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**Evaluation of the Youth Justice Liaison and Diversion (YJLD) Pilot
Scheme**

Final Report

January 2012

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Executive summary

1. Introduction

The Youth Justice Liaison and Diversion (YJLD) pilot scheme was developed in 2008 to enhance health provision within the youth justice system and facilitate help for children and young people with mental health and developmental problems, speech and communication difficulties, learning disabilities and other similar vulnerabilities at the earliest opportunity after they enter the youth justice system.

This is the executive summary to the final evaluation report for the six YJLD pilot schemes funded by the Department of Health and evaluated by the University of Liverpool. The report is in line with the reporting requirements of the Department of Health and has received approval for the procedures and methodology of the study from all relevant ethics committees and organisations. The report was reviewed by five independent peers and representatives from five government departments (including the Department of Health) and the Centre for Mental Health. The final version of the report was delivered to the Department of Health in January 2012.

Results presented here refer to the period from the date of first referral to any of the YJLD schemes (January 2009) to September 2011. A literature review and a detailed explanation of methods and procedures used in the evaluation are presented in the full report.

2. The objectives of the YJLD scheme

Based on the existing evidence (reviewed in the full report), the Department of Health committed to testing out a model to bridge the existing gaps in both provision and research in this area. Six pilot sites were selected to develop a YJLD scheme to enhance health provision in their Youth Offending Services (YOS), starting with Lewisham in December 2008 and the Royal Borough of Kensington and Chelsea, Peterborough, Wolverhampton, Halton and Warrington and South Tees during 2009. The pilots were initially funded until March 2012.

The YJLD scheme was developed in order to facilitate help for children and young people with mental health and developmental problems, speech and communication difficulties, learning disabilities and other similar vulnerabilities as soon as they enter the youth justice system. The pilots were set up at a time when there was little or no systematic diversionary activity to identify these particular needs amongst young people at point of arrest, where there was previously no input. This has meant that early identification and support has not been possible for young people. Thus the YJLD scheme had a specific focus on the early stages of the youth justice system, with the aim to avoid duplication with other health resources within the YOTs (which tend to be focused on young people who were given a statutory order).

The specific objectives of the YJLD pilot scheme are:

- To **improve early identification** at the point of entry into the youth justice system (YJS) (usually the police custody suite) of under 18 year olds with mental health, learning, communication difficulties or other vulnerabilities affecting their well being;
- To **enhance access** for these groups of vulnerable young people in the YJS to multi agency support equipped to meet their needs;

- As appropriate, *to divert* young people either *from the YJS* towards personalised packages of health and social care or, *within the YJS*, to services better equipped to meet their health, emotional well being and welfare needs;
- To *promote more timely and cost effective disposal* of cases within the court system and quicker and earlier linkage to appropriate services;
- To *reduce longer term offending*;
- To *reduce health inequalities* and
- To *support joined-up working* between the YOS, the police, the local authority, the CPS, magistrates, the PCT, CAMHS, and the voluntary sector.

3. The objectives of the research evaluation

The evaluation sought to explore the effectiveness of the scheme as the primary objective and providing descriptive accounts of processes making up the YJLD scheme as secondary. Specific objectives of the evaluation were to:

- Create a profile of the sites where the YJLD scheme was implemented;
- Create a profile of the young people who are being screened, assessed and/or engaging through the six YJLD pilot schemes;
- Assess whether the young people who have had access to the pilot schemes re-offend at a lower rate (including frequency and severity of proven reoffending) than a comparable group of young people who have no such access;
- Assess whether the young people who have had access to the pilot schemes desist from offending for longer than a comparable group of young people who have no such access;
- Measure changes in YJLD candidates' identified mental health needs and other vulnerabilities (over a three month contact period);
- Identify the factors that are associated with any effect and the way in which these associations vary in different subgroups;
- Measure overall reoffending, first time entrant, custody and ETE rates before and after implementation of the YJLD scheme in YJLD YOT areas compared to non-YJLD YOT areas;
- Assess the value for money that the scheme represents and any emerging economic implications;
- Explore perceptions and experiences of the scheme amongst young people and their families;
- Explore staff and other key stakeholders' views on early intervention, decision making processes, partnership working practices and the impact of the YJLD scheme, including barriers and enablers to establishing YJLD schemes;
- Identify implications of the findings for future policy and practice and provide recommendations regarding diversion and liaison schemes for young people and how they can be designed more effectively.

4. Methodology

To address these objectives, the evaluation included two distinctive but interdependent strands of work: quantitative and qualitative. The quantitative studies sought to analyse changes in a range of measurable outcomes, while the qualitative element aimed to provide an in-depth and richer insight into relevant processes and enable, where possible, a better understanding of the quantitative findings. Five distinctive but interrelated studies were conducted for the purpose of this evaluation: (1) Reconviction study; (2) Mental health outcomes measures study; (3) YOT level study; (4) Qualitative study and (5) Economic

study. Additionally, data available on the project’s information system, the Webshare was analysed to create a profile of the young people who were referred to the YJLD pilot schemes during the period under investigation (January 2009 – August 2011).

The procedures and methods used to conduct the research were approved by an NHS Research Ethics Committee (REC) and the Ministry of Justice Research Quality Assurance (RQA) system. An application for the Justice Statistics Analytical Services Unit (JSAS) of the Ministry of Justice to provide access to data derived from the Police National Computer (PNC) was also approved. While a detailed account of the procedures is presented in these forms, additional details of the methods used are provided in the full report.

The results presented in the YJLD final report and summarised here emerge from both quantitative and qualitative analyses of data. These are summarised in **Table 1** below:

Table 1 Summary of methods

| | Data | Cases (n) | Timeframe (data) | Timeframe (data collection) | Procedures |
|---------------------|------------------------------|------------------|--|------------------------------------|---|
| Quantitative | Webshare | 1027 | Jan09-Aug11 32 months | Aug11 | Data inputted by YJLD staff on electronic system and extracted by research team |
| | PNC | 435 | Jan09-Mar10 Follow up: Jan09-Jun11 (15-30 months) | Jul11 | Data provided by MoJ. Reoffending data - sanctioned offences (pre-court and court) for cohort in 4 intervention sites (with YJLD) and 3 control sites (without YJLD). Intervention and control groups matched prospectively and retrospectively |
| | HoNOSCA & SQIfA | 37 | Sept10-Jul11 | | Assessments undertaken by YJLD practitioners at entry point (T1) and at exit point (T2) (approximately 3 months after the sign up) to measure change. |
| | CA-SUS | 20 | Nov10-Jan11 | Jun-Jul11 | A small intervention (YJLD) group (11) compared with a matched small control group (YOT based). Face to face/telephone interviews with YJLD/YOT worker |
| | Case studies | 2 | Unknown | Sept11 | Collated by YJLD workers |
| | YJMIS statistics (aggregate) | n/a | Mar05-Jan11 | Jun11 | Aggregate data on FTE, ETE, Reoffending in 4 YOTs (with YJLD) and 3 YOTs (without YJLD). |
| | MoJ statistics (aggregate) | n/a | Jan07-Mar07 Jan08-Mar08 | Nov11 | Reoffending rates for reprimands and final warnings. |

| | | | | | |
|---------------|---|-----|-----------------------|--------------|--|
| Qualitative | Face to face interviews with service users | 24 | Estimated Jul10-Jul11 | Feb-Sept11 | Service users recruited by YJLD practitioners. Informed written consent given prior to all interviews. |
| | Face to face interviews with staff/stakeholders | 26 | n/a | Mar-Jul11 | Informed written consent given prior to all interviews |
| | Focus groups (stakeholders) | 2 | n/a | Sept11 | Group sessions with staff and key stakeholders. Informed written consent given. |
| Other | Secondary (documents & participant observation) | n/a | n/a | Jan10-Sept11 | Protocols and pathways provided by YJLD practitioners. Visits, meetings and attendance to forums. |
| Triangulation | All above | n/a | Jan09-Nov11 | Nov-Dec11 | Drawing common themes, cross-referencing, recommendations |

5. Main caveats of data and methods

It is important to ensure that the conclusions of this evaluation are stated with the appropriate degree of confidence, given the multiple challenges in both establishing and evaluating the scheme. The findings throughout the evaluation are best described as tentative and indicative of potential future developments in both the scheme and any further evaluation. Even where statistically significant differences or associations are noted from the quantitative analysis, these do not indicate a simple causal relationship between exposure to the scheme and changes in outcomes. Therefore it is worth summarising here the main caveats of the evaluation model, as they determine the reliability and robustness of the data presented in this report and give an insight into how the findings should be interpreted.

It should also be noted that this is an evaluation of a pilot scheme in its early stages, a scheme constantly evolving as it faces and solves barriers along the way. The YJLD scheme was only implemented in late 2008 (in some sites late 2009) and many of the scheme's processes were under development or changing at the time of the evaluation. This had an impact on the quality of the information inputted on the project's information system, the Webshare, sample sizes, access to respondents and, more importantly, practitioners' availability and commitment to the research element of the evaluation – as they were key in collecting the data or facilitating the research team in doing so.

The reconviction study

The reconviction study used a quasi-experiment comparing reoffending rates between concurrent intervention and control groups. A variety of techniques was used in order to provide a close match, including prospective matching the intervention and control groups at geographical (YOT area) and individual level, as well as retrospective matching to account for any differences between the two groups. Unfortunately the matching strategy, the statistical analysis and emerging results were limited by a myriad of factors, e.g:

- Firstly, only 4 out of the 6 intervention sites were included in the analysis, as all attempts to secure an appropriate comparator for the other two have failed. Three control sites were used for these intervention sites.
- Given the differences between teams in terms of how the scheme was implemented ‘on the ground’; it was not meaningful to aggregate data across sites in the two groups. Therefore analyses are conducted between individual pairs of teams so that, while the overall sample size was large for this type of evaluation (<400 participants), sample sizes in the individual comparisons is relatively low.
- Secondly, the quality of the information provided by the YJLD/intervention sites regarding the young people who were referred to the pilot scheme was limited. For example some pilot sites were unable to provide the research team with basic information regarding young people’s demographics (e.g. age, ethnicity), while the majority struggled to provide information on type of index offence, date of arrest, date of caution or offender’s circumstances, including risk factors. This is not due to their unwillingness to provide these data, but to the nature of the scheme, intervening with young people at a very early stage within the youth justice system and when such information is not typically collected. As a result, the research team were unable to create an accurate profile of the young people with access to the scheme. However, it should be noted that the results presented here have taken into account and adjusted for any identified significant differences between the two groups (through statistical control), e.g. age and offending history.
- Thirdly, the reconviction study included young people referred to the YJLD scheme at the pilot sites in the very first year of its implementation, which means that some sites had very limited numbers of young people included in the study and, more importantly, a small proportion of these young people would have engaged with or received support from the YJLD team.

More information about limitations, the matching process and sampling could be found in the full report and appendices.

The mental health outcome measures study

Similarly, the mental health outcomes study was hampered by lower than expected sample sizes. It was initially planned to have 25 completed questionnaires at both points in time for each site (which would have yielded a total sample size of 150). Both the confidence with which trends can be detected and general conclusions drawn, and the capacity to undertake meaningful sub-group analyses (e.g. by study site) are considerably impeded by the low overall numbers. Secondly, as with the reconviction study, it is difficult to draw causal inferences from any observed changes in scores. There is no ‘untreated’ comparison sample here and there would have been no possibility of allocating young people thought to have problems to diversion services on a random basis.

The economic study

Although the evaluation was able to establish that the YJLD project interacted with other services (designed to prevent offending behaviour and support young people with mental health and developmental issues, learning disabilities and other vulnerabilities), it was impossible to measure and attribute costs linked to the input of each agency, project or staff (other than YJLD) that were involved in the care pathway of these young people. Similarly, with the aim of comparing the costs of the re-offences committed by the YJLD and matching cohort an analysis of the number and types of offences was conducted. This is limited for a number of reasons: (1) the economic analysis was based on the reoffending results which

were based on non-statistical significant differences in effect size between the intervention and control groups, small samples and limited matching between the groups; (2) the methodology used to classify offences as occurring prior to their involvement with the YJLD or YOT as part of this study was imperfect due to complexities in the data; (3) the costs allocated were court costs alone and (4) the dynamic nature of the YJLD scheme prevented a pure like for like comparison.

The qualitative study

The qualitative analysis provides rich and in depth information about how the pilot schemes operate and about the type of young people with access to the scheme. However, this element of the evaluation was limited to a certain extent by a lower than expected number of interviews with young people and carers (for example 24 interviews were conducted in total), whilst the aim had been to conduct a total of 36 (with 6 per site). However, no interviews were undertaken at one YJLD pilot site and only 2 at another. Although the research team sought to improve the response rate by offering incentives and follow up 'opt in' letters, these methods were unsuccessful in these two sites. This reflects the difficulties of engaging the young people both with the scheme and its research component. YJLD staff highlight the limitations involved when working with this group of young people and the low level of engagement. In light of this, one should be cautious about the extent to which the results from interviews reflect the experience and views of the all young people across all sites.

Triangulation

Seeking to identify which elements of the YJLD scheme might contribute or are associated to positive outcomes (e.g. non reoffending, improved mental health and wellbeing), the evaluation team tried to use statistical modelling combining outcomes and the information captured by YJLD practitioners through the Webshare, the scheme's own management information system (e.g. actions taken by YJLD teams, type and length of intervention etc). Whilst some tentative evidence of relationships between YJLD activities and outcomes is examined, unfortunately the Webshare data was limited which had an impact on the robustness of these emerging results.

6. Summary of findings

6.1. Profile of YJLD activity

Just over a thousand young people (n=1027) were referred to and offered access to the scheme in the six pilot sites (December 2008 to August 2011). The young people are predominantly males (71%) and White British/N European (67%). Their average age is 14.7 (sd. 1.7; 10, 17). When compared with national statistics (for 10-17 years old proven offending population in 2009/10) (Ministry of Justice, 2011), there is an indication that the YJLD population comprises a slightly higher proportion of children and young people from BME backgrounds (10% compared with the national 6%), which mirrors one of the priorities of the scheme in working with young people from a BME background. Additionally, the reoffending study has also highlighted that young people with access to the YJLD scheme tend to be younger and more likely to have a history of offending (in some sites) than those being referred to the YOTs, indicating that the scheme has been successful in picking up those with a higher risk of poor outcomes.

Out of the 1027 young people who were offered access to the scheme, about a third directly engaged with the YJLD teams (30%), while in 27% of cases, the YJLD workers have liaised with professionals on behalf of these young people or undertaken screening without identifying any vulnerabilities (4%). About a quarter of young people referred to YJLD did not engage with the teams (26%), which reflects the difficulties the YJLD teams have encountered in accessing young people, as referrals did not always come through swiftly and young people had to be accessed through 'cold' letters or telephone calls. Relatively low levels of engagement could also be down to the voluntary nature of the scheme and/or the difficulty in engaging and working with 'hard to reach' young people.

Results indicate that over 3100 'YJLD actions' were undertaken on behalf of or while working with the young people referred to the scheme. These actions reflect that the YJLD teams have been particularly successful in developing and/or consolidating links with the agencies involved with the young people, especially CAMHS, the family, the YOT, the police, as well as other key stakeholders such as psychiatrists, schools and social services.

In line with the YJLD model, the sites have been successful in screening for a wide range of needs and to undertake further in depth/comprehensive assessments for those young people consenting to be part of the scheme and presenting with mental health, learning, communication difficulties or other vulnerabilities. The six pilot sites used a variety of screening and assessment tools. Examples include the Screening Questionnaire Interview for Adolescents (SQifA), the Health the Nation Outcome Scales for Adolescents (HoNOSCA), the Screening Interview for Adolescents (SifA), the NHS CAMHS Common Assessment Framework (CAF), the Strengths and Difficulties Questionnaires (SDQ), the Structured Assessment of Violence Risk in Youth (SAVRY), the Juvenile Sex Offender Assessment Protocol II (J-SOAP II), the Psychopathy Checklist, Revised assessment (PCL-R) and the Learning Disability Screening Questionnaire (LDSQ).

This study demonstrates that the young people referred to the YJLD scheme have multiple interrelated complex needs, including social, psychological and mental health issues. Behavioural issues (69%), social problems (51.6%) and safeguarding concerns (36.8%) were the three most frequently identified problems. The average number of vulnerabilities was 3.6 (sd. 3) (1, 16), with the highest proportion of young people (80%) being identified as having between one and five vulnerabilities. Diagnosable mental health issues were identified in

15.4% of cases (n=158) and the largest proportion of suspected diagnosable mental health and developmental issues were linked to ADHD (39%), conduct disorder and autism (both at 19%).

Results indicate that the scheme has had some success referring the young people in need of further intervention to the appropriate services or providing them with a brief intervention through the YJLD project. For those young people who engaged with the scheme, the YJLD teams had an average of 2.26 (sd. 2.94; 0, 22) direct contacts including one to one appointments. However, there was little quantifiable information regarding the outcome of referrals onto other agencies (and the extent to which the identified needs were addressed). Although limited, there is some evidence pointing to successful referrals into CAMHS (n=25), Learning Disability services (n=18), Family/relationship Counselling (n=16) and Family Intervention and Parenting programmes (n=12 and n=8 respectively). It should be noted that the new diversion data gathering system collects such information and in the long term this will enable analysis with regards to the effectiveness of the scheme in terms of addressing the identified vulnerabilities.

The original model envisaged that the scheme would enable diversion from and within the youth justice system. Only two out of the six pilot schemes have systematically succeeded in influencing decisions relating to charge (e.g. Lewisham and RBKC), whereas in the other sites this has been more difficult to achieve systematically. Although the Webshare data were limited to self-reported impact on decision making, there is an indication that the YJLD teams had some success in supporting young people into mainstream or specialist services (21.5% of the total number of cases), more so than influencing sentencing or remand (15.2%). This is not surprising, given the difficulties of the scheme in accessing young people at the point of arrest and getting police commitment to the scheme (thus influencing decisions regarding charging and ultimately diverting away from the youth justice system).

6.2. Reoffending rates

The two main quantitative outcomes examined in the evaluation were reoffending rates and changes in identified (health) needs.

Reoffending was analysed in terms of both frequency and timing (length of desistance). With regard to frequency, when comparing the YJLD cohort (n=234 across all sites) with a matched (but non randomised) control group of young people in similar YOT areas (n=201 across all sites), results indicate no statistically significant differences in any comparison between pairs of matched sites in reoffending behaviour (in terms of rates and frequency of proven reoffending) in the 15 to 30 months subsequent to the index date which coincided with referral to intervention/control sites. This indicates that any difference between rates in intervention and control sites are not large enough to rule out chance or other factors as an explanation. Nevertheless, the results are positive in places but not conclusive (due to the methodological limitations highlighted above). This is typical of similar youth justice research showing mixed or unreliable results regarding the impact of diversionary interventions on recidivism (e.g. Gensheimer et al., 1986; Chapin and Griffin, 2005 and Schwalbe et al., 2011).

It is worth highlighting the following indicative results:

- Young people in Lewisham and Peterborough intervention sites were less likely to reoffend than their control, but these differences were not statistically significant.

- Young people in South Tees and Wolverhampton intervention sites were more likely to reoffend than their control group, but these differences were not statistically significant. Additionally, the sample size in Wolverhampton is too small to enable appropriate statistical analysis and draw valid conclusions.
- Young people in the Lewisham and Peterborough cohort appear to commit a higher number of offences than their control - but once again these results need further investigation, as they are limited by a small proportion of young people in Lewisham and Peterborough committing a high proportion of offences. This also indicates that the YJLD teams at these two sites are more likely to pick up and work with prolific young offenders.
- Young people with access to the scheme in Lewisham and Peterborough took significantly longer to reoffend.
- Young people accessing the YJLD scheme appear younger than in the comparator sites (on average a year younger, i.e. 14 vs. 15 years old). This is mainly because the four YJLD sites used in this comparison tend to pick up more 10 year olds than the YOTs. This is in line with the 'early intervention' approach of YJLD. However, age has been statistically controlled for in the analysis and the results reflect this.
- Similarly, the Peterborough and South Tees sites appear to pick up more prolific offenders than in the comparator sites. This is the case in Wolverhampton as well, but the numbers are too small to draw firm conclusions. There are no significant differences in previous offending in the other comparisons. Again, these differences were accounted for by using statistical control.

In conclusion, there are no significant differences in reoffending between any of the intervention and control sites, even after adjusting for differences in age at referral and offending history (age at first conviction and previous sanctioned offending).

With regard to the second approach to analysing reoffending rates, desistance, however, one particular positive (and statistically significant) result has emerged. Periods of desistance from offending by the YJLD clients were longer than the comparator group during the follow up period. A *delay to re-offence* raises the prospect of a lower total volume of re-offending cumulatively through the high-risk years of the lifespan (cf. the 'age-crime curve'), with associated reductions in distress and monetary costs; it also opens up the possibility of further intervention at a later stage (a 'booster'), further postponing any re-offence.

6.3. Mental health outcome measures

The second study sought to track levels of individual social/health need from a baseline (at first contact with the scheme) to a second point in time after exposure to the scheme. For this study, given the low overall sample size (n=37 at both time points) data were aggregated across all the sites to enable meaningful statistical analysis. There were statistically significant reductions in overall need, levels of depression and levels of self-harm and a significant association between improvements and the amount of YJLD contact. Even when the sites were analysed separately, statistically significant reductions in overall need were apparent in three of them (Halton & Warrington and South Tees and RBKC) which, given the small sample sizes (n=7-24) indicates a substantial effect. This signifies that there may be value in a further, larger-scale trial across more sites, possibly involving more intensive monitoring or other forms of data collection (including a larger total sample but also larger sub-samples at the separate sites, and possibly also a greater number of sites, including both intervention and control sites).

The combined findings of the mental health and wellbeing study and the reoffending study are suggestive of beneficial effects of diversion not only on mental health status but also on delaying and possibly reducing re-offending. While the latter effects were not statistically significant with regard to re-offence rates, there was a large average difference in time to re-offending, with the comparator sample doing so much earlier than the YJLD sample.

Whilst positive, these conclusions are tempered by the relatively modest sample size and the possibility that other factors may explain the changes observed. The findings are sufficiently positive to justify fuller investigation through further research that is both more extensive (encompassing a larger number of sites, both intervention and control) and intensive (entailing more detailed assessment and monitoring of change).

6.4. Cost effectiveness

The objective of the economic analysis was to identify the comparative costs and outcomes of the current scheme for young offenders with mental health issues, learning disabilities and other vulnerabilities with the YJLD scheme. As with the reoffending study which formed the basis for the economic analysis, the current data has limited predictive power over the longer term and the possibility of a simple delay in reoffending rather than a complete prevention must also be considered. Results are rather less positive at this stage, indicating that the total cost of reoffending are greater in the intervention than the control sites, although as argued within the report, this could be down to differences between the intervention and control cohorts (in terms of numbers included in each group, seriousness of offending and vulnerabilities).

There is also an indication that the impact is greater for vulnerable clients whose offending behaviour is not 'ingrained' and hence is still open to change. Effectively intervening with first time offenders through YJLD, therefore, appears to be more effective in preventing the development of attitudes and behaviour that cause offending in comparison to intervening in clients with previous offences in whom offending behaviour is likely to be more ingrained, although such a trend also is apparent with the YOT cohorts. Longer-term re-offending data is needed to compare the comparative effectiveness of the YJLD versus standard/YOT practice in preventing re-offending in first time offenders. The question of which children and young people the YJLD scheme should target cannot be addressed conclusively from the economic data collected. The schemes involvement is less intensive for the more serious offenders but as is shown in the case study, could still provide benefits and reduce costs both in the short and longer-term if the vulnerabilities are addressed and re-offending behaviour prevented.

Use of resource analysis (CA-SUS) indicates that there may be savings from the YJLD scheme in terms of avoiding school exclusion and costly alternative schooling arrangements, although more evidence would be needed to support this notion as the current sample is small. The data, although limited, suggest that individuals on the YJLD scheme seem to require more resources from the health sector in particular, than their non-YJLD counterparts. This is to be expected as previously unidentified vulnerabilities are managed. The suggestions of resource switching highlights an area to be looked into more closely in the future to ensure the YJLD scheme is evaluated on the basis of all that it impacts. An increased requirement for NHS and social services resources may look costly in the short-term but resource-efficient over the longer-term. The economic dilemma is whether or not to intervene early to identify vulnerabilities and, therefore, to incur the increased costs of treatment and management of such vulnerabilities that would have otherwise remained

undetected but that may, if untreated, increase the risk of future offending and thus future state costs (Knapp, 1997).

In summary the cost imposed on society of allowing a young person's offending behaviour to develop unchecked is significant both in financial and social terms. It has been estimated that a 'career criminal' will impose a discounted lifetime cost of approximately £335,000 (including £80,000 public sector cost) on society (NEF, 2010). Thus the cost of getting it wrong (non-intervention or intervening ineffectively and inappropriately) and hence allowing vulnerable young offenders to 'progress' to become career criminals is enormous. In addition the intangible burden placed on the offender and their family can lead to family breakdown, physical and mental ill health and suicide. A service such as YJLD with a clearly defined target population and sensitively integrated into existing local structures of service provision for vulnerable young offenders offers long term potential cost savings that are likely to far outweigh the cost of providing the service-you can finance a large number of YJLD interventions from the cost savings associated with diverting one vulnerable young client away from a lifetime of crime. However, evaluation of the long-term costs and benefits of the scheme is essential before any judgements can be made on its cost-effectiveness.

6.5. Children and young people's views

The qualitative insights provided both by the children and young people and the professionals provide a number of important messages.

All of the children and young people interviewed live in families enduring profound social strain within areas of multiple socio-economic deprivation. Taken together, they represent an identifiable group of young people with multiple manifest vulnerabilities. Despite such commonality, however, the children and young people also comprise a diverse and highly heterogeneous group with regard to mental health status and broader hidden vulnerabilities. Whilst there is evidence of myriad vulnerabilities - and some of the young people had been referred to CAMHS - a significant proportion have no apparent diagnosable mental health and developmental problems. To balance this many children and young people interviewed articulated difficulties in controlling anger, often with violent consequences.

Beyond mental health services, many of the children and young people report having had contact with, and/or receiving services from a panoply of professional agencies. Some report positive benefit from such interventions, several articulated disappointment and feelings of having been 'let down' and some even perceived intervention from professional agencies as an antagonistic presence.

Whatever the precise nature of the children's personal circumstances and/or their contact with professional agencies, it is clear that the youth justice apparatus is not equipped to address their needs and is more likely to impose an iatrogenic effect. Strategic, systematic, consistent and rigorously applied diversion is clearly an appropriate and, almost certainly, more effective policy and practice response.

6.6. Staff and key stakeholders' views

Whilst local variations in youth justice systems have produced a range of differentiated practices within and across the YJLD pilot schemes, *all* of the professional staff interviewed recognised the importance and value of diversion.

For some of the sites obtaining an effective, systematic and simple referral process has been extremely difficult and this has delayed progress. Indeed, the greatest barrier to the implementation of the YJLD scheme derived from different competing priorities and agendas of partners involved in the delivery of the project. A particular barrier was the police ethos and practice based on sanction detection targets, leading to difficulties in securing police co-operation at both strategic and operational levels. Different areas have, therefore, experienced in practice different degrees of ‘buy in’ from partners, even though all signed up originally to the scheme. In some of the sites there was dissonance between ostensible senior level police support for the initiative and operational implementation in practice.

In a minority of sites the YJLD scheme benefitted from very good police referral mechanisms from the start where strong relationships with the police existed prior to the introduction of YJLD. In particular where triage was operating successfully it formed a very good basis for YJLD. Effective referral mechanisms to the YJLD scheme are critical for its success.

In the main the YJLD sites had established good relationships with CAMHS and were able to refer young people with some certainty that they would be provided with a service. In cases where it is appropriate and necessary, relationships with CAMHS were seen as essential to addressing mental health, learning disabilities and specific vulnerabilities for young people referred to YJLD.

There was universal support for making diversion a more systematic or compulsory element within police practice and a strong expression of opinion that the police should be trained to identify, appreciate and understand the significance of mental health issues in young people.

6.7. Recommendations

While the present results cannot be regarded as definitive, they point in an encouraging direction. The possibility is raised of identifying examples of good practice within the existing provision, and illustrating what this entails for the benefit of agencies more widely. The results presented here are not sufficient in themselves to create a reliable transferable evidence-base YJLD model that could be applied in any new YJLD site but a number of promising approaches can be identified. These are mirrored in the policy, practice and research recommendations in the report and summarised below:

- Develop a clear and uniform diversion policy and practice
- Integrate diversion scheme with existing services
- Facilitate appropriate training to YJLD staff
- Promote systematic screening and assessment
- Match interventions to YP’s characteristics
- Incorporate youth diversion into police practice
- Promote an outreach, family and community centred approach
- Monitor progress and effectiveness
- Encourage dissemination of current results and develop an evidence-based ethos
- Conduct further research to boost sample size, statistical power and generalisability of findings. The research would explore changes in identified needs, reoffending and cost effectiveness and service users’ views and satisfaction.

Chapter 1 Rationale for the YJLD scheme

1.1. Introduction

The Youth Justice Liaison and Diversion (YJLD) pilot scheme was developed in 2008 to enhance health provision within the youth justice system and facilitate help for children and young people with mental health and developmental problems, speech and communication difficulties, learning disabilities and other similar vulnerabilities at the earliest opportunity when they enter the youth justice system.

This is the final evaluation report for the six YJLD pilot schemes funded by the Department of Health and evaluated by the University of Liverpool. The report is in line with the reporting requirements of the Department of Health. The research procedures, data collection, analysis and reporting of findings were carried out in accordance with the NHS Research Ethics Committee (REC) guidelines, the Ministry of Justice Research Quality Assurance (RQA) Review and standard ethical procedures¹. The report was reviewed by five independent peers and representatives from five government departments (including the Department of Health) and the Centre for Mental Health. The final version of the report [v3.20.01.2012] was delivered to the Department of Health in January 2012. The data presented here relate to the period from the date of first referral to any of the YJLD schemes² (January 2009) to August 2011. The methodology used will be explained in more detail in the relevant sections of the report. Following ethical guidance, all participants in the study (respondents to interviews, focus groups or questionnaires, case studies) have been anonymised. Similarly, the names of the YOTs used in the comparative analysis have been anonymised.

The first section of the report, presented above, provides an executive summary which makes references to all aspects of the evaluation, including emerging findings. The following three sections of the report (Sections 1 – 3) provide the contextual backdrop to the YJLD scheme and the evaluation project, describe the evaluation process and provide a profile of the six pilot schemes and the young people accessing the schemes. The results of the evaluation are captured in the following three sections (4-6), where the quantitative findings are presented first, in Section 4 (e.g. reoffending, mental health outcomes and national indicators), followed by the economic implications (Section 5) and the emerging themes from the qualitative analysis (Section 6). The concluding section of the report (Section 7) draws together the results, discussing the implications and providing recommendations for policy, practice and research.

¹ BPS (2009) and BSC (2006). The ethical considerations raised by this research have been addressed in the application to the NHS Research Ethics Committee (REC) who gave a favourable opinion on the study (REC ref no 10/H1016/73). In addition, the research design of the study has received approval through the Ministry of Justice Research Quality Assurance (RQA) Review (research proposal no 648). The University of Liverpool acted as Sponsor under the Department of Health's Research Governance Framework for Health and Social Care 2nd Edition (2005) for this study.

² Note that this does not necessarily correspond with the beginning of the funding. This is the date when the newly employed YJLD workers started to receive referrals for young people. There are ten cases where the referral date was unknown and a single case where the referral was done in November 2008 (Lewisham).

In order to put into context the findings of this report, it is important to describe the rationale for both the development of the YJLD pilot scheme and the evaluation. It is also worth highlighting the research process and methods, including the caveats of the evaluation model, as they determine the reliability and robustness of the data presented in this report and give an insight into how the findings should be interpreted. It should also be noted that this is an evaluation of a pilot scheme in its early stages, a scheme constantly evolving as it faces and solves barriers along the way. Therefore the results that follow should be interpreted with caution.

1.2. Background to the YJLD scheme

1.2.1. Evidence of unmet needs

There are multiple issues regarding the existing youth justice system in England that call for innovation in the detection and management of unmet needs, the delivery of services and a shift toward prevention and early intervention. Numerous reports have highlighted a wide range of unmet complex needs, levels of educational attainment and mental health needs of children and young people at various points in the youth justice system (e.g. Lader et al., 2000; Harrington and Bailey, 2005; Goldson, 2002, 2006; HMCIP, 2006; Solomon and Garside, 2008; Lancet, 2009 and HM Government, 2009). It is argued that rates of mental health problems, learning difficulties and other vulnerabilities among these young people are roughly double those of children in the general population (e.g. Mental Health Foundation, 2002; Hagell, 2002; Chitsabesan et al., 2006; Healthcare Commission, 2006 and 2009).

Moreover, there is evidence indicating that children who offend are more likely to have a lower IQ (Harrington and Bailey, 2005), communication difficulties (Bryan, Freer and Furlong, 2007; RCSLT, 2010), special educational needs and to be under-achieving at school (YJB, 2006) than children who do not come to the attention of youth justice services. Additionally, evidence points to an over-representation of offending children who are or have been in care at some point in their life. Almost half of children on custodial sentences (41%) had been living in care and a significant proportion (17%) were on the child protection register (Hazel et al., 2002). Glover and Hibbert (2009) specify that almost a quarter (22%) of children aged under 14 years had been living in care at the time of their arrest, while 6% were on the child protection register. More recent data from *Children and Young People in Custody 2010-11* (Summerfield, 2011) indicates that over a quarter of young men and over half of young women in prison said they had spent some time in local authority care.

1.2.2. The government's response

Acknowledging these issues, the former government highlighted the need for change in the approach to identifying and addressing the mental health needs of children and young people in contact with the youth justice system. The former government's strategy set out in the 'Every Child Matters' framework (2003) was for every child and young person aged under 19 to have the support they need to enjoy and achieve, to make a positive contribution and to achieve economic well-being. The strategy asked for a better partnership working between the police and health care systems for children or young people coming into contact with the youth justice system. In the same vein, the Youth Justice Board (YJB) emphasised the need for an increased awareness of the wide range of risk factors for offending relevant to attempts to reduce offending amongst the young; they argue that substance abuse, educational underachievement, young parenthood and adolescent mental health problems overlap to a large degree with other known risk factors (YJB, 2005). Moreover, the YJB (2008) had explicit aims to reduce the number of 'first time entrants' into the youth justice system and to reduce the number of children/young people placed in the juvenile secure estate.

