of their required YOT appointments.

Interviewers were provided with a semi-structured interview template designed to cover all aspects of health that the YOT should be concerned with as specified by the YJ Health Audit. The template was not intended as a script to be followed word-for-word, but as a guide to ensure all issues required were covered with some consistency between areas.

Following the interviews, a debrief session was held with the interviewers to discuss the results.

Discussion group

The interviews provided a qualitative look at the experience of the young people of health assessment and health service provision in the YOT. To get the view of YOT staff, a discussion group was held to examine staff views on the assessment and referral arrangements and how they feel the service could be improved. The results of the interviews informed the questioning at the discussion group.

The discussion group was held on 1 December 2011 at Woodlands in Chorley. There were 12 attendees including participants from all six YOT areas, YOT workers, health workers and workers from the substance misuse organisation Young Addaction.

Limitations

The nature of qualitative work means that only a small number of people can participate. This means that the results are not statistically representative for all young people who offend in Lancashire or all YOT staff; they only offer indicative or illustrative results. Results are therefore attributed to participants only and not the wider population of YOT.

The advantage of interviews and discussion groups is that they can explore issues and perceptions in detail, so a wealth of quality, descriptive information can be obtained, which was ideally suited to the needs of this work.

The interviews were carried out by six different people, which may have led to some inconsistency in what was reported – what one interviewer believes is an interesting point may be considered irrelevant by another interviewer. To try and ensure consistency, a debrief session was held with interviewers to discuss the results of the interviews and identify common themes.

For the discussion group, attendance was again voluntary and so it is likely the views that were gained are those of more active and engaged members of staff. The health workers that attended the group had previously conducted the interviews and taken part in the debrief session and so had more prior knowledge on the topics discussed than the non-health workers.

Interviews with young people

To start the discussion and get an idea of the interviewees' level of understanding of health, interviewees were asked what health and being healthy means to them. Nearly all participants mentioned that eating healthily and keeping fit are important. Around half mentioned that smoking was bad for your health and a quarter mentioned drinking alcohol and taking drugs. A third of participants felt that keeping clean is part of being healthy.

Mental and emotional health, seeing a GP and sexual health were mentioned by very few interviewees, despite being common issues in young people who offend.

Assessment of health needs

Interviewees were then asked what was discussed at their first YOT appointment and, in particular, if they had discussed health with their YOT worker. Answers to this question were varied with some saying that health hadn't been discussed at all and others giving very specific health issues that had been discussed.

Understanding and participants ability to remember previous sessions were issues in answering this question. At the debrief session, interviewers (the YOT health workers) described how some interviewees that said they hadn't had the opportunity to discuss health had in fact been referred to the YOT health worker in their area and were receiving help with issues. Other interviewees had been attending YOT for a long time and couldn't clearly remember what was discussed at their early meetings.

The responses of those that did remember discussing health were varied. Some had been told that the health worker was available if they needed them, or that Young Addaction or Early Break are available for problems with addiction. Some had been asked about emotional or mental health, drug use, smoking and drinking alcohol. Some were asked more general questions about how they keep fit and look after themselves, about medication, allergies, whether they have a GP or dentist and whether they have had immunisations.

When asked about this section in the debrief, interviewers said they had found that health was generally only asked about when people were initially assessed or reassessed and that, between these times, health wasn't asked about unless a specific issue had been identified. There was a feeling among the interviewers that a lot depended on the YOT worker and whether they felt that a health need that was discussed needed to be referred or not.

Specific health needs

Interviewees were then asked about their health needs in eight specific health areas which had been identified by the YJ Health Audit as areas that YOT need to improve on. For each section, interviewees were given a description of the area and asked whether they have any needs in that area. For those areas where they have a need, interviewees were asked if they had discussed that need with the YOT and, if so, what, if anything, had been done to address that need. If they haven't discussed it with YOT they were asked why they haven't.

Participants that don't have a need in an area were asked if they thought a young person with that kind of need would be able to talk to their YOT worker about it. The purpose of this was to get a feel for how comfortable the participants feel talking to their YOT worker about health needs.

