Joint Strategic Needs Assessment (JSNA): Health and Wellbeing Needs of Children Known to the Youth Justice Service in Nottinghamshire 2024

Nicola Suttenwood
Youth Justice Development Manager, Nottinghamshire County Council

Nottinghamshire Health & Wellbeing Board

-Health inequalities of children known to Youth Justice.

-Who are our children working with Nottinghamshire YJS?

-What are the health and wellbeing needs of these children?

-What can the health and care system (and wider partners) do to improve their health and wellbeing outcomes?

Health Inequalities

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- Nationally, Children who find themselves in contact with the Youth Justice Service (YJS) are known to experience poorer health outcomes and have an increased number of needs.
- **Neurodiversity:** one in three have a neurodiversity, compared to one in six in the general population .
- **Speech Language Communication Needs (SLCN):** 60% of children in the YJS have an unrecognised SLCN (The Royal College of Speech and Language Therapists (RCSLT)
- **Special Educational Needs (SEN):** 80% of children in England that had been cautioned or sentenced for any offence were recorded as having a recorded SEN (Doe data 2019/20)..
- **SEMH: T**he prevalence of social, emotional, and mental health needs can be at least three times higher than within the general population.
- **Children in Care**: children in care are over-represented in the Youth Justice System. The proportion of children in England that had been cautioned or sentenced for an offence that had ever been a child in need was 45%, and for a serious violence offence was 54%.
- **School Exclusion:** In England (2022/23), the proportion of children that had been cautioned or sentenced for an offence that had been suspended was 72% and 10% had been permanently excluded.
- Despite high levels of physical and mental ill health there is a low usage of primary health care amongst this cohort, compared to a high use of secondary health care.

Key Definitions

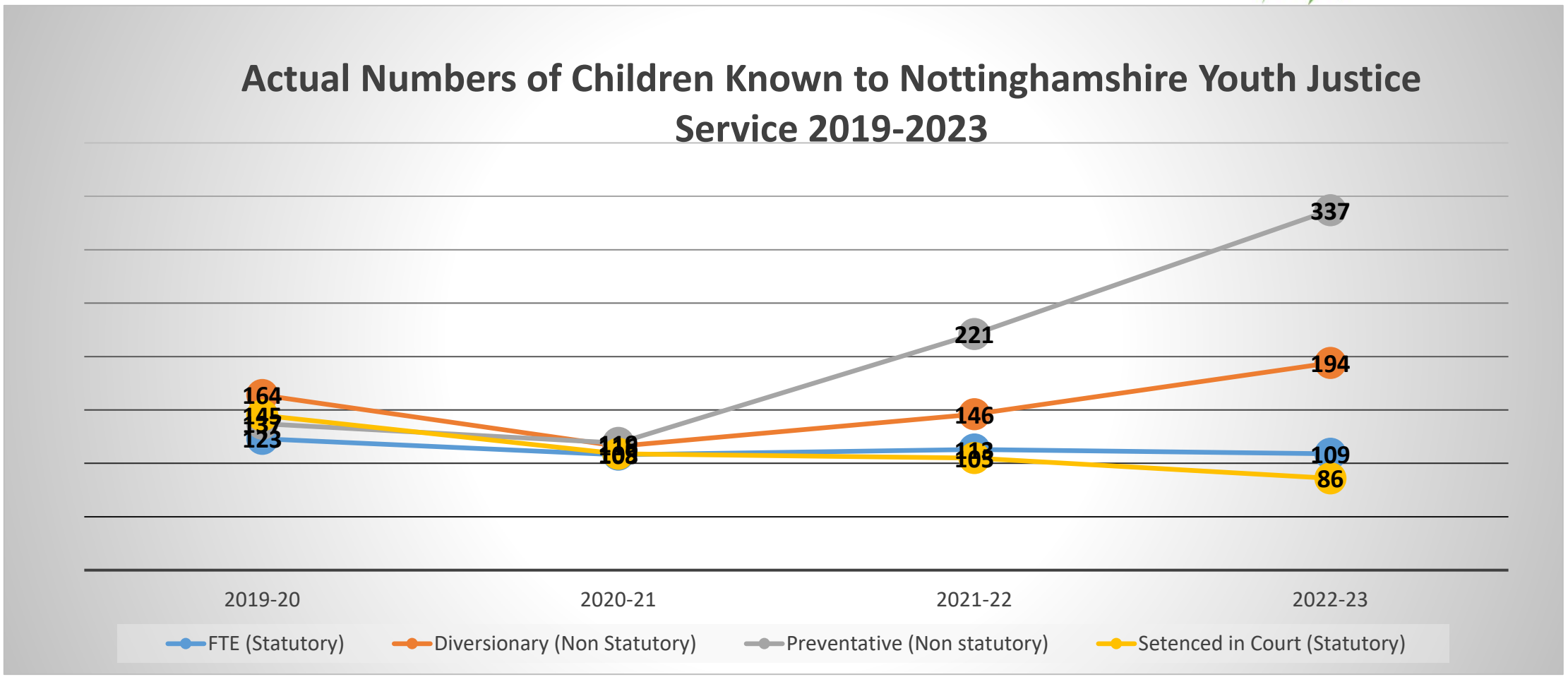
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- **First Time Entrants**
- Individuals who have committed an offence and have been given a formal caution/conviction which places them into the CJS for the first time.
- **In 2017 there were 322 FTEs into Nottinghamshire YJS. How many first-time entrants were there 2023?**
- **a) 309 b)209 c)109**