Furthermore, the former government's Youth Crime Action Plan (YCAP) (HM Government, 2008) sought to tackle youth crime and reoffending, emphasising the importance of better and early intervention with children and young people who come into contact with the youth justice system.

The 2009 review of healthcare in the community for young people who offend (i.e. the 'Actions Speak Louder' report produced by the Healthcare Commission and HM Inspectorate of Probation) mirrored the government and YJB's call for a better understanding and approach to mental health needs of young people in contact with the youth justice system. At the same time, Lord Bradley's review of services for adults with mental health problems or learning disabilities in the criminal justice system (2009) produced some eighty-two recommendations for change, suggesting ways in which these vulnerable people could be diverted at different stages of the criminal justice pathway towards more effective interventions which potentially could improve their mental health and address communication, speech and learning difficulties and other vulnerabilities and reduce the risk of re-offending or the need for custodial interventions. The report was nevertheless focused on adults and did not allow for the same consideration of vulnerable children with mental health problems or learning disabilities in the youth justice system, although it did raise the issue that mental health needs manifest themselves differently in children and adults and the differences in processing these needs within the criminal and youth justice systems should be taken into account. The report also highlighted the need for a thorough review to examine the potential benefits of early intervention and diversion for children and young people with mental health needs or learning disabilities and to identify the appropriate ways forward, consistent with the review for the adult population. The report also recognised the role that YOTs play in assessing young people and providing programmes for both those at risk and those who have committed offences, e.g. Youth Inclusion Programmes, Youth Inclusion and Support Panels, Mentors, Safer Schools Partnerships, Parenting Contracts/Orders, Acceptable Behaviour Contracts and Positive Futures (Bradley, 2009: 32). The recommendations related to children and the youth justice system highlighted that, given the high level of need amongst these young people, all YOTs should include a qualified mental health worker.

A study conducted by the Prison Reform Trust and the Association of YOT Managers Ltd (2010) aimed to address this gap and explore the way in which the youth justice system identifies and supports children with mental health problems, learning disabilities and other difficulties such as autistic spectrum disorder, attention deficit hyperactive disorder (ADHD) and communication and learning difficulties or needs. The study concluded that there is still limited knowledge within YOTs regarding the type and extent of support needs amongst children who come to the attention of youth justice services. While the identification of mental health problems appears to have received more attention and investment from the Youth Justice Board (YJB) in the last few years (although still not fully reflected in YOT practice), other difficulties such as learning disabilities, low levels of IQ and literacy, special educational needs and specific learning difficulties such as dyslexia, communication difficulties, attention deficit hyperactive disorder (ADHD) and autistic spectrum disorder are still likely to remain unidentified and untreated (Prison Reform Trust, 2010). This knowledge is fundamental in order to develop an effective approach to prevent offending or reoffending and particularly for those responsible for sentencing children in the criminal courts. The courts have a legal obligation to 'have regard to the welfare of the child' (SGC, 2009, para 2.7) and 'should always seek to ensure that it has access to information about how best to identify and respond to those impairments [mental health problems, learning difficulties, learning disabilities and speech and language difficulties] and, where necessary, that a proper

assessment has taken place in order to enable the most appropriate sentence to be imposed (SGC, 2009, para 2.10).

Aiming to address these issues, the 'Healthy Children, Safer Communities' strategy (HM Government, 2009) placed a strong emphasis on the health and well being of children and young people who come in contact with the youth justice system. The strategy drew attention to the complex needs of these young people, including mental health problems and learning difficulties and the lack of appropriate services to address these problems. The strategy recognised the need to intervene early with children and young people through diversion. The current Coalition Government has agreed the principles of the 'Healthy Children, Safer Communities' programme strategy. The newly published Ministry of Justice Green Paper, 'Breaking the Cycle: Effective punishment, rehabilitation and sentencing of Offenders (2010)' also supports this approach. Similarly, the recent 'No health without mental health' strategy (HM Government, 2011) highlights that '...early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime (HM Government, 2011: 9). The aim is to strengthen cross governmental working between the Home Office, Ministry of Justice and the Department of Health and provide funding and opportunities for the development and implementation of diversion services and mainstream capacity to support referrals through diversion (HM Government, 2011: 45). The recommendations from the Bradley review have shaped and influenced the programme of diversion and fed into the Spending Review process. This came following the Government's commitment in the 2010 Spending Review to make liaison and diversion services available on a national basis by 2014 and the Ministry of Justice's response to 'Breaking the Cycle'.

1.2.3. Research evidence of the effectiveness of diversionary schemes for young people

Previous evaluations of diversion programs for young offenders (mainly US based) produced mixed results³. The most frequently reported outcome is recidivism (self report or official sources). While some studies show reduced recidivism (Rojek, 1986; Davidson et al., 1990; Lipsey and Wilson, 1998 and McCord, Widom and Crowell, 2001), others do not support this outcome (Stanford, 1984; Ezell, 1992). This is mainly due to the diversity of interventions being evaluated and that of their design and methods used. Some studies have also indicated that diversionary schemes could be effective in reducing the number of court cases processed and the level of penetration by the juvenile into the traditional justice system (Cocozza et al., 2005). As for cost outcomes, previous studies indicate that diversion costs as much or sometimes less than the traditional justice system approach, although cost outcomes have shown to vary according to the type and intensity of the program (Whitehead and Lab, 2006).

Gensheimer et al.'s meta-analysis of diversion programs (1986) based on 44 studies concluded that early diversion programs were no more effective at reducing offending than standard court processing. The identified small effect sizes and wide confidence intervals prevented any definitive conclusions about diversion effectiveness⁴. A more recent meta-analysis (Schwalbe et al., 2011) of 28 experimental studies of diversion programs for juvenile offenders⁵ indicates that, overall, the effect of diversion programs on recidivism is non-significant⁶. Schwalbe's meta-analysis did not include other outcomes such as frequency of

³ As argued for example in reviews by Gensheimer et al. (1986); Chapin and Griffin (2005) and Schwalbe et al. (2011).

⁴ To be noted, however, that effect sizes were moderated by youth age ($r = -.35$), hours of contact ($r = .69$) and investigator involvement in the design and implementation of the interventions ($r = .76$).

⁵ Studies published between 1980 and 2011 and developed since Gensheimer et al. (1986).

⁶ $k=45$, $OR=0.83$, $95\%CI=0.43-1.58$ (Schwalbe, 2011: 26).

offending, truancy, and psycho-social problems as these outcomes were reported infrequently and the samples were too small for inclusion in the meta-analysis.

Although the existing evidence is not strong enough to draw definitive conclusions about the viability and cost effectiveness of diversionary approaches, there is considerable data to suggest that certain approaches to diversion are promising. For example, when broken down by type of intervention, there is evidence that diversion programs with more intensive community services and supports are more effective in reducing recidivism (McCord et al., 2001). The most effective diversion programs are more likely to be holistic, intensive, in-home, and family-focused (Henggeler et al., 1994; Henggeler, 1997; Sexton & Alexander, 1999 and Dembo & Schmeidler, 2002). These results are reiterated in Schwalbe et al.'s meta-analysis of youth diversion schemes, indicating that, of the five program types identified in the 28 studies under investigation (i.e. case management, individual treatment, family treatment, youth court and restorative justice), only family treatment and restorative justice studies that were implemented with active involvement of researchers led to a statistically significant reduction in recidivism (Schwalbe et al., 2011: 26).

Research into the nature and effectiveness of diversionary schemes for young offenders with mental health and developmental needs is however more limited. Schwalbe et al. (2011: 31) point to a lack of experimental evaluations of specialised diversion schemes for young people with mental health or substance use problems and evidence of their effectiveness, calling for more research into the potential benefits of specialised youth diversionary schemes. Three studies in this area were identified in Schwalbe et al.'s review (e.g. Hamilton et al., 2007; Cuellar et al., 2006 and Henggeler et al., 2006), but were not included in their meta-analysis because of methodological reasons. Although methodologically limited, the results of these studies will be briefly summarised here, as they point to the potential benefits of specialised diversionary interventions in reducing reoffending rates and rates of out-of-home placements.

(1) *Hamilton et al.* (2007) conducted a longitudinal study of young people who participated in a 10-county diversion initiative in New York State, exploring impact on out-of- community placement and recidivism. Results indicate that sites providing direct (or 'in house') care had significantly reduced rates of placement. At the individual level, significant mental health and substance abuse problems, age, prior placements, and use of wraparound funds were predictive of youth placements, while significant substance abuse problems were predictive of recidivism.

(2) *Cuellar et al.* (2006) conducted a quasi-experimental study on a Texas state initiative focused on diverted and adjudicated young people with mental health problems. In order to measure the effectiveness of these programs, the authors evaluated the Special Needs Diversionary Program under Texas' Enhanced Mental Health Services Initiative, where local mental health providers and specialized juvenile-probation officers delivered treatment services (including therapy, medication monitoring and crisis management) to young people who were sentenced to probation or were to be supervised in the community. Results indicate that in the 12 months follow up period there were 63 fewer re-arrests per 100 youth per year, suggesting that these programs can delay or prevent youth recidivism.

(3) *Henggeler et al.* (2006) conducted a randomised controlled trial of a juvenile drug court which served adjudicated and diverted young people (n=161) who met diagnostic criteria for substance abuse or dependence. The findings, based on a 12 months period, supported the view that drug court was more effective than family court services in decreasing rates of adolescent substance use and criminal behaviour.

However, the relative reductions in antisocial behaviour did not translate to corresponding decreases in re-arrest or incarceration. In addition, findings supported the view that the use of evidence-based treatments within the drug court context improved youth substance-related outcomes.

Additionally, Skowrya and Powell's review (2006) highlighted the potential benefits of diversion for youth with mental health needs, such as: reducing recidivism; providing more effective and appropriate treatment; decreasing overcrowded detention facilities; facilitating the further development of community based mental health services; increasing the safety of detained youth; improving working relationships of cross-systems groups; expediting court processing of youth into services; and encouraging family participation in treatment (Arredondo et al., 2001; Cocozza & Skowrya, 2000). There is an indication that approaches employing a family and community-based treatment are more effective in treating youth with mental health disorders and reducing recidivism (Lipse, Chapman & Landenberger, 2001).

1.2.4. An evidence-informed 'YJLD model'

Looking for further evidence into the need for and potential benefits of a youth diversion service, in 2007-2008 the Department of Health, Youth Justice Board (YJB) and Centre for Mental Health (then Sainsbury's Centre for Mental Health) funded research in order to explore the evidence base for diversionary scheme for young people with mental health, learning, communication difficulties or other vulnerabilities. The review concluded that the evidence was sufficiently promising to warrant testing out a model to improve early identification and address the health and emotional wellbeing needs of young offenders, potentially contributing to the reduction of re-offending and, in the long term, saving money across departments.

Based on this evidence, the Department of Health funded six pilot sites to develop a YJLD scheme to enhance health provision in their Youth Offending Services (YOS), starting with Lewisham in December 2008 and the Royal Borough of Kensington and Chelsea, Peterborough, Wolverhampton, Halton and Warrington and South Tees during 2009. The pilots were initially funded until March 2012.

The term 'diversion' is used to imply different processes and outcomes. For the purposes of this project, the youth justice liaison and diversion (YJLD) is meant to capitalise capitalising on all diversionary opportunities presented within the youth justice system (YJS), including:

- Diversion away from the YJS towards mental health, emotional support and welfare systems (taking into account proportionality, public interest and risk management issues);
- Enhanced post-arrest and pre-court activity to meet the full range of needs of vulnerable young people in a more appropriate and timely manner;
- Diversion within the YJS, where appropriate, away from custodial settings;
- More efficient transfer processes from custodial settings into secure psychiatric settings where necessary.

Thus the YJLD scheme aims to facilitate help for children and young people with mental health and developmental problems, speech and communication difficulties, learning disabilities and other similar vulnerabilities as soon as they enter the youth justice system. The YJLD initiative was developed at a time when there was little or no systematic diversionary activity to identify these particular needs amongst young people at point of arrest, where there was previously no input. More specifically, at the time when the YJLD

model was developed, there was little or no systematic diversionary activity to identify health needs at point of arrest. This has meant that early identification and support has not been possible for young people. For example, for those young people who go on to progress through the current youth justice system, help is not typically provided until they get to court, which means that the young person is left sometimes for three or four months with no support before they get to be sentenced. For those getting pre-court disposals, the gap could be even longer, potentially taking years before they go to court. Thus the YJLD scheme had a specific focus on the early stages of the youth justice system, so that there was no duplication with other health resources within the YOTs (which tend to be focused on young people who were given a statutory order).

The specific objectives of the YJLD pilot scheme are:

- To **improve early identification** at the point of entry into the youth justice system (YJS) (usually the police custody suite) of under 18 year olds with mental health, learning, communication difficulties or other vulnerabilities affecting their well being;
- To **enhance access** for these groups of vulnerable young people in the YJS to multi agency support equipped to meet their needs;
- As appropriate, to **divert** young people either **from the YJS** towards personalised packages of health and social care or, **within the YJS**, to services better equipped to meet their health, emotional well being and welfare needs;
- To **promote more timely and cost effective disposal** of cases within the court system and quicker and earlier linkage to appropriate services;
- To **reduce longer term offending**;
- To **reduce health inequalities** and
- To **support joined-up working** between the YOS, the police, the local authority, the CPS, magistrates, the PCT, CAMHS, and the voluntary sector.

The pilot sites were expected to develop a youth justice liaison system which met these aims by:

- Identifying under 18 year olds with mental health, learning, communication difficulties or other vulnerabilities at an early stage. Identification is expected to take place at the pre-arrest or police custody stage, with stakeholders finding creative ways to deal with the barriers to screening young people at this stage of the process⁷.
- Proactively informing and influencing decisions relating to charge, bail/reprimand, disposals and the need for further assessment (taking into account public protection issues, risk management, proportionality considerations);
- Mapping local services (statutory and voluntary);
- Liaising with stakeholders (including the police, the CPS, sentencers, the YOS,, CAMHS, local authority and voluntary sector) and other key service providers;
- Developing protocols to bolster partnership working on this project and facilitate access to care pathways and evidence-based interventions;
- Putting a worker or mechanism in place to source and coordinate personalised packages of multiagency care and to support vulnerable young people and their families into mainstream services;

⁷ It was expected that pilot sites would screen around 30 young people a week in police custody suites (although throughout might vary from site to site). It was estimated that approximately a third to just over a half may require some further attention either in terms of specialist assessment, advocacy, brief intervention or support into mainstream services – although the pilot sites were expected to improve knowledge regarding these young people's needs.

- Following up referrals to track successful engagement with identified services and monitor outcomes, troubleshooting any difficulties and providing a system of short-term advocacy during this transitional handover period.

It is against this backdrop (in terms of policy, practice and research evidence) that the YJLD scheme and its evaluation have been developed. The current evaluation sought to further develop the knowledge base in this area of work.

Chapter 2 Evaluation process

2.1. Rationale and aim of the evaluation

In August 2009 the University of Liverpool was commissioned by the Department of Health to conduct an independent evaluation of the YJLD scheme. The evaluation is an integral part of the implementation of the YJLD initiative and seeks to ensure accountability to stakeholders and service users (Hollin, 1995).

Given the coalition government's plan to totally revamp youth justice, replicating 'good practice' and building on 'what works' (McGuire, 1995; Ministry of Justice, 2010), as well as the recent strategy for mental health (HM Government, 2011), this evaluation is timely. The study comes at a time of change and uncertainty for the youth justice and health services, with the potential to inform policy consultations and improve the services and support for vulnerable children in contact with the youth justice system. Additionally, as argued above, there is scope for more research into the potential benefits of specialised youth diversionary schemes for young people with mental health or substance use problems (Schwalbe et al., 2011).

In light of this, the current evaluation sought to enrich the evidence on diversion schemes for young people with mental health problems and other vulnerabilities, exploring the effectiveness of the scheme as the primary objective and providing descriptive accounts of processes making up the YJLD scheme as secondary. For example, one of the main objectives of the YJLD pilot scheme is to reduce young people's re-offending through early identification of their needs and vulnerabilities (in particular mental health problems and learning disabilities) and through diversion from the youth justice system and into more appropriate mental health and/or child welfare services. Additionally, young people who have access to the YJLD scheme are also expected to show evidence of other 'non-reoffending' benefits, particularly an improvement or stabilisation of mental health conditions and identified vulnerabilities. This is expected to be achieved through supporting young people into intervention, including liaison work with the police, the YOT, Child and Adolescent Mental Health Services (CAMHS), the courts, schools, family, referrals to specialist and voluntary agencies, along with individual input (where appropriate) from project staff for a period of up to 3 months or 12 appointments/contacts with the young person and/or family after the first contact.

It is obviously important to measure YJLD's potential impact on outcomes such as reoffending, and health and wellbeing, however, numbers do not necessarily tell us everything. Perceptions, experience, implementation and business processes are equally important in assessing the effectiveness of such an initiative. The experimental/quantitative approach tends to produce 'descriptions of outcomes, rather than explanations of why programs work (or fail)' (Pawson and Tilley, 1997: 30). This is why incorporating a qualitative strand to the evaluation is beneficial as it allows the exploration of questions such as how or why the YJLD intervention might work or not work (Pawson and Tilley, 1997).

More specifically, the evaluation's objectives were to:

- Create a profile of the sites where the YJLD scheme was implemented;
- Create a profile of the young people who are being screened, assessed and/or engaging through the six YJLD pilot schemes;

- Assess whether the young people who have had access to the pilot schemes re-offend at a lower rate (including frequency and severity of proven reoffending) than a comparable group of young people who have no such access;
- Assess whether the young people who have had access to the pilot schemes desist from offending for longer than a comparable group of young people who have no such access;
- Measure changes in YJLD candidates' identified mental health needs and other vulnerabilities (over a three month contact period);
- Identify the factors that are associated with any effect and the way in which these associations vary in different subgroups;
- Measure overall reoffending, first time entrant, custody and ETE rates before and after implementation of the YJLD scheme in YJLD YOT areas compared to non-YJLD YOT areas;
- Assess the value for money that the scheme represents and any emerging economic implications;
- Explore perceptions and experiences of the scheme amongst young people and their families;
- Explore staff and other key stakeholders' views on early intervention, decision making processes, partnership working practices and the impact of the YJLD scheme, including barriers and enablers to establishing YJLD schemes;
- Identify implications of the findings for future policy and practice and provide recommendations regarding diversion and liaison schemes for young people and how they can be designed more effectively.

2.2. Methodology

To address these objectives, the evaluation included two distinctive but interdependent strands of work: quantitative and qualitative. The quantitative studies sought to analyse changes in a range of measurable outcomes, while the qualitative element aimed to provide an in-depth and richer insight into relevant processes and enable, where possible, a better understanding of the quantitative findings. The procedures and methods used to conduct the research were approved by the NHS Research Ethics Committee (REC) and the Ministry of Justice Research Quality Assurance (RQA) Review. An application for the Justice Statistics Analytical Services Unit (JSAS) of the Ministry of Justice to provide access to data derived from the Police National Computer (PNC) was also approved. While a detailed account of the procedures is presented in these forms, additional details of the methods used are provided in each relevant section.

In summary, findings presented in the current report result from:

Quantitative analysis of:

- (1) Webshare data = 1027 cases** comprising young people referred to the YJLD teams and inputted by YJLD staff/practitioners onto the *Webshare*, the project's information system used by all sites and managed centrally by the Department of Health which was developed as a means of collecting information on YJLD throughput and activity within the six site. This includes up to 32 months of data routinely collected by staff from the beginning of the scheme at first site, e.g. *January 2009* and up to and including *25th August 2011*, the day when the information was extracted by the research team;
- (2) Reoffending data (sanctioned offences) = 435 cases** including 235 young people referred to the YJLD teams (intervention sites) from the beginning of the scheme at

first site, e.g. *January 2009* and up to *31st March 2010* and 200 young people referred to the YOTs (control sites) in the same timeframe. These two cohorts were prospectively matched at area and individual level (comparing YOT areas of similar socio-demographic and economic factors known to correlate geographically with the level of crime, including youth crime and demand for YOT services; as well as comparing young people on static variables related to the likelihood of reoffending, e.g. age, gender, ethnicity and, where permitted, type of current index offence). The cohorts were also matched retrospectively to account for other significant variables or emerging differences. Young people's reoffending (sanctioned offences) was followed up for a period of *15 to 30 months*, up to *1st July 2011*, when the information was extracted from the Police National Computer (PNC) by the Ministry of Justice and the anonymised data was made available to the research team;

- (3) *Health of the Nation Outcome Scales for Adolescents (HoNOSCA)* and *Screening Questionnaire Interview for Adolescents (SQIfA)*** individual and overall scores = **37 cases** including young people who were assessed by the YJLD teams between *September 2010* and up to *July 2011*. These two assessments were undertaken by YJLD practitioners at entry point (i.e. when the young person signed up for the YJLD programme) and at exit point (approximately 3 months after the sign up) to measure change.
- (4) *Child and Adolescent Service Use Schedules (CA-SUS) questionnaires*** = **20 cases** including 9 young people who were referred to one of the YJLD teams late 2010/early 2011 and 11 young people who were referred to the YOT in the same timeframe, capturing information regarding the young person's use of services following 6 months after their referral. These young people were matched on a number of characteristics; gender, age, ethnicity, previous offending, offence gravity score and criminal justice outcome or directly by the young person's case worker. The questionnaires were administered in an interview either face to face or by telephone with the YJLD/YOT practitioner.
- (5) *Case studies*** = **2 cases** put together by YJLD practitioners and made available to the research team in September 2011. The names of the young people and workers in these case studies were anonymised.
- (6) *Aggregate data*** from the Youth Justice Management Information System (YJMIS) including Reoffending, First Time Entrants, Education, Training and Employment rates within the intervention and control YOTs for the period March 2005 to January 2011. The anonymised data were made available to the research team through one of the intervention YOTs in June 2011. Additionally, aggregate data from the Ministry of Justice's website was also used. These anonymised data are available to the public at: <http://www.justice.gov.uk/publications/statistics-and-data/reoffending/index.htm> including reoffending rates for young people who were given a reprimand and final warning 2007-2008. The data were downloaded by the research team in November 2011.

Qualitative thematic analysis of:

- (7) *Face to face interviews*** with young people and carers = **24 interviews** undertaken between *February and September 2011*. All interviewed young people and carers were recruited by YJLD practitioners and gave informed written consent prior to the interview. The interviews were undertaken by an experienced researcher (following appropriate ethical and health and safety procedures) either at respondents' home, school or the YJLD practice's office;

- (8) Face to face interviews** with key stakeholders (including YJLD workers and managers and other representatives from key organisations working in collaboration with the YJLD teams across the six sites) = **25 interviews** with 29 stakeholders and **1 interview** with 3 national programme managers. The interviews were undertaken between *March and July 2011* by an experienced researcher (following written informed consent and appropriate ethical procedures) at respondents' workplace;
- (9) Focus groups** with key stakeholders (same as above) = **2 focus groups** with 21 participants. These group sessions were undertaken by the research team on two occasions, first on *8th September 2011* (University of Liverpool), second on *15th September 2011* (Department of Health);
- (10) Secondary analysis of documents** (protocols and pathways) provided by YJLD practitioners between March and July 2011. This was complemented by **participant observation** and ongoing consultation with YJLD sites and national programme managers (Department of Health and Centre for Mental Health) throughout the duration of the evaluation. The research team undertook regular visits to the YJLD sites and attended YJLD forums bringing together the sites for updates and troubleshooting.

The triangulation/synthesis of findings involved drawing common themes, cross-referencing with previous research evidence and considering the implications of the research in terms of policy and practice.

2.3. Caveats of data and methods

It is important to ensure that the conclusions of this evaluation are stated with the appropriate degree of confidence, given the multiple challenges in both establishing and evaluating the scheme. The findings throughout the evaluation are best described as tentative and indicative of potential future developments in both the scheme and any further evaluation. Even where statistically significant differences or associations are noted from the quantitative analysis, these do not indicate a simple causal relationship between exposure to the scheme and changes in outcomes. Therefore it is worth summarising here the main caveats of the evaluation model, as they determine the reliability and robustness of the data presented in this report and give an insight into how the findings should be interpreted.

It should also be noted that this is an evaluation of a pilot scheme in its early stages, a scheme constantly evolving as it faces and solves barriers along the way. The YJLD scheme was only implemented in late 2008 (in some sites late 2009) and many of the scheme's processes were under development or changing at the time of the evaluation. This had an impact on the quality of the information inputted on the project's information system, the Webshare, sample sizes, access to respondents and, more importantly, practitioners' availability and commitment to the research element of the evaluation – as they were key in collecting the data or facilitating the research team in doing so.

2.3.1. Investigating the potential impact on reoffending (Chapter 4.1)

2.3.1.1. Internal validity

The main problem faced by any impact evaluation is the extent to which it can prove causality, i.e. whether the intervention has caused the outcome (Farrington et al., 2002). This is linked to the internal validity of the study, which is also the hardest to achieve, as outcomes tend to result from a myriad of influences, other than or including the intervention in question (confounding factors). The evaluation of the YJLD scheme might find that the reconviction rate of those young offenders who were subject to YJLD intervention was significantly lower than those who were subject to other interventions. From this might be drawn the conclusion that 'diversion' as provided by YJLD schemes 'worked' better than the 'other' practice within the YJS. However, for this conclusion to be valid, the evaluation would have to be designed so that alternative explanations for the results can be ruled out and in a real world research environment this is difficult, if not impossible, to achieve. But one can employ appropriate designs to minimise these limitations.

Thus the research team aimed to develop the strongest design which would be feasible given the timeframe of the evaluation and the data available to collect. It was decided that, because random allocation to control and intervention groups was not feasible within this evaluation⁸ (as the team did not have control over which young people have access to the scheme or not), a quasi-experimental design would be the next best choice. The quasi-experiment is similar to the true experiment, except that it lacks the key ingredient of random assignment. Thus comparisons rely on groups which may differ from each other in significant ways other than the presence or absence of treatment (Cook and Campbell, 1979). In quasi-experiments the key internal validity issue concerns the extent to which intervention and comparison groups are similar before the intervention, or can be made similar at the analysis stage. If the groups

⁸ Where assignment to the conditions is made at random, it is known as a randomised control trial, and this is considered to be the 'gold standard' of research design for studies investigating causal relationships.

are not comparable, the experimenter faces difficulties in determining how much, if any, of the effect is attributable to the intervention, as opposed to the initial differences between groups (Trochim, 2000).

2.3.1.2. Matching strategy

Therefore, in conducting this quasi-experimental reconviction study, a variety of methods were used to increase internal validity, by maximising the comparability of samples as closely as possible to that achieved in a randomised experiment. Concurrent control groups were selected to strengthen internal validity, in particular to estimate the 'counterfactual inference', i.e. *what would have happened to the target/experimental group if the intervention had not been applied to them?* The control group is generally used in order to exclude other plausible alternative explanations of the effect as much as possible, which means that this group needs to be free of the YJLD intervention and similar in nature, size and other key variables to the target group.

As a closer match would provide more robust results, a variety of matching techniques was used. This involved (1) prospectively matching the intervention and the control groups at both the geographical (YOT area) and individual level and (2) retrospectively matching (through statistical controls) to account for other significant variables or emerging differences.

This means that the control sites were initially selected because of similar socio-demographic and economic factors known to correlate geographically with the level of crime within an area (including youth crime and demand for YOT services)⁹. Then cases from the intervention group were matched at an individual level (on static variables related to the likelihood of reoffending, e.g. age, gender, ethnicity and, where permitted, type of current index offence¹⁰) with cases in the comparison group. Unfortunately the information provided by the intervention sites was very limited and the research team was unable to create an accurate profile of the young people with access to the scheme, especially with regards to their previous offending history, type of current index offence and arrest or caution/conviction dates. This has had a significant impact on the accuracy of the matching strategy and, as will be argued throughout the report, has limited the validity of the emerging results.

Secondly, statistical (retrospective) matching was done in order to try and account of any differences in other known predictors of reconviction (e.g. age at first conviction and previous criminal history¹¹) or new emerging differences between these groups. The results presented in this report have taken into account and adjusted for any identified significant differences between the two groups. More information about the matching process and the sampling could be found in Appendix A.

2.3.1.3. Predicted risk

Another related technique in reconviction studies is the use of calculated predicted reconviction rates, which are then compared to actual reconviction rates (MoJ Statistical Bulletin, 2010). This was not possible in the current study, as the research team did not have access to the risk assessments of the young people with access to the YJLD scheme (e.g.

⁹ YOT families - YJB (2009, unpublished).

¹⁰ See for example Joliffe and Farrington (2009).

¹¹ See Cottle, Lee and Heilburn (2001); Joliffe and Farrington (2009).

Onset or *Asset*)¹² which would have helped with calculating the predicted scores for reoffending. This is mainly due to the nature of the scheme, as it targets young people who are not necessarily referred to the YOT (for *Asset/Onset* assessment) or young people who are at an early stage in their pathway (before referral to the YOT).

2.3.1.4. Causality

However - what all of these methods share is an assumption that all the causal variables related to reconviction can be identified, measured and controlled for in the analysis. Whilst much research has been conducted on risk factors associated with an individual's risk of offending (e.g. Farrington 2002; Cottle, Lee and Heilbrun, 2001), there still exists no universally accepted law of causation for such a complex phenomenon. It is unlikely, therefore, that all the relevant variables associated with an individual's risk of offending could be identified, let alone measured. There are many influences external to an offender which impact on their risk of being reconvicted, given that they have reoffended, including factors associated with the reporting, recording, detection and prosecution of crime. If anything, these are even less well understood than individual risk factors and it is even less likely that they would, or could, be taken into account.

2.3.1.5. PNC data – measuring reoffending

Reoffending was calculated in this study by taking into account offences committed in the follow up period (i.e. after the index date) which were proven by a court conviction or an out of court disposal and recorded onto the PNC. This was named 'proven reoffending'. The index date varied between sites, with the earliest in *January 2009* and the latest on *31st March 2010*. The extraction from the PNC took place on *1st July 2011*, thus the follow up period varied between 15 to 30 months.

Reconviction/caution data is indeed limited, as it provides only a proxy for a higher yet unknown level of offending. Regardless, using reconviction data is still the most common mean when the effectiveness of initiatives in reducing reoffending (Kershaw, 1999).

It is worth noting that one of the limitations of the PNC data is that it takes into account the caution/conviction date (and not the arrest date). Instances could occur when individuals are re-cautioned/reconvicted after the index date, which could suggest that some offenders could be counted as reoffenders, while the offences they have committed had taken place before the index date (false positives or pseudo-convictions¹³). If this were true for all cases, the prevalence of proven reoffending amongst these individuals could be over-estimated. It is however also possible that individuals have reoffended but not yet been cautioned for that offence and therefore they would also lie outside the re-offending cohort ('false negatives'). Additional analysis was undertaken to limit this possibility as much as possible, especially for outliers, i.e. where an individual has been cautioned at least ten times. This was included in the economic section of the report, where the emphasis was placed on frequency and severity of re-offending.

¹² *Asset* (and *Onset* for those involved in preventative work) are tools used by the YOTs to identify further risk of offending.

¹³ Lloyd et al. (1994) found that the effect of excluding pseudo-convictions was to reduce the proportion reconvicted by between 2 and 7 percentage points.

2.3.2. Employing mental health outcomes measures for children and young people to explore impact on health and wellbeing (Chapter 4.2)

The mental health outcomes study was limited by lower than expected sample sizes. It was initially planned to have 25 completed questionnaires at both points in time for each site (which would have yielded a total sample size of 150). Both the confidence with which trends can be detected and general conclusions drawn, and the capacity to undertake meaningful sub-group analyses (e.g. by study site) are considerably impeded by the low overall numbers. Secondly, as with the other studies, it is difficult to draw causal inferences from any observed changes in scores. There is no ‘untreated’ comparison sample and there would have been no possibility of allocating young people thought to have problems to diversion services on a random basis.

2.3.3. Investigating the bigger picture of reoffending, sentencing, FTE and ETE trends in the evaluation areas (Chapter 4.3)

As with the reoffending study, random allocation of young people to either YJLD or comparator YOTs for the purposes of the evaluation was neither feasible nor desirable in terms of providing an appropriate service. Again, therefore, given the inevitably quasi-experimental nature of the design, factors other than pure chance (e.g. local policies, relative deprivation) may explain any significant differences between the YJLD and comparator sites. Here there was no additional matching at the individual level (as the data represents YOT-level activity) nor any attempt at post-hoc statistical control (due, apart from other things, due to the small sample sizes when only 6 YOTs are involved in the study). The small sample sizes also made it difficult to detect any statistically significant differences as well, regardless of whether these differences ‘really’ existed or not.

An additional weakness of the YOT-level analysis approach which is particular to this study is the likely ‘swamping’ of YJLD activity by the global activity of the YOT which was measured. This is unlike the reoffending and mental health studies which tracked outcomes for individual children and young people and thus was targeted precisely on the specific client group. In other words, a single YJLD worker could conceivably have a significant impact on an individual child or young person which could be picked up by the other studies but is unlikely to impact significantly on the overall outcomes measured for the entire YOT as in this study.

2.3.4. Exploring economic costs and implications (Chapter 5)

Providing a cost for the YJLD intervention (and an implicit cost per ‘case’) was one of the most difficult tasks of the evaluation, as the team was unable to extract data other than the amount of funding received by each site to deliver the project. Although the evaluation was able to establish that the YJLD project interacted with other services (designed to prevent offending behaviour and support young people with mental health and developmental issues, learning disabilities and other similar vulnerabilities), it was impossible to measure and attribute costs linked to the input of each agency, project or staff (other than YJLD) that were involved in the care pathway of these young people. In order to provide a greater degree of accuracy when estimating the cost per case, further evaluation of the scheme would benefit from localised costing information. This would include bottom-up running costs of each YJLD and comparator sites so that not only would the overall costing figures be more precise, but the elements contributing to the model employed could also be decomposed to analyse the efficiency of its constituent parts. This type of data collection would more than likely result in greater variation of cost per case across sites as each offer a different mix of services.

Similarly, with the aim of comparing the costs of the re-offences committed by the YJLD and matching cohort an analysis of the number and types of offences was conducted. This is limited for a number of reasons: the methodology used to classify offences as occurring prior to their involvement with the YJLD or YOT as part of this study was imperfect due to complexities in the data, the costs allocated were court costs alone and the dynamic nature of the YJLD scheme prevented a pure like for like comparison.