Emotional and mental health

Around half of the interviewees felt they have an issue in this area. The issues were varied from getting stressed, worried or angry to more specific issues like ADD or depression. In general, those that have discussed it with YOT have been offered help, for example anger management, and are happy with the way YOT is dealing with their health need.

Most interviewees felt that someone with an emotional or mental health issue would feel able to discuss it with their YOT worker, but several specified that they would need to trust their worker first or would only mention a need in this area if directly asked about it.

Substance misuse

Substance misuse was an almost universal issue among interviewees. Many said that they use cannabis, smoke tobacco or drink alcohol. Fewer admitted to taking harder drugs than cannabis. Around half of those with a substance misuse issue have spoken to their YOT worker about it.

Generally, if the young person has discussed substance misuse with their YOT worker they have been offered a referral to support and are happy with what YOT has done to help them. While the support is offered it is not always taken up as several interviewees feel that their use of substances is not a problem for them.

Again, interviewees felt that if someone had a good relationship with their YOT worker they would feel able to discuss substance misuse with them, although they may not discuss issues with drugs harder than cannabis.

Chronic disease management

Examples of chronic diseases in this context are asthma, epilepsy and skin conditions. Around two thirds of interviewees said they don't have a chronic disease. Those that do mentioned asthma, eczema and epilepsy. In most cases, interviewees have not discussed this with their YOT worker as they don't see the point.

When asked if they thought other young people with issues in this area would discuss it with YOT, interviewees were split. Some felt that they could if they knew their YOT worker well but that, depending on the health need, they may be embarrassed or shy about discussing it. Others felt that chronic disease management is something that you would go to your GP about and not something that YOT need to know about.

Physical health

Around half of respondents mentioned physical health needs, the most common being eyesight problems or not having a dentist. Most haven't spoken to their YOT worker about it as they haven't been asked directly or don't see what it has to do with YOT.

As with chronic disease management, this is an area that participants feel is something that they could talk to their YOT worker about but they generally didn't see why YOT would be interested. Some felt that they would just go to their GP or dentist if something came up rather than going through YOT. Several interviewees said that they might mention an issue in this area to YOT if they were specifically asked about it.

Sexual health

Around half of interviewees said they have sexual health needs. Some have spoken to the health worker in their area about sexual health but not their YOT worker. Others feel they don't need to talk to anyone associated with YOT about their sexual health as they would go to a specific sexual health clinic (eg Brooks) or their GP instead.

Again most felt that if they were asked about it, or if they needed help in this area, they would be able to talk to their YOT worker although some felt that embarrassment might stop people from talking about sexual health. Others felt that this wasn't important for YOT to know about and people should go to a sexual health clinic or their GP instead.

Immunisation and vaccination

Around a third of interviewees said they need immunisations or vaccinations. This is an area that seems to be picked up by health workers more than YOT workers. Some have been asked about immunisations but others haven't been asked and haven't thought to mention it. This is an area that is an issue particularly with young people who have missed significant periods of time in school.

Generally, interviewees felt YOT could help them if they told them they were missing immunisations but it wasn't something that interviewees felt they would bring up unless asked about it specifically. There was a feeling that this is more of a job for GPs and that it isn't something important for YOT to be dealing with.

Learning difficulties, speech, language and communication needs

Just over half the interviewees said they have a need in this area. Several have problems with reading or have dyslexia or ADD. Other issues include speech problems, stammering and general learning difficulties. In around half of cases they have spoken with their YOT worker about their issues and have been offered help.

Again most interviewees felt they could talk about this with their YOT worker if they were having problems, but some felt they would need to build up trust with their worker first.

Youth Offending Team's attitude to health

In the final part of the interview, attendees were asked for their opinion of YOT's attitude to health: whether they feel YOT cares about the health of young people, how well YOT deals with health needs and how it could improve.

Answers to these questions were split with some interviewees feeling that YOT does, and should, care about the health of young people because it's part of its role, while others feel that YOT is there to deal with offending and dealing with the health of young people is not part of its remit.

Several interviewees feel YOT could improve how it deals with health by offering more health based activities, for example trips to the gym or cookery courses, rather than just talking about health.

Summary of interviews

Overall, responses to the interviews indicated that there are some areas which YOT covers very well, for example substance misuse, and others that are more overlooked.