- **Preventative Interventions**
- Are voluntary programmes of intervention offered to children whose behaviour is placing them at risk of coming into contact with the police.
- **What percentage increase have we seen in preventative interventions being delivered by the YJS?**
- **a)183% b)83% c)38%**

- **Diversionary Outcomes**
- Where a child has offended, diversionary outcomes provide the child with an opportunity to receive interventions on a voluntary basis, outside of the formal CJS and they don't receive a criminal record.
- **What percentage increase has there been in the amount of diversionary interventions being delivered by the YJS?**
- **a) 25% b) 45% c) 65%**

Children Known to the Nottinghamshire YJS



- **183%** increase in the numbers of children engaging in preventative intervention.
- **65%** increase in the numbers of children engaging in diversionary interventions received as part of an OOCD

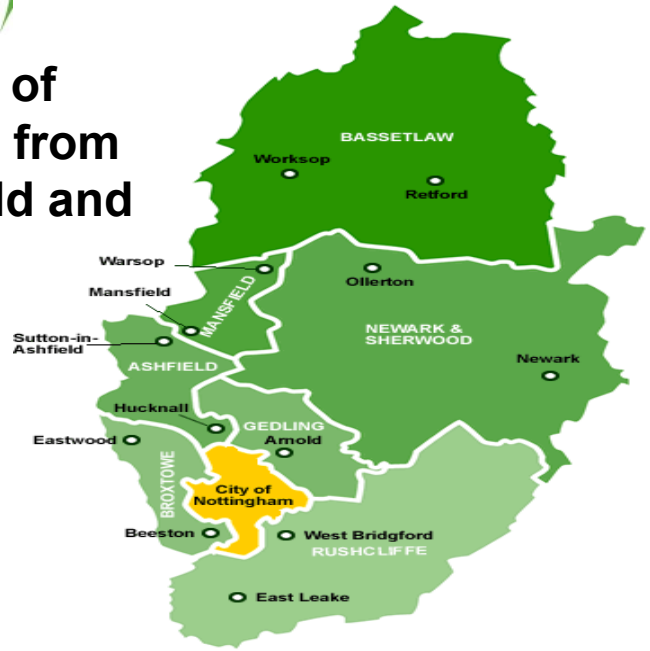
Children Known to the Nottinghamshire YJS