2.3.5. Qualitative insights (Chapter 6)

The qualitative analysis provides rich and in depth information about how the pilot schemes operate and about the type of young people with access to the scheme. However, this element of the evaluation was limited to a certain extent by a lower than expected number of interviews with young people and carers, for example 24 interviews were conducted in total, whilst the aim was to conduct a minimum of 36 (with 6 per site). However, no interviews were undertaken at one YJLD pilot site and only 2 at another. Although the research team sought to improve the response rate by offering incentives and follow up 'opt in' letters, these methods were unsuccessful in these two sites. This reflects the lack of engagement of young people both with the scheme and its research component and is further mirrored in the low response rate for HoNOSCA and SQIfA, particularly the follow up assessments (without which it is difficult to measure any changes in identified vulnerabilities). YJLD staff indeed highlight the limitations involved when working with this group of young people and the low level of engagement. In light of this, one should be cautious about the extent to which the results from interviews reflect the experience and views of the young people across all sites.

2.3.6. Triangulating methods: what works best? (Chapter 7)

Seeking to identify which elements of the YJLD scheme might contribute or are associated to positive outcomes (e.g. non reoffending, improved mental health and wellbeing), the evaluation team tried to use statistical modelling combining outcomes and the information captured in the Webshare, the scheme's own management information system (e.g. actions taken by YJLD teams, type and length of intervention etc). Unfortunately the Webshare data was limited which had an impact on the regression analysis and the robustness of the emerging results. However, the qualitative data was interrogated to further explore insights into what elements are perceived to be essential/useful in successfully developing and implementing a YJLD scheme. However, this will not enable conclusive results regarding the specific core components that are deemed crucial to successful outcomes.

Chapter 3 Service profile

3.1. The six YJLD pilot sites: from an evidence-informed YJLD model to a local context based model

The profile of the six YJLD pilot schemes described in the section below is based on interviews with YJLD staff and managers, participant observation (visits to sites and participation in YJLD forums), as well as on documents provided by YJLD practitioners regarding referral pathways and the nature of intervention at each site.

Earlier results from the mapping and interim period (presented elsewhere) highlighted that there was a considerable degree of difference and flexibility in the way the YJLD scheme was implemented locally, within each of the six sites. Although all pilot sites implemented a new idea/project, some sites had to start from scratch in developing the scheme (e.g. Halton & Warrington, Peterborough, RBKC and Wolverhampton), whilst others had the opportunity to build on existing initiatives and partnership work (e.g. Lewisham on Triage; South Tees on Health Professional Role and Local Service Agreement with South Tees YOS).

In terms of strategic and operational procedures, despite difficulties encountered by some sites in getting started, all sites have been successful in establishing a working scheme either within the YOT or CAMHS, developing protocols between partners and securing a YJLD worker in place and/or a health worker. Not all sites have been successful in establishing a steering group which was expected to bring together key stakeholders and facilitate the development and sustainability of the scheme, especially as some partners were driven by different agendas and targets to those of the YJLD scheme. It appears that the lack of a steering group in some sites and proactive management in others has delayed and hindered, in places, the development of effective and durable relationships between the YJLD teams and, for example, the police or the courts – which were key in securing the pathway put forward in the evidence-informed YJLD model. Different areas have therefore experienced in practice different degrees of ‘buy in’ from partners, even though all signed up originally to the scheme. It appears that one particular site, RBKC, has benefitted from having a proactive steering group, ensuring that those who have initially signed up to the protocols adhered to the principles of the scheme.

A key challenge for the pilot sites derived from police practice and ethos following the introduction of a public service agreement target to increase the total number of offences brought to justice (OBTJ)¹⁴. In effect, this initially slowed down diversion, especially in four out of the six pilot sites (Halton & Warrington, Peterborough, South Tees and Wolverhampton). These sites experienced major difficulties in accessing young people at the point of arrest, therefore limiting one of the key objectives of the model, i.e. where appropriate to divert children and young people from the youth justice system and direct them towards health-based services. Additionally, the lack of a steering group and proactive management in some sites delayed and hindered the development of effective and durable relationships between the YJLD teams and the police and/or the courts. Different areas have,

¹⁴ The OBTJ target was a national England and Wales target introduced in 2003/04 and extended in 2005/06 to cover the period up to 2007/08. In April 2008, this target was revised, focusing only on more serious offences such as serious violence, sexual and acquisitive crimes. The OBTJ target was ended in June 2010 following the Coalition Government's decision to end the Public Sector Agreement framework.

therefore, experienced in practice different degrees of ‘buy in’ from partners, even though all signed up originally to the scheme

However, the schemes had successfully adapted, developing referral systems and pathways in line with the local context, working with different partners and facilitating different diversionary opportunities within the youth justice system (e.g. diverting away from or within the system). These differences have occurred in an attempt to circumvent barriers encountered in accessing young people.

In line with the original model, the sites have been successful in screening for a wide range of needs and to undertake further in depth/comprehensive assessments for those young people consenting to be part of the scheme and presenting with mental health, learning, communication difficulties or other vulnerabilities. Where successful in securing referrals and conducting assessments, some pilot sites followed on to support young people and their family into appropriate services (more so into mainstream than voluntary services). However, it appears that not all pilot sites have been proactive or successful in following up referrals to monitor outcomes (as suggested by the evidence-informed model). As will be indicated later, this is a crucial element in establishing whether young people are referred to appropriate services and whether identified needs are being addressed.

In terms of outputs, the evidence-informed model envisaged that the scheme would enable diversion from and within the youth justice system. As will be indicated in Section 3.2, only two out of the six pilot schemes have systematically succeeded to influence decisions relating to charge (e.g. Lewisham and RBKC), whereas in the other sites this has been more difficult to achieve or it happened on an ad hoc basis. However, it appears that all sites have been successful in influencing decisions relating to the need for further assessment, especially for the identification of broader mental health and developmental issues.

For a summary of the main components of the scheme in each site, see **Table 2** below.

Table 2 The current YJLD model in the six pilot sites (as of Jul '11)

| Pilot site | Halton & Warrington | Lewisham | Peterborough | RBKC | South Tees | Wolverhampton |
|--|---|--|--|--|---|---|
| Name of the scheme | Divert/Diversion | YJLD | YJLD | YJLD | YJLD | PAUSE |
| Operational location of scheme | Halton & Warrington YOT | Lewisham YOS (Adolescent Resource and Therapy Service – specialist CAMHS forensic team within YOS) | Peterborough YOS | Kensington & Chelsea YOT | South Tees CAMHS (Forensic & Adolescent Outpatient Service) | Wolverhampton CAMHS (Children & Family Services) |
| Operational start of the scheme | Sept 09 | Dec 08 | Mar09 | Sept 09 | Feb 09 | Sept 09 |
| YJLD workers | 1 FT YOT social worker + 1 PT CAMHS nurse seconded to the YOT | 1 FT ARTs drama therapist | 1 FT NHS Trust assistant psychologist seconded to the YOT + PT assistant psychologist (as above) | 1 NHS MH Trust family therapist seconded to the YOT | 2 FT CAMHS mental health nurses | 1 FT Counsellor (MH) and 1 PT Clinical Psychologist |
| Referral source | <u>Main:</u> Community/police station Police custody | <u>Main:</u> Triage workers/YOT <u>Other:</u> CAMHS Early Intervention Panels/School Inclusion Teams | <u>Main:</u> Final Warning Police Officer within YOS <u>Other:</u> Safer Schools (PCSOs) AA, MST | <u>Main:</u> Police custody <u>Other:</u> Youth Court | <u>Main:</u> Police G02-06 (South Tees YOS) <u>Other:</u> YOS (for YP on court order) Custody suite (adult MH/CJLT) | <u>Main:</u> PENY (Police Electronic Notification to YOTs) <u>Other:</u> Police station/voluntary interviews YOT case workers |

| Pilot site | Halton & Warrington | Lewisham | Peterborough | RBKC | South Tees | Wolverhampton |
|--|---|---|---|---|---|---|
| Target population | <u>Main focus:</u> FTEs Low level offending YP not on an order | <u>Main focus:</u> FTEs Low level offending (offence admitted) YP with potential mental health issues and/or other vulnerabilities <u>Also:</u> Hard to engage YP who have had police contact YP excluded from school, at risk of offending or in trouble with the police | <u>Main focus:</u> YP given a FW YP with MH issues and/or other vulnerabilities (e.g. family conflict dysfunction, anger management) <u>Also:</u> Hard to engage YP | <u>Main focus:</u> FTEs (YP given a reprimand & suitable for FW, offence admitted) No previous diversion <u>Also:</u> Same as above, but offence not admitted and YP taken to court | <u>Main focus:</u> YP given a FW, reprimand or awaiting court appearance YP with potential clinical issues requiring response (e.g. sexual offence, arson, violence, weapon) YP with MH problems and/or other vulnerabilities <u>Also:</u> YP already on a court order | <u>Main focus:</u> FTEs (YP given reprimands and FW) YP with MH needs <u>Also:</u> YP from BME Females Very young offenders Very serious FTEs Prolific offenders with potential MH needs (YOT) |
| Stage within the YJS | Pre-arrest/arrest Pre-charge | Pre-charge | Post-charge | Pre-charge | Post-charge | Post-charge |
| Outreach work (i.e. home visits/work outside the YOT/CAMHS) | Yes, systematically | Yes, systematically | Ad hoc | Ad hoc | Yes, systematically | No |
| Influence decisions charge/divert away from YJS | Ad hoc | Yes, systematically | Ad hoc | Yes, systematically | N/K | N/K |
| Influence court decisions/divert away from custody | Ad hoc | No | Ad hoc | Ad hoc | Ad hoc | Ad hoc |

As will be reiterated later (Chapters 6 & 7), it is really important to acknowledge that all sites started from a different base and this base largely determined how the YJLD workers rolled out their vision of diversion. The following sections of the report explain in more detail **Table 2** above and describe how the scheme operates in each of the six pilot sites: Halton & Warrington, Lewisham, Peterborough, Royal Borough of Kensington and Chelsea (RBKC), South Tees and Wolverhampton. This outline is based on information provided by the YJLD teams between March and July 2011 and does not capture all ways of working within sites since the beginning of the project. Emerging learning points and elements of good practice will be highlighted later, in the qualitative chapter and the conclusions.

3.1.1. The 'Diversion Project' in Halton & Warrington

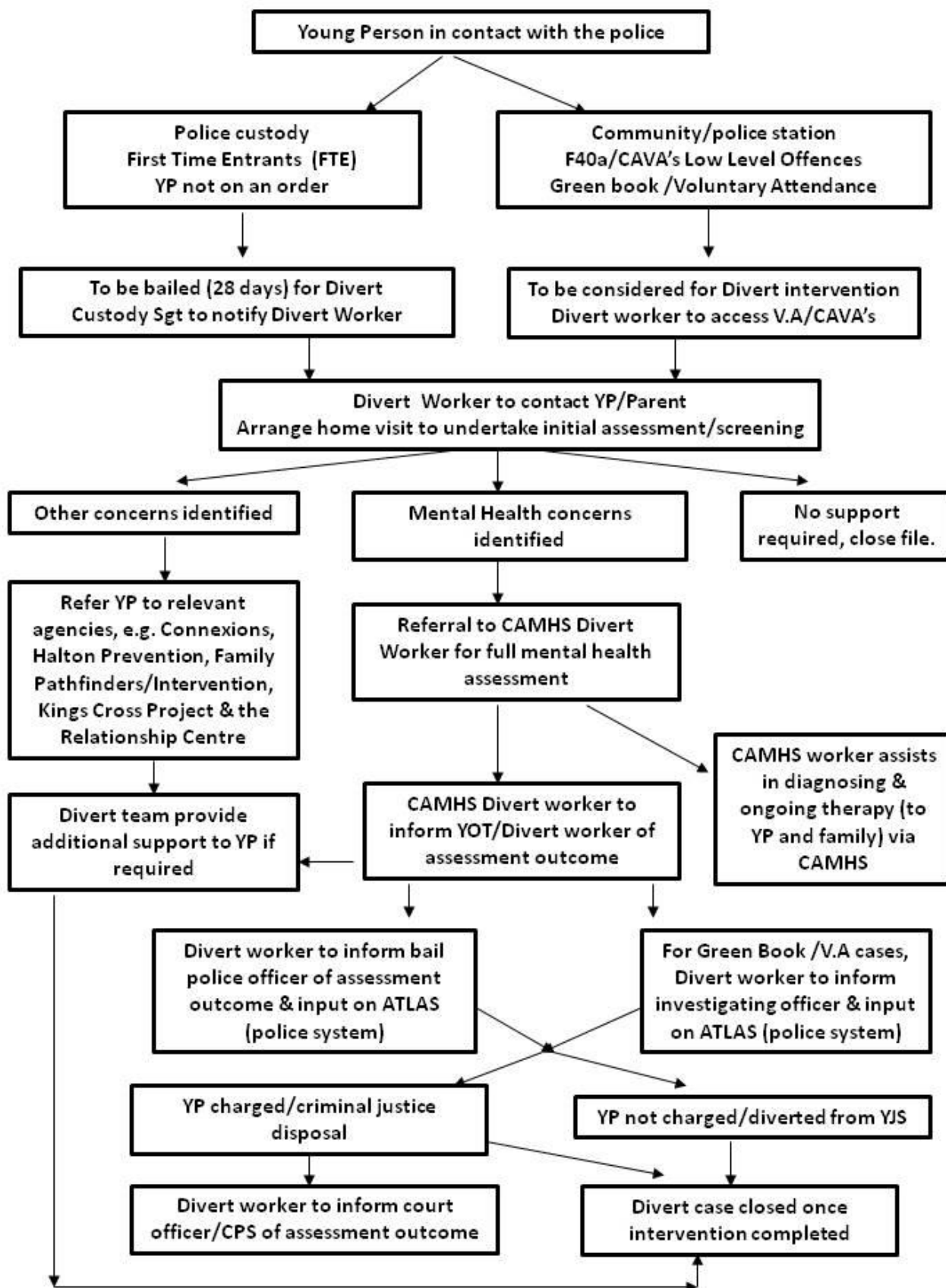
The Halton & Warrington YJLD scheme is called 'The Diversion Project'. The scheme sits within the Halton & Warrington YOT and it has been operational (i.e. picking up referrals) since September 2009. The scheme employs one FT *YOT Divert* social worker and one PT *Divert* worker which is seconded into the Divert team from CAMHS.

The YJLD scheme in Halton & Warrington has tried and experienced different pathways to access vulnerable early/first time entrants at arrest point and engage them with the YJLD pilot scheme. YJLD practitioners at this site believe that the early YJLD pathway was unstable and in constant need of development and negotiation. This was reflected by a challenging relationship with the police, particularly as a result of competing priorities and different agendas - getting the scheme off the ground was not a priority in practice for the police who were driven by sanction detection targets, which clashed with the YJLD and triage model. In addition, the team were attempting to integrate two different policy developments (YJLD and YCAP triage) at the same time without sufficient investment. However, both policy developments relied on close partnership working and systematic information exchange with the police but were not underpinned by systematic processes to embed this and make this work in both agencies. An additional issue at the time was the lack of access to the custody suite in Warrington, coupled with the 'Green Book' policy adopted by the police, which involved the police making decisions about charge in the community (i.e. rather than bringing young people into custody suite). Therefore referrals at the time were highly dependent on the police passing on information about young people to the YJLD worker via the *40A form (CAVA)* - a form completed by the police for any contact with a young person.

While the implementation barriers and learning points will be highlighted in *Chapter 6, Figure 1* below summarises and reflects the most up to date referral pathway and intervention model for the Halton & Warrington pilot site. The pathway shows that the scheme in Halton & Warrington targets first time entrants (FTEs) and low level offending (young people who have not been brought to police custody, but dealt with by the police either in the community or through voluntary attendance at the police station). This enables the Divert team to intervene at an early stage and avoid duplication of work with work already embedded in the YOT. All young people referred to the scheme are screened by the Divert worker. If vulnerabilities are identified, young people are then signposted to the relevant services (including the CAMHS Divert worker for mental health and developmental concerns). Although the scheme has a principal signposting role, the Divert team are also supporting the referred young people into services to ensure engagement and better outcomes. Case studies indicate that the 'Divert' scheme in Halton & Warrington could influence the decision making in terms of charge/bail/disposal (and effectively divert young people away from the

YJS), but this information is too limited and the process is too ad hoc to enable definitive conclusions regarding the impact on police and court decision making and whether there is a systematic process in place to enable this in the future.

Figure 1 YJLD Model in Halton & Warrington



3.1.2. The ‘Youth Justice Liaison and Diversion’ (YJLD) scheme in Lewisham

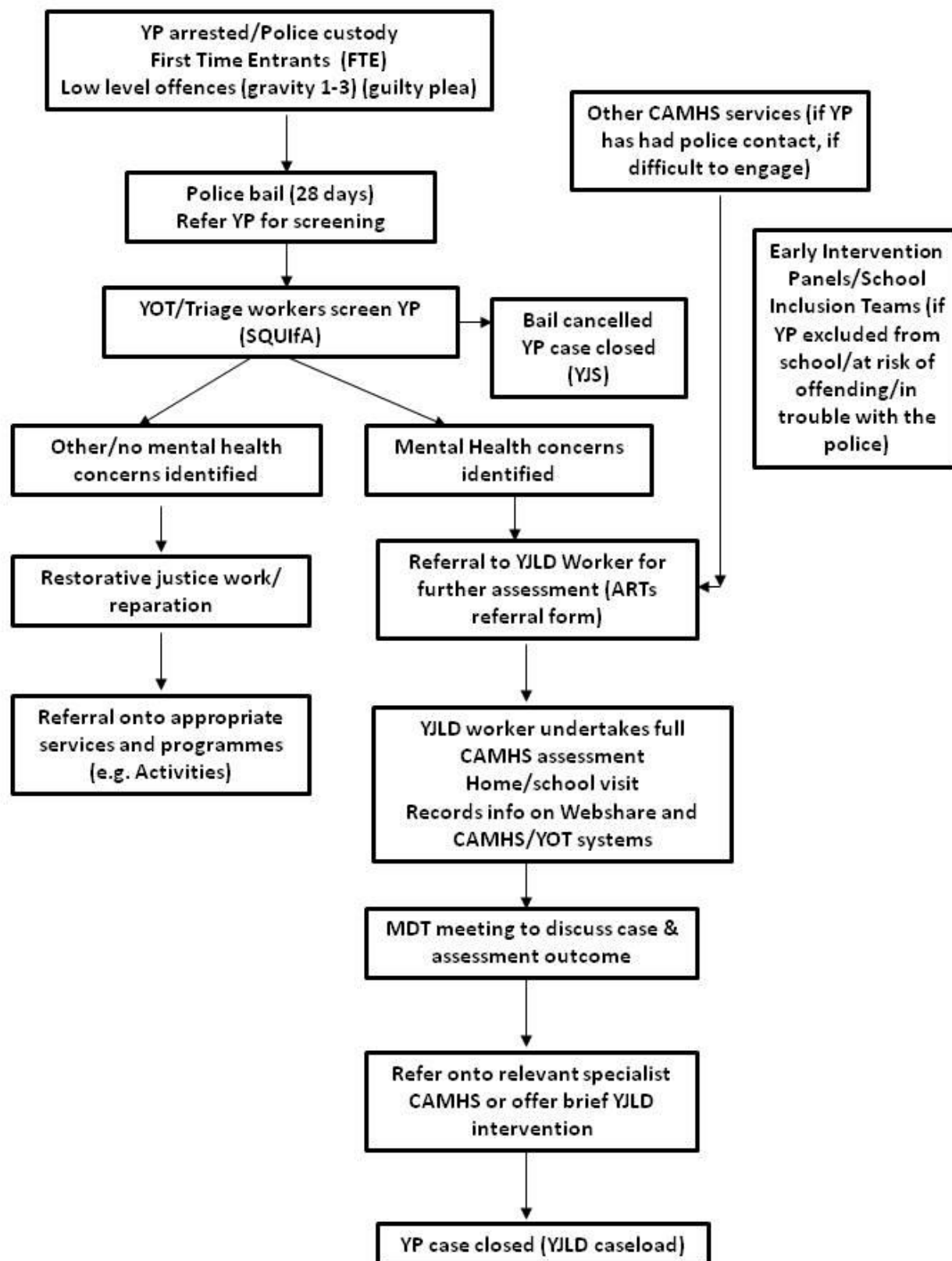
The YJLD scheme in Lewisham has been fully operational since December 2008. The project sits within the Adolescent Resource and Therapy Service (ARTs), which is a specialist CAMHS forensic team based within Lewisham YOS. The ARTs team works closely with the YOS with young people who may have mental health problems, learning disabilities or substance abuse issues and are offending. ARTs is a multi-disciplinary team (MDT) and includes a team manager/CAMHS practitioner from a social work discipline, a Consultant Psychiatrist who has clinical responsibilities for all the team’s cases, a substance misuse nurse, a CAMHS practitioner, also from a nursing background, a specialist registrar to the consultant and a clinical psychologist. The YJLD scheme (through the South London and Maudsley NHS Trust) employs 1 FT mental health practitioner, who is a specialised drama therapist (with a youth justice background) and trained during the duration of the scheme in CAMHS competencies.

The Lewisham YJLD pilot scheme was the first model to become operational, building on a YCAP triage approach . This meant that the police were already committed to divert young people away from the YJS. The Triage is a government funded scheme (YCAP) which involves prevention/triage workers (employed by the YOT) based in the police custody suite, aiming to screen all young people with low gravity offences and divert them away from the youth justice system through restorative justice disposals or where they have vulnerabilities, towards more appropriate support

The dovetailing of YJLD with Triage was an attempt to strengthen responses for those with mental health and learning disability issues as part of the triage process. Having Triage along YJLD means (theoretically) that all young people who are screened by Triage workers and referred to the appropriate service (including YJLD) are not being charged by the police, thus being diverted away from the youth justice system. This also means that the YJLD worker in Lewisham is only engaging with young people who have been identified (through Triage screening) as having emotional or mental health problems (as opposed to all YP). Therefore one should expect that the number of referrals (throughput) in Lewisham to be smaller than in the other intervention sites.

For an illustration of the YJLD model in Lewisham, see *Figure 2* below.

Figure 2 YJLD Model in Lewisham



3.1.3. The ‘Youth Justice Liaison and Diversion’ Scheme (YJLD) in Peterborough

The YJLD scheme in Peterborough sits within the Peterborough YOS and has been operational since March 2009 (fully operational in Nov’09). The scheme currently employs one FT Assistant Psychologist (with PT support from another assistant psychologist) who is employed by Cambridgeshire and Peterborough NHS Trust and seconded to the YOS in Peterborough to work on the YJLD project.

As illustrated in *Figure 3* below, the YJLD scheme in Peterborough is mainly open to referrals of:

- YP who have committed all type of offences (apart from the very serious offences which are referred directly to the courts)¹⁵;
- YP with persistent offending behaviour (e.g. in school, but without previous sanctioned offences));
- YP who do not ‘fit’ the criteria for other services (CAMHS, MST etc) and
- YP hard to engage with other services (e.g. when previous work was undertaken/attempted by PCSO, Schools etc without success).

The scheme in Peterborough acts more as an early intervention rather than a diversion initiative and is mainly operating post-charge (final warnings only)¹⁶. This means that the scheme has currently little systematic influence on criminal justice decision making although there is some evidence from case studies that the team have been at times successful in informing decision making and improving outcomes for young people entering the YJS. This included providing information about learning disabilities and levels of functioning which helped the police take no further action; starting work with a young offender involved in a serious offence early on resulting in the CPS deciding to take no further action and administer a final warning instead (because of the progress made over the preceding 3-4 months while waiting for the sentence) or intervening in a case where a young woman was at an early stage of engagement with MST and providing provide information to the police which resulted in the police taking no further action and allowing the MST work to take its course.

Similar to the scheme in Halton and Warrington, systematic diversion in Peterborough is perceived to have been thwarted by the difficulties with the police who were reluctant to divert young people away from the system due to concerns that they would undermine their local ‘sanction detection’ targets, typically used to measure police performance. Staff’s views are that, because of these competing priorities, Peterborough YOS have also failed to get Triage off the ground in the area (despite support from the YJB) – as the objective of Triage/YJLD collided with the sanction detection culture, where the police aim to process all young people going through the system.

The main referral sources and current ways of working in Peterborough are illustrated in *Figure 3* below. It should be noted that, despite the difficulties experienced initially in getting the police on board, since December 2010 the police have signed up to a more established pathway. This means that the police refer to YJLD all final warnings (but missing the reprimands and NFAs). These are emailed to the YJLD worker (via YOS secure email) with

¹⁵ Although it should be noted that the Peterborough scheme has previously engaged with first time entrants who committed serious offences and were suspected of having mental health, developmental or learning disabilities or sexually harmful behaviour.

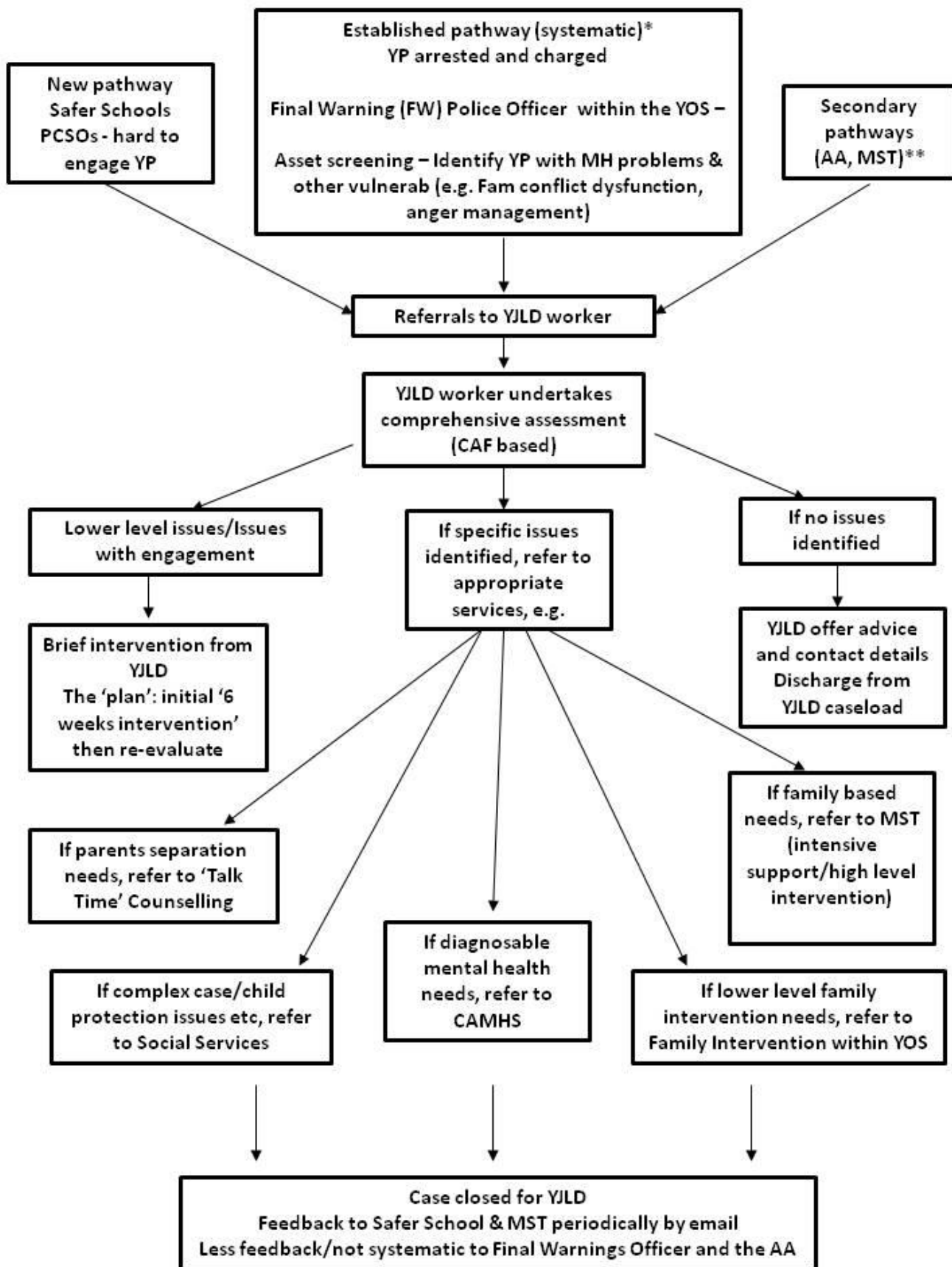
¹⁶ As mentioned above, the scheme at this site has changed in its recruitment patterns since the scheme started, initially engaging with young people beyond final warnings and including first time entrants with higher gravity offences.

details of the offence. If appropriate, an appointment is made for the young person to meet with the YJLD worker on a Tuesday afternoon at Connexions.

Because of the issues with the police, the scheme had to adapt its pathway and developed a multi-referral system. Other referral sources include Appropriate Adults (AA), Multi-systemic Therapy (MST) and Safer Schools. The AA pathway was available from the beginning of the scheme. When AA attend young people in custody, a screening tool is used to assess whether the YP needs further assessment (emotional/mental health/learning disability needs). If this is the case, the AA would then tell their coordinator who would then tell the YJLD worker. The pathway is generating referrals, but a more direct and systematic pathway is preferable.

The MST pathway was established temporarily, as a pilot, part of an RCT project within MST, where the YJLD scheme has acted as a comparator in the study, e.g. management as usual would be referred to the YJLD worker (if appropriate, e.g. if individual work was needed or if the YP needed one to one work alongside parenting work/MST). The established route would thus include YJLD work and parenting work. The Safer Schools pathway is a newly established pathway (since May 2011) involving referrals from Safer Schools for young people who are hard to engage, where there are mental health and learning disability issues, where there are cases of persistent offending behaviour (assaults, stealing) and no previous convictions or where available resources/approaches used by the schools/PCSOs did not produce any results. The YJLD worker would then be contacted before the police would get involved (last resort). This pathway enables the YJLD team to receive referrals from the community and thus more systematically before police charge. There are plans to develop a future pathway with the police to include referrals for those young people on restorative justice programmes. This will enable the scheme to include the first time entrants and low gravity offending (as opposed to final warnings only).

Figure 3 YJLD model in Peterborough



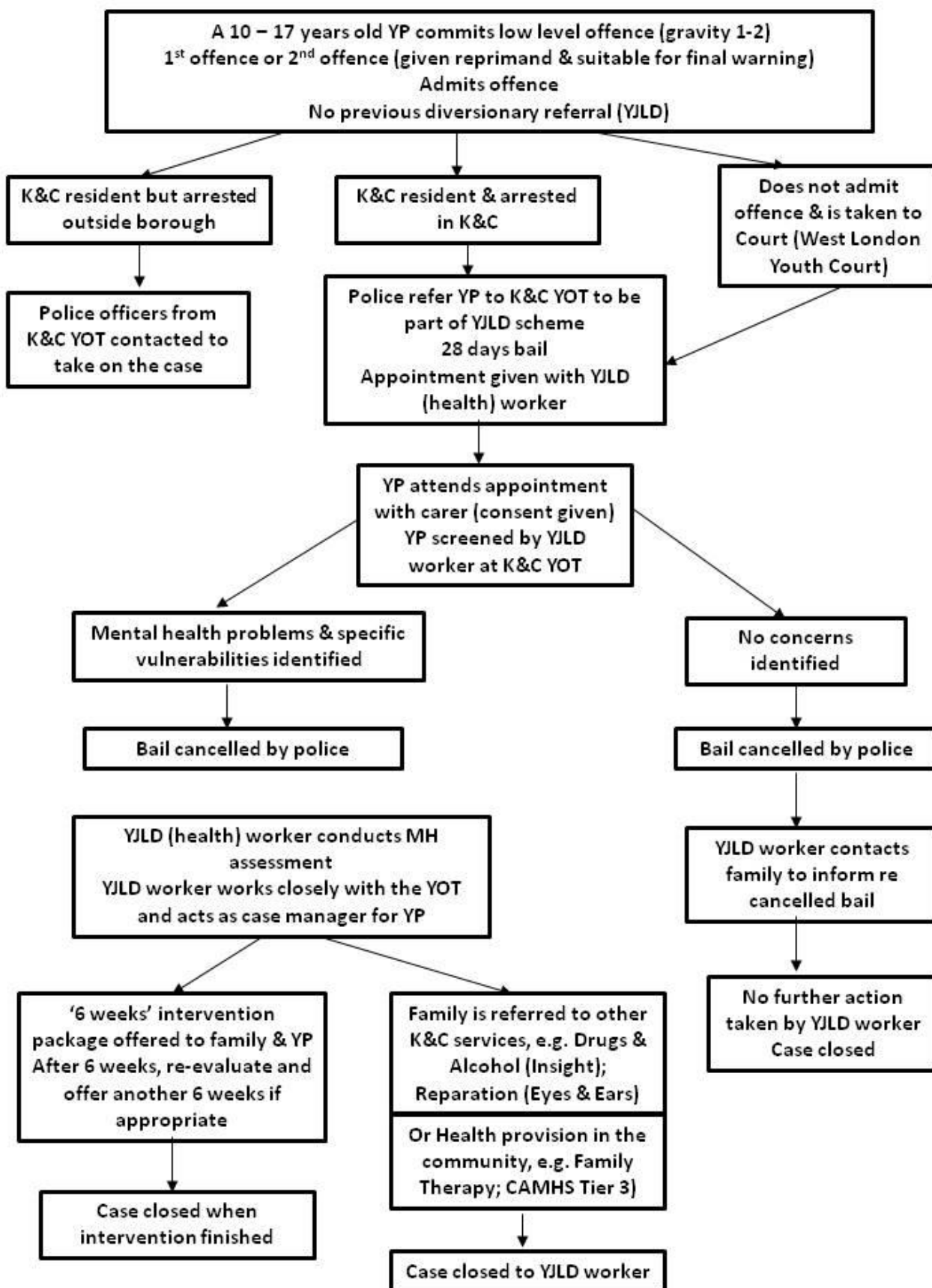
3.1.4. The ‘Youth Justice and Diversion’ Scheme (YJLD) in Royal Borough of Kensington and Chelsea (RBKC)

The YJLD scheme sits within the Kensington & Chelsea (K&C) YOT and has been operational (i.e. picking up referrals) since September 2009. The scheme has one FT Family Therapist who is employed by the Central North West London Mental Health Trust and seconded in to work with the K&C YOS as a YJLD worker. The main source of referral is the police, but there is also the option to get referrals through the Court YOT workers (occasionally, e.g. when a young person fits the criteria but has not admitted the offence until attending at Court). The YJLD scheme in RBKC has established an effective relationship with the police since the beginning, employing a Triage approach (but without triage funding) similar to the Lewisham YOT, thus bailing pre charge (28 days) all FTEs with low gravity offences to the scheme (gravity 1 or 2, up to and including criminal damage and common assault). The YJLD scheme is also open to referrals for young people who do not have previous convictions, but could have been cautioned (e.g. previously given a Reprimand or Final Warning).