A common theme with the health areas that were asked about was that interviewees said they haven't, or wouldn't, think to discuss it with YOT but would discuss it if they were asked directly. Some interviewees said they hadn't realised that YOT could help them with various health needs.

Building up trust between the YOT worker and the young person is also seen to be important. This means that the young people may not always be willing to discuss a health need in their first YOT session. If this is the only time that they are asked about specific health needs then YOT may never realise there is a problem and won't be able to help.

It also seemed that interviewees were more comfortable discussing certain health needs directly with the health workers but, if the YOT worker doesn't know they have a health need, they may not get that opportunity as the young people are generally only referred to a health worker if a need is identified.

To a certain extent, whether YOT can help with a health need depends on the young person – several said that they feel that health needs are a private matter and none of YOT's business.

Where issues were identified and had been discussed with the YOT worker, in most cases support had been offered and the interviewees were happy with how YOT had dealt with their issues.

Staff discussion group

Perception of health needs

To start the discussion, participants were asked, based on their experience, what they feel the main health needs of young people who offend in Lancashire are.

Emotional health needs, sexual health and substance misuse were all mentioned as areas of need that often arise in their work. It was also pointed out that the overall health of young people who offend is very poor in comparison with non-offenders.

Accessing core health services external to YOT was also raised as an issue.

One of the health workers felt that the links between various health needs and offending behaviour are not well recognised in YOT and that YOT should adopt a more holistic approach to health.

Assessment of health needs

Participants were then asked how young people are assessed for health needs when they enter YOT.

ASSET is an assessment tool that is used across the county with all young people involved with YOT. While ASSET does cover physical, emotional and mental health, its purpose is to assess the young person's risk of reoffending, not to determine health needs. If a young person is given a score of two or more on a health related area of ASSET they should be referred to the health worker in that team. However, as the scores relate to risk of reoffending rather than health need, someone with a quite serious health need may score less than two if the YOT worker completing the ASSET doesn't believe that need puts the young person at risk of reoffending.

Once a young person has been referred to the health worker, each health worker then uses different assessment tools with the young person to identify their needs and may uncover other health needs that weren't identified at the meeting with the YOT worker.

It was pointed out by both health workers and YOT staff that the usefulness of ASSET in picking up on health needs can be dependent on the member of staff completing it.

"That assessment tool is only as good as the worker who's completing it" - health worker

"One worker might be able to pick up that there are issues and somebody else might think it's not a big issue" – YOT worker

While YOT workers said they feel that they are getting better at doing the scoring for ASSET, they also think that scoring isn't consistent across the county or even across each team.

Participants also claimed that not all young people that scored two on ASSET were referred to health workers.

It was acknowledged by most participants that, because the purpose of ASSET is to assess the risk of reoffending, it doesn't necessarily work as an assessment of health need at the same time.

"The ASSET is a tool to stop offending. The focus isn't on health there at all" – health worker

"The whole problem is that, if you're going to use a tool that is based on risk, need will be less of an indicator. We're asking YOT workers to assess and look at need with a tool that's not guiding them in that way" – health worker

The discussion around the use of ASSET showed that there are clear tensions around its use in determining whether to refer a young person to the YOT health worker. YOT workers were concerned that, by scoring someone with a health need high in order to trigger a referral to the health worker, they were labelling that young person as being at high risk of reoffending when this might not be the case. As a result, some participants felt that scores were often under-marked.

"We do have to be very careful about the scoring. We have to remember that if you score high, that will eventually impact on the level of intervention they get from YOT so potentially you're saying someone's at higher risk of reoffending when actually what we're saying is he's got high welfare needs. We've got to be really careful" – YOT worker

However, health workers argued that health needs can have an impact on reoffending and so should cause a higher score on ASSET.

“...if you don’t address welfare and health needs, the risk of offending is higher” – health worker

YOT workers also seemed to feel a tension over what they feel is their main role, helping to prevent reoffending, and addressing the health needs of the young people they work with, which most feel is a secondary role.