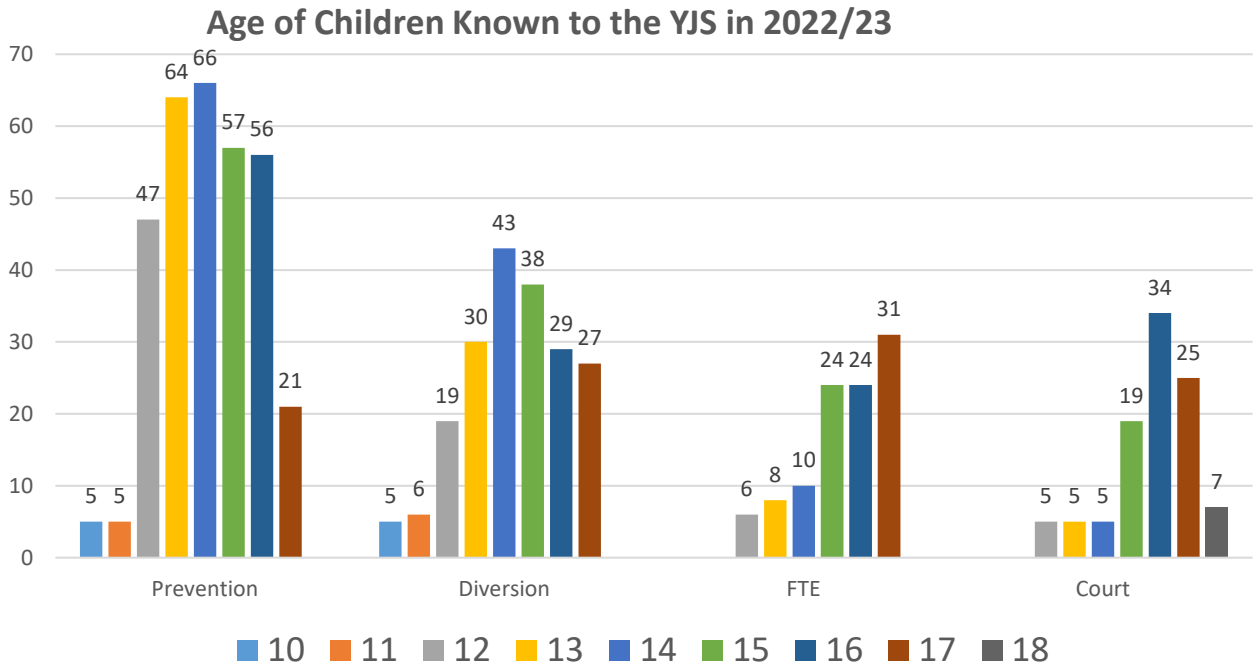
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76% Boys
24% Girls

White Children 85% (< pop 90%)
Ethnic Minority Children 15% (> pop 10%)