As long as the referred young people are screened and engage with the YJLD worker, no further action is taken by the police. Young people are informed that engaging with the scheme could impact on police decision making about charge. If they agree to engage, an appointment with the YJLD worker is offered. With consent, the YJLD worker will then meet with the young person and their carer and undertake the screening (SQIfA) and, if appropriate (i.e. mental health and/or other vulnerabilities are identified), the YP will be offered an intervention package. The initial meetings usually take place at the K&C YOT.

The YJLD worker will notify the police prior to the bail-to-return date regarding the young person’s engagement with the scheme. If the young person has engaged, the police consider a case disposal of NFA; if not engaging, the police will consider a reprimand for FTEs and a final warning for cases with a previous reprimand. For an illustration of the current YJLD model in RBKC, refer to **Figure 4** below.

Figure 4 YJLD Model in RBKC



3.1.5. The ‘Youth Justice Liaison & Diversion’ (YJLD) Scheme in South Tees

The YJLD pilot scheme in South Tees has been fully operational since February 2009. The YJLD team in South Tees currently consists of 2 FT Mental Health Nurses from Tier 4 CAMHS (which for most of the pilot period was managed as a jobshare, i.e. 2 PT workers). Their line manager is a Clinical Nurse specialist in forensic CAMHS, seconded to South Tees YOS as a health advisor who oversees the project but also does hands on work with some young people. The YJLD scheme in South Tees sits within the CAMHS forensic and adolescent outpatient service. The aim of the scheme is to identify vulnerable first time offenders, but also repeat and more problematic offenders. Engagement with the YJLD scheme in South Tees does not replace sanctions (as for example in Lewisham and RBKC), but aims to prevent further offending and harm (both to the young person and the community).

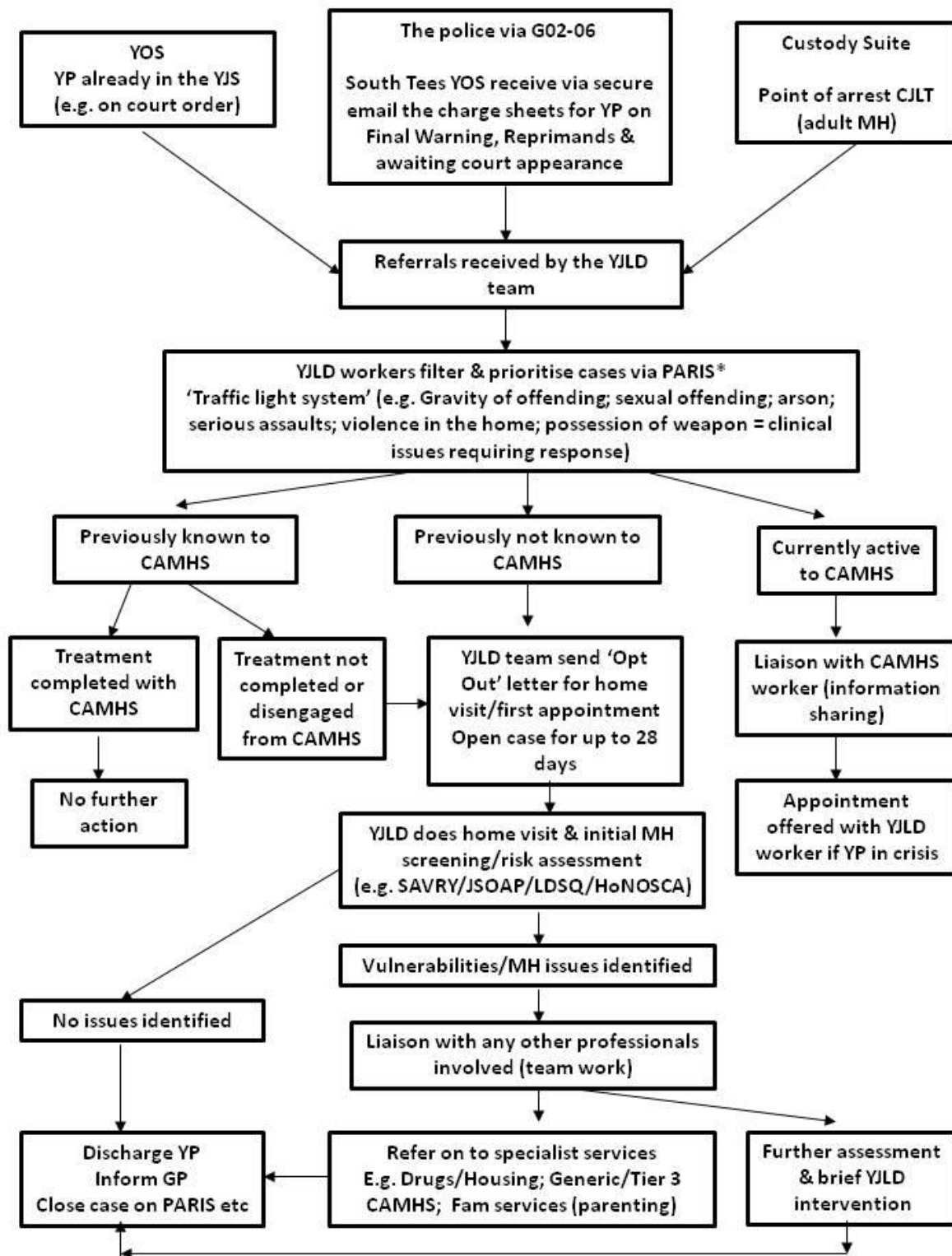
As with the schemes in Halton & Warrington and Peterborough, an attempt was also made here to establish triage which would have facilitated pre charge diversionary opportunities. However, staff believe that the local commitment to the police sanction detection targets (along with other barriers) meant that the scheme did not get off the ground. This is perceived as a common major barrier to the scheme in four out of the six sites and if youth diversion is to be successfully implemented in other areas, these clashing priorities will have to be addressed.

Due to problems in accessing the police custody suite (as with some other YJLD sites), the South Tees team had also developed different pathways to secure referrals.

Currently the main ‘referral’ pathway for the YJLD team within South Tees is through the G02-06 (see *Figure 5* below). This is a charge/arrest form completed by the police for all young people who were given Final Warnings, Reprimands or awaiting a court appearance. Cleveland Police and South Tees YOS both support this referral process. It means that the YJLD team receive the G0206 from the YOS police liaison officer on a daily basis and filter through all notifications to highlight those requiring follow up. The criteria for follow up include the nature of the offence committed by the young person and whether other services (e.g. CAMHS, social services, YOT) are already involved in this person’s care pathway. So if somebody is already known to a service and work is already done with the young offender, the YJLD do not consider the case a priority, although they liaise with these services and share update information about the young person’s contact with the YJS. Thus the type of work which follows is dictated by the type of needs identified and the services already involved in the young person’s care pathway.

For an illustration of the YJLD model in South Tees, see *Figure 5* below.

Figure 5 The YJLD model in South Tees



*PARIS is the electronic risk assessment tool used across Tees, Esk Wear Valleys NHS Foundation Trust computers.

3.1.6. The 'PAUSE' project in Wolverhampton

The YJLD scheme in Wolverhampton is called 'PAUSE', which stands for Psychological Assessment Understanding Social Environment [of other people]. The scheme has been operational since September 2009 and sits within the Children and Family Services within CAMHS in Wolverhampton, currently employing one FT Counsellor (a mental health practitioner) and one PT Clinical Psychologist. As the scheme shares ownership and management with the YOS, very good links exist between the two services. Also, being located in CAMHS, the scheme has the ability to provide early intervention to young people with mental health needs and related vulnerabilities. As opposed to prevention projects (e.g. YISP) which cannot refer young people into CAMHS, the PAUSE team have access to CAMHS and could provide a shortcut to treatment for those young people with identified mental health needs. The nature of the scheme in Wolverhampton is more about identifying mental health and complex needs and offering support into services (signposting) than one to one intervention (although there are cases where the YJLD workers would offer a series of individual sessions, as indicated in Figure 6 below).

As with the other pilot schemes, staff's views are that, especially due to tensions between police and PAUSE targets, the referral pathway in Wolverhampton has had its problems, having been constantly amended and changed. Once again, sanction detection targets were thought to underpin the hesitance of the police to back and help operationalise this scheme for many months which meant that Wolverhampton had to problem solve how they might find other ways to access their target group of young people outside police custody suite settings. Additionally, police processes have been changing (currently bailing children and young people back home or voluntary police station attendance, rather than police custody) and this has made getting referrals more complex.

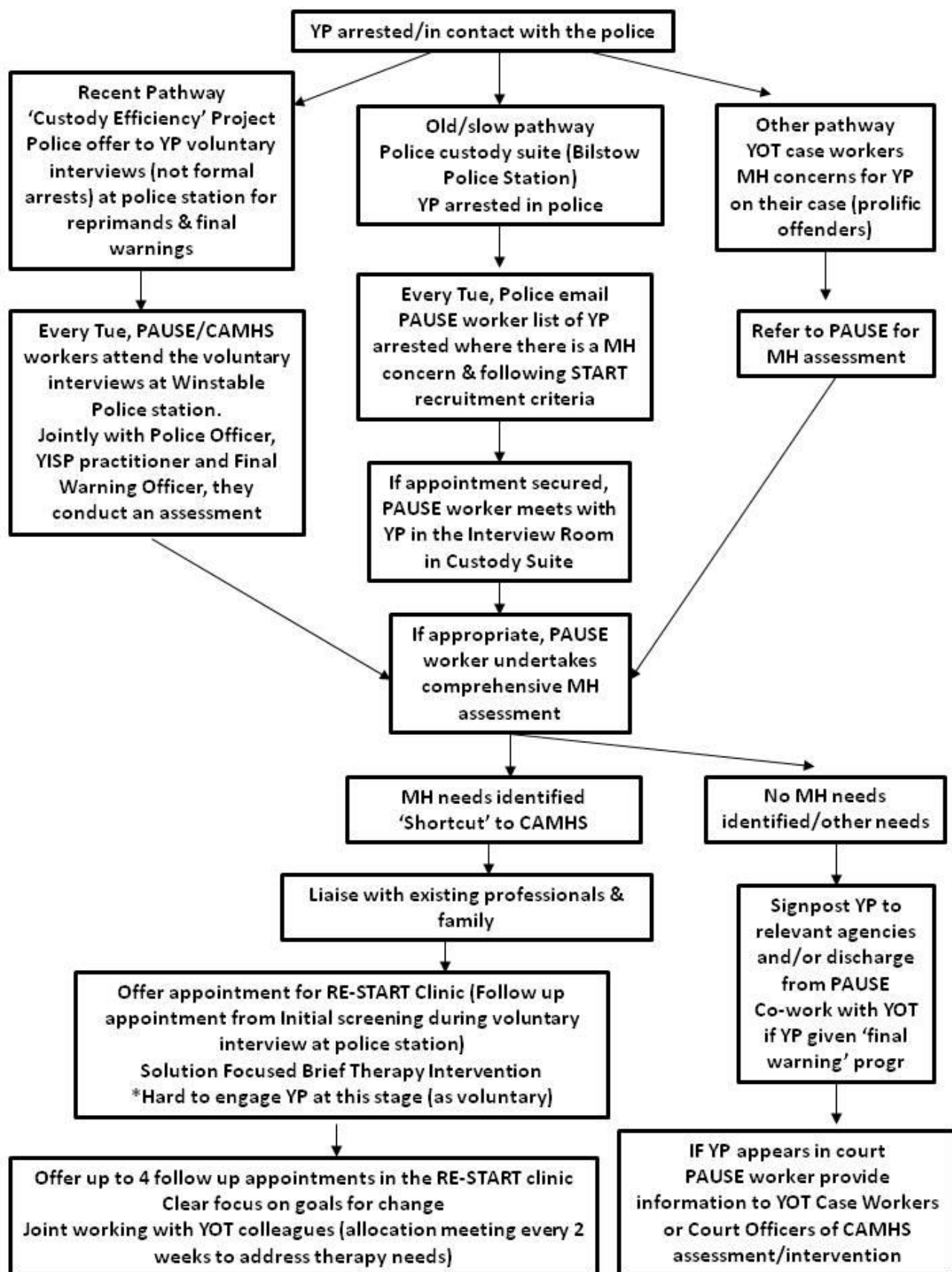
Overall, this scheme appears to have struggled (not though want of trying) most to establish a reliable referral source that is also an efficient use of YJLD workers' time. Convolved systems have been established to try and overcome the lack of whole system police buy in to early intervention with these children and young people. Staff expect the current pathway to be more effective, with referrals systematically received for both reprimands and final warnings through the YOT PENY (Police Electronic Notifications to YOTs) system. Earlier pathways involved getting referrals only for final warnings, missing out on those young people being given a reprimand, which are likely to be the 'early entrants' to the system.

The Pause/YJLD project in Wolverhampton has particular focus on young people with mental health needs and first/second time entrants ((i.e. reprimands and final warnings). The scheme also prioritises:

- young people from BME;
- females;
- very young offenders and
- very serious FTE.

For an illustration of the YJLD pathway in Wolverhampton, see *Figure 6* below. It should be noted that the newly developed pathway is in the process of being tried and tested and it is still uncertain if this will become a sustainable and effective pathway.

Figure 6 The YJLD model in Wolverhampton



3.2. Throughput and activity in the six pilot sites

The results presented in this section are based on the analysis of the Webshare data extracted on 25th August 2011 (deadline for quantitative data collection). The Webshare is the uniform system used by all sites and managed centrally by the Department of Health which was developed as a means of collecting information on YJLD throughput and activity within the six sites. Entries to the Webshare are made when a young person is referred to the YJLD scheme and is eligible for screening or further assessment and intervention. These are otherwise called '*YJLD clients*'.

The structure of the Webshare dataset was updated during the data collection period (from Webshare 1 to Webshare 2). The data emerging from both versions of the Webshare were extracted, collated, cleaned and analysed in order to create a profile of young people going through the YJLD scheme and the activities undertaken within each pilot site. It should be noted that due to the merging of the two systems, some mismatches will exist within the data (+/-2%) and there will be some missing information particularly with regards to those variables/questions which were not included in both versions of the Webshare. Missing information is also a result of YJLD workers either not having access to the relevant information or not completing all fields within the Webshare.

3.2.1. Number of young people going through the pilot sites

Analysis of the Webshare data indicates that 1027 young people have been through the six YJLD sites from December 2008 to August 2011 (33 months). As indicated above, these are the young people who were referred to the YJLD scheme and were included onto the Webshare (not only those who have been screened or have engaged with the YJLD workers).

When the scheme was initiated, it was expected that pilot sites would screen around 30 young people a week in police custody suites (although throughput would vary from site to site). In practice, as argued in the previous section, the YJLD workers were not able to access and screen all young people going through custody suites. Based on the data made available, therefore, it has not been possible to determine the precise proportions of young people who enter custody and subsequently have access to the YJLD scheme. There was also an expectation that pilot sites would improve knowledge regarding these young people's needs, given the estimation provided in the evidence-informed model that approximately a third to just over a half of these young people may require some further attention either in terms of specialist assessment, advocacy, brief intervention or support into mainstream services. The results provided in this section provide some information regarding the complex needs of these young people, but are not conclusive with regards to all young people entering police custody (as originally expected).

Pilots varied considerably in their throughputs (see *Table 3* below), but this does not necessarily reflect the failure or success of the scheme at a particular site. Rather it should be interpreted as a marker of differences in process between sites, some linked to the scheme and its implementation (e.g. timeframe, staff, referral system etc), others linked to the local context and infrastructure, partnerships between services and multi-agency work. For example, one of the reasons Lewisham have lower throughput rates is because some young people that would otherwise have been screened are being addressed through Triage only (as no mental health concerns identified) and therefore not referred to YJLD. On the other hand, Peterborough had experienced significant challenges with the police and referral systems, as

well as delays in recruiting staff and staff on sick leave, which is also reflected in a low number of young people getting access to the scheme.

Table 3 Number of YJLD clients per pilot site

| YJLD site | Frequency (n) | Percentage (%) | Timeframe operational (months) | Average per month |
|--------------------------------|---------------|----------------|--------------------------------|-------------------|
| Halton & Warrington | 201 | 20 | 24 | 8.4 |
| Lewisham | 129 | 13 | 33 | 3.9 |
| Peterborough | 92 | 9 | 24 | 3.8 |
| RBKC | 118 | 11 | 24 | 4.9 |
| South Tees | 352 | 34 | 31 | 11.4 |
| Wolverhampton | 135 | 13 | 29 | 4.7 |
| Total | 1027 | 100 | n/a | (6.2) |

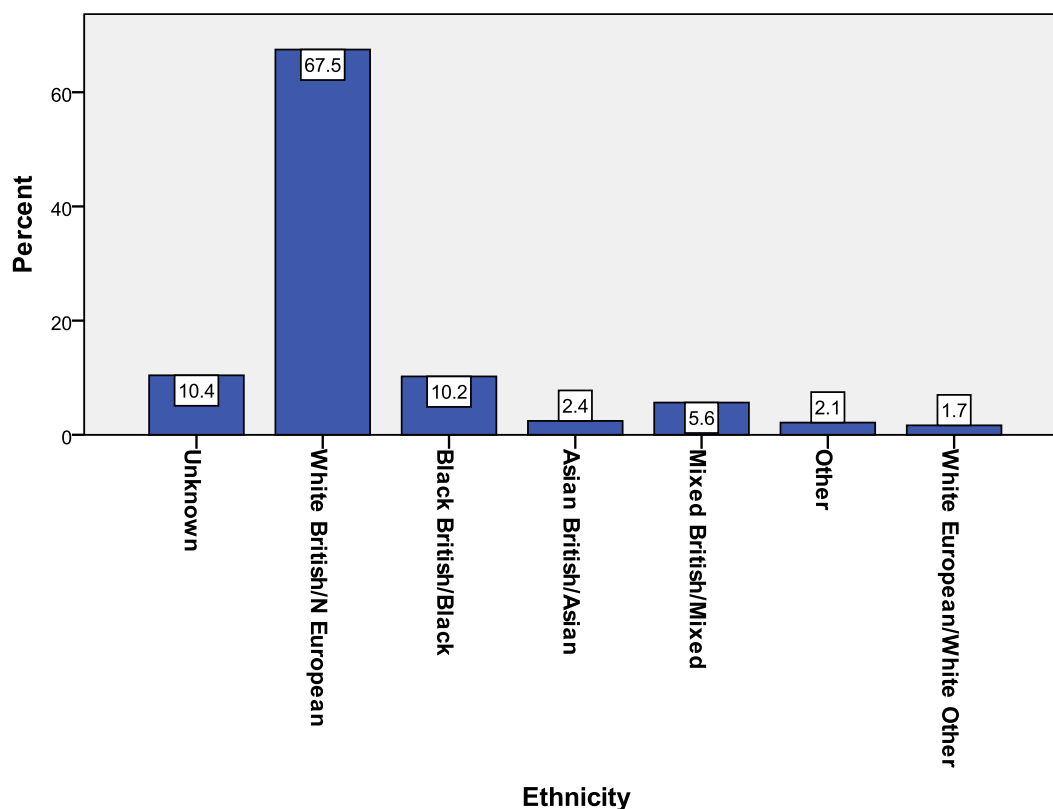
3.2.2. Young people's age, gender and ethnicity

The average age of young people going through the YJLD scheme is 14.7 (1.7) (10, 17)¹⁷. Out of the total number of YJLD clients included on the Webshare (N=1027) 11.7% are 12 years old or less (n=117) (refer to **Table 4**, Appendix B). The YJLD 'clients' are predominantly males (71.4%, n=733)¹⁸ and White British/N European (67.5%, n=693). As illustrated in **Figure 7** below, a smaller proportion are from a Black ethnic (10.2%) and mixed background (5.6%). When compared with national statistics (for 10-17 years old proven offending population in 2009/10) (Ministry of Justice, 2011), there is an indication that the YJLD population comprises a slightly higher proportion of BME (10% compared with the national 6%) and a smaller proportion of young people from a White ethnic background (67.5% compared with 84%).

¹⁷ This indicates that the minimum age was 10 years old and maximum 17. Also it should be noted that the analysis was based on 1001 cases (out of 1027) - 16 cases were excluded from the analysis when calculating the average age, as these entries comprised incorrect date of birth.

¹⁸ Gender was unknown in 0.9% (n=9) of the total number of cases (n=1027).

Figure 7 Ethnicity of young people going through the pilot sites



BME young people account for 16% of the total 10 to 17 years old population across England and Wales, but this varies significantly in individual YOT areas and this is mirrored by the results presented here. There is significant variation between sites with regards to ethnicity, for example the majority of young people from a Black ethnic background in the YJLD population come from the London sites (73.5% across all ethnicities). Indeed national statistics indicate that almost 40% of the entire Minority Ethnic youth population resides within the capital city¹⁹.

3.2.3. Referral routes and YJLD inputs

Accessing vulnerable young people at the earliest opportunity in their justice pathway (e.g. at point of arrest/contact with the police) and facilitating the management of their identified mental health, developmental, learning and communication difficulties involves enabling a referral system which works both ways: from agencies within and beyond the youth justice system *to* the YJLD teams and *from* the YJLD teams to appropriate services.

Results indicate that, in spite of the barriers encountered in developing the scheme at each pilot site, a referral system has been established in each of them. Referrals to the six YJLD scheme are received from multiple sources, indicating that the scheme operates well beyond the original focus on the police custody suite. **Table 5** below shows that, within the timeframe of the evaluation, the YJLD pilot teams received referrals from a variety of sources, with almost half coming from the Police station/Custody/G26/PENY (n=494, accounting for 48%

¹⁹ Figures derived from Office of National Statistics census data (estimates) for 2005 quoted in YJB (2010) report, 'Exploring the needs of young Black and Minority Ethnic offenders and the provision of targeted interventions'.

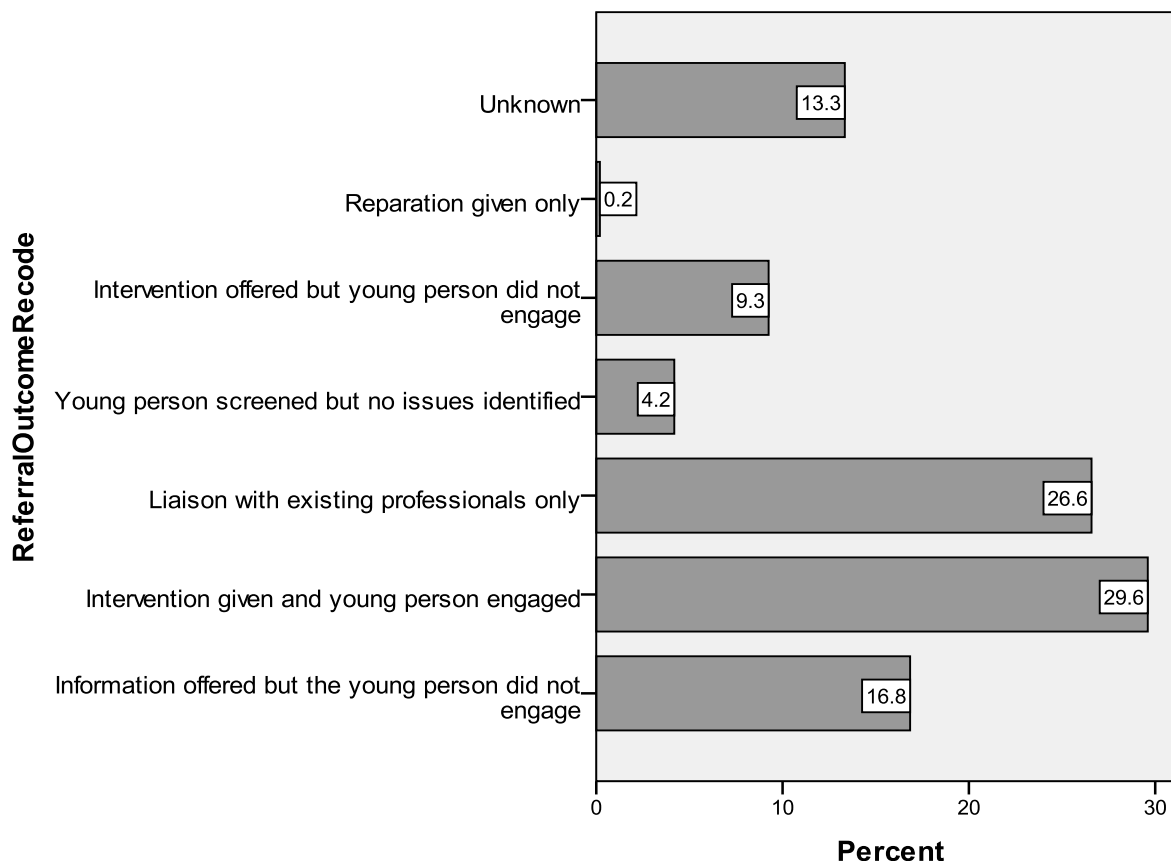
of the total number of referrals). Referrals were also received from the YOT Police Liaison Officer (9%), the YOT (7%), Police in the community (6.6%) and Triage workers (4%). A small proportion of referrals came from the Courts/CPS (1.9%), PACE workers/AA (1.9%) and School/Education Welfare/School Inclusion (1%). In 19% of cases the information about the referral source was missing (not inputted onto the Webshare).

Table 5 Source of referrals to YJLD

| Referral source (to YJLD) | Frequency (n) | Percent (%) |
|--|----------------------|--------------------|
| Total | 1027 | 100.0 |
| Police referral from station/custody/G26/PENY | 494 | 48.1 |
| Unknown | 193 | 18.8 |
| YOT police liaison officer | 92 | 9.0 |
| YOT/Other YOT worker | 73 | 7.1 |
| Police referral from community | 68 | 6.6 |
| Triage worker | 41 | 4.0 |
| Court/CPS | 19 | 1.9 |
| PACE worker/appropriate adult | 19 | 1.9 |
| School/Education Welfare/School Inclusion | 10 | 1.0 |
| CAMHS | 4 | .4 |
| Family intervention/support/parenting officer | 3 | .3 |
| Family | 2 | .2 |
| Hospital/GP | 2 | .2 |
| Preventative teams/YISP | 2 | .2 |
| Other | 2 | .2 |
| Cognitive behaviour/MST | 2 | .2 |
| Drug and alcohol worker | 1 | .1 |

As illustrated in *Figure 8*, about a third of the young people referred to the YJLD scheme directly engaged with the YJLD teams (29.6%), while in 26.6% of cases, the YJLD have liaised with professionals on behalf of these young people or undertaken screening without identifying any vulnerabilities (4.2%). Just above a quarter (26%) of the young people referred to YJLD were offered help and support (by providing them with further information regarding the scheme via brief discussion in custody suite, letters, leaflets, telephone calls etc) but did not accept it. For 13.3% of cases, the information was missing (no information inputted on the Webshare to decide on the outcome of referral).

Figure 8 Outcomes of referrals to YJLD



The nature and extent of intervention provided by YJLD staff to the referred young people depended on the YJLD model implemented at each site (as indicated in *Section 3.1* above), e.g. the consistency of the referral pathway and remit of the scheme within each site; the presence of YCAP triage workers; the scheme’s integration/location within CAMHS or the YOT; staff’s skills and experience at each site; the nature of contact with young people (opt in/opt out letters; home visits/office appointments; individual and family work) etc.

Over 3100 ‘YJLD actions’ were undertaken on behalf of/with the young people referred to the scheme. It should be noted that actions are not mutually exclusive; one young person could have been the reason for more than one action. These are outlined in *Table 6* below. This reflects that the YJLD teams have been successful in linking with CAMHS (31.3% of all actions taken), family (26.8%), the YOT caseworker (19.4%), the police (17.9%) and other key stakeholders in the young person’s care pathway (e.g. psychiatrist, school, social services etc). 281 young people were screened (27.4%) and 132 (12.9%) have received a brief intervention from the YJLD worker. A full mental health assessment was conducted for 137 young people (13.3%).

Table 6 YJLD actions (inputs)

| YJLD action | Frequency | Percent |
|---|------------------|----------------|
| Leaflet given to YP about scheme | 429 | 41.8 |
| Liaison with CAMHS | 321 | 31.3 |
| Screening | 281 | 27.4 |
| Liaison with Family | 275 | 26.8 |
| Home visit | 226 | 22.0 |
| Liaison with YOT caseworker | 199 | 19.4 |
| Liaison with police | 184 | 17.9 |
| Telephone call made to young person | 184 | 17.9 |
| Complete full mental health assessment | 137 | 13.3 |
| Brief intervention | 132 | 12.9 |
| Liaison with psychiatrist | 125 | 12.2 |
| Liaison with School | 114 | 11.1 |
| Liaison with Social Services/Childrens Social | 92 | 9.0 |
| Support into services | 80 | 7.8 |
| No action taken | 72 | 7.0 |
| Liaison with Looked After Children services | 41 | 4.0 |
| Liaison with court | 40 | 3.9 |
| Liaison with GP/community nurses | 31 | 3.0 |
| Complex needs meeting held | 23 | 2.2 |
| Liaison with pre-sentence report writer | 22 | 2.1 |
| Liaison with Connexions | 18 | 1.8 |
| Liaison with CPS | 18 | 1.8 |
| YISP intervention | 18 | 1.8 |
| Liaison with Targeted youth workers | 16 | 1.6 |
| RJ disposal/reparation | 16 | 1.6 |
| Liaison with PACE worker | 15 | 1.5 |
| Liaison with residential support worker | 9 | 0.9 |
| Liaison with paediatrician | 8 | 0.8 |
| Liaison with adult mental health care | 5 | 0.5 |
| Liaison with prison Inreach | 1 | 0.1 |
| Total number of actions | 3132 | 100 |

The YJLD teams had an average of 2.26 (sd. 2.94) direct contacts with the young people referred to the scheme (minimum of 0 for those who were not directly contacted and maximum 22 for those who engaged). A direct contact means one to one meeting involving screening/assessment/brief intervention or a telephone call to the young person and/or carer. The largest proportion however had 1 contact (46%). About a third had between 2 and 10 direct contacts (36.5%) and a smaller proportion >10 contacts (2.5%). No direct contacts between the YJLD worker and the young person represented 15% of cases. This means that the YJLD team has liaised with professionals only on behalf of the young person in question

without necessarily directly engaging with the young person (either in one to one meeting or telephone call).

Additionally, Webshare data indicate that the teams offered on average 2 appointments (sd 3.3; 0,22) and unsurprisingly a slightly smaller number of appointments kept (mean 1.6, sd 2.9; 0,20). Keeping 1 appointment was most frequent (31%), with a smaller proportion keeping 2 (8%) and 3 appointments (4.6%). Almost half did not have any appointments at all (either offered, 42% or kept, 43%). This is due to the reasons specified above, e.g. liaison with professionals only; nature of intervention at each site.

Results also indicate that the average amount of time spent per case was 2.5 hours (sd 4.4; 0, 37), with the largest proportion of cases taking 1 hour (46%), followed by 2 hours (13%) and between 3 and 10 hours (23.7%). A very small proportion involved spending more than 10 hours on a case (2.5%), whilst in 15% of cases, there was no time spent on the case. This could be due to the quality of the data on the Webshare and the extent to which each case was updated (in terms of hours, appointments etc) by the YJLD staff.

3.2.4. YJLD outputs

As indicated before, the YJLD scheme is using different ‘early intervention’ approaches, aiming to divert vulnerable young people away from the criminal justice system (YJS) (especially away from custody) and within the system, towards more appropriate services (mainstream and/or community based specialist services). Although a desired objective within each site, diversion away from the YJS has been a difficult aim to achieve within the timeframe of the evaluation in all pilot sites. Whilst there is evidence that some pilot sites have established a more systematic pathway for diverting away from the YJS (still limited to low level offending), the other sites implemented a more ad hoc approach to diversion. It was found through interviews with staff and key stakeholders that there were occasions when the YJLD workers liaised with the police, the courts and CPS, psychiatrists, YOT workers etc, providing additional assessment and information to help with decision making, such as diverting young people to mainstream packages of support (instead of custody) and a more appropriate use of cautions, breaches and sentences by the courts. However, it was difficult to capture this information through the quantitative methods. The Webshare has attempted to capture some of these outputs, although the results should be interpreted with caution, as they are not only limited by low numbers, but solely based on YJLD staff perceptions regarding their impact on these outputs.

As indicated in *Table 7* below, YJLD staff believe that they have been successful in:

- Influencing sentencing on 115 occasions (11% of the total number of referrals/YJLD clients, n=1027);
- Influencing reprimand on 43 occasions (4.2%);
- Diverting to mainstream services (87 cases, 8.5%) and
- Diverting to specialist services (132 cases, 13%).

It should be noted however that data regarding these decisions were limited by the high number of unknown cases or where the staff were not sure regarding these outputs. Similarly, a large proportion was not applicable, as the young people would have been referred to the YJLD teams post charge or in the community. Although the data are limited, there is an indication that YJLD workers had some success in supporting young people into mainstream or specialist services (21.5% of the total number of cases), more so than influencing sentencing or remand (15.2%). As highlighted throughout the report, the limited success of

the scheme regarding these outputs is reflected by the difficulties of the scheme in accessing young people at point of arrest and getting police commitment to the schemes.

Table 7 YJLD outputs

| | Influenced Sentencing | | Influenced Remand | | Diverted Mainstream | | Diverted Specialist | |
|-----------------|-----------------------|-------|-------------------|-------|---------------------|-------|---------------------|-------|
| | n | % | n | % | n | % | n | % |
| Yes | 115 | 11.2 | 43 | 4.2 | 87 | 8.5 | 132 | 12.9 |
| No | 169 | 16.5 | 121 | 11.8 | 217 | 21.1 | 202 | 19.7 |
| N/A | 452 | 44.0 | 596 | 58.0 | 462 | 45.0 | 430 | 41.9 |
| Not sure | 53 | 5.2 | 29 | 2.8 | 22 | 2.1 | 24 | 2.3 |
| Unknown | 238 | 23.2 | 238 | 23.2 | 239 | 23.3 | 239 | 23.3 |
| Total | 1027 | 100.0 | 1027 | 100.0 | 1027 | 100.0 | 1027 | 100.0 |

3.3. Identified vulnerabilities

The aim of the YJLD scheme is to identify previously unmet and complex needs. By having access to at least one mental health trained staff member who has the opportunity to assess the young people at an early stage of contact with the police, it is intended that the YJLD teams are able to identify borderline or complex vulnerabilities which could otherwise get missed²⁰.

