Children and young People involved in the Criminal Justice System

Introduction
Those aged under 18 years (10-17 years old), who have committed a criminal offence are classified as 'young offenders'. In 2012/13 there were 1.07 million arrests for notifiable offences in England and Wales of which 126,809 (11.8%) were of people aged 10-17 years. The number of arrests of young people fell by 24% between 2011/12 and 2012/13. This continues the downward trend seen since the peak in arrests in 2006/07.

Reductions have been seen in the number entering the system for the first time (first time entrants), as well as reductions in those receiving sentences in and out of court, including those receiving custodial sentences. The reoffending rate has increased, but there were significant falls in the number of young people in the reoffending cohort, the number of reoffenders and the number of re-offenses. Since 2010/11, there have been 51% fewer young people coming into the Youth Justice System and 40% fewer young people (under 18) in custody.

Risk factors and vulnerable groups
The majority of young people who offend have health, education and social care needs which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behavior. The majority (73%) of young people released from custody re-offend within a year. Young offenders experience health that is worse than other people of their age, particularly in terms of behavioural and mental health problems.

The main risk factors of being a young offender include:

- **Gender**: more likely to be male.
- **Parenting/household**: living away from parents eg looked after children; problems at home or with their family; harsh discipline at home; trauma post abuse/neglect/domestic violence; homelessness or unstable accommodation.
- **Health**: previous history of alcohol or drug use, mental health problems (including emotional problems/attachment difficulties).
- **School**: experiencing bullying; being absent from school or being excluded from school; peer pressure.
- **Environment**: gang affiliation; limited access to youth-related services.
- **Disability**: quarter of those in custody have learning disability.

What is the evidence base?
International and national evidence in reducing the risks of young people’s involvement in drug misuse, crime and other antisocial behaviour include:

- Frequent home visiting by health professionals during pregnancy and infancy.
- Parenting support.
- High quality nursery education.
- School tutoring and changing school environment ie separate tutoring for high risk pupils.
- Behaviour and life skills strategies.
- Family therapy eg. behavioural parent training, multisystemic therapy, family function therapy and multi-dimensional treatment care.
- Treatment foster care (an evidenced based programme).
• Constructive leisure opportunities.
• Mentoring programmes.

The Social Exclusion Unit when identified nine key factors influencing the likelihood of re-offending: education, employment, drug and alcohol misuse, mental and physical health, attitudes and self control, institutionalisation and life-skills, housing, financial support and debt, and family networks. for example, being in employment reduced the risk of re-offending by between a third and a half, and having stable accommodation reduced the risk by a fifth.

Programmes which employ a broad range of interventions, applied to different risk factors are effective and cost effective at reducing youth crime.

Local picture
The primary aim of the youth justice system is to prevent youth offending, and the effectiveness of the system is therefore judged in part on its progress in reducing the number of young people entering the criminal justice system for the first time. In 2013, 87 juveniles aged 10-17 years old within Luton were first time entrants to the youth justice system (0.8% of the youth population 10-17 years old). The rate (410 per 100,000) is a 64% reduction compared with 2010 (1,151 per 100,000), which is a greater reduction than England (51% reduction) over the same period. Luton’s rate is now below the England average, whereas it was significantly higher in 2010. Figure 57 shows Luton’s rate for youth first time entrants to the youth justice system in comparison with England and statistical neighbours.

Figure 57: First time entrants to the youth justice system (10-17yrs)

In relation to it is comparators, Luton had the highest rate in 2010 but the lowest in 2013. The rate of decline from 2010 to 2013 was greater than all other comparators as shown in Figure 57.

Of the Youth Offending Service (YOS) supervised caseload in 2013/14, the majority were aged 15-17 years old (81%), and male (87%). Those classified as White were the highest ethnic group (43%), followed by Asian or Asian British (22%), Black or Black British (18%) and Mixed (17%). Based on the 2011 census, this is a true representation of the proportion of the white population of 15-17 years old in Luton which has 46% white and under representation of the Asian/Asian British population.
which has 33% Asian/Asian British, and over representation of the Black/Black British and the mixed population which has 11% and 8% respectively.