Majority of children from Mansfield and Ashfield



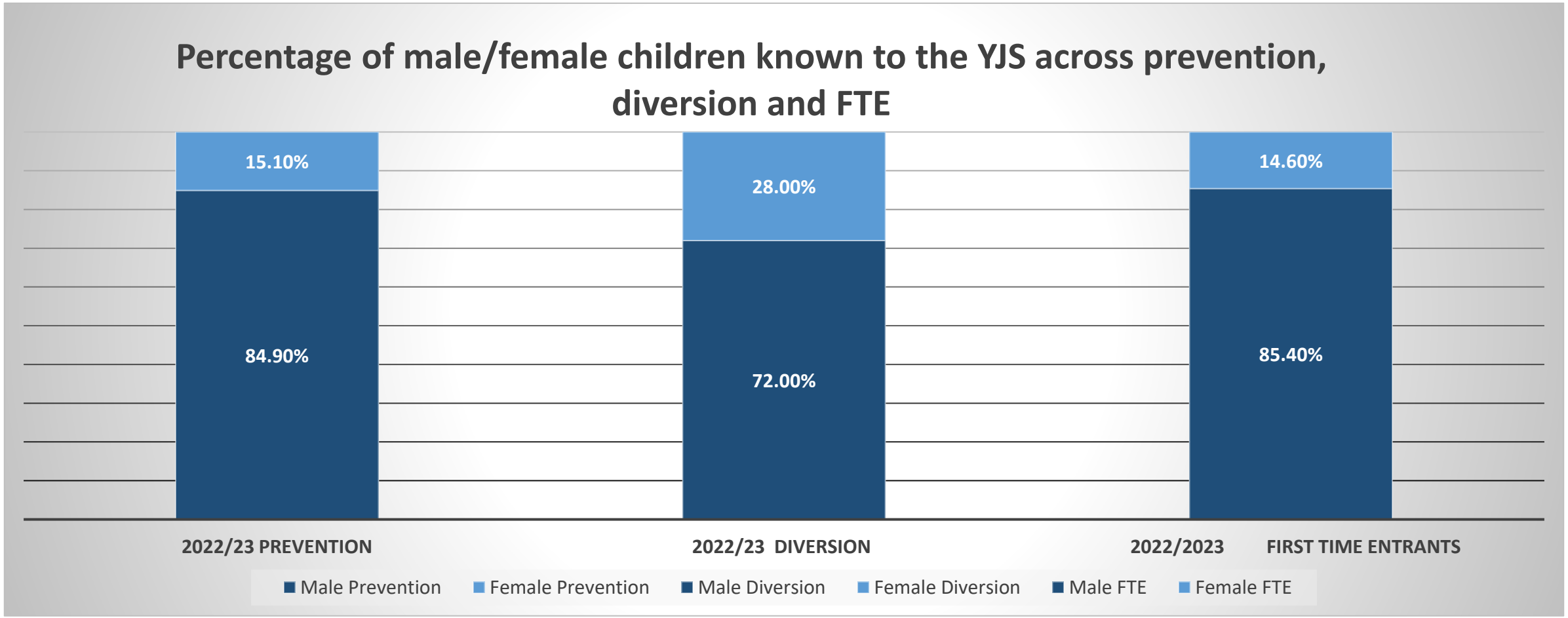


Whilst the age of children accessing prevention and diversion peaks at 14 Nottinghamshire's average FTE age is higher

Most common offences for those entering the YJS is violence and weapon possession *(in line with national trends); same for diversion and preventative.*
FTE: Second most common is Motoring Offences

Gender

Girls are over-represented in referrals for OOCD and diversionary interventions



Childs Experience

Child A reported that she had fallen out with someone who had asked her via Snapchat to meet for a fight which she did, along with all her friends.