Table 8 below shows the range and extent of vulnerabilities identified by qualified YJLD practitioners for the cohort of young people screened and assessed through the YJLD scheme. These vulnerabilities were identified using a variety of screening and assessment tools, each site using YOT and/or CAMHS specific tools or locally adapted tools. Examples include the Screening Questionnaire Interview for Adolescents (SQifA), the Health the Nation Outcome Scales for Adolescents (HoNOSCA), an extended/CAMHS version of SQifA, the Screening Interview for Adolescents (SifA), the NHS CAMHS Common Assessment Framework (CAF), the CAMHS assessment, the Strengths and Difficulties Questionnaires (SDQ), the Structured Assessment of Violence Risk in Youth (SAVRY), the Juvenile Sex Offender Assessment Protocol II (J-SOAP II), the Psychopathy Checklist, Revised assessment (PCL-R) and the Learning Disability Screening Questionnaire (LDSQ).

For ease of presentation and analysis, specific vulnerabilities have been grouped into fewer categories representing wider areas of concern. The analysis indicates that behavioural issues (69%), social problems (51.6%) and safeguarding concerns (36.8%) were the three most frequently identified vulnerabilities. One of the main objectives of the scheme was to identify children and young people with mental health needs and learning disabilities. Suspected mental health issues (including developmental issues, diagnosable mental health and non-severe pathology) were identified in 234 cases (22.8%), while suspected learning/intellectual

²⁰ Even at a later stage, when/if the young people get the opportunity to get assessed, this is generally undertaken through *Asset* (for court orders and final warnings), which is a tool for identifying risk of reoffending rather than broader vulnerabilities. Although the *Asset* tool does include questions around health, they are often dependent on the expertise of the worker completing the form (who is usually not a trained mental health worker), thus some mental health needs could be overlooked, particularly borderline cases. Evidence also suggests that there is a low rate of identification of these needs within the YOTs (Harrington & Bailey, 2005), an inappropriate use of systematic assessment tools and limited service responses to young people's needs.

disabilities and possible speech and communication needs were identified in a smaller proportion of cases (6.6%).

The average number of vulnerabilities was 3.6 (sd. 3; 1, 16), ranging from 1 vulnerability for those young people where vulnerabilities were identified (24.5%) to 16 vulnerabilities in two cases (0.3%). The highest proportion of young people (80%) had between one and five identified vulnerabilities.

Table 8 Identified vulnerabilities

| Wider area of concern | Specific vulnerabilities | Frequency (n) | Proportion (%) | |
|------------------------------------|---|----------------------|-----------------------|-------|
| Behavioural issues | Anger/aggression | 380 | 37.00 | 69.00 |
| | Behavioural problems | 329 | 32.00 | |
| Social issues | Family conflict | 258 | 25.00 | 51.60 |
| | Association with gang/violent peer group | 132 | 13.00 | |
| | Poor relationships/lack of friends | 97 | 9.40 | |
| | Victim of bullying/harassment | 43 | 4.20 | |
| Safeguarding issues | Neglect/insufficient parenting | 75 | 7.30 | 36.80 |
| | Domestic violence | 70 | 6.80 | |
| | Risk of self harm/suicide | 57 | 5.60 | |
| | Foster Care/Childrens home | 44 | 4.30 | |
| | Safeguarding needs | 42 | 4.10 | |
| | Homelessness/accommodation difficulties | 37 | 3.60 | |
| | Sexual abuse/exploitation | 36 | 3.50 | |
| | Physical abuse | 16 | 1.60 | |
| Mental health issues | Suspected diagnosable mental health problem | 158 | 15.40 | 28.40 |
| | Parent with mental health problems | 57 | 5.60 | |
| | Non severe pathology (e.g. anxiety, worry) | 76 | 7.40 | |
| Wellbeing/confidence issues | Unhappy, dissatisfied, low self esteem | 124 | 12.10 | 12.10 |
| Developmental issues | Suspected Learning/intellectual disability | 48 | 4.70 | 19.20 |
| | Possible speech and communication needs | 20 | 1.90 | |
| | Poor school attendance | 129 | 12.60 | |
| Substance misuse issues | Substance misuse | 120 | 11.70 | 11.70 |
| None | None | 117 | 11.40 | 11.40 |
| Other issues | Other | 18 | 1.80 | 1.80 |
| Physical health issues | Physical health needs | 10 | 1.00 | 1.00 |
| TOTAL | | 2493 | n/a* | |

*Note the total of all vulnerabilities does not equal 100% as one individual could have been identified as having more than one vulnerability.

Some information was collected regarding the ‘response’ or ‘support’ provided by the YJLD teams with regards to the identified vulnerabilities, but the data were too sparse to enable any conclusions to be drawn. It appears that only three sites were consistent in completing this field of the Webshare. From the limited information available, it appears that the highest

numbers²¹ were linked to support into the following services: CAMHS (n=25), Learning disability (n=18), Family/relationship counselling (n=16) and Family intervention and Parenting programmes (n=12 and n=8 respectively).

It should be noted that the new diversion data gathering system collects such information and in the long term this would enable analysis with regards to the effectiveness of the scheme in terms of addressing the identified vulnerabilities.

3.3.1. Suspected diagnosable mental health problems

Diagnosable mental health issues were identified in 15.4% of cases (n=158). These were identified by the YJLD health workers using mental health assessments (as mentioned above). The largest proportion of suspected diagnosable mental health issues were linked to ADHD (39%), followed by conduct disorder and autism (both at 19%). See *Table 9* below.

Table 9 Suspected diagnosable mental health issues

| Type suspected MH | Frequency (n) | % within suspected MH vulnerability (196) | % YP with identified suspected MH (158) |
|---|---------------|---|---|
| Attention deficit hyper-activity disorder | 77 | 39.3 | 49.4 |
| Conduct disorder | 30 | 15.3 | 19.2 |
| Autism Spectrum Disorder | 29 | 14.8 | 18.6 |
| Depression | 23 | 11.7 | 14.7 |
| Other | 13 | 6.6 | 8.3 |
| Post traumatic Stress Disorder | 9 | 4.6 | 5.8 |
| Psychosis | 8 | 4.1 | 5.1 |
| Generalised Anxiety Disorder | 3 | 1.5 | 1.9 |
| Bipolar disorder | 2 | 1.0 | 1.3 |
| Obsessive Compulsive Disorder | 1 | 0.5 | 0.6 |
| Specific phobia | 1 | 0.5 | 0.6 |

²¹ Percentages are not presented here, as the referrals to services are not linked to the total number of YJLD clients included in this analysis (n=1027), but a small and unknown proportion of these.

Chapter 4 Quantitative Outcomes

4.1. Proven reoffending

One of the main objectives of the YJLD scheme is the reduction and prevention of reoffending (as measured by reconviction) among young people aged 10-17 years. It is well known that reconviction is only a proxy for a higher yet unknown level of offending. However, reconviction is still used as an important tool in assessing programme effectiveness (Kershaw, 1999). Reconviction is a term used in studies measuring reoffending amongst adults. In this report, the term ‘proven reoffending’ is used to reflect the specificity of the youth justice system and to describe offences resulting in either a conviction at court or a police caution (reprimand or final warning).

4.1.1. Methodology

In order to estimate the impact of the YJLD scheme on reoffending rates, it was necessary to determine the reoffending rates in the absence of the YJLD intervention (the counterfactual). In the absence of a Randomised Control Trial (RCT)²² which is considered the ‘gold’ standard in an impact evaluation, the current study used a quasi-experimental design, measuring and comparing reoffending rates between the YJLD group and a carefully matched (but non-randomised) control group. This technique provides a method for statistical control where there are pre-existing differences between the intervention and control group. The selection process has been described and its main limitations highlighted in Section 2.3 above. More information is provided in ‘Sampling Methodology’ and Table 10 included in Appendix A.

4.1.1.1. Research questions and methods

The reoffending study sought to measure the impact of the YJLD pilot scheme on proven reoffending. The following research questions were explored:

- Do YJLD candidates reoffend less than a comparable group of juvenile offenders?
- Do reoffending YJLD candidates commit fewer offences compared to those in comparator groups?
- Do re-offending YJLD candidates commit less serious offences compared to previous offences and compared to those of the comparator group?
- Do YJLD candidates desist from offending for longer than those individuals in the comparator group?
- Is proven reoffending or desistance associated with any independent variables (e.g. demographics, identified vulnerabilities, components of the YJLD intervention)?
- Is there a variation in proven reoffending between evaluation sites? If so, how do they compare?

To address these questions, a quasi-experimental design was used, comparing reoffending rates in the intervention group (10-17 years old young people going through the YJLD pilot schemes) and a control group (similar young people going through closely matched YOTs

²² The RCT is the design that would allow the most valid inferences to be drawn regarding the effectiveness of the YJLD in achieving the desired outcomes (reoffending etc). The practical and financial limitations of the RCT are well documented (e.g. Farrington and Jolliffe, 2002; McSweeney et al., 2010). It was not feasible to use an RCT in this study as the evaluators had no control over who received the intervention and who did not.

and who do not have access to the YJLD scheme)²³. Four of the six experimental sites (Lewisham, Peterborough, South Tees and Wolverhampton) were compared against three control sites (Comparator YOT.2, Comparator YOT.5 and Comparator YOT.8) as shown in **Table 11** below. The Halton & Warrington and the Royal Borough of Kensington and Chelsea (RBKC) pilot sites were not included in the site comparison reoffending analysis because none of the approached eligible comparator YOTs agreed to participate in the research. The RBKC was however included in the multivariate regression modelling below to identify predictors of reoffending, while the H&W site was not included in any of the analyses here, as it did not have enough numbers of young people going through the pilot scheme within the timeframe under investigation. This timeframe is only one part of the overall timeframe of YJLD operation captured in the Webshare analysis above. In an attempt to provide some measure of reoffending amongst the RBKC clients therefore, a before/after quasi-experiment approach was used, comparing reoffending rates for a similar historic cohort going through the RBKC YOT in the period '07 and '08 (before the introduction of the YJLD pilot scheme) with those from the '09 – '10 cohort (after the introduction of the YJLD pilot scheme).

Table 11 Sites included in Reoffending study

| YJLD/ experimental site | Cohort (N) | YOT/ control site | Cohort (N) | Timeframe** | Follow up *** |
|----------------------------|---------------|----------------------|---------------|---------------|-------------------------|
| Lewisham | 57 | Comparator YOT.2 | 52 | Jan09 – Feb10 | 16-30 months |
| Peterborough | 32 | Comparator YOT.5 | 37 | Nov09 – Mar10 | 15-20 months |
| South Tees | 100 | Comparator YOT.8 | 95 | Mar09 – Mar10 | 15-28 months |
| Wolverhampton | 19 | Comparator YOT.8 | 16 | Oct09 – Mar10 | 15-21 months |
| RBKC* | 28 | N/A | 0 | Nov09 – Mar10 | 15-20 months |
| Total | 234 | | 201 | | 15-30 months |

*RBKC not included in the site comparison analysis

**The study included those young people who were referred to the YJLD/YOT site within this timeframe. This refers to the period between the date of caution/conviction corresponding to the referral to the YJLD/YOT site and the cut off date, i.e. 31st March 2010

***Up to 30th June 2011

4.1.1.2. PNC data

All 'proven reoffending' data were provided from the Police National Computer (PNC). The extract was taken from the most relevant version of the PNC database held by the MoJ which includes data up to 1st July 2011. These data represent the criminal history of the young people in the cohort, including convictions and cautions before and after the *index date*. The index date was the caution/conviction date for the offence(s) for which the young people were referred to the YJLD and the YOT respectively in the timeframe/period under investigation. As the conviction/caution date was not always available for the YJLD cohort, the date of arrest was considered as a proxy for the index date. Where this was not available either, a third date was used as a proxy, i.e. the date of referral to the YJLD team²⁴. 'Proven reoffending' was calculated taking into account offences committed in the follow up period

²³ Comparator sites were selected to strengthen the methodology of the reoffending study, particularly its internal validity. The YJLD and YOT cohorts are qualitatively different populations, therefore not directly comparable. Individual matching was essential to deal with this issue. For more information on the matching exercise and the comparator YOTs, refer to Appendix A at the end of the report.

²⁴ Some young people were NFA-ed (No further action), which means that there was no conviction date.

(i.e. after the index date) which were proven by a court conviction or an out of court disposal and recorded onto the PNC by 1st July 2011. For clarity of understanding, the court disposals are sentences given by the court, while reprimand and final warning are pre-court decisions made by the police. For more information on the data extracted from the PNC, refer to section 'The PNC data' and Table 12 in Appendix A.

Aggregation of data across the respective YJLD and comparator site groups was considered but rejected for most analyses because of the large variation in operational procedures between the YJLD sites.

4.1.1.3. Data Analysis & statistical modelling

For the site comparison analysis summary statistics, means, medians, percentages and frequencies, along with measures of variability and ranges were used to describe the data. Between site comparisons were undertaken using standard hypothesis tests, chi-squared for categorical data, and the non-parametric Mann-Whitney U test for continuous data, as it could not be assumed that the data was normally distributed. Effects sizes were calculated as Relative Risks and when necessary as adjusted odds ratios using logistic regression. Time to event analysis used the log-rank test to determine if differences between comparator sites were present and Cox regression was used to estimate Hazard Ratios.

To determine the predictors of reoffending, each explanatory variable was examined against the outcome variables reoffending (yes/no) using logistic regression. Those variables identified in the univariate analysis as being significantly related to the outcome at the 10% ($p = 0.1$) level were retained for possible inclusion in the multivariate model. The multivariate model was then constructed starting with the two most significant variables identified by the univariate analysis. The remaining variables were then added one at a time in a step wise approach into the multivariate model. For inclusion in the model a p value < 0.05 was required. To exclude a previously included variable required a p value > 0.1 .

4.1.2. Results

This section presents results on re-offences committed by young people in the selected evaluation sites (both intervention and control), where re-offences are defined as offences committed and sanctioned in the follow up period (15 – 30 months). The re-offending data used here were obtained from the Police National Computer (PNC) from a single extraction on 1st July 2011.

4.1.2.1. Site comparisons

More specifically, the results presented in this section emerge from analysis of reoffending rates from four intervention sites and three control sites (one control YOT was compared with 2 intervention/YJLD sites). This covers a cohort of 435 young people with access to the YJLD scheme and a comparator group (without access to the YJLD scheme) between January 2009 and March 2010. This cut off point was selected in order to enable sufficient time for follow up for proven reoffending (minimum 12 months).

Overall results indicate that:

- The *proportion of young people who reoffend* is smaller in the intervention group than that in the control group for two of the intervention sites: Lewisham (40.35%) and Peterborough (65.63%), compared to 50% and 83.78% (Comparator YOT.2 and Comparator YOT.5 respectively). However, this difference is not statistically significant. The difference remains non significant when controlling for differences in

offender characteristics (age at first conviction, age at index date and history of previous offences).

- With regards to the *frequency of reoffending*, there is no statistically significant difference between the intervention and the comparator sites. When comparing the actual number of re-offences the intervention sites have a higher rate per 100 offenders than the comparator sites. However, frequency of reoffending arguably provides an inaccurate reflection of reoffending, as a small proportion of offenders could commit a significant proportion of offences. From the total cohort of 435, 45% have not reoffended, 20% have reoffended once and 35% have reoffended more than once. The frequency rate results may be misleading as in the cases of Lewisham and Peterborough there are a small number of individuals who have committed a large proportion of the re-offences (50% of total of reoffences).
- There were 697 proven offences committed by the YJLD cohort compared to 331 in the control group. The number of *most serious re-offences* committed per 100 offenders (severity rate) is higher in the intervention sites. This indicates that some intervention sites are likely to pick up prolific and serious offenders (e.g. Peterborough site). These numbers should however be interpreted with caution as they could be linked to the frequency of offending of a few prolific offenders.
- The first *most frequent type of offences* committed by the YJLD group were 'Summary offences excluding motoring' and 'Theft and handling stolen goods', same as those in the control group (refer to **Table 13**, Appendix A).

Site per site comparisons indicate the following:

Comparison 1: Lewisham (intervention site) vs. ComparatorYOT.2 (control site)

In terms of young persons' profile, there are significant differences in both age at first conviction/caution and age at index date²⁵. Those in the intervention group were on average one year younger than those in the intervention group (14 vs 15 years old). There are no significant differences in gender and history of previous offending.

In terms of reoffending, although the number of re-offenders per 100 offenders is higher in the comparison site (50 compared to 40), there is no statistically significant difference in reoffending rates between the sites, and this was also the case when adjusting for the differences in the age at first conviction and age at index date. At the same time the number of re-offences is higher in the intervention site 163 against 93 per 100 offenders. This, in part, is due to two re-offenders in the Lewisham cohort having committed 45 re-offences between them. For more information on this comparison, see **Table 14**, Appendix A.

Comparison 2: Peterborough (intervention site) vs. ComparatorYOT.5 (control site)

Again there are differences in age at index date. Those in the intervention group are on average younger than those in the control group (14 vs 15 years old). In addition here there are also differences in age at first conviction and history of previous offending, with a greater proportion of those in the Peterborough site having a history of previous offences (69% compared to 27% in the comparator site).

²⁵ Although the intervention and control groups were initially matched on age at index date, the emerging difference in age could be due to the fact that the intervention group tend to be younger than the control group (which reflects the nature of the YJLD scheme, picking up young people at an earlier stage within their 'criminal' pathway). When matching, if a young person aged 10 from the intervention group did not have a direct match with the young person in the comparator group, the next person aged 11 would be chosen and so forth.

There are no statistically significant differences between the sites in reoffending rates, including when adjustment is made for the differences in age at referral and offending history (age at first conviction and previous offending). The number of reoffenders is higher in the comparison site (84 compared to 66 in the control site), but the difference is not statistically significant. However, when comparing the number of re-offences committed, the intervention site has a higher number than the comparison site (275 per 100 offenders against 166 per 100 offenders). This again can partly be explained by two re-offenders at the Peterborough site being responsible for a large number of the re-offences. For more information on this comparison, see *Table 15*, Appendix A.

Comparison 3: South Tees (intervention site) vs. ComparatorYOT.8 (control site)

Again there are differences in the age at index date/referral and offending history (age at first conviction and previous offending). Those in the intervention site are younger than those in the control site (average 14 vs 15 years old).

There is no difference in reoffending rates, although the number of reoffenders is slightly higher in the intervention than in the control site (64 compared to 55). However, when an adjusted odds ratio is estimated to adjust for differences in age at index date, those in the comparator site are twice as likely to reoffend relative to those in the intervention site (lower limit just above equality, upper limit 4 times). When the history of previous offences is controlled for in the analysis, the adjusted odds ratio suggests that there is no difference between the sites (see *Table 16*, Appendix A).

Comparison 4: Wolverhampton (intervention site) vs. ComparatorYOT.8 (control site)

There are no significant differences in the age at first conviction/caution or age at index date/referral. However, there is a significant difference in previous offending, with the intervention site having 9 (47.4%) offenders with a previous history compared to none in the comparator site.

There are no statistically significant differences between the sites regarding re-offending rates, although there are slightly more offenders at the intervention than the control site (58 compared to 31). There are more prolific offenders in the intervention site (higher number of re-offences committed in the intervention compared to the control site (321 compared to 125). It should be noted that the numbers here are too small to draw any conclusions and, due to there being no offenders with a previous history at the comparator site, no adjusted odds ratio was calculated (see *Table 17*, Appendix A).

These results are illustrated in *Table 18* below.

Table 18 Reoffending Rates

| Site Comparison | Cohort (N) | Reoffending Rate | | | | Frequency Rate | | | Severity Rate | | |
|---------------------------------------|------------|------------------|------------------------|--|-------------------|-----------------|------------------------|--------------|---|----------------|--|
| | | Re-offenders (N) | Rate per 100 offenders | Effect size | Significance | Re-offences (N) | Rate per 100 offenders | % Difference | Rate per 100 offenders & per 100 offences | % Difference | |
| Lewisham Comparator YOT.1 | 57 52 | 23 26 | 40.35 50.00 | 1.24 (0.82, 1.88) ¹ 2.33 (0.75, 7.28) ² 0.62 (0.27, 1.40) ⁷ | NS ³ | 93 59 | 163.16 113.46 | 49.70 | 24.56 15.05 7.69 6.78 | 16.87 8.27 | |
| Peterborough Comparator YOT.5 | 32 37 | 21 31 | 65.63 83.78 | 1.28 (0.96, 1.71) ¹ 0.61 (0.26, 1.43) ² 0.64 (0.27, 1.51) ⁷ 0.75 (0.33, 1.72) ⁸ | NS ^{3,4} | 88 62 | 275.00 167.57 | 107.43 | 18.75 6.82 8.11 4.84 | 10.64 1.98 | |
| South Tees Comparator YOT.8 | 100 95 | 64 52 | 64.00 54.73 | 0.97 (0.78, 1.21) ¹ 2.09 (1.08, 4.04) ² 1.72 (0.87, 3.39) ⁷ 1.16 (0.62, 2.15) ⁸ | NS ³ | 365 190 | 365.00 200.00 | 165.00 | 26.00 7.12 17.89 8.95 | 8.11 -1.83 | |
| Wolverhampton Comparator YOT.8 | 19 16 | 11 5 | 57.89 31.25 | 0.54 (0.24, 1.23) ^{1, 5} | NS ³ | 61 20 | 321.05 125.00 | 196.05 | 36.84 11.48 0.00 0.00 | 36.84 11.48 | |

¹ Relative Risk. For information, if nr>1, the result favours the intervention site (i.e. YP in the control site more likely to reoffend).

² Adjusted odds ratio (adjusted for difference in age at referral)

³ Chi-squared test

⁴ No significant difference between sites

⁵ No significant difference in ages between sites so adjusted odds ratio not required

⁷ Adjusted odds ratio (adjusted for difference in age at first offence)

⁸ Adjusted odds ratio (adjusted for difference in history of previous offences)

4.1.2.2. Reoffending in RBKC

Results relating to the Royal Borough of Kensington and Chelsea (RBKC) site are limited as they emerge from analysis of reoffending rates solely from the RBKC site (no comparator site). This covers a cohort of 28 young people with access to the scheme in RBKC between October 2009 and March 2010. This cohort was not compared with a concurrent group in a similar YOT, but with historic aggregate data for the RBKC YOT (2 years prior to the introduction of the YJLD scheme within the YOT). Data used for this comparison was retrieved from the Ministry of Justice website (available at: <http://www.justice.gov.uk/publications/statistics-and-data/reoffending/index.htm>).

Unlike the other YJLD sites, the RBKC scheme appears to target young people with an average age of 15.7 years (12, 17) who have committed first time or second time minor offences. In terms of criminal history, only 4 out of the 28 young people with access to the YJLD scheme at this site (12%) have had a previous sanctioned offence and this was not a serious offence. This reflects the nature of the scheme in RBKC, targeting low level offending and first time entrants.

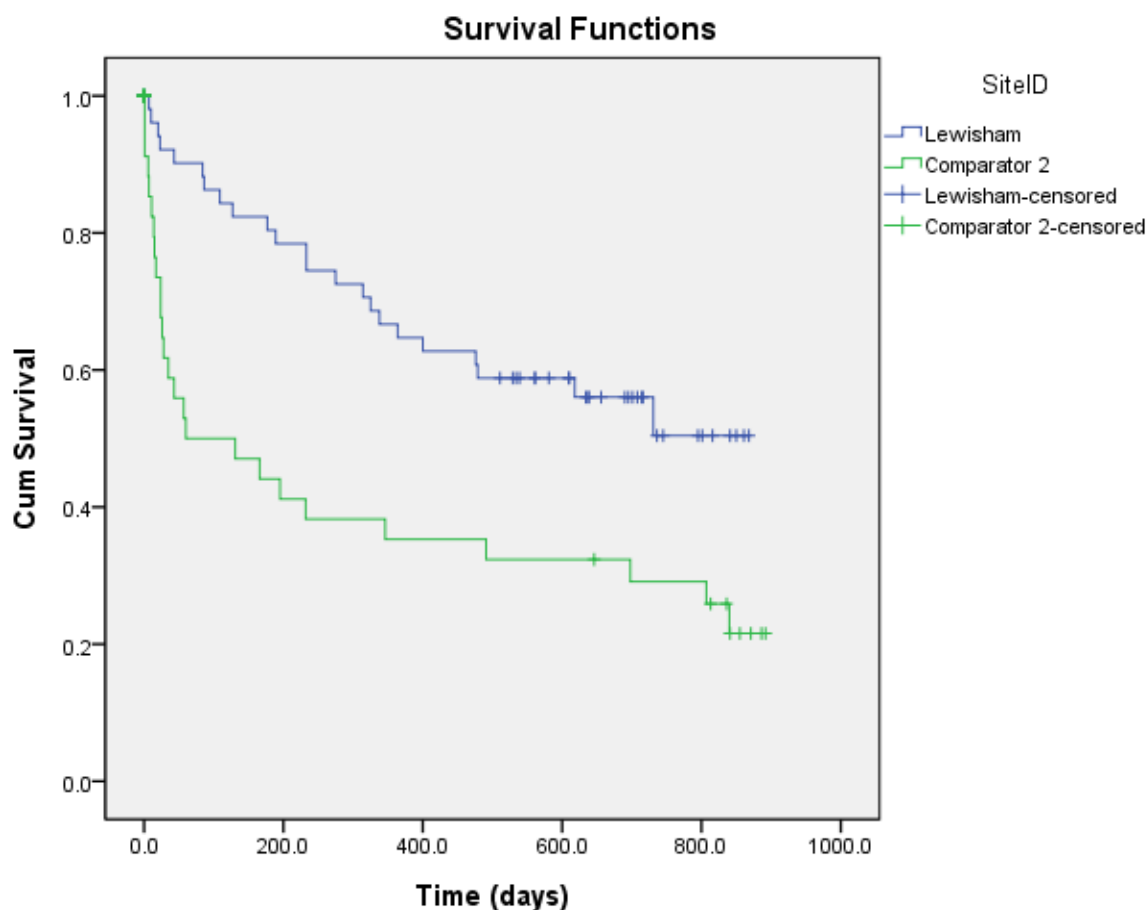
Results indicate that a small proportion (25%) of young people with access to the YJLD scheme in RBKC reoffend in the follow up period (up to 1.6 years). YOT level data (for young people who were given reprimands and final warnings) indicate that the reoffending rate in RBKC (prior to the introduction of the YJLD scheme) was 42.7% and 32.3% for the 2007 and 2008 cohorts respectively. This result is indicative of a positive decrease in reoffending following the introduction of the YJLD scheme in RBKC, although due to the limited data available for analysis in this site, it should be interpreted with caution.

4.1.2.3. Desistance from offending

Beyond event rates, a second important dimension of offending behaviour is the period of time the young person desists from lawbreaking. Offending events need to be contextualised in this respect.

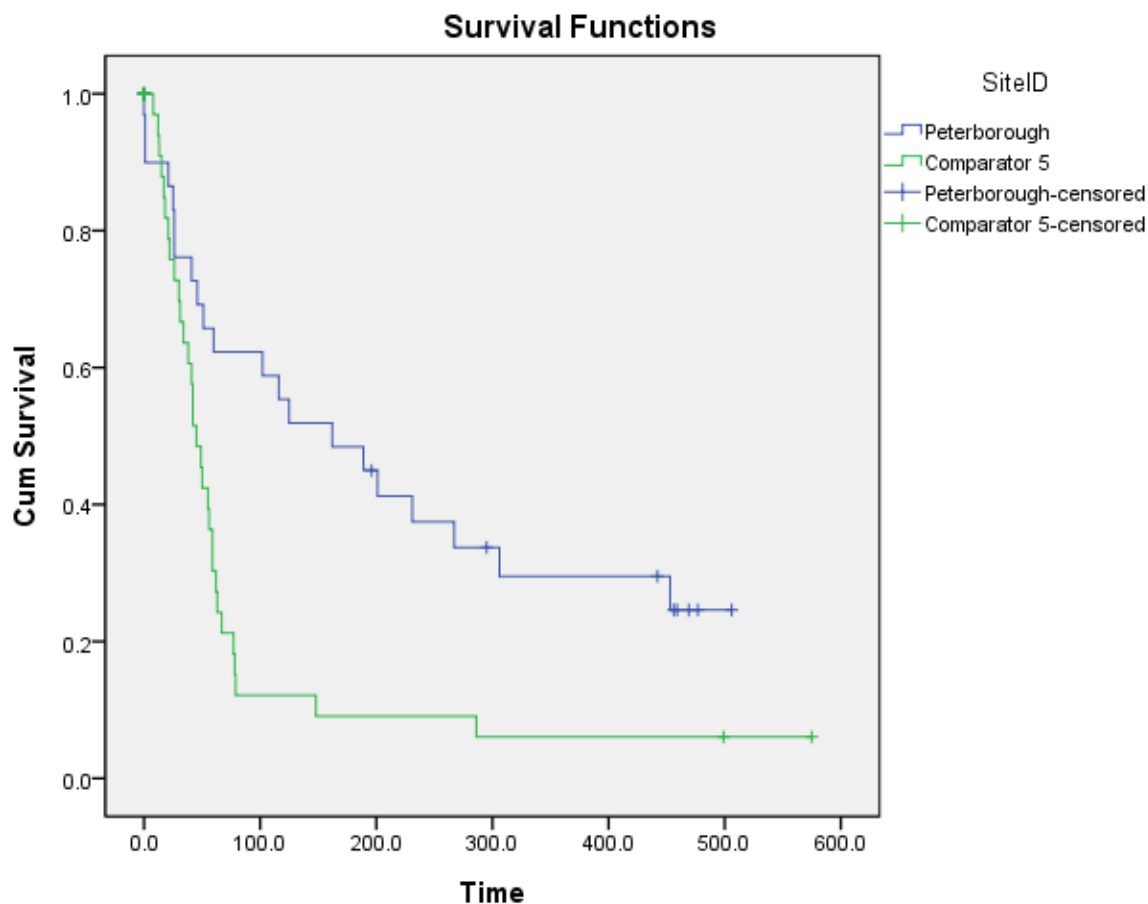
Desistance from offending by the YJLD clients was significantly higher than the comparator group during the follow up period. When analysing time to first re-offence for the YJLD group in Lewisham compared to its control group, there was a significant difference between sites. Those in the control group were twice as likely to re-offend as those in the intervention group. As indicated in the previous section, the mean time to re-offending was also shorter in the comparator cohort (334 days compared to 580 days). Differences between the YJLD/Lewisham and comparator (YOT2) group in the number of 'offence-free' days are shown on **Figure 9** below. The vertical axis is the proportion of the group that desists from crime. The horizontal axis denotes the period in days for which the group desists from crime. If every person in the group desisted from crime for the entire period the line would be at 1.0 and would be entirely horizontal. The upper line relates to the group with the greatest desistance from offending (i.e. that with a higher proportion who desist from offending over a period of time). The YJLD group are consistently above the comparator for just over 800 days. This means that those who had the intervention in Lewisham took longer to reoffend.

Figure 9 Kaplan-Meier Survival curve Lewisham vs ComparatorYOT.2



Similarly, when the time to first re-offence was analysed for the Peterborough group and its control, there was a significant difference in favour of the intervention site. The results indicate that those in the comparison site were 2.5 times more likely to reoffend. The mean time to first re-offence was 84 days in the comparator site and 220 days in the intervention site. See **Figure 10** below. Again, this means that those young people who had access to the scheme in Peterborough take longer time to reoffend than those in the comparator group.

Figure 10 Kaplan-Meier Survival curve Peterborough vs Comparator YOT.5



No significant differences were found between the other YJLD sites (South Tees and Wolverhampton) and their comparators when time to first re-offence was analysed. The mean time to first re-offence was 240 days in South Tees, compared to 233 days in their control site, while the mean time to first re-offence was 299 in Wolverhampton, compared to 150 days in its comparator.

4.1.2.4. First time entrants and relationship with proven reoffending

One of the main objectives of the YJLD scheme is the early identification of vulnerable children and young people entering or at risk of entering the Youth Justice System (YJS). Therefore First Time Entrants (FTEs) are an important indicator of the YJLD scheme achieving this aim. ‘First time entrants’ is a common denomination for young people receiving their first reprimand, warning or conviction.

As previously discussed, the scope of the YJLD scheme in each site is very much dependent on the local context (policy and practice, culture, relationship with the police, courts, health services etc). Due to the barriers in accessing children and young people in contact with the police, not all sites managed to systematically target early entrants to the YJS (as in FTEs), although they were all successful in accessing young people at an earlier stage of the YJS (either pre or post charge).

The numbers were too small in the majority of sites to enable robust analysis (and conclusions) regarding the relationship between no previous offending history (FTE) and reoffending rates. There were no FTEs in the comparator group for Wolverhampton, therefore no analysis was conducted for this site. **Table 19** below shows the proportion of FTEs in each of the intervention and control sites, indicating that the cohorts in the intervention and control sites are not significantly different, a part from Peterborough, where the intervention group is twice as likely to include previous offenders (i.e. non FTEs). As further indicated in **Table 20**, when only considering FTE's there is no difference in reoffending rates. However, for Lewisham and South Tees there are differences in the time to first reoffence (in line with the desistance results presented above). See also **Tables 21-24** and **Figures 11-13**, Appendix A.