“We are a risk oriented service, you can’t hide away from that” – YOT worker

“We have to remember that, whilst YOT is such a good way to capture those people who disengage with services, we are a youth offending service so again there’s a real tension in that we want to support the young people but we’re there to manage the reoffending so it’s really difficult, especially if you’ve only got 3 months and there’s loads of needs being identified” – YOT worker

Participants were asked how well ASSET picks up on health needs in the different areas highlighted by the Youth Justice Health Audit. Substance misuse in particular is felt to be well covered by ASSET. Emotional, physical and mental health are also covered to some extent by ASSET. However, participants felt that immunisations and chronic diseases are not so easily picked up by ASSET.

As well as ASSET, other tools used to assess health of young people in YOT were discussed. Several participants mentioned the 'what do you think now?' form which is a self-completion form used by YOT. Participants said that young people often reveal more on this form than they would face-to-face as they feel less self-conscious writing their issues down.

One health worker has given the YOT workers in their area a shortlist of criteria that is used, alongside ASSET, to determine whether or not to refer the young person to the health worker.

“I have a set of criteria that’s not related to ASSET that I request YOT workers to refer to me from so I don’t really go from the ASSET, I go from this set of criteria” – health worker

Several participants mentioned that they had recently attended a training course on assessment of speech, language and communication needs (SLCN) which was felt to be very good. Participants felt that the SLCN assessment should be one of the first things done with a young person when they start an order with YOT. SLCN is a common issue among young people who offend and having a need in this area can impact on how someone responds to everything else that is done. It was felt that by identifying SLCN early on, the interventions needed could be tailored to work more effectively.

Concerns were raised about the capacity of both YOT workers and health workers to fully assess the health of the young people.

“I think the link to offending for emotional health is incredibly complicated in many cases that we deal with and we shouldn’t underestimate that....we should be honest about the fact that it’s a very complicated subject and we’re asking someone to do it in a short period of time” – YOT worker

“I cannot screen every young person who comes through our doors in Preston, there’s too many of them. I physically can’t do it so how is it going to be done to the best of the ability of everybody in the team?” – health worker

Not all YOT workers who attended feel comfortable discussing health with the young people they work with. This seemed to depend on the background and experience of the worker – those that had worked in health previously were understandably more comfortable discussing health than other workers. This also depended on the health area being discussed. One YOT worker felt there were also suitability issues with this.

"When the sexual aspect comes into it, [as an older male] would I talk to a young girl about sexual issues? Probably not, I'd ask one of my colleagues to do it, so it's taking that into account as well" – YOT worker

Different workers feel more comfortable with different health areas and it is felt that whether a young person's health need is identified and dealt with depends to a certain extent on who their YOT worker is. Health workers had also noticed that some YOT workers seem to refer more cases than other workers do.

This 'lottery' element of the health service in YOT also applies to the health workers with the workers in different geographic areas having different specialisms. Although all the health workers can refer issues that they can't deal with directly to health

teams outside YOT, being able to deal with, for example, physical health issues directly rather than waiting for a referral is only available if the health worker in that area is a physical health specialist.

“It’s a postcode lottery on the type of service you receive according to the area that you’re working in which isn’t particularly consistent or appropriate for the young people who receive the service” – YOT worker

Participants pointed out that the length of time a young person spends with YOT also has an impact on how much work around health needs can be done.

“A lot of it as well depends on the length of the order. If you’ve only got someone for 3 months as opposed to when you’ve got someone for 12 or 18 months then you tend to get less information” – YOT worker

Participants were asked what happens at review meetings with young people. In the interviews with young people, interviewers found that, in some cases, if health wasn't uncovered as an issue in the initial assessment it wasn't asked about again and so health needs were never addressed through YOT. Participants in the group felt that reviews focused on improvements: if the young person had reached any targets they'd been set and if their risk of reoffending had reduced. They also said that, as the young person's relationship with their worker increased, more concerns were often highlighted and so, often, the ASSET score would increase as the order went along and more information was uncovered.

While there was concern from some that health needs may not be picked up early on, others felt that they could be picked up later on.

“The assessment process is a very dynamic process. It’s about engaging with the young person and developing that relationship to illicit more information” – YOT worker

Support and referral

The discussion moved on to look at what happens once a young person has been assessed and is found to have some kind of health need. Participants felt that all health issues identified would be referred but they may have different priorities. Health workers described a wide range of health problems that were referred to them.