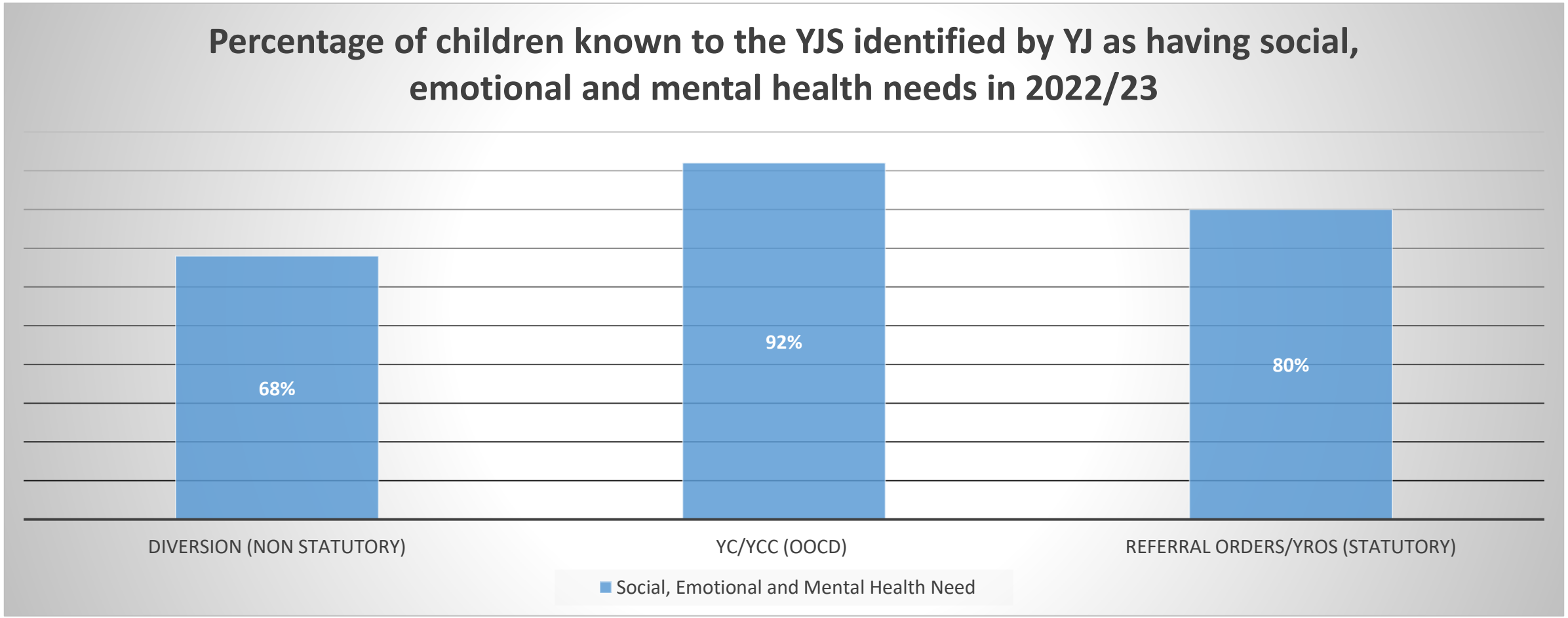
‘things got out of hand and made me mad. I got done for an assault which was filmed on a phone and uploaded to snap-chat’

Talking about her experience before encountering the YJS A tells us that; her parents broke up and ‘that messed her up’. She says that she has struggled with her mental health and used to self-harm by cutting herself. A tells us that her mum and stepdad think that she has ASD/ADHD, and she has been on a waiting list ‘for assessment for ages’.