Table 13 First time offenders (FTEs)

| Site | First Time Offenders (FTEs) | |
|------------------------|-----------------------------|-------------|
| | Yes n (%) | No n (%) |
| Lewisham | 45 (78.9) | 12 (21.1) |
| ComparatorYOT.2 | 43 (82.7) | 9 (17.3) |
| | | |
| Peterborough | 10 (31.3) | 22 (68.8) |
| ComparatorYOT.5 | 27 (73.0) | 10 (27.0) |
| | | |
| RBKC | 22 (81.5) | 5 (18.5) |
| | | |
| South Tees | 21 (21.0) | 79 (79.0) |
| ComparatorYOT.8 | 36 (32.4) | 75 (67.6) |
| | | |
| Wolverhampton | 10 (52.6) | 9 (47.4) |

Table 14 FTE * Reoffending

| | Lewisham | Comparator YOT.2 | Significance |
|---------------------|----------------------|-------------------------|---------------------|
| FTEs (n) | 45 | 43 | |
| Reoffending | | | |
| Yes (%) | 28 (62.2) | 25 (58.1) | NS ² |
| No (%) | 17 (37.8) | 18 (41.9) | |
| | Peterborough | Comparator YOT.5 | Significance |
| FTEs (n) | 10 | 27 | |
| Reoffending | | | |
| Yes (%) | 3 (30.0) | 4 (14.8) | NS ² |
| No (%) | 7 (70.0) | 23 (85.2) | |
| | South Tees | Comparator YOT.8 | Significance |
| FTEs (n) | 21 | 36 | |
| Reoffending | | | |
| Yes n(%) | 16 (76.2) | 22 (61.1) | NS ² |
| No (%) | 5 (23.8) | 14 (38.9) | |
| | Wolverhampton | Comparator YOT.8 | Significance |
| FTEs (n) | 10 | 0 | |
| Reoffending* | n/a | n/a | |

² Adjusted odds ratio (adjusted for difference in age at referral)

* Due to there being no FTEs in the comparator group for Wolverhampton, no further analysis was possible.

4.1.2.5. Predictors of reoffending (intervention sites only; data aggregated)

Logistic regression analysis was used to explore what works, for whom in a set of given circumstances²⁶, e.g. what YJLD actions (as captured by the project information system, the Webshare) and offender characteristics (e.g. identified vulnerabilities, previous offending history and demographics) might generate change in a young person's offending behaviour (as in proven reoffending). Therefore, logistic regression analysis was used to determine which variables were significantly related to reoffending (i.e. the outcome variable, as shown in **Table 25** below) at the 10% (p = 0.1) level.

Table 25 Outcome variable: reoffending

| Site | Reoffending (no) | Reoffending (yes) |
|----------------------|-------------------------|--------------------------|
| Lewisham | 34 | 23 (40.4%) |
| Peterborough | 11 | 21 (65.6%) |
| Chelsea | 21 | 6 (22.2%) |
| South Tees | 36 | 64 (64.0%) |
| Wolverhampton | 8 | 11 (57.9%) |

Separate univariate analyses were run for the following sets of variables:

- Reoffending by type of identified vulnerability
- Reoffending by type of action taken by the YJLD worker
- Reoffending by type of referral service
- Reoffending by suspected mental health issues

²⁶ Pawson and Tilley (2001).

- Reoffending by demographic variables (age at index, gender, ethnicity and age at onset – first caution/conviction)
- Reoffending by other factors (offending history, direct contacts, reported outcomes and hours spent on a case).

This is a two stage process where potential predictors are identified through univariate analysis and then tested in a multivariate model. It should be noted that the univariate analysis was undertaken only to identify the significant variables to be included into the multivariate model. **Table 26** below illustrates which variables were found to be significantly associated with reoffending in the univariate analyses and were carried forward for the multivariate regression.

The unadjusted odds ratios for the univariate analysis suggest the following:

- Those with suspected diagnosable mental health problems 8.5 times more likely to reoffend than those who have not
- Males just over twice as likely to reoffend than females
- Those with history of previous offending (sanctioned offences) 4.5 times more likely to reoffend than those who have not (refer to **Table 27**, Appendix A)
- The remaining three variables are not significant at 5% level but were retained for multivariate analysis as using more conservative 10% cut-off.

Because of too small numbers, no analysis was possible to explore reoffending by nature of extent of YJLD intervention/referral outcome (particularly by excluding liaison and non-engagement). For numbers, see **Table 28** in Appendix A.

Table 26 Reoffending within the YJLD sites: significant predictors in the Univariate Analysis*

| Variable | Regression Coefficient | Odds ratios | Significance |
|---|------------------------|-------------|--------------|
| Suspected diagnosable mental health problem | 2.14 | 8.50 | 0.04 |
| Unhappy, dissatisfied, low self esteem | 1.24 | 3.46 | 0.06 |
| Family conflict | 0.66 | 1.93 | 0.08 |
| Liaison CAMHS | 0.66 | 1.93 | 0.08 |
| Gender | 0.84 | 2.33 | 0.005 |
| History of previous | 1.54 | 4.66 | <0.001 |

* Cut-off value for significance univariate analysis =0.01

4.1.2.5.1. Multivariate Analysis

The multivariate model was then constructed starting with the two most significant variables identified by the univariate analysis. The remaining variables were then added one at a time stepwise into the multivariate model. For inclusion in the model a p value < 0.05 was required. To exclude a previously included variable a p value > 0.1 was required.

As indicated in **Table 29** below, the history of previous offending was found to be the strongest predictor of reoffending within the current study (4.78 (2.74, 8.36)). This means that those with a previous history of offending were 4.75 times more likely to reoffend than those who do not. Confidence interval suggests that the true value lies between 2.75 and 8.25 times. The only other predictor of reoffending which was found to be statistically significant was ‘unhappy, dissatisfied, low self esteem’ (3.86 (0.98, 15.28)) This means that those young people identified as being unhappy, dissatisfied and with low self esteem were approximately 4 times more likely to reoffend, but confidence interval shows that this could be anywhere between just less than equality (favours no rather than yes response) and 15. This shows that the variable is only a borderline predictor of reoffending.

Table 29 Predictors of reoffending: Multivariate analysis

| Variable | Coefficient | Coefficient (exp(□)) | 95% Confidence Interval exp(□) | Significance (p) |
|----------------------------|-------------|----------------------|--------------------------------|------------------|
| History of previous | 1.57 | 4.78 | (2.74, 8.36) | <0.001 |
| AOC low self | 1.35 | 3.86 | (0.98, 15.28) | 0.05 |
| Constant | -0.78 | 0.48 | | <0.001 |
| ActionliaisonCAMHS | NS | | | |
| AOC Family Conflict | NS | | | |
| AOC Suspected MH | NS | | | |
| Gender | NS | | | |

Inclusion in model p<0.05, for exclusion of previously included variable p>0.1

AOC = area of concern

4.1.3. Conclusion

The results presented here are positive in places but not conclusive (due to the methodological limitations highlighted above). This is typical of similar youth justice research showing mixed or unreliable results regarding the impact of diversionary interventions on recidivism (e.g. Gensheimer et al., 1986; Chapin and Griffin, 2005 and Schwalbe et al., 2011). However, it is worth point to the following indicative results:

- Young people in Lewisham and Peterborough intervention sites are less likely to reoffend than their control, but these differences are not statistically significant.
- Young people in South Tees and Wolverhampton intervention sites are more likely to reoffend than their control group, but these differences are not statistically significant. Additionally, the sample size in Wolverhampton is too small to enable appropriate analysis and draw conclusions.
- Young people with access to the YJLD scheme in RBKC appear less likely to reoffend than those without, although these results need further investigation, as the comparison is based on aggregate historic YOT data.
- Young people in the Lewisham and Peterborough cohort appear to commit a higher number of offences than their control - but once again these results need further investigation, as the results are limited by a small proportion of young people in Lewisham and Peterborough committing a high proportion of offences. This also indicates that the YJLD teams at these two sites are more likely to pick up and work with prolific young offenders.
- Young people with access to the scheme in Lewisham and Peterborough took significantly longer to reoffend.
- Young people accessing the YJLD scheme appear one year younger than in the comparator sites (on average 14 vs 15 years old). This is mainly because the four YJLD sites used in this comparison tend to pick up more 10 year olds than the YOTs. This is in line with the 'early intervention' approach of YJLD. However, age has been statistically controlled for in the analysis and the results reflect this.
- Similarly, the Peterborough and South Tees sites appear to pick up more prolific offenders than in the comparator sites. This is the case in Wolverhampton as well, but the numbers are too small to draw firm conclusions. There are no significant differences in previous offending in the other comparisons. Again, these differences were accounted for by using statistical control.

In conclusion, there are no significant differences in reoffending between any of the intervention and control sites, even after adjusting for differences in age at referral and offending history (age at first conviction and previous sanctioned offending). However, one particular positive (and statistically significant) result has emerged from the reoffending analysis. Periods of desistance from offending by the YJLD clients were longer than the comparator group during the follow up period.

Not surprisingly, history of offending was found to be a strong predictor for subsequent reoffending, in line with previous research on reoffending (e.g. Loeber and Dishion, 1983; Cottle, Lee and Heilbrun, 2001 and Joliffe and Farrington, 2009).

Results are positive in places, but should not be taken to imply causality. The results are inconclusive regarding whether or not YJLD interventions 'worked' in terms of reducing proven reoffending. A decrease or increase in the proven reoffending rates could have been influenced by other external factors such as changes in local policing practice or the

effectiveness of the police to detect crime, the actions of the courts and the CPS, changes in YOT services, other interventions running in the areas under investigation etc.

4.2. Changes in mental health and vulnerability

4.2.1. Research questions and methods

This study aims to explore changes in young people's mental health needs and other vulnerabilities following access to the YJLD scheme. More specifically the following questions were addressed:

- Are there any changes in young people's mental health/wellbeing after access to the YJLD scheme?
- If so, are there any components of the YJLD associated with these changes 12-15 weeks after entry to the programme?
- Are there specific associations between variables that moderate any observed effects (e.g. within different sub-groups, with respect to gender, ethnicity, etc.)?

The present section of the report describes this component of the evaluation and the potential impact of the YJLD scheme on participants' well-being and vulnerability.

In order to address these questions, data that are routinely collected by the YJLD health workers as part of the comprehensive holistic assessments of young people going through the scheme were accessed and analysed. Assessments based on two validated mental health outcome measures were conducted at entry point (i.e. when the young person signed up for the YJLD programme) and at exit point. In the majority of cases the latter took place approximately three months after entry to the scheme, or following 12 appointments/contacts with the young person and/or family from the date of the first contact. The overall timeframe for this was from September/October 2010 to June/July 2011.

4.2.1.1. Participant sample

The cohort for this study includes those young people who were assessed using two screening measures, HoNOSCA and SQIfA (both described more fully below) at their individual entry points between September/October 2010 (=T₁); who were identified through the screening process as being in need of further assessment or intervention; and who were therefore re-assessed at end-points in the period up to June/July 2011 (=T₂). Data of this kind were available from five out of the six experimental sites. Data were available on a total of 90 young people but there were varying patterns of missing information within this. The study includes only those young people who had given informed written consent to participate in the research and who had also agreed to return for a follow up assessment. Sample sizes at the five different sites were as shown in **Table 30** below.

Due to timescales, there was very little overlap between the sample for this study and that for the offending study reported above but the YP in this study are a subset of those in the overall Webshare analysis also reported above.

Table 30 Study 2 Sample

| | YJLD site | HoNOSCA T ₁ | HoNOSCA T ₂ | SQifA T ₁ | SQifA T ₂ | Mean time between assessments (weeks) |
|---|----------------------|---------------------------|---------------------------|-------------------------|-------------------------|--|
| 1 | Halton & Warrington | 12 | 11 | 12 | 11 | 16.5 |
| 2 | Kensington & Chelsea | 20 | 7 | 16 | 1 | 17.7 |
| 3 | Lewisham | 17 | 10 | 0 | 0 | 16.8 |
| 4 | South Tees | 24 | 24 | 24 | 24 | 9.2 |
| 5 | Wolverhampton | 15 | 1 | 10 | 1 | 21.7 |
| | Total | 88 | 53 | 62 | 37 | 13.7 |

The mean age at time of referral was 14.88 years (SD=1.77) with a range of 11 to 18. There were no between-site differences in age. There were 61 males and 24 females. Information on gender was missing for 5 participants. There was a marginally significant between-site difference in gender distribution ($\chi^2=15.89$, $df=8$, $p=.044$): whereas there were equal numbers of boys and girls at one site, in three others the male-to-female ratio varied from 2:1 to 4:1, and at one site (Halton and Warrington) there were no females. For the 82 participants whose ethnic group membership was known the distribution was as follows: White, 55 (67%), Black, 13 (15.8%), Asian, 3 (3.7%), Mixed, 9 (11%), Other, 2 (2.5%). The majority of the members of ethnic minority groups (20/27 or 74%) were from the two London boroughs and a statistical test of this trend was highly significant ($\chi^2 = 50.68$, $df=20$, $p<.001$). The proportions of ethnic minority youth at each of the five sites were respectively: Halton and Warrington, 0%; South Tees, 4.3%; Lewisham, 38.5%; Wolverhampton, 40%; and Kensington and Chelsea, 75%.

Slightly more than one-third of the sample ($n=33$, 36.7%) had a known history of previous offending whereas a larger fraction, just over half of the sample ($n=50$, 55.6%) had no such history. Data were missing on a further 7 participants. Offence gravity (seriousness) of individuals' current offences was scored on a 4-point scale and data concerning this were available for 57 participants. Amongst these, 2 (3.5%), were at level 1; 25 (43.9%) at level 2; 24 (42.1%) at level 3, and 6 (10.5%) at level 4.

For this group of young people, the mean number of recorded hours of contact with YJLD services was 5.40 hours (SD=5.46) with a range from 1 to 30 hours.

4.2.1.2. Mental health outcome measures

Before reporting results we first of all give some background information on the measures used. There are numerous instruments available for conducting assessments of mental health needs of adolescents and young adults, including a variety designed for use at the screening stage with young people who have broken the law (Bailey and Tarbuck, 2006; Vincent, Grisso and Terry, 2007). Given the variety of possible assessments available, a systematic review by Deighton and Wolpert (2008) was valuable in enabling the research team to make comparisons between them. Their review provides descriptive information and summarises key psychometric data on a range of methods. Key selection criteria for the purposes of the present project were first, that the measure to be employed had sound psychometric properties; second, that it was minimally time-consuming and thus suitable for routine use in

a busy practice-based setting; and third, that it could be administered by ‘frontline’ staff following appropriate training. The two measures used were as follows.

- ***Health of the Nation Outcome Scales for Adolescents*** (HoNOSCA; Gowers et al., 1998).

This consists of a series of 15 scales on which workers rate a young person according to the extent to which he/she presents problems or vulnerabilities in key areas of functioning. Items are scored on a five-point scale from 0 (no problem) to 4 (severe/very severe problem). The first 13 rating scales, forming Section A, focus on specific problem areas (e.g., disruptive, antisocial, or aggressive behaviour; alcohol or substance/solvent abuse; emotional and related symptoms) whereas the last two items, forming Section B, address whether there have recently been gaps in knowledge of the young person’s difficulties amongst significant caregivers, or in information concerning what services could be provided. Scores on the 13 problem scales can be summed to produce a Section A total and it is also possible to generate a total score. Scores on section A range from a minimum of 0 (no problem on any item) to a maximum of 52 (all items rated as severe/very severe problems). In the initial study of the scale with 1,276 children and adolescents, the mean score for inpatients was 15.51 and for outpatients 11.18 (Gowers et al., 1999).

The HoNOSCA has been found to be reliable and valid and described as easy to use (Gowers et al., 1999). The inter-rater reliability for the 13 Part A items, based on a study using 20 clinical vignettes has been reported as 0.84 (95% CI: 0.75-0.93). It is accepted as a sensitive and valid measure of change amongst young people with mental health problems (Garralda et al., 2000) and in addition has been tested and validated in an number of countries outside the UK (e.g. Hanssen-Bauer *et al.*, 2007; Lesinskiene et al., 2007). It has been previously incorporated in part of YOT work.

A training and consensus event was held at Liverpool University in September 2010 with participants from most of the YJLD sites. The author of the HoNOSCA ran part of this event, including completion of the scale in response to video vignettes and discussion of ratings amongst participants. Extensive guidance on appropriate use of the HoNOSCA was provided to sites including availability of the main researcher on the project.

- ***Screening Questionnaire Interview for Adolescents*** (SQIfA; Youth Justice Board, 2003).

This 16-item assessment tool is familiar to many YOT staff as it is frequently used as part of *ASSET*. It was designed to be a quick, broad-ranging self-report questionnaire that contains screening items for eight common or important mental health problems in adolescence. The screening questionnaire is normally incorporated into the *ASSET* form and it is expected that it will be completed at first contact between the YOT worker and the young person. However, the questionnaire itself can also be employed a ‘standalone’ tool to be used at times of key life events, stressors or change for the young person and in those who are thought to be at high risk. As mental health needs can change over sometimes relatively short time periods, the SQIfA has the advantage of being easily repeatable (in contrast to some longer or in-depth inventories). Eight sub-scores, each of which may vary between 0 and 2, can be obtained, respectively for: alcohol use; drug use; depression; anxiety/worries; trauma symptoms; self-harm; ADHD/hyperactivity; and psychotic symptoms.

The YJB mental health screening process has been derived from a validated research assessment of mental health needs among young offenders and was modified from the earlier Salford Needs Assessment Schedule for Adolescents (SNASA: Kroll *et al.*, 1999). The SQifA has acceptable overall psychometric properties for all domains as a first stage screening questionnaire: it has a reported *sensitivity* (measure of true positives) of 80%, *specificity* (true negatives) of 55%, and *positive predictive value* (proportion of test positives that are true positives) of 61% (Kroll *et al.*, 2002). As required to ensure the validity and to maximise the reliability of these screening tools, members of staff of participating Youth Offender Teams were provided training in the administration of the two measures.

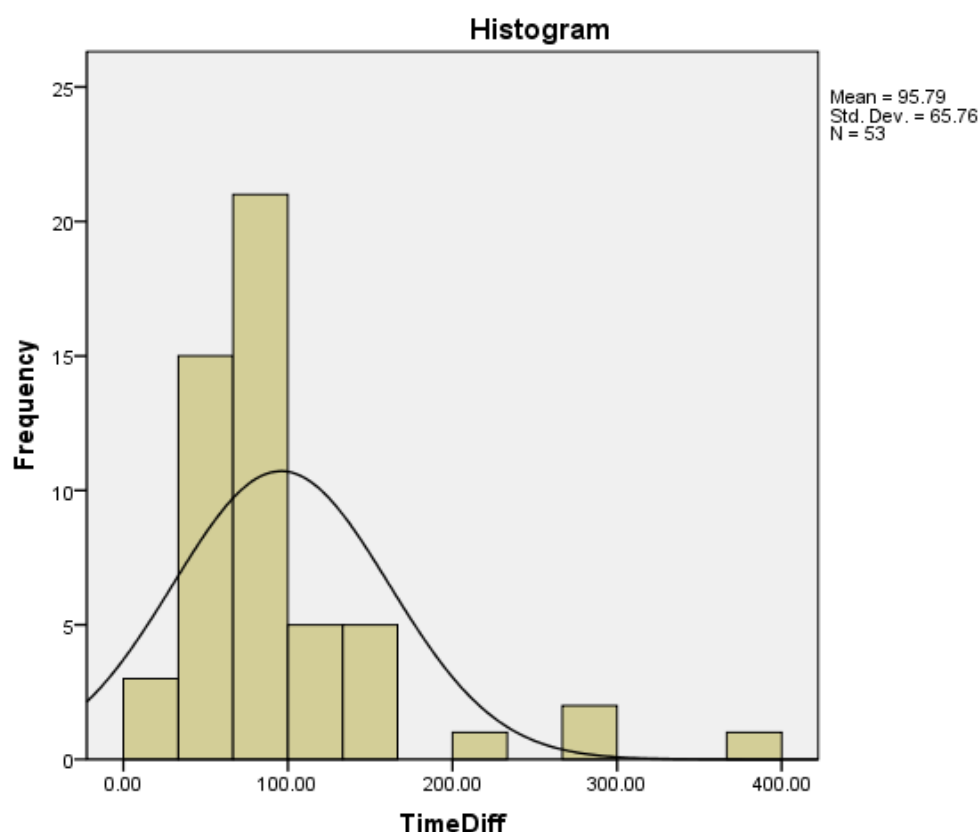
4.2.2 Results and discussion

4.2.2.1. Data analysis

Comparisons were made between the five YOT areas from which data were available, and also between the scores obtained here and those reported from the use of the HoNOSCA and SQifA in other settings. Differences in scores from the two points in time (T_1 and T_2) were analysed to measure any changes in young people's identified mental health needs and vulnerabilities. Any changes were correlated with other information available on this group of young people (e.g. demographics, actions taken by the YJLD staff/YJLD intervention, number of appointments kept, number of hours spent on a case and so on).

As outlined above, both of the selected measures, the HONOSCA and SQIFA, were administered at two time points: first at the referral/assessment stage and again at a follow-up point towards the end of the diversion period. The mean time-difference between the two assessments (T_1 and T_2) across all sites was 95.79 days (sd=65.76 days), which corresponds to an average of 13.68 weeks or approximately 3½ months. However, there was a sizeable variation in this, with a range from 17 to 372 days. The range of T_1 - T_2 time differences is represented graphically in **Figure 14**. The exact interval also varied somewhat across sites.

Figure 14 Distribution of timescales $T_1 \rightarrow T_2$



Means and other statistics for selected scores from the clinical measures at the point of entry assessment are shown in **Table 31**. As can be seen HONOSCA data were available for 88 of the sample, and SQIFA data for 62 of the sample, at the time of referral and assessment (Time 1). Comparisons between the general level of scores found here with those obtained in other studies allows an estimation of the relative level of impairment of the YJLD referrals. For example Garralda et al. (2000) obtained a mean HoNOSCA clinical item score of 11.40 amongst 203 adolescents seen as out-patients in child and adolescent mental health services (CAMHS). However, the mean age of their sample was only 10.4 years, therefore given the likely developmental difference the present sample appear comparatively less troubled. The present sample did, however, show greater variation in scores than those assessed in the Garralda et al. (2000) study. Working with a group closer in age to the present sample, but from a very different setting, that of an adolescent in-patient secure mental health unit, Hunt and Wheatley (2009) reported respective mean scores of 18.82 and 18.67 for two separate raters. Similar findings were reported by Harnett et al. (2005). These comparisons suggest a relatively milder degree of impairment amongst the present YJLD sample than was found amongst either of these two other groups. This pattern of scores is to some extent reassuring as it indicates that the level of need targeted by YJLD is generally appropriate, and the possibility is opened up of averting the escalation of problems to a more serious level, which directly accords with the objectives of diversion.

Table 31 Clinical scores at T₁

| Measure | n | Mean | SD |
|--------------------------|-----------|-------------|-------------|
| HoNOSCA Section A | 88 | 12.39 | 8.31 |
| SQIfA Alcohol | 62 | 0.37 | 0.81 |
| SQIfA Drug | 62 | 0.27 | 0.75 |
| SQIfA Depression | 62 | 1.11 | 1.29 |
| SQIfA Anxiety | 62 | 0.52 | 0.92 |
| SQIfA Trauma | 62 | 0.61 | 1.12 |
| SQIfA Self-harm | 62 | 0.29 | 0.68 |
| SQIfA ADHD/hyperactivity | 62 | 0.27 | 0.85 |
| SQIfA Psychotic symptoms | 62 | 1.68 | 12.57 |

4.2.2.2. Pre-to-post-test comparisons

At referral point, there was a very high correlation between items 14 and 15 of the HoNOSCA which respectively assess the extent of knowledge available to key caregivers concerning the young person's difficulties, and extent of information available on the provision of services ($r=0.99$, $n=88$, $p < .001$). A lower, but still highly significant correlation between these two items was observed at the follow-up point ($r=0.63$, $n=53$, $p < .001$). Note that for some measures there were relatively few observations, i.e. only a small number of young people were judged as manifesting a specific problem in the designated area. These uncertainties and caveats should be borne in mind when considering the results.

Paired-sample correlations between test scores at T₁ and T₂ for some of the scales are shown in **Table 32**. These indicate that the measures are reasonably stable over this relatively short period. Expressed another way, the relative rank-ordering of participants remains similar at these two points in time suggesting that the assessments achieve an acceptable level of reliability and are suitable for their intended purpose. Exceptions to this are the SQIfA subscales for ADHD/hyperactivity and psychotic experiences.

Table 32 Paired sample (test-retest) correlations T₁-T₂

| Measure | n | r | p |
|--------------------------|----|------|-------|
| HoNOSCA Section A | 53 | 0.82 | <.001 |
| SQIfA Alcohol | 37 | 0.52 | .001 |
| SQIfA Drug | 37 | 0.73 | <.001 |
| SQIfA Depression | 37 | 0.45 | .005 |
| SQIfA Anxiety | 37 | 0.59 | <.001 |
| SQIfA Trauma | 37 | 0.84 | <.001 |
| SQIfA Self-harm | 37 | 0.61 | <.001 |
| SQIfA ADHD/hyperactivity | 37 | 0.34 | 0.185 |
| SQIfA Psychotic | 37 | 0.12 | 0.942 |

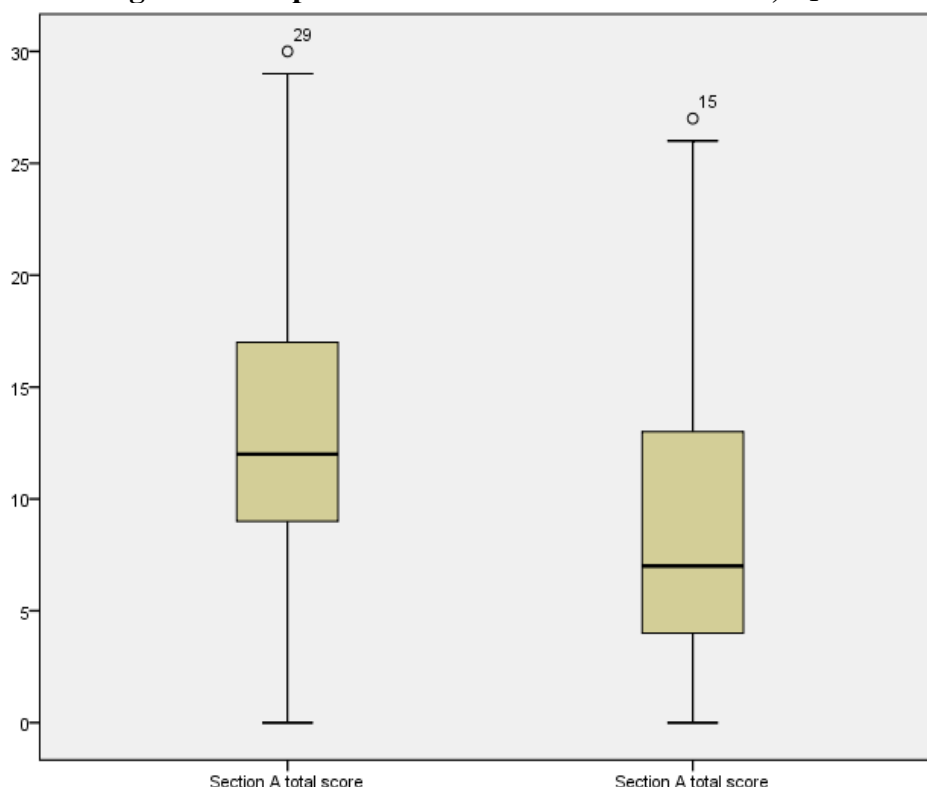
This question is separate from that of whether there is a generally observable change, i.e. whether there was a measurable reduction in the absolute level of the scores obtained. Pre-test and post-test means and standard deviations on selected scales are shown in **Table 33**. The table also shows significance test and p values for repeated measures comparisons (pre-to post-test). This suggests that in addition to the stability of the measures as described above, the absolute level of scores declines in the majority of cases.

Table 33 Pre- and post-test changes on selected variables

| Measure | n | Pre-test mean (sd) | Post-test mean (sd) | t-test | p |
|-------------------------------|-----------|--------------------|---------------------|-------------|-------------|
| HoNOSCA Section A total score | 53 | 12.84 (6.64) | 9.28 (7.48) | 6.26 | .000 |
| SQIfA Alcohol | 37 | 0.38 (0.86) | 0.71 (1.06) | 1.56 | .128 |
| SQIfA Drug use | 37 | 0.19 (0.57) | 0.08 (0.36) | 1.67 | .103 |
| SQIfA Depression | 37 | 1.51 (1.24) | 1.08 (1.06) | 2.16 | .037 |
| SQIfA Anxiety | 37 | 0.57 (0.83) | 0.30 (0.66) | 2.37 | .023 |
| SQIfA Trauma | 37 | 0.84 (1.26) | 0.68 (1.13) | 1.43 | .160 |
| SQIfA Self-harm | 37 | 0.46 (0.83) | 0.14 (0.42) | 2.94 | .006 |
| SQIfA ADHD/hyperactivity | 37 | 0.41 (1.04) | 0.19 (0.74) | 1.16 | .254 |
| SQIfA Psychotic | 37 | 2.81 (16.27) | 0.50 (0.33) | 1.03 | .309 |

Figure 15 shows the result of a repeated measures t-test in box-plot format, with 95% confidence intervals, for the HoNOSCA Section A total at T₁ and T₂ respectively. Note that the figure includes a small number of ‘outlier’ scores.

Figure 15 Boxplot of HoNOSCA Section A scores, T₁-T



This result indicates that overall there is a discernible change in assessed status in relation to a number of the measured variables between times 1 (referral and pre-test) and 2 (post-test). In statistical terms this is highly significant for two variables, HoNOSCA Section A total score and SQIfA self-harm score. For SQIfA depression and anxiety there is also a statistically significant result though the extent of change is not large. For other variables however, there are no statistically significant differences found, although all changes, a part from alcohol use, are in the predicted direction towards reduced levels of problematic experience. In some instances (for trauma, ADHD/hyperactivity and psychotic experiences) numbers were low and there may be insufficient statistical power to reveal any clear result.

Changes in observed alcohol and drug use were also non-significant. Broadly speaking, the latter scales assess variables which may be characterised as being related to “externalising” problems. A possible explanation for this absence of an observed effect may be that substance use problems are under considerably more influence of situational (e.g. social and peer group pressure) factors than those connected with personal well-being, and thus that these types of problems are more difficult to change. However only further research entailing more intensive measurement, or with a larger sample, or alternatively using in-depth qualitative analysis offers the prospect of being able to answer this question.

As a context for interpreting this finding it should be noted that for both HoNOSCA and SQIfA scores, there was sizeable attrition in sample sizes from T_1 to T_2 (for the former, 39.8%; for the latter, 40.3%). In order to check whether the participants available at post-test might be different in some important respect from those who were not, some comparisons were made between the two sub-groups at T_1 . There was no difference between the two groups in age ($t=1.65$, $p=.102$), school attendance score ($t=-.51$, $p=.609$), HoNOSCA Section A total ($t=-0.85$, $p=.397$), in rated alcohol use ($t=.52$, $p=.602$), drug use ($t=1.66$, $p=.102$), or any other clinical variables, although that for self-harm approached significance ($t=-1.94$, $p=.057$). Overall therefore, there is no readily evident reason to suggest that members of the participant sub-group evaluated at post-test were in any respect a clinically less problematic sub-group than those who were not.

There was however a difference between these two sub-groups in their scores on the second section of the HoNOSCA, which addresses levels of knowledge of problems and services. When account was taken of the widely differing variances of the two sub-groups defined in this way, the difference was significant ($t=-2.26$, $p=.028$). While conclusions regarding this can only be tentative, it implies the possibility that those who have dropped out may have done so either because their difficulties were less well understood by YOT staff, because participants themselves were less well informed regarding the range of services they could access, or as a result of some combination of the two.

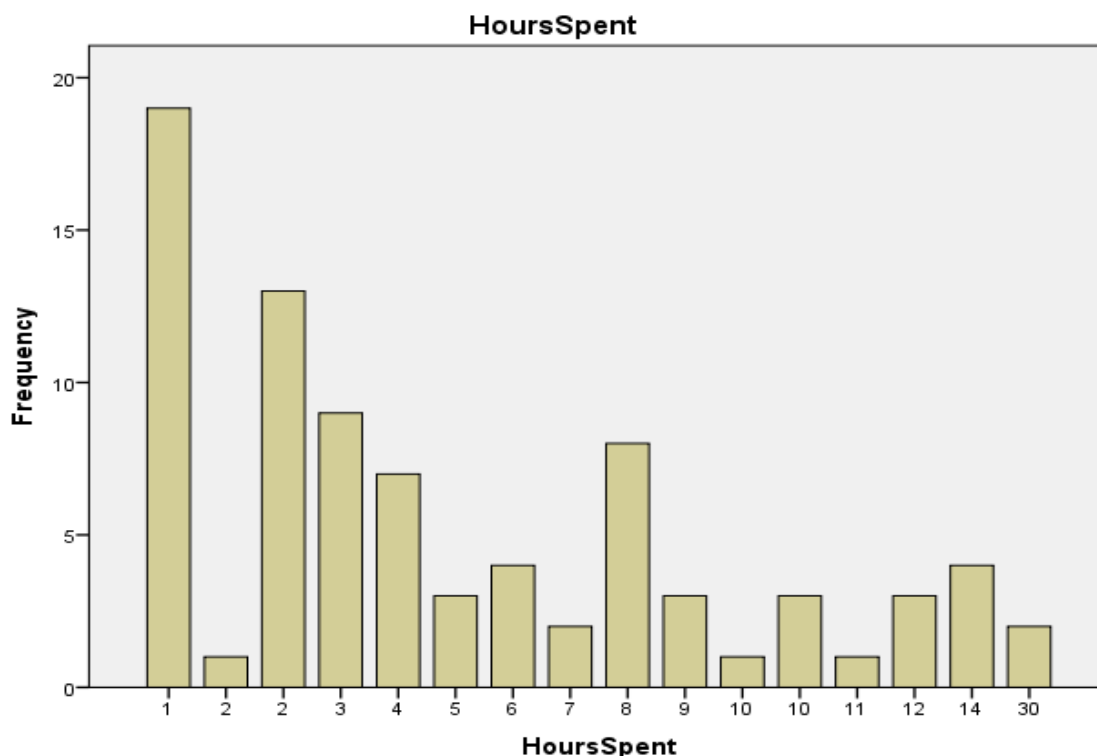
At the very least remains a possibility therefore that other factors not directly assessed in the present array of measures has some yet to be determined influence on observed change at Time 2.

4.2.2.3. Factors associated with change

Can we identify and estimate the relative strength of factors associated with reductions in symptom scores and other vulnerability indicators? An attempt was made to identify correlates of observed change, and for this purpose change scores were computed for HoNOSCA Section A (i.e. scores at T_1 were subtracted from those at T_2 to create a new variable). However, given the reduced samples sizes regarding whom information was available on specific variables, conclusions drawn from this can only be tentative.