A third of cases (33%) were from LU4 postcode, with LU1 and LU2 having just under a fifth (18%) in 2013/14. This is a similar distribution to 2011/12, but this was more evenly distributed.

The reoffending rate in Luton 2014/15 was 36.3%, this is in line with national rate and that of the statistical neighbours.

The proportion of youth offenders classified with an emotional wellbeing need has increased from 57% (of 274) in 2010/11 to 73% (of 150) in 2013/14. There has been an increase in percentage of referrals to mental health services (25% to 31% during same time period); although a slight reduction in percentage of self-harm and previously attempted suicide (5% to 4%). The YOS has specific provision and defined pathways into specialised mental health services (Tier 3 and Tier 4).

Offenders with substance misuse needs have increased from 51% (of 140) in 2010/11 to 83% (of 125) in 2013/14; cannabis and problematic alcohol use are the main issues for children and young people known to the YOS.

**What is being done locally?**

The purpose of the youth justice system is to prevent offending by children and young people between 10 and 17 years old, while safeguarding their welfare. Much of the local work has been based on national recommendations regarding the wellbeing of young people known to the criminal justice system such as The Bradley Report: five years on as well as third sector bodies such as The Prison Reform Trust and that of the Youth Justice Board.

The YOS works closely with other service providers including carers (CHUMS); criminal services (Police) and Adult Health providers. A Care Quality Commission (CQC) Inspection of YOS in 2012 highlighted the need for coordinated health assessment. All children known to YOS now have a health and specific speech and language screen to ensure there is a holistic assessment of their needs.

Training to non-NHS staff has been delivered on health issues, including concerns on substance misuse and mental health issues. There has been an increased focus on greater partnership working to have a more whole family approach.

Since 2012, the provision of dedicated health support has been developed in Luton and the YOS works with young people aged 10-17, as well as their families and carers. Carers/parents/siblings are supported and intensive family support is specifically targeted at most vulnerable including those identified within the stronger families programme.

The YOS is a key partner on the Bedfordshire wide Child Sexual Exploitation Panel and work in the development and launch of Multi-Agency Gangs Panel (MAGPAN) in Luton to ensure there is coordinated support for vulnerable children. Luton has been part of a Home Office peer review regarding Serious Youth Violence and Gangs, and YOS has the statutory responsibility for the delivery of risk-led interventions regarding under 18s for this area.
The YOS works closely with partners across Luton to implement the Luton Community Safety Partnership (soLuTiONs), Partnership Plan 2014-17, particularly Priority 1 – gang crime, organised crime and most serious violence and Priority 3 – anti-social behavior.

There is a triage approach in Luton Police Station which provides a holistic assessment of all detained children/young people using common assessment framework/early help assessment. Where appropriate children are referred into appropriate support services. Children and young people who offend are defined as specific needs group within the Luton Emotional Health and Wellbeing Strategic Group Action Plan.

**Perspective of the public/service users**

In the Luton residents survey 2014 residents were asked what issues caused problems in their local area. Residents reported an issue with gangs and youth violence in Luton and the perception was that the issue was getting worse. Almost a third of respondents (29%) believed there was an issue across Luton, 41% identified this was in some communities, whereas 29% believed there were localised issues. Just under two thirds (61%) felt the problem had worsened. This highlights youth-related anti-social behavior is a concern for Luton residents.

The annual evaluation from users of the YOS (43 responses) found that 74% of respondents reported that the YOS always or most of the time took their views seriously, 100% reported that the YOS did enough to help them take part in their YOS work and 84% reported that there wasn’t anything that made them feel afraid. Most reported that things have got better for them at school, college and getting and job and 82% reported their work with the YOS has made them less likely to offend.

**Priorities**

1. YOS to continue and expand to develop a seamless approach of prevention with key partners including the police, schools and stronger families programme
2. Undertake qualitative evaluation with service users and partners to better understand their views and co-produce services between service users and professionals
3. Implement the Comprehensive Health Assessment Tool (CHAT) to ensure those in the secure estate and in the community receive a comprehensive assessment of their physical and mental health, substance misuse and neuro-disability needs and provide clarity of the needs of children and young people in the criminal justice system are supported.
References


National Drug Treatment Monitoring System Young people’s treatment activity 2014/15 NDTMS 2014