This part of the session sparked a discussion on how much the YOT should be doing in relation to health. Some feel that it should aim to address all health issues while it has the opportunity to engage with the young people while others feel that the main purpose of the service is to prevent reoffending and whatever else can be done to help the young people is a bonus.

“...you’ve got to look at the aims and objectives of the Youth Offending Team. Are the YOT a one stop shop or are the YOT a punishing service, or a rehabilitative service, or a welfare service?” – YOT worker

“It should be a one stop shop shouldn’t it?” – health worker

“If you’re under a YOT you’re in a bit of a crisis by the whole nature of you being under a youth offending team. It’s too good an opportunity to miss” – health worker

Again, health workers pointed out that any health issues the young person has could be a contributing factor to the offending behaviour and only by addressing these health issues could you hope to address the offending.

It was acknowledged by most participants that there is already a lot of work that the YOT workers need to do with young people without expecting them to be able to identify and deal with all health issues as well.

Moving on to the services and referrals that are offered, again, to some extent, it seems that what is offered to a young person depends on the area they live in. For example, participants from one area had been told that they aren't allowed to give out condoms, which participants in other areas are allowed to, while other participants had no idea that YOT even offered that service.

YOT workers were very clear on how to deal with substance misuse, having strong links with either Early Break or Young Addaction. While some YOT workers feel that there are clear pathways for dealing with other types of health need, other workers are unclear.

Participants described how, when health needs are identified, referrals are not always easy to get. Participants from one area gave an example of being told they could not refer someone to the mental health team until the young person stopped taking cannabis. The health worker and Young Addaction worker felt that the young person was only taking cannabis as a way of coping with their mental health problem and so couldn't be expected to stop taking cannabis without first receiving the mental health care.

Referral to CAMHS (Child and Adolescent Mental Health Service) was also given as an example. A young person is referred to CAMHS and, if the referral is approved, they then need a form filled in by the young person's parents. If this form isn't received, the case is then closed. The health worker felt that it would be better to get CAMHS to come out and work with the YOT directly rather than having to refer.

Participants mentioned that referral of young people aged 16-18 causes problems as they are out of the age bracket for some young people's services but the adult services which they are eligible for don't always deal with the relevant issues. The Early Intervention Service was praised for bridging this gap for severe mental health issues as it works with people aged 14-35 and is very easy to refer someone to. However, for other health needs it varies across the county as to which services can be accessed. In the east of the county, there is an Integrated Mental Health team, which works around this issue well.

Beyond the YOT, participants felt that accessing universal services such as GPs and dentists is a real difficulty for young people who offend. For example, issues like ADD can make it difficult to deal with waiting rooms. As well as not understanding and accommodating the issues of young people who offend, participants said the young people also face prejudice from services.

“We had a case last week. He was homeless so couldn't go by himself [to the doctors], he had no transport. A YOT worker took him, bad traffic, 10 minutes late for appointment and they wouldn't see him even though I'd gotten him an emergency appointment. So it's that lack of understanding and prejudice around our young people and the difficulties they have in accessing services”
– health worker

“[There's a] lack of understanding by universal services that we don't all live in a nuclear family” – health worker

Service improvement

Finally, participants were asked what they think of the health service that YOT provides, what its strengths and weaknesses are and how it could improve.

Participants feel that the service provided by the YOT is good and does the best that it can but that there is more that could be done. In particular, participants feel more could be done to bridge the gap between the young people and universal services so that they have that link when they leave the YOT.

“I think YOT does the best that we can with the resources we’ve got. I think, as was mentioned before, the universal service can perhaps be really difficult. Young people who are disengaged find it very difficult to go to their GP or access universal services” – YOT worker

“I think we could do more but on the same token I think we probably do more than we really should be because we’re bridging the gap” – health worker

Participants feel that one of the main strengths of the health service provided by YOT is having health workers integrated in the team, making it easier for YOT workers to consult with them quickly and providing an approachable health worker for the young people. Several mentioned informally consulting with the health worker in their area to discuss whether a young person should be referred or not. Participants also feel that young people are more likely to attend an appointment with the health worker as one of their YOT appointments rather than as an appointment with an external service.