One variable which might be expected to be associated with extent of change is the number of direct contact hours between the young person and a YJLD worker or other resources. Information on numbers of hours of direct contact was available for 83 young people. As noted above within this there was a mean of 5.4 hours of contact. A sizeable fraction of the total sample ($n=19$, 22.9%) received only one hour of contact; a further 65.1% received between two and ten hours of contact, with the remaining small proportion (12%) receiving more than this. The distribution of contact times was as shown in *Figure 16*.

Figure 16 Distribution of contact hours (all sites combined)



For the young people who were assessed at both time points (allowing change scores to be computed on the HoNOSCA section A), correlations were computed between change scores and numbers of recorded contact hours and appointments kept. Both were statistically significant (for hours spent, $n=49$, $r=-0.375$, $p=.008$; for appointments kept, $n=50$, $r=-.318$, $p=.025$). That is, more appointments kept and hours of contact were associated with larger change scores. Neither age at referral ($r=-.251$, $p=.079$) nor HoNOSCA Section A total score at initial assessment ($r=-.117$, $p=.403$) was correlated with change scores, though as can be seen the former approach significance.

Some of these findings are in contrast to those of Garralda et al. (2000) who, working with a sample of 248 attenders at two child and adolescent psychiatry out-patient clinics in London, found a lower (but still statistically significant) correlation between numbers of sessions attended and change scores, but a significant correlation between HoNOSCA case severity and change scores. Also unlike Garralda et al. (2000), there was no evidence here of an association between numbers of appointments kept or change scores and initial level of case severity.

4.2.2.4 Between-site comparisons

The numbers of direct contact hours differed across YJLD sites. An impression of this can quickly be obtained by glancing at **Figure 17**. The corresponding numerical data are shown in **Table 34**. The majority of young people received an amount of contact that ranged from two to ten hours, but as can be seen there were two outliers in the RBKC who received 30 hours each. A statistical test of differences in contact times across the sites was highly significant ($\chi^2=86.97$, $df=60$, $p=.013$).

Figure 17 Comparison between sites in contact hours

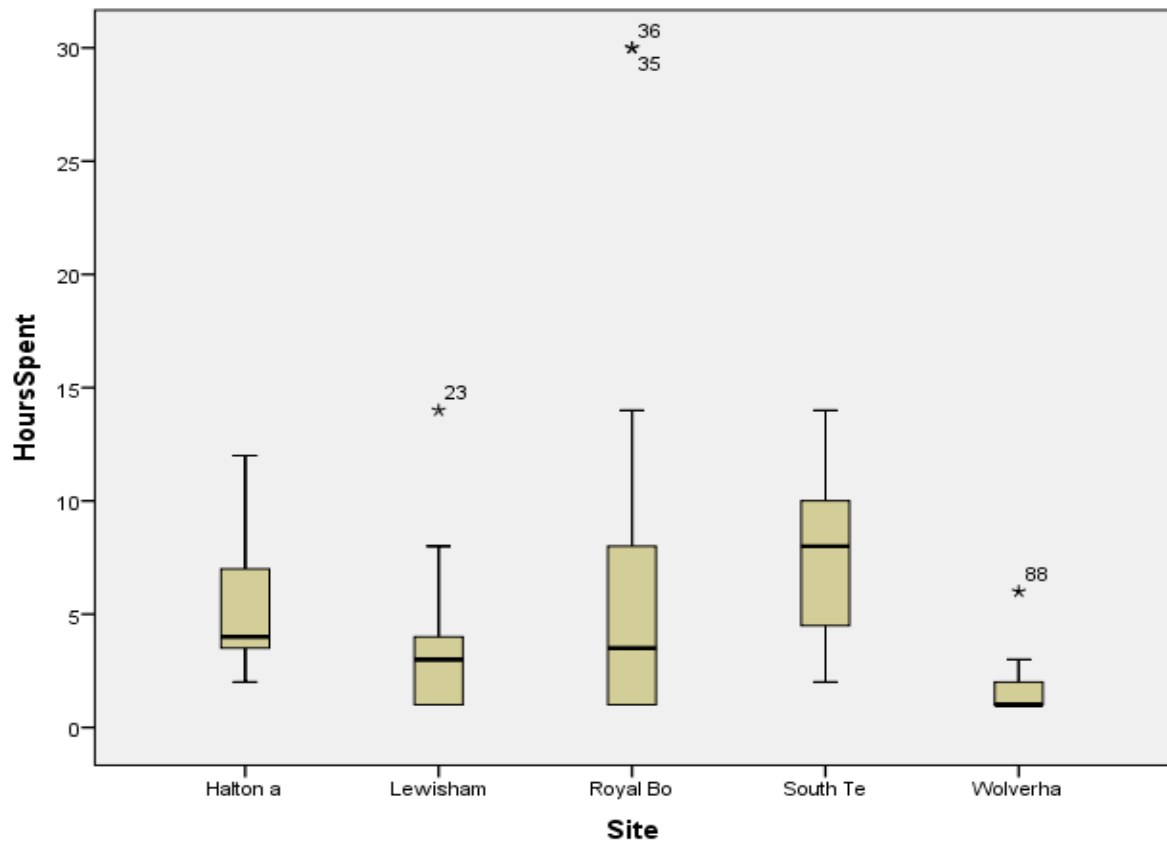


Table 34 Hours of contact at five YJLD sites

| | Halton & Warrington | Lewisham | RBKC | South Tees | Wolverhampton |
|-------|---------------------|----------|--------|------------|---------------|
| n | 11 | 14 | 20 | 23 | 15 |
| Mean | 5.73 | 3.64 | 6.60 | 7.63 | 1.77 |
| Range | 3.58 | 3.54 | 8.70 | 3.73 | 1.32 |
| SD | 2 - 12 | 1 - 14 | 1 - 30 | 2 - 14 | 1 - 6 |

Analyses were conducted to compare effects on mental health measures across sites. This could however only be done for four of the five sites on which there are mental health data. At Wolverhampton, only a single individual completed the HoNOSCA at both times, and the score was the same on both occasions. Note also that the number of contact hours at this site was the lowest amongst all five areas. For comparative purposes, note also that the HoNOSCA Time 1 score at this site was 14.47 (sd=7.9).

What is perhaps surprising is that there are fairly large differences between the Time 1 HoNOSCA scores at the five locations, and it is perhaps even more so that the highest and lowest scores respectively should be at the two London boroughs. In three out of the four areas there are significant reductions in HoNOSCA scores following YJLD contact. Given the small samples sizes, it is difficult to draw conclusions concerning any trend within this other than the obvious feature that the site with the highest initial scores (Lewisham) also shows no significant reduction in them at Time 2. This may be a function of a higher level of severity of young people's problems at this location (as they targeted mainly those young people with suspected mental health and developmental issues), and the challenge of having an impact on them in a relatively limited amount of time; but it is also notable that the mean number of contact hours at Lewisham (3.64 hours) was lower than any other site except Wolverhampton, where no post-test data were available.

Table 35 Patterns of HoNOSCA change at four YJLD sites

| | n | HoNOSCA Time 1 | HoNOSCA Time 2 | t-test | p value |
|---------------------|----|----------------|----------------|--------|---------|
| Halton & Warrington | 11 | 10.91 | 7.27 | 2.792 | .019 |
| Lewisham | 10 | 19.30 | 18.80 | 0.260 | .801 |
| RBKC | 7 | 8.57 | 3.14 | 3.488 | .013 |
| South Tees | 24 | 12.42 | 7.67 | 8.172 | <.001 |

4.4. Conclusion

The results presented in this section are positive in that they indicate an improvement in the mental health and wellbeing of young people with access to the YJLD scheme in three out of the five pilot sites from which those types of data were available. Clearly however, this can only be a tentative conclusion at best as there are some important limitations to this part of the study which impose restrictions on how the results can be interpreted. Foremost is the problem of lower than expected sample sizes. It was initially planned to have 25 completed questionnaires at both points in time for each site (which would have yielded a total sample size of 150). Both the confidence with which trends can be detected and general conclusions drawn, and the capacity to undertake meaningful sub-group analyses (e.g. by study site) are considerably impeded by the low overall numbers. Secondly, while there is an observed

reduction in scores on the mental health assessments from Time 1 to Time 2, it is difficult to draw causal inferences from this. There is no ‘untreated’ comparison sample and there would have been no possibility of allocating young people thought to have problems to diversion services on a random basis. Furthermore, there is a residual possibility that some troubling mental states may be short lived or episodic in nature and it would be helpful to have a normative dataset that captured any such trends.

For example, there are studies indicating that in a proportion of cases in adolescence, depression may have an episodic pathway, more so than anxiety states and other mental health problems (Prenoveau et al., 2011). As might be expected, such a profile is associated with fewer comorbid problems in the longer term (Jonsson et al., 2011). However, it is difficult to find research on milder mental health problems and threats to well being that may be relatively short-lived. The possibility therefore remains that, while no difference could be found at pre-assessment between those who were or were not available at follow-up, there may have been other unmeasured differences that could account for the observed changes, such that the follow-up sample is subject to some unknown selection bias. Other possibilities, such as the occurrence of significant life-events or spontaneous remission, may account for a proportion of the positive changes noted.

Nevertheless, these results are indicative of a positive beginning and the finding of associations between hours of contact and numbers of appointments kept with clinical change scores is encouraging. Whilst less directly relevant to mental health status, it may be worth noting that early research on criminal justice diversion for young offenders found highly significant associations between young offenders’ amounts of contact with criminal justice staff and their subsequent rates of recidivism (Gensheimer et al., 1986). This signifies that there may be value in a further, larger-scale trial across more sites, possibly involving more intensive monitoring or other forms of data collection. This could be valuable both for its capacity to take account of other extraneous factors, and creating the possibility of conducting more elaborate analyses of the interactions between independent, moderator, and dependent variables, using regression or structural equation models or other multivariate techniques. Put more simply, a larger-scale study is required, with not only a larger total sample but also larger sub-samples at the separate sites, and possibly also a greater number of sites. This is important in order to provide what is known as adequate statistical power for testing hypotheses about the possible effects of treatment, and to disentangle any observed trends from other factors that might be influencing outcomes.

To execute such a study well would ideally also require gathering a wider set of information about young people, and more information concerning the kinds of interventions that were used in each case. There would be a further advantage if the pattern or route of referrals, and the type and mode of delivery of services, had greater uniformity across at least some of the sites. It would then be possible to use complex statistics to calculate the relative effects of different kinds of factors when compared with each other.

Doing this would potentially allow clearer conclusions to be drawn concerning the impact of YJLD as a causal factor in change amongst the young people referred to it. While for ethical reasons such a fuller study clearly could not employ random allocation to services, there might be potential in adopting a quasi-experimental design that incorporates propensity-score matching with waiting list comparison samples, as proposed for example by Cuellar, McReynolds and Wasserman (2006). Consensus guidelines are available for ensuring the

quality of quasi-experimental designs which often have to be the methodology of choice for evaluations in routine practice situations (Des Jarlais et al., 2004).

While the present results cannot be regarded as definitive, they point in an encouraging direction. The possibility is raised of identifying examples of good practice within the existing provision, and illustrating what this entails for the benefit of agencies more widely. The effort to enhance practice through the dissemination of model forms of provision is illustrated in reports such as those of Skowrya and Powell (2006) and the United States National Mental Health Association (2004), which describe examples of high-performing programmes or sites for the benefit of the whole of the field.

The combined findings of this section and the preceding one on youth justice outcomes are suggestive of the possible presence of a beneficial effect of diversion not only on mental health status but also on delaying and possibly reducing re-offending. While the latter effects were not statistically significant with regard to re-offence rates, there was a large average difference in time to re-offending, with the comparator sample doing so much earlier than the YJLD sample. A similar finding was reported by Cuellar et al. (2006) who evaluated the Special Needs Diversionary Program in Texas, and given evidence concerning the numbers of young people in the community who experience mental health problems, concluded that "...the potential of such mental health diversion programs to reduce crime is large" (2006, p.209). A delay to re-offence raises the prospect of a lower total volume of re-offending cumulatively through the high-risk years of the lifespan (cf. the 'age-crime curve'), with associated reductions in distress and monetary costs; it also opens up the possibility of further intervention at a later stage (a 'booster'), further postponing any re-offence.

4.3. Changes in national performance indicators

This part of the evaluation used data from the Youth Justice Board Management Information System (YJMIS) to examine trends in various key performance indicators (KPIs) before and after the implementation of the YJLD scheme.

4.3.1 Methods

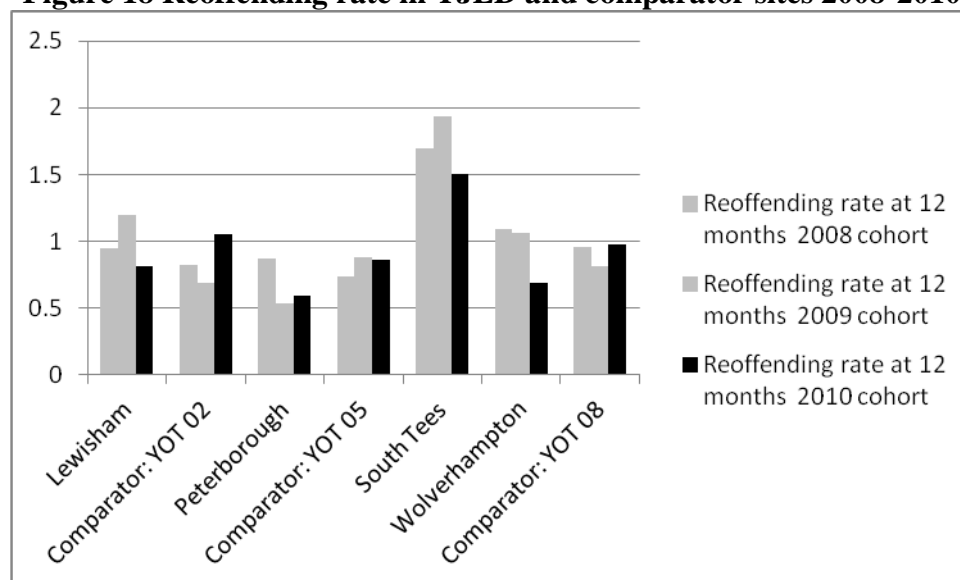
Data on four KPIs for four of the YJLD sites (Lewisham, Peterborough, South Tees and Wolverhampton) and the three comparison sites used in the reoffending study above were obtained from the most recently available YJB ‘Summary Data for YOTs in England’ report (data up to June 2011). The four KPIs were: reoffending rate (NI19), use of custody (NI43), engagement in education, training or employment (NI45) and first-time entrants (NI111). All variables are defined according to the document YOT Data Recording Guidance 2010/11.

Due to the variability between YJLD sites discussed above, there was no attempt to aggregate data across YJLD and comparator sites and all comparisons were conducted separately between ‘matched’ pairs of sites before and after implementation of YJLD.

4.3.2 Results and discussion

4.3.2.1. Rate of reoffending (NI19)

Figure 18 Reoffending rate in YJLD and comparator sites 2008-2010



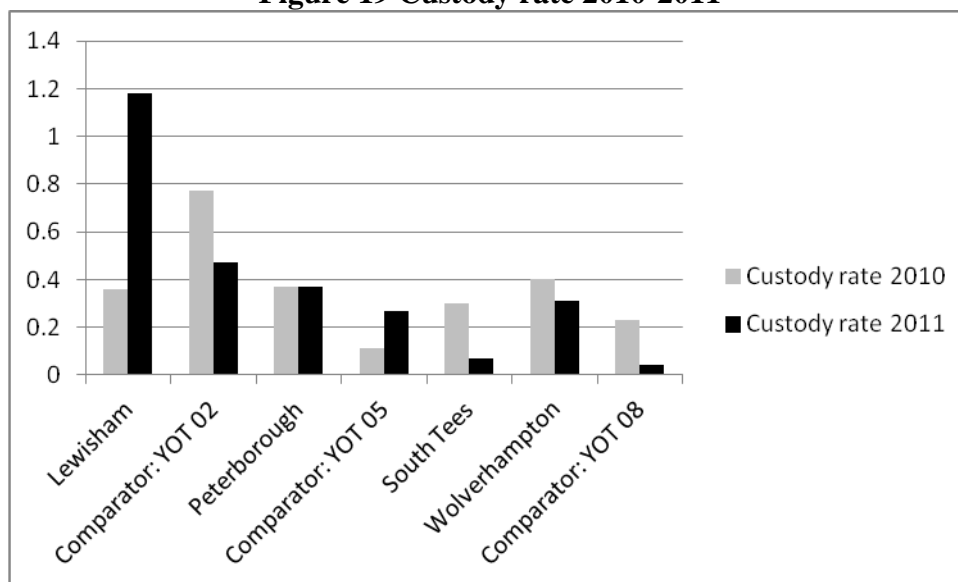
The rate of proven reoffending is defined as the total number of offences which result in an outcome of a further pre-court disposal or court conviction within 12 months of an initial outcome which qualifies the person for the cohort, including YJLD contact. It is reported as the number of offences per young person in the cohort and cohorts are defined by contact during the period January-March each year (i.e. reoffending rates are for January-March 12 months later). The 2010 cohort in **Figure 18** were in contact with the relevant YOT at the time that YJLD was fully operational (January-March 2010). In this YJLD period, it can be seen that rates were lower in Lewisham, Peterborough and Wolverhampton than in the relevant comparator, but higher in South Tees. The mean (sd) 2010 reoffending rate was lower for the 4 YJLD sites (0.89 [0.41]) than for the 3 comparator sites (0.96 [0.09]). This

difference was not statistically significant but power was very low due to the small number of observations (n=7).

4.3.2.2. Custody rates (NI43)

This is defined as the percentage of custodial sentences (DTO, Section 90-92, Section 226 and Section 228) issued to young people as a proportion of all court disposals (first-tier penalty, community penalty or custodial sentence) received by young people. Data are not available for the period prior to 2010 so YJLD was operational throughout this period.

Figure 19 Custody rate 2010-2011



Looking across sites, with one exception (Lewisham, 2010) custody rates for 2010 and 2011 were higher in all YJLD sites than in their respective comparators. Rates increased in YJLD sites (+0.12 [0.47]) whilst decreasing in comparator sites (-0.11 [0.24]) but this difference was not significant (n=7 observations). Looking across years in the YJLD sites, custody rates increased in Lewisham, remained stable in Peterborough and decreased in South Tees and Wolverhampton. There was similar variability up or down in the comparator sites.

4.3.2.3. First time entrant rates (NI111)

First time entrants are defined as young people aged 10-17 who receive a substantive outcome (police reprimand, final warning, conditional caution, first-tier penalty, community penalty or custodial sentence) for the first time and rates are provided for specified time periods. YJLD was fully operational in the final year for which data are available.

Figure 20 First time entrant rate in Lewisham (vs. ComparatorYOT.2)

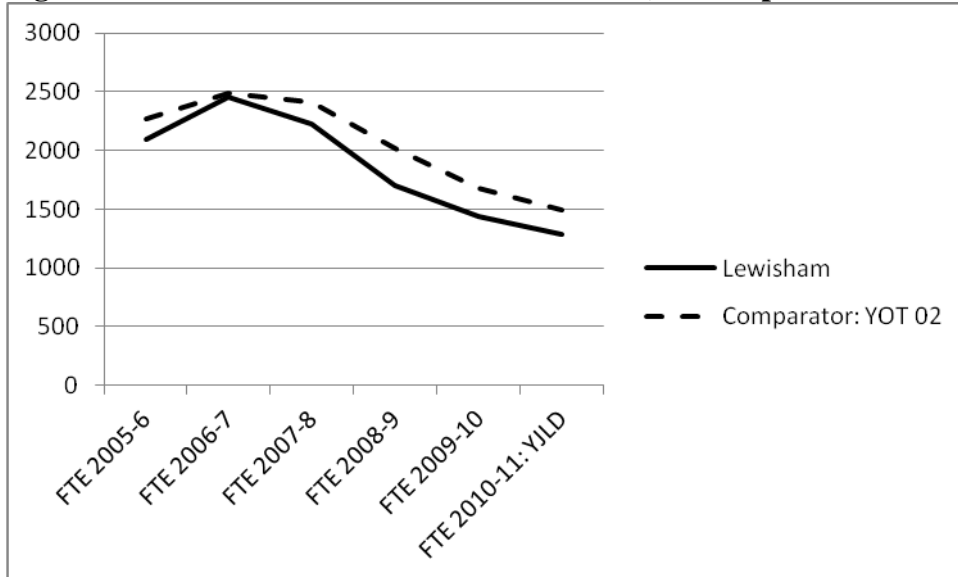


Figure 21 First time entrant rate in Peterborough (vs. ComparatorYOT.5)

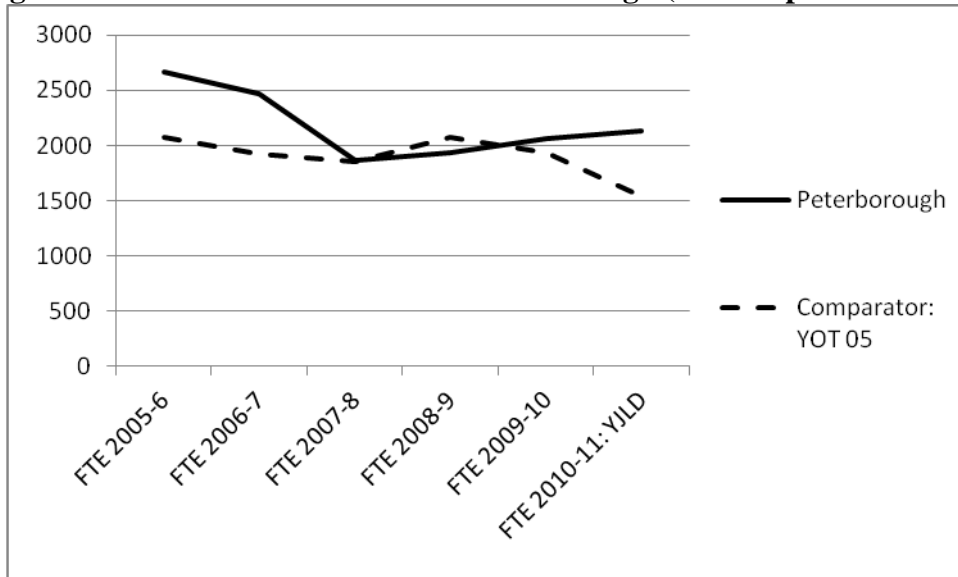
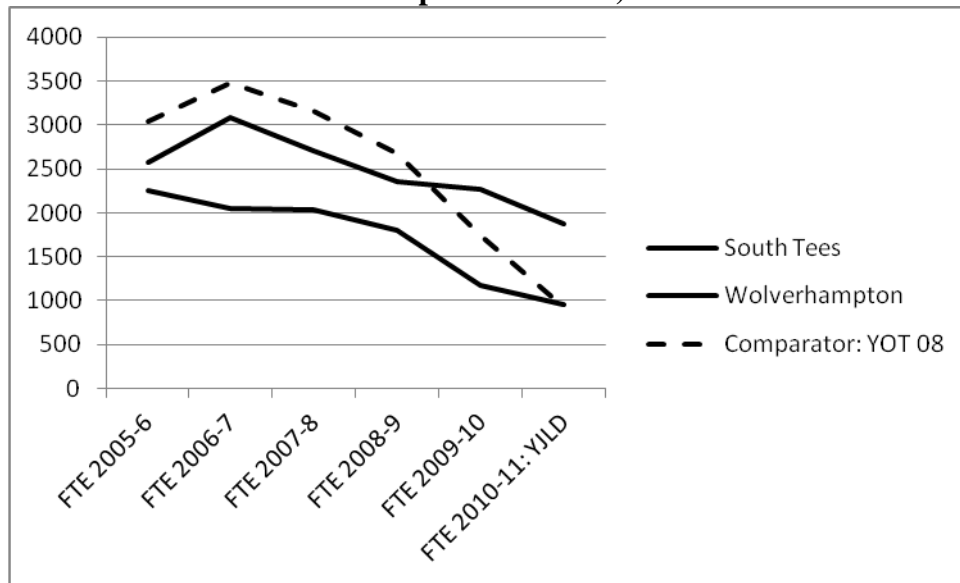


Figure 22 First time entrant rate in South Tees and Wolverhampton (vs. ComparatorYOT.8)



It can be seen that in Lewisham, South Tees and Wolverhampton FTE rates were lower during the YJLD year than in any previous year but that this reflected the continuation of a consistent downward trend since 2006-7. Comparing rates in 2009-10 and 2010-11, the mean [sd] reduction in YJLD sites was smaller (-172.5 [190.5]) than that in comparator sites (-466 [321]). This difference in rates of change was not significant (n=7 observations).

4.3.2.4. Engagement in suitable education, training and employment (ETE)

This is defined as the proportion of young people on relevant youth justice disposals (i.e. programmes resulting from a Final Warning with intervention, relevant community-based penalty or the community element of a custodial sentence) who are actively engaged (>16 hours at least a week) in education, training or employment.

Figure 23 ETE rate in Lewisham (vs. ComparatorYOT.2)

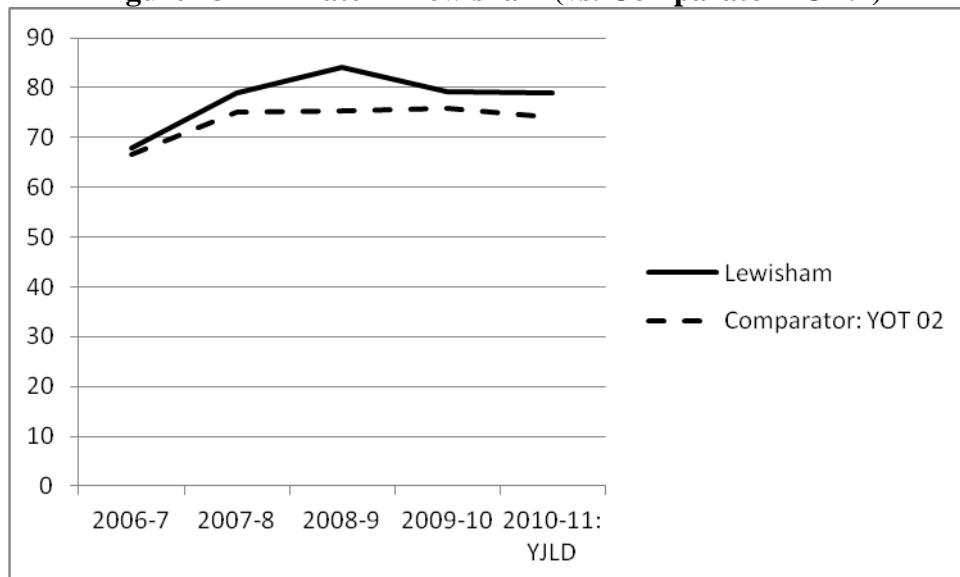


Figure 24 ETE rate in Peterborough (vs. Comparator YOT.5)

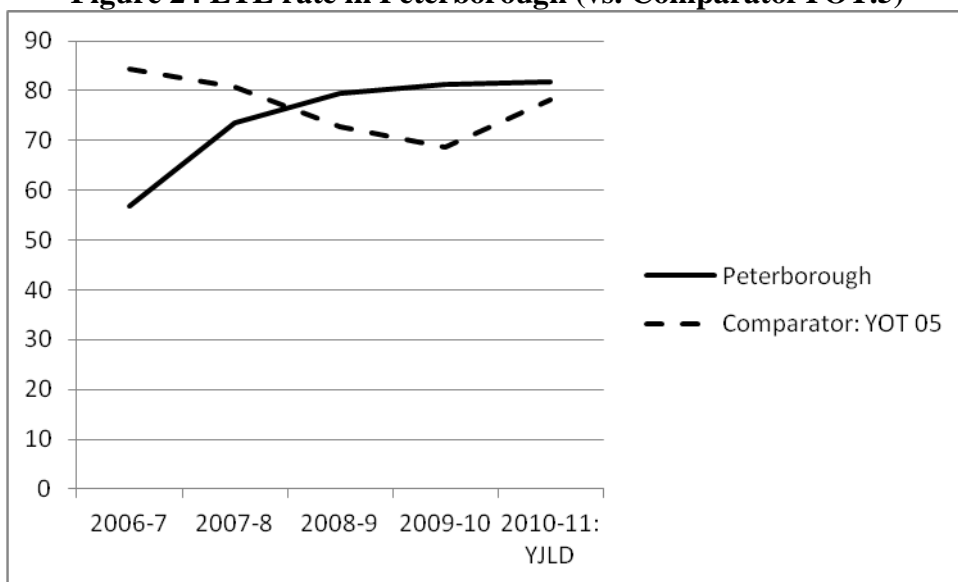
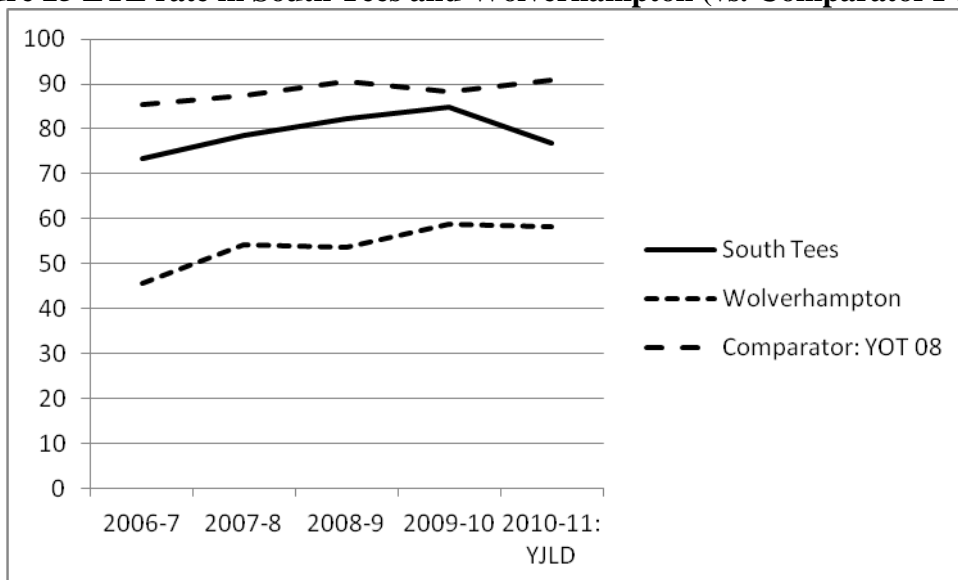


Figure 25 ETE rate in South Tees and Wolverhampton (vs. Comparator YOT.8)



No clear pattern can be discerned. Rates in Lewisham and Peterborough and their respective comparators are fairly stable before and after implementation of YJLD. South Tees and Wolverhampton had increasing rates of ETE which then stabilised or decreased in the year YJLD became fully operational. Comparing the rates for 2009-10 and 2010-11, there was a mean reduction in engagement in the YJLD sites (-2.0) and a mean increase in the comparator sites (+3.4) but this difference in change rates was not significant.

4.3.3. Discussion

These data can be viewed in two ways. On the one hand, they are very helpful in contextualising the findings from the other four studies in that they illustrate macro-level trends in the participating YOTs. As a research study *per se*, however, only very limited conclusions can be drawn. The results of this analysis present an inconsistent picture in terms of trends within YJLD sites after the implementation of the service. Even consistent or robust trends can only be interpreted with caution due to the quasi-experimental nature of the

design, the format of available data and, most importantly, the focus of the indicators on YOT-wide rather than YJLD-specific activity. As with the reoffending study, random allocation of young people to either YJLD or comparator YOTs was neither feasible nor desirable in terms of providing an appropriate service. Therefore, given the inevitably quasi-experimental nature of the design, factors other than pure chance (e.g. local policies, relative deprivation) may explain any significant differences between the YJLD and comparator sites. As it happens, no statistically significant differences were detected anyway, probably due to small sample sizes. 'Real' significant trends differences are difficult to detect with small sample sizes and the unit of analysis here was the YOT (n=7), rather than the individual young person. An additional weakness here of the YOT-level analysis approach is the likely 'swamping' of YJLD activity by the global activity of the YOT which formed the basis for the data analysis. This is unlike the reoffending and mental health studies which tracked outcomes for individual children and young people and thus was targeted precisely on the specific client group. In other words, a single YJLD worker could conceivably have a significant impact on an individual child or young person which could be picked up by the other studies but is unlikely to impact significantly on the overall outcomes measured for the entire YOT.

Overall there was no statistically significant difference between YJLD and non-YJLD sites but, as noted, the small sample size (n=7 sites) limited statistical power and made it very difficult to detect any difference that might actually exist. There is no evidence overall one way or the other with regard to the effectiveness of YOTs providing a YJLD service. Individual YJLD YOTs are performing well against comparator sites on some specific indicators and this may be partly due to the enhanced YJLD provision. Certainly there is no evidence here of impaired YOT performance linked to YJLD and so evidence of effectiveness from Studies 1 and 2 is not contradicted by this wider analysis.

Chapter 5 - The economic evaluation of the YJLD

5.1. Introduction

5.1.1. Economic evaluation in the context of YJLD

The essential first step in undertaking an economic evaluation of YJLD is to define the objectives of the YJLD scheme. Although this may seem simplistic in reality, it is more complex as a broad range of potential objectives exists. These include reducing the 'vulnerability' of young offenders by confronting and treating their underlying health and social problems. Conversely the primary aim may be to change the knowledge, attitudes and hence behaviour of vulnerable young offenders in order to reduce their subsequent offending behaviour. Equally an important objective may be to change the knowledge, attitudes and behaviour of institutions and staff within the criminal justice system. In undertaking the economic evaluation it is important to acknowledge that there exists considerable potential for disagreement concerning the relative priorities that should be assigned to each of these different objectives.

The priority that is attached to the various intermediate objectives will depend upon the wider objectives and values of the service providers. Those who envisage their primary responsibility as improving the quality of life of vulnerable offenders will attach great value to changes in vulnerabilities and attitudes irrespective of whether such changes affect offending behaviour. Conversely those who see services such as YJLD as being entirely related to a reduction in offending behaviour will only value such intermediate objectives to the extent that they are directly translated into reduced offending behaviour.

Even where we decide on a single overriding objective for YJLD (e.g. a reduction in offending behaviour exhibited by clients) it is important that we gain an understanding not just if the service 'works' but also how the service works. The development of a preliminary 'impact model' is essential in identifying individual elements of the service that contribute to or are detrimental for the achievement of service objectives. Once such factors have been identified they can then be dichotomised between those that are location specific (a particularly charismatic YJLD project leader) from those that can be generalised to other settings (a better method of client assessment). Such a dichotomy is essential in deriving general lessons from the evaluation of the YJLD pilot projects.