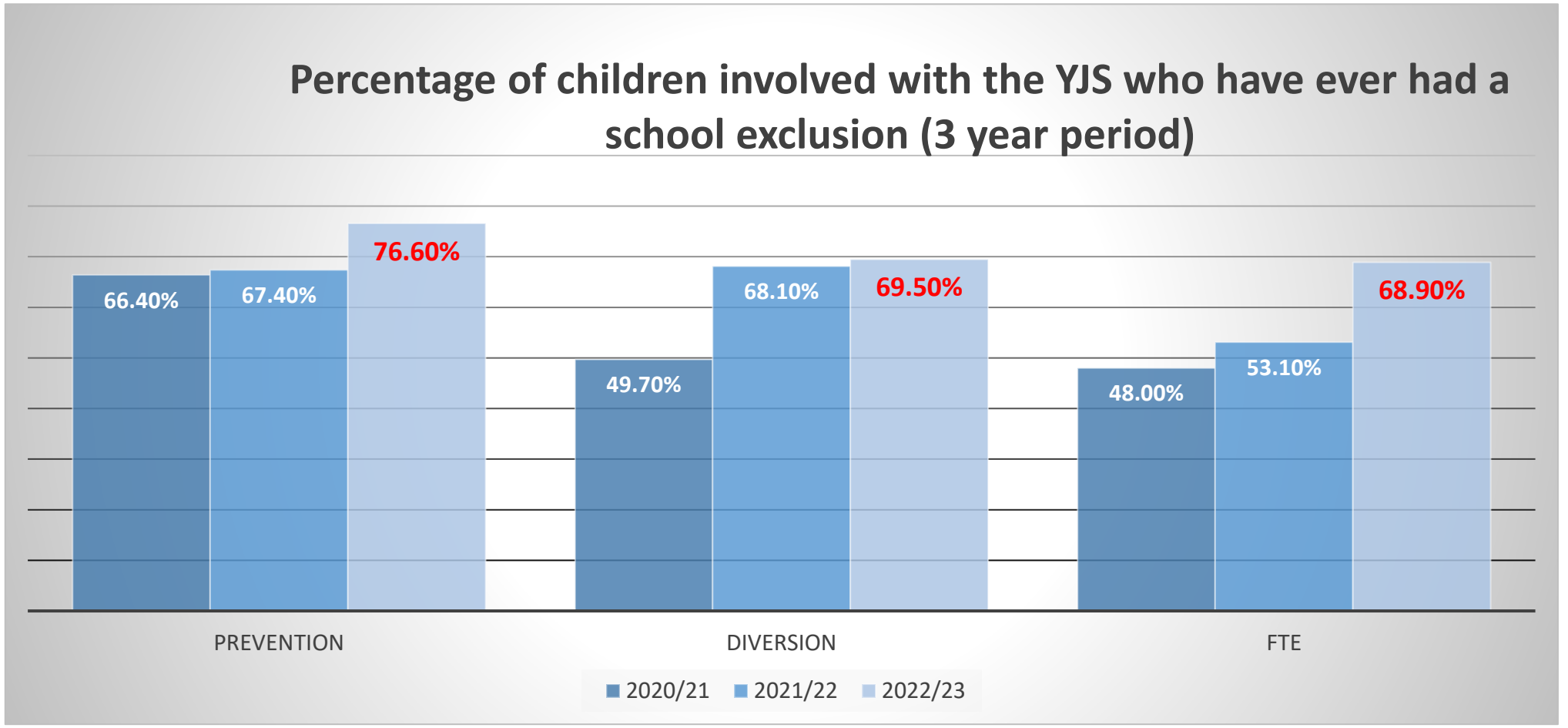
In relation to her educational experience, A says that this has not been positive, and she has been bullied for a long time which meant that she didn’t always attend school. As a result of this offence, A has been permanently excluded from school and is currently being home schooled which she says she does not like.

SEMH: As Identified by YJ Case Managers

2022/23 Social, Emotional and Mental Health need was the highest need across all interventions



School Exclusion



SEN and SLCN

37% of children accessing preventative interventions had an SEN (2022/23)

34% of children accessing diversionary interventions had an SEN (2022/23)

27% of FTEs had an SEN (2022/23)

Potential Under reporting

82% of children working with the YJS had a SLCN which had not previously been identified or addressed
(National data indicates 60%)