The link between YOT and the substance misuse workers in Young Addaction and Early Break is also seen as a strength with participants saying they see these workers as an integral part of the team rather than an external service.

Participants feel that, although getting participation in health services by young people can be difficult, once they are engaged they are more likely to stay engaged, even once their YOT order is over. Participants said that, in many cases, they feel that they are 'planting seeds' with the young people, which may not come to anything straight away but could impact on their behaviour a few years down the line.

In general, participants feel that workers associated with YOT 'go the extra mile' to try and help the young people they work with.

One of the main weaknesses identified by participants is the disparity in the health service provided in each area due to the different specialisms in the teams, different assessment tools used and different referral systems.

Participants feel that getting access to specialist services is one of the main issues with the health service YOT provides and that this needs to be dealt with by management in YOT.

“The service that the youth offending team provide with the partner agencies is excellent...it’s not a service deficiency on the youth offending team, it’s the access to the specialist services that’s the issue and that’s about the engagement processes” – YOT worker

"[Links with specialist agencies] need to be from a strategic level" – health worker

Capacity to deal with health needs is also a weakness. Participants feel that YOT is good at identifying need but doesn't always have the capacity to actually deal with it as YOT workers may have a limited time with each person and health workers cannot see all young people that come through the YOT.

Participants are also concerned about setting the young people up to fail. Offering a service to the young person which they then aren't able to access contributes to them feeling let down and disengaged in health services.

Finally, participants feel that the young people are over-assessed because of the way referrals currently work – they are assessed by the YOT then assessed again by the health worker and then, if referred on to other services, assessed again by them without any of their details being passed along.

When asked how the health service YOT provides could improve, participants had several ideas:

- A better initial screening tool, focused on health, is thought to be needed so YOT workers can move away from using ASSET to identify health needs.
- At a strategic level, clear and robust pathways need to be identified for dealing with health needs within YOT and then assisting with transition into universal services.
- The confusion over where to refer 16-18 year olds to needs to be addressed.
- Some participants said that the intervention and care plans for the young people should be integrated so that they have one plan which addresses all

their needs. Others felt that this would be difficult to achieve due to certain aspects which they felt weren't able to be integrated.

- Participants want to see improved working with external services and suggested YOT should explore working together with the services to host appointments at YOT. This would increase the likelihood that the young person would actually attend the appointment and so would benefit the service as well as the young person.
- Although they understood that it might not be possible due to financial constraints, participants felt that, in order to provide the best health service they could, each YOT team needs an array of health workers with different specialisms.

“In an ideal world each [YOT] would have a mental health worker, each would have a physical health worker” – health worker

“We’d have speech and language therapy within the YOT, learning disability nurse” – health worker

“Or immediate access to them through the universal services” – health worker

- Finally, in order to engage with the young people on health matters more effectively, workers would like to have the resources to run health-related activities with young people, eg art therapy or cooking sessions.

Recommendations

- Not all interviewees were aware that YOT can help them with health issues. If it isn't happening already, a discussion around health and how YOT can help should be built into the initial meeting.
- Some interviewees were happier to talk to health workers rather than YOT workers about some issues. While health workers don't have the capacity to see all the young people, it would be useful if access to the health workers could be made available to all if it is requested.
- Interviewees felt that, in order to discuss some health needs, they would need to build up trust with their worker. Look at discussing health with the young people regularly and not just at the initial appointment.
- ASSET is not designed specifically to identify health needs. It would be useful to introduce some form of assessment that would identify health needs although the capacity of YOT workers to implement this in addition to their current work needs to be considered.
- Look at improving access to different health specialisms between the different areas in order to reduce the 'lottery' element of the service.
- At a county level, implement clear guidelines for dealing with different health needs so all workers know what is expected and what can be provided, and all young people receive a similar service.
- Work with external services to improve access for the young people.
- Look at providing resources where possible to implement health related activities, eg cooking classes.
- This report will be used to support the Youth Justice process mapping exercise and will contribute to the development of the Youth Justice health improvement plan.