The aim of reducing the offending behaviour of vulnerable clients can be achieved in many ways each of which is likely to achieve 'success' over a variable timeframe. Perhaps most immediately certain interventions (more police etc.) are likely to rapidly and directly lead to a reduction in the offending behaviour of target populations such as vulnerable young offenders. However such policies fail to address the fundamental underlying problems related to the need to alter in a positive manner the attitude and beliefs of the target population if such offending behaviour is to be altered rather than just hidden. The need is to address the fundamental cause of offending behaviour in vulnerable young clients rather than simply address one very visible symptom of such behaviour. The fact that YJLD is specifically designed to operate by initiating cultural and behavioural changes in vulnerable young offenders means that, if successful, any improvement in offending behaviour is likely to be sustained over the long term. The underlying 'chain of causality' is based on the belief that the knowledge and attitudes of 'vulnerable' young offenders are still not fully formed and hence are open to adaptation. By altering the offender's knowledge and attitudes in a positive

manner (whilst still malleable) the aim is to improve their decision making and behaviour in a way that ultimately leads to a reduction or negation in their offending behaviour.

Even once the effectiveness of the YJLD has been isolated, further judgement calls remain. Central to any attempt to evaluate interventions is the concept of 'fairness' where decisions need to be made about the equitability of the schemes provision.

5.1.2. Targeting YJLD interventions for vulnerable offenders

The potential for reversing the offending behaviour of vulnerable children will be largely influenced by the timing of the therapeutic interventions. It is almost certainly easier to prevent the development of long term offending behaviour in young clients early in their offending 'career' than it would be to alter the more firmly established offending behaviour of older clients whose offending behaviour has been established over a significant period of time.

Accurate identification of young and vulnerable offenders through YJLD is however of limited value, unless effective interventions are available to ameliorate the offending behaviour. As such it is crucial that evidence is obtained concerning the comparative impact of different interventions aimed at ameliorating offending behaviour over the short, medium and long term. In order for the proposed interventions to be successful there needs to be sufficient resources available to support the needs of the young offenders. For example in recognising vulnerabilities where otherwise they would remain unidentified, the pull on family liaison workers time is likely to substantially increase. Without careful management this may result in an opportunity cost of a reduction of available time for the other vulnerable groups which would usually fall under their care. Ensuring intervention participation from the offenders is also key to its ability to make an impact. Such programmes should only be established when adequate resources are available to both undertake the initial assessment and to support referral systems required to obtain necessary additional treatment. Schemes of this nature aim to identify potential behaviours that may indicate early mental health problems and other vulnerabilities, in order to prevent them from progressing any further. One way of doing this is by strengthening the protective factors such as family life (Fergusson & Lynskey, 1997). However there is obviously little point in establishing an extensive system to identify vulnerabilities amongst children and identifying treatment needs if the resources and facilities are not available or an appropriate structure and process for referral has not been established. It is well known that mental health services are amongst the foremost shortage specialities and the 'spare' capacity available to support a significant expansion of demand from first time offenders is likely to be extremely limited (Scott et al., 2001).

Multisystemic Therapy or (MST) is a non-traditional method which aims to reduce and potentially eliminate violent, problematic and/or chronic youth offending behaviour. MST aims to change how the youth behaves in and around their natural surroundings i.e. family, the home and school in order to address behavioural problems, substance abuse and criminal activity, while producing cost savings from the reduction in imprisonment. Each individual offender is "treated" on a personal level. Typically MST focuses on improving the offender's behaviour directly but also indirectly by attempting to strengthen the social support network, paying particular attention to improving parenting skills and the parent/child relationship (MST Institute).

Research and the development of family intervention models have shown that a youths' home environment (including the family, school and peer groups) have a large impact upon their behavioural problems and substance abuse. However following induction into many MST programmes there are significant reductions in aggression, anti-social behaviour and criminal activity especially when the family based interventions are well targeted, they are effective at resolving many initial behavioural difficulties that (if left untreated) would progress to more serious and violent levels (Carr, 2000).

5.1.3. Defining an appropriate comparator for YJLD

The 'gold standard' design for evaluating the cost-effectiveness of any service is a randomised controlled trial in which clients are randomly divided between the study group (YJLD) and a control group that receives the current standard of care. In cases such as YJLD where the aim is to assess the effectiveness of a new programme of care group randomisation would be required. However to ensure comparability randomisation requires large numbers of clients/groups to be incorporated in the analysis. Given the comparatively small nature of our study population a case-control design was utilised in an attempt to enforce comparability on the study and control populations. In such a design the selection of cases and controls is crucial and the many problems that arise in ensuring comparability between case control groups have been analysed in detail elsewhere (Morrisson, 1982). Essentially the aim of the approach is to ensure comparability between case and control in all important aspects so as to mimic the structure of an RCT as closely as possible. In this regard two elements are essential. Firstly to define important client characteristics that determines the costs associated with their subsequent support and secondly to identify the pathway that would have been followed by such clients in the absence of the YJLD service.

No two interventions aimed at improving service provision for vulnerable young children will ever operate from exactly the same initial conditions especially in terms of variations in the behaviours of and expectations from the local youth population. The acceptability of the new service offered is essentially going to be influenced by previous services which may have brought a sense of familiarity to the style of the intervention. In addition the quality and availability of previous service provisions for vulnerable young clients will inevitably alter the familiarity and hence acceptability of such a service. In this manner previous structures and qualities of service provision 'lays the ground' in a manner that may fundamentally affect the effectiveness of subsequent interventions such as YJLD either in terms of laying the foundation for a heightened impact or alternatively in breeding suspicion and alienation amongst the target client group. In either circumstance the ability to identify matching 'comparators' for YJLD services is likely to meet with limited success.

The matching methodology is explained in Section 4.1.1 and further detailed in Appendix A and utilises the available data in order generate comparative cohorts. The YJLD model and the way in which it is applied in each site have evolved over time. The original matching method cannot be expected to take into account the variation in the type of young person enrolled onto the programme and the lack of vulnerabilities data for both YJLD and comparator sites prevents matching on these factors. This may have resulted in variability in the vulnerabilities represented within the YJLD and comparator groups, however exactly how this variability presents itself, if it even occurs, is unknown.

5.2. Economic methodology

From an economic perspective the YJLD structure can be perceived as being a screening system with its constituent elements being evaluated as such. It uses a 'diagnostic' procedure

(the assessment of 'vulnerability') to identify a subpopulation within the community of early stage offenders whose offending behaviours are likely to be as a result of their vulnerabilities. The purpose of such dichotomisation of the population of offenders is to allow specific therapeutic interventions to be applied to appropriate early stage offenders which better address the underlying cause of their offending behaviour and hence are more effective at reducing their reoffending behaviour.

The structures used to evaluate the different essential components of a screening programme of this nature are well developed and have been extensively applied elsewhere. Any such programmes have essential characteristics that they must display in order to achieve success. The remainder of this evaluation assesses the extent to which YJLD fits the classification of a 'successful' screening programme from the economic perspective. Wherever possible the information collected from the pilot evaluation is used to assess the cost-effectiveness of the YJLD programme. However it is important to recognise that such data is limited both in time (only limited short term reoffending data is available) and in scope (only data for a limited number of clients was available). Thus in order to inform the structure and content of any future more broadly based economic evaluation the crucial cost and benefit drivers underpinning the YJLD structure are outlined and analysed -these elements should be the focus of any future economic evaluations of diversionary schemes such as YJLD.

Obviously a reduction in reoffending behaviours is only one element of benefit that is likely to arise from diversionary schemes such as YJLD. Clients who are provided with therapeutic interventions to address their vulnerabilities, and hence kept out of the criminal justice system are more likely to continue with their education and so gaining greater skills for employability (Carr, 2000). Therefore these individuals are likely to experience a higher quality of life and become a positive contributor to society. Whilst acknowledging the range of additional benefits that are likely to arise from an effective diversionary scheme (all of which should be evaluated in greater detail in future evaluations) this preliminary analysis is largely undertaken in the form of a cost-effectiveness analysis with 'effectiveness' being measured in terms of the comparative impact of YJLD on the (admittedly short term) reoffending behaviour exhibited by clients. It is important to remember however that the overall aim of the YJLD system is a long term one. Namely to identify clients in the early stage of their offending 'career' that are amenable to being safely diverted to evidence based and, effective therapeutic interventions aimed at reducing the chances of entrenched offending patterns and enabling them to become law abiding and productive members of society. The enormous difference in the comparative lifetime costs and benefits arising to society as a consequence of effective early intervention to switch clients from long term offending to non-offending behaviour imply that the potential 'value for money' obtained from investing effectively in this area of policy are likely to be immense.

A holistic evaluation of the YJLD scheme would involve analysis of all the proposed costs and benefits. If it is envisaged that the scheme will have positive implications for the wellbeing of the young people due to the identification and management of vulnerabilities, such improvements and their impact upon NHS and social services resources, in particular, should be explored. The impact in which the YJLD scheme has on the vulnerabilities identified in the cohort cannot however be evaluated in economic terms in this study due to the lack of HONOSCA or SQUIFA scores for a comparative cohort. Even in the presence of such information, a change in vulnerabilities that impacts upon the use of resources within the health and social services sectors is likely to only be apparent in the longer-term. In order to appropriately assess whether the YJLD model has a greater impact upon the vulnerabilities

of the young people in which they work, than the YOT model, it would be necessary to collect long-term data from baseline and a number of intervals, for both a YJLD and a comparative YOT cohort.

The perspective from which the evaluation is undertaken is largely from that of the criminal justice system however wherever possible assessments have been made of other public sector resource use, for example within social services and the NHS. In addition it was felt that restricting the perspective to the public sector might risk missing a range of potentially important privately borne cost burdens for the individuals and their families. In particular maintaining the offender in their own home may risk adding to the privately borne cost and burden of care whilst reducing the cost on the public purse. From an economic perspective it is vital that all resource burdens irrespective of their source are analysed as comprehensively as possible. In this regard a limited analysis of Child and Adolescent Service Use Schedule (CA-SUS) data was undertaken to assess any additional resource burdens outside the criminal justice system that may be imposed or reduced by the operation of YJLD.

As in all 'screening' programmes the crucial element underlying successful intervention is the ability of the chosen diagnostic test to accurately segment the general population being assessed into varying risk groups. In the case of YJLD the aim is simply to identify at risk children whose offending results primarily from their vulnerability rather than from any other cause and it is important to identify exactly how accurate YJLD is in facilitating this objective. The quality with which YJLD can accurately dichotomise the population of young offenders can be measured through two characteristics; sensitivity and specificity.

Sensitivity is defined as the ability of YJLD to detect all 'vulnerable' clients within the defined population of young offenders. The greater proportion of 'vulnerable' clients that are effectively detected and diverted into therapeutic regimens by YJLD, the greater the defined sensitivity of the service is. The greater the proportion of 'non-vulnerable' clients that are inappropriately classified by YJLD as suffering from 'vulnerability' then the greater the degree of sensitivity displayed by the YJLD service. Defining 'vulnerability' is not an exact science and clients may be inappropriately categorised by YJLD for a wide range of reasons. In particular non-vulnerable clients who perceive the therapeutic intervention provided by YJLD as being the 'soft' option will have an obvious incentive to attempt to get themselves inappropriately classified as being 'vulnerable'. In general the more accurately that the YJLD can effectively target the sub-group of vulnerable clients in whom therapeutic intervention would be effective and hence exclude non vulnerable clients then the greater the cost-effectiveness of the overall system.

'Specificity' is defined as the ability of YJLD to correctly exclude 'non-vulnerable' clients whose offending behaviour was not caused by any form of vulnerability. As such the greater the proportion of 'non-vulnerable' clients excluded from the YJLD service the greater the degree of specificity exhibited by the service. Obviously the main problem with such a measure is in distinguishing vulnerable clients who fail to be identified by the YJLD and hence are inappropriately diverted away from therapeutic interventions by YJLD which may have been effective in constraining their long term offending behaviour.

In practice the difficulty regarding both of these measures is in distinguishing the true positives from the false positives and the true negatives from the false negatives. There is an inevitable trade off in establishing the boundaries between 'vulnerability' and 'non-vulnerability' which will significantly influence the overall proportion of clients defined as

being suitable for support by YJLD. The optimal trade off of these characteristics in large part relates to the 'costs' arising from the inappropriate classification of clients. In cases where it is imperative that as many 'vulnerable' clients as possible are identified (perhaps because the failure to identify them leads to high levels of suicide) then the sensitivity of the test becomes the primary focus of the analysis. This would result with boundaries being set that accept a high risk of incorporating a large number of false positives as this is perceived as being an acceptable cost incurred to minimise the number of vulnerable clients who are missed by YJLD. Such difficulties will inevitably be enhanced by uncertainties and variations between individual YJLD groups in defining what exactly constitutes a 'vulnerable' client. This variability in 'vulnerabilities' definition also prevents comparisons of outcomes between YJLD sites. The model employed by each site needs to be sensitive to the local environment in which they inhabit, however such adaptation should be informed by evidence of which vulnerabilities the YJLD is most effective in treating.

5.2.1. Measuring elements of 'effectiveness' in YJLD interventions

5.2.1.1. Measuring outcome of YJLD

The aim of the economic evaluation of YJLD is to move beyond assessments of inputs and processes and to assess the cost-effectiveness of YJLD in terms of its impact on 'outcome' for both the individual client and for society as a whole. Ultimately the value for money provided by the YJLD service depends on both the value of resources consumed and outcome produced by YJLD in comparison to the existing structure of services available to vulnerable clients. In essence what is the 'opportunity cost' of resources used in providing this intervention in comparison to other potential methods of reducing offending behaviour?

The necessary steps involved in a 'final output' focused evaluation are:

- (i) Definition of objective - how should we measure changes, over what time period, and for what group?
- (ii) Isolation of effect-what contribution have other factors made towards changes in the offending behaviour of the defined group and how best can the impact of YJLD be isolated?
- (iii) Sustainability of effect- are there any 'secondary effects' that either compound or confound the primary impact of YJLD and what evidence is there that any short term changes in offending behaviour are likely to be sustained over the long term ?

Each of these elements are addressed in greater detail below.

5.2.1.2. Definition of objective of YJLD

In undertaking an economic evaluation of YJLD the most crucial element underlying cost-effectiveness is the extent to which the service is 'effective' in achieving its' objectives in comparison to existing services. In this regard it is crucial to be able to accurately define the objectives of the service in a readily quantifiable and measurable manner. Only by generating such a concrete definition does it become possible to evaluate the comparative 'effectiveness' of YJLD. The underlying objective of YJLD is to effectively identify vulnerable young offenders and to provide therapeutic interventions that address the underlying causes of the clients' behavioural problems and reduce the chances of future offending.

Three aspects of the impact of YJLD combine to determine its' comparative effectiveness in relation to existing service, firstly to what extent does YJLD impact in a positive manner on the attitudes and vulnerabilities of young offenders. By effectively addressing the root cause of their offending behaviour the aim is to enhance the attitudes and self-awareness of the

young person in a positive manner which makes subsequent anti-social behaviour less likely. This is the second link in the 'chain of causality' whereby a subset of the people whose attitudes have been positively influenced will reduce their anti-social behaviour in response to this improved attitude. Again in a subset of YJLD young people, such changes in anti-social behaviour will manifest itself in terms of reduced offending behaviour and it is this final element of the chain of causality that is likely to lead to the greatest benefits to society. Reducing the long term offending behaviour of these young people will both improve the lifetime quality of life being experienced by vulnerable young offenders and avoid the burden imposed on society as a consequence of their lifetime offending behaviour.

Children within environments that are particularly disruptive or violent have increased risk of developing problematic behaviour and mental disorders, for example children of alcoholic parents (Ellis et al., 1997) are 33% more likely to develop related problems themselves as well as other mental and behavioural issues. Most of the children at risk are from backgrounds with low socioeconomic status, history of aggression, violence and cognitive impairment and families with low/no cohesion i.e. high conflict and poor relationships. Therefore the schemes that seek to correct the behaviour of such individuals aim to strengthen the protective factors as well as to target the sources of the behaviours (Knapp, 2011).

5.2.1.3. Isolation of effect of YJLD

Even in cases where there does appear to have been a significant change in the attitudes, behaviour and protective factors of YJLD clients then the subsequent problem is one of 'isolation of effect' - how can we accurately identify the extent of the behavioural changes that can be directly attributed to the YJLD service. This 'isolation of effect' is essential in determining the 'added value' of the YJLD scheme and yet it is inevitably complicated by the complexity of each vulnerable child's decision-making process and the large number of factors that may contribute to a decision by a vulnerable young offender to alter their offending behaviour. Various external stimuli (peer pressure and personal experiences) will undoubtedly contribute positively and negatively to any such decision and therefore disentangling the specific influence of YJLD is likely to prove exceptionally difficult.

5.2.1.4. Sustainability of effect of YJLD

There exists large and indeterminate numbers of variables to take into account when evaluating the long term pattern of costs and benefits that are likely to be exhibited by any complex service such as YJLD. The long term pattern of costs and benefits of each YJLD scheme for each client will be determined by a complex interaction of a multitude of factors. The long term predictive value of short term estimates of comparative cost-effectiveness for each YJLD service is determined by a range of factors both positive and negative. Foremost amongst such factors is the fact that all YJLD sites have been newly formed and are likely to be at the start of a learning curve both in terms of optimising the efficiency of their own operations and also in terms of fitting in seamlessly with surrounding structures of service provision. In addition any new service aimed at vulnerable young offenders is likely to be initially perceived with distrust and suspicion. In such situations the initial effectiveness of YJLD may be limited until it has proved its value both to clients and also to other local service providers. The initial effectiveness of new services such as YJLD is therefore limited by the need to sensitively gain acceptance of the service from both service providers and service users. The speed at which such 'acceptance' is achieved will be determined by a large number of locally determined factors and is inherently difficult to predict.

5.2.4. Costs of the scheme

5.2.4.1. What is the cost of YJLD?

Estimating the ‘cost’ of YJLD is a meaningless concept in the abstract. In order to talk meaningfully about such a concept it is necessary to contextualise the structure of the cost analysis. In particular three issues need to be defined-what costs? To whom? And over what time period? The implications of each of these issues for YJLD are addressed in detail below.

5.2.4.2. What costs?

Ideally the economic analysis would assess changes in physical resource use that occur as a consequence of the introduction and operation of YJLD and apply an ‘appropriate’ unit cost to each of these resource changes. The aim of such an analysis is to generate an assessment of alterations in the consumption of scarce public and private resources that result from YJLD- this is the true ‘cost’ of YJLD.

In reality the information available to estimate resource changes underlying the introduction of YJLD was severely limited. The only information available concerning resource consumption related directly to YJLD was obtained from the budgetary funding provided to each YJLD group divided by the number of clients supported. This provides a poor estimate of resource use for two principle reasons. Firstly although funding was supposed to be ring fenced in times of financial hardship there are inevitable incentives to use budgeted resources flexibly. Secondly YJLD was also supported (subsidised) by a variety of other public and private services who assisted in the support of YJLD clients and who did not receive payment in response. Although this emphasised how well YJLD services were becoming integrated into mainstream services it also inevitably led to an underestimation of the true cost of service provision by YJLD. Equally the only information available concerning the direct costs of the comparator (YOT) was obtained from national data providing information on the total cost of the YOT service which was divided by the total number of YOT clients supported nationally. Again such a process suffers inevitably from the two limitations outlined for the YJLD estimates- budgets do not equate with resource consumption and the inability to accurately identify and value additional services provided to clients within the YOT service.

More in depth costing information relating to actual expenditure rather than budgeted funds would enable a more accurate assessment of the costs of running each of the schemes. Itemised costing would facilitate closer analysis of the different models of services provided. Future evaluation of such schemes would benefit enormously from site specific costing information.

5.2.4.3. To whom?

Ideally the economic analysis would be undertaken from the ‘societal’ perspective. This implies that all changes in resource use would be incorporated into the analysis irrespective of upon whom they fall. Thus not only changes in public sector costs (imposed on health, social services, criminal justice system etc.) but also any privately borne costs (imposed on the individual, family or members of society in general) should be incorporated into the analysis. Such a broad perspective is necessary to ensure that costs are not misinterpreted as a consequence of omitting certain cost elements (e.g. costs transferred from public sector bodies back to the family) which are not incorporated into the analysis.

In reality the ability of the economic analysis to undertake such a broad societal analysis was severely limited. In particular it was important that issues relating to privately borne burdens and costs were explored to ensure that any additional costs and benefits (enhanced burden on the family or community health services, improved ability to maintain or enhance school attendance by the client) arising from the altered structures of service provision inherent within YJLD were captured as fully as possible. In order to achieve this a limited number of CA-SUS analyses, twenty questionnaires in total split 9 individuals from a YJLD site and 11 individuals from a comparator YOT, were undertaken to assess as broadly as possible the nature and impact of such changes. As in all aspects of this analysis the limited number of observations implies that any conclusions that are derived from the analysis should be interpreted as being indicative rather than definitive.

5.2.4.4. Over what time period?

Ideally policies and services such as YJLD that aim at changing long term offending behaviour should be evaluated from a lifetime perspective. Such a long term perspective is necessary in ensuring that policy is not based on short term changes in resource use/outcomes which may not be sustainable over the long term. It is also important to recognise that any new service such as YJLD will inevitably be subject to a 'learning curve' during which period they are 'bedding in' with surrounding services. In such circumstances the costs measured during this early stage of operation are likely to significantly overstate the level of costs that would be likely to be exhibited in a 'steady state.'

In general changes in resource use associated with YJLD can be divided between those that occur over three time periods-short-term, medium term and long term. In the short term the comparative 'costs' of YJLD are dominated by the immediate resource consequences of establishing and operating the service. As outlined above the only proxy available for this cost related to the additional central funding provided to support the service. In addition the therapeutic context in which YJLD is provided will also inevitably involve additional workload for a range of health and social services.

The other short term costs relate to resources that would have been consumed in the absence of YJLD but which were 'saved' as a consequence of the operation of YJLD. Foremost amongst these services are costs associated with the criminal justice system (police and court costs) which were displaced by the costs of providing a therapeutic rather than a punitive response to the offending behaviour.

In the short to medium term an attitudinal, health or environmental change on behalf of YJLD clients is likely to manifest itself in improved behavioural patterns which will have significant resource implications. In addition to the hope for reduction in short term offending behaviour issues such as improvements in school attendance and a reduction in arrests and in the need for youth custodial interventions will significantly alter the structure of resource use.

The overall resource savings arising from YJLD in improving mental health and well being outcomes and addressing offending behaviour in vulnerable clients will depend on two factors. Firstly how effective is YJLD in supporting positive behavioural change in clients. Secondly (and even more importantly) to what degree can such positive behavioural changes be sustained over the lifetime of the vulnerable client? From a societal perspective the development of ingrained offending attitudes and behaviour imposes an enormous cost on society and an enormous specific burden on both the offender (and their family) and, in particular, on the victims of future offending behaviour. Although certain resource costs can

be identified (repeated police investigations, court costs and incarcerations), many other important ‘costs’ are more intangible (the fear and suffering imposed on victims of crime). Any service that can effectively reduce the risk of offending behaviour at an early stage in an offending ‘career’ offers the potential to alter the flow of society’s resources from an essentially negative one (anti social criminality and all the costs and burdens associated with it) into a more positive one (avoiding all the costs associated with long term offending behaviour and contributing to tax revenues through employment within the context of a stable family life.) Such a transformation in both the highly visible and also the intangible costs emphasises the potential value of a service such as YJLD if it can be proven to be effective in reducing long term offending behaviour.

5.3. Results

5.3.1. Economic costs of reoffending

The reoffending study indicates that short-term reoffending is insignificantly different between YJLD and comparator sites. In light of this and in order to allocate costs to the offences committed by the young people an analysis of the re-offences committed by type of offence has been conducted. In each case the court costs of processing each type of offence have been included (**Table 36**). This does not take into account all of the state costs associated with the offences committed e.g. criminal damage and excludes the time taken by police that may be needed elsewhere. The input of other departments such as social services and the costs of the punishment given are also not considered, in the case of a sentence to be served in a young offenders institution these costs are significant. However, as data did not exist to enable individual level costing of each of these elements, or the wider social implications, the court costs alone have been used and should at least show differences in magnitude of costs to the state. The additional costs borne by the state and society both in the short and longer term will be further discussed in subsequent sections.

Table 36 Court Costs by Offence Type (NAO 2010)

| Costs Table | Offence Number | Cost |
|-------------------------------------|----------------|------|
| Violence against the person | 1 | 6837 |
| Sexual offences | 2 | 4061 |
| Burglary | 3 | 1650 |
| Robbery | 4 | 4800 |
| Theft and handling stolen goods | 5 | 2645 |
| Fraud and forgery | 6 | 1300 |
| Criminal damage | 7 | 840 |
| Drug offences | 8 | 1400 |
| Other indictable offences | 9 | 2400 |
| Indictable motoring offences | 10 | 2400 |
| Summary offences excluding motoring | 11 | 1000 |
| summary motoring offenses | 12 | 400 |
| Breach offenses | 23 | 400 |

5.3.2. Seriousness and frequency of offences

In order to enable an accurate representation of the results it is necessary to firstly outline the methodology in which the costing of re-offences was conducted. The categorisation of each offence is based upon an index date. This date was derived from one of three dates within the

database. These dates correspond to the date in which the individual was cautioned, the date of arrest and the date in which the individual was referred to the YJLD/YOT scheme (this is likely to be close to the date of arrest). The second and third index dates may occur prior to the caution date. As not every individual has information in all three of these fields, the first index date was used for reference where it was available, if not the second, and in absence of both, the third date was used. Offences which brought about a caution have an associated caution date; this date was compared with the index date to categorise each offence for each individual into offences prior, at the same time or post their contact with the YJLD/YOT team. Using the index date in this way however may have resulted in some misclassification of offences, for example if the caution date of an offence lies between the date of referral to YJLD and the caution date, then this would be classified as a previous offence. This seems reasonable as there is often a delay between the date of offence and the date of the caution, however in some cases this possibly should be classified as an offence which occurred at the same time as that offence which brought the individual to the attention of the YJLD services. Not all individuals will have a cautioned offence associated with the date they became part of the youth justice services as their initial offence may not have been processed as far as the caution stage. This may be as a result of youth workers intervening and the circumstances surrounding the offence being considered, therefore preventing a caution.

Each offence is categorised into thirteen types which have associated court costs. The re-offences of each individual have been totalled to give the total number of re-offences by site in each category. The court costs of processing each of these offences is also totalled in the table below. The information for each YJLD site is presented alongside its comparator site. Comparisons between YJLD and comparator sites other than the matched pairs should not be made as the time period of data collection differs as YJLD inception for each site occurred at different times. See *Table 37* below.

Table 37 Cost of Re-offence Type and Frequency for YLD and Comparator Sites

| Site Vs Comparator | Violence Against the Person | Costs of Violence Against the Person | Sexual Offences | Costs of Sexual Offences | Burglary | Costs of Burglary | Robbery | Costs of Robbery | Theft and Handling Stolen Goods | Costs of Theft and Handling Stolen Goods | Fraud and Forgery | Costs of Fraud and Forgery | Criminal Damage | Costs of Criminal Damage | Drug Offences | Costs of Drug Offences | Other Indictable Offences | Costs of Other Indictable Offences | Indictable Motoring Offences | Costs of Indictable Motoring Offences | Summary Offences Excluding Motoring | Costs of Summary Offences Excluding Motoring | Summary Motoring Offences | Costs of Summary Motoring Offences | Breach Offences | Costs of Breach Offences | Total Re-offences | Total Court Cost per Site |
|---------------------------|------------------------------------|---|------------------------|---------------------------------|-----------------|--------------------------|----------------|-------------------------|--|---|--------------------------|-----------------------------------|------------------------|---------------------------------|----------------------|-------------------------------|----------------------------------|---|-------------------------------------|--|--|---|----------------------------------|---|------------------------|---------------------------------|--------------------------|----------------------------------|
| Lewisham | 8 | £54,696 | 1 | £4,061 | 1 | £1,650 | 8 | £38,400 | 23 | £60,835 | 0 | £0 | 1 | £840 | 6 | £8,400 | 5 | £12,000 | 0 | £0 | 34 | £34,000 | 3 | £1,200 | 3 | £1,200 | 93 | £217,282 |
| Comparator YOT .1 | 1 | £6,837 | 0 | £0 | 0 | £0 | 7 | £33,600 | 8 | £21,160 | 1 | £1,300 | 3 | £2,520 | 16 | £22,400 | 3 | £7,200 | 0 | £0 | 13 | £13,000 | 6 | £2,400 | 1 | £400 | 59 | £110,817 |
| Peterborough | 3 | £20,511 | 20 | £81,220 | 4 | £6,600 | 1 | £4,800 | 17 | £44,965 | 0 | £0 | 0 | £0 | 4 | £5,600 | 3 | £7,200 | 1 | £2,400 | 26 | £26,000 | 4 | £1,600 | 5 | £2,000 | 88 | £202,896 |
| Comparator YOT .5 | 2 | £13,674 | 0 | £0 | 0 | £0 | 1 | £4,800 | 16 | £42,320 | 0 | £0 | 1 | £840 | 1 | £1,400 | 1 | £2,400 | 0 | £0 | 34 | £34,000 | 3 | £1,200 | 3 | £1,200 | 62 | £101,834 |
| South Tees | 24 | £164,088 | 0 | £0 | 23 | £37,950 | 4 | £19,200 | 83 | £219,535 | 2 | £2,600 | 20 | £16,800 | 15 | £21,000 | 30 | £72,000 | 0 | £0 | 123 | £123,000 | 13 | £5,200 | 55 | £22,000 | 392 | £703,373 |
| Comparator YOT .8 | 12 | £82,044 | 2 | £8,122 | 6 | £9,900 | 0 | £0 | 37 | £97,865 | 3 | £3,900 | 2 | £1,680 | 18 | £25,200 | 11 | £26,400 | 0 | £0 | 69 | £69,000 | 7 | £2,800 | 23 | £9,200 | 190 | £336,111 |
| Wolverhampton | 12 | £82,044 | 0 | £0 | 8 | £13,200 | 2 | £9,600 | 11 | £29,095 | 0 | £0 | 0 | £0 | 0 | £0 | 4 | £9,600 | 1 | £2,400 | 11 | £11,000 | 8 | £3,200 | 3 | £1,200 | 60 | £161,339 |
| Comparator YOT .8 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 8 | £21,160 | 1 | £1,300 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 9 | £9,000 | 0 | £0 | 2 | £800 | 20 | £32,260 |

Table 37 depicts the total costs of re-offending by site and offence type. The total costs were derived using the numbers of offences within each category (data collected from within the study at each site) and multiplying the total by the individual cost of that offence (as seen in table 36). For example, in Lewisham there were 3 incidences of summary motoring offences; the individual cost for this offence was £400 and so the total cost for the site for this offence was £1,200.

The costs are the court costs of each offence taken from a NAO study (NOA, 2011). Each caution received by each individual is assumed to carry court costs. There may however be some cases where multiple cautions are received as part of the same trial. A much more detailed analysis accompanied by additional data on the processing of each offence by the criminal justice system would be needed to identify such cases. The seriousness of offences costing analysis is limited as a result but is designed to highlight patterns of behaviour and indicatively represent the crimes committed in the order of the magnitude of court costs imposed on the criminal justice system for each type of offence.

From looking at the results in the data, we can see that the total costs for South Tees are more than twice of the total costs for its comparator, although South Tees has 12 more offenders than its comparator site. Costs for Wolverhampton are over five times greater than its comparator site; the comparator site only has 6 less re-offenders which cannot account for the substantial cost differences. Peterborough and its comparator site have the closest number of offences with a difference of 26 offences. However the additional offences accrue to an additional £101,062. In all of the four sets of YJLD and comparator sites the total cost of reoffending are greater than the comparator sites, although only in the South Tees and Wolverhampton sites are the number of re-offenders greater than their comparator sites.

The YJLD and comparator sites were not matched perfectly on offending behaviour therefore there may be variation in the types of offenders compared. However as the cohorts were matched on a number of characteristics (see Appendix A), without a systematic difference in the nature of the offences committed by the young people who become part of the YJLD and YOT programmes, the variation in re-offending patterns needs further exploration. The targeting of young people to be included in the scheme is different across YJLD sites, as described in Section 3. Lewisham for example focused referrals to YJLD on young people with mental health problems specifically unlike other sites in which their focus was on a much broader range of vulnerabilities. Peterborough and South Tees included offenders committing more serious crimes and young people further on in their offending career than the other YJLD sites.

Analysis of short-term re-offending behaviours with the known limitations highlighted, does not imply causality in any sense, but can be used to highlight interesting patterns of behaviour and differences between the YJLD and YOT cohorts. Some of these differences may be expected due to variation in targeting or application of the YJLD scheme. Others may need to be explored with further research in this area.

The reoffending cost per case shows how much the young people who commit offences after their initial involvement with the YJLD/YOT schemes costs the state in terms of court costs. However these figures mask any variation in reoffending rates. The average cost of reoffending per individual in the study has also been calculated to incorporate reoffending variation.

Table 38 Average no. offences

| Site Vs Comparator | Average no. Reoffences (Reoffenders) | Average no. Reoffences (Total Cohort) |
|----------------------|--------------------------------------|---------------------------------------|
| Lewisham | 4.04 | 1.63 |
| Comparator YOT .1 | 2.27 | 1.13 |
| Peterborough | 4.19 | 2.75 |
| Comparator YOT .5 | 2.00 | 1.68 |
| South Tees | 6.13 | 3.92 |
| Comparator YOT .8 | 3.65 | 2.00 |
| Wolverhampton | 5.45 | 3.16 |
| Comparator YOT .8 | 4.00 | 1.25 |

Whilst in some cases the YJLD sites have a lower reoffending rate, the number of re-offences committed by both the reoffending individuals and overall on average, is higher than the comparator sites.

When the average costs of reoffending per re-offender and per individual in the cohort are considered, a much larger cost is associated with YJLD sites in all cases. A definitive explanation for this cannot be established from this dataset, however possible reasons for the

variation include a ‘standard care’ comparator which although matched on a number of variables may not have the same representation of prolific or serious offenders as identified to be part of the YJLD scheme, or a difference in the type of individuals in each of the cohorts as a result of a varied interpretation of the types of young people, in terms of their ‘vulnerabilities