88% had difficulties understanding and remembering information,

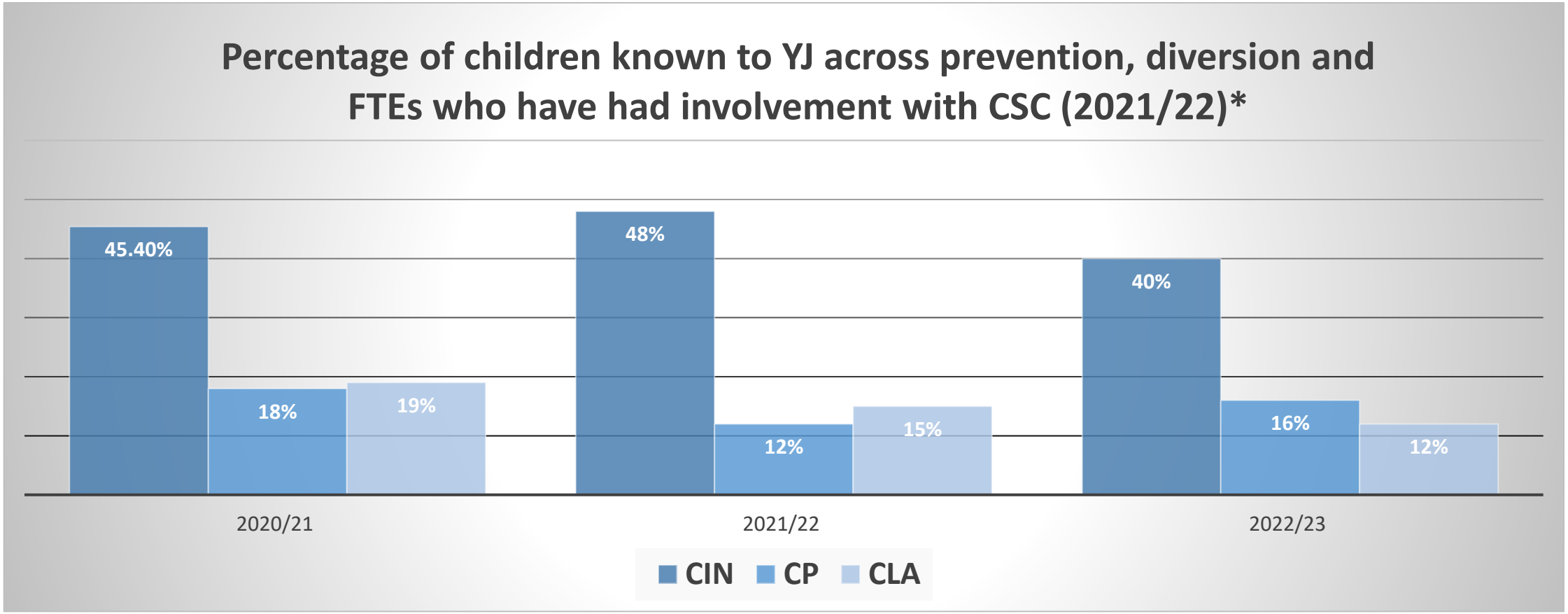
75% had difficulties expressing their ideas

37% had difficulties with their social communication

Substance use

- Of 108 children that were closed to the YJS (Q3) 2022/23 (OOCD and Court) it was reported that 37 of these had an identified need for intervention/treatment to address their substance misuse.

Known to Childrens Social Care



*A child could feature in more than one category.

Recommendations

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Data & Reporting

✓To embed current processes relating to the recording and analysis of Youth Justice Key Performance Indicators (KPI) data.

✓To improve the recording of the needs of children who are accessing targeted preventative intervention.

✓Create a dashboard for data collection and analysis.

Knowledge

✓Improve the YJ Partnerships understanding of attendance data.

✓Increase staffs' understanding of the SEN code of practice and Nottinghamshire's graduated response to SEN.

✓To develop partnership staff's knowledge and understanding of autism and the link with offending behaviour.

✓ To ensure partnership staffs practice and processes for early engagement with children recognises neurodiversity, communication, and other health needs.

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Identification and diversion

✓Further analysis of girls who offend.

✓Further analysis of children from black and minority ethnic.

✓Diversionary alternatives for motoring offences and Police Facilitated Community Resolutions.

Resources

✓Strengthen access to speech and language and emotional and mental health provision for children working with the YJS and accessing non statutory interventions.

✓To review the service offer and capacity requirements of the Clinical Nursing Team

✓Undertake a review of the support in place for children who are accessing alternative provision (including EOTAS)

✓Partner agencies to commit to undertaking the 'Child First' self-assessment toolkit

Any Questions?

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Nicola Suttenwood
Nottinghamshire Youth Justice Development Manager
Nicola.suttenwood@nottscc.gov.uk

John Evans
Nottinghamshire Youth Justice Service Manager
John.evans@nottscc.gov.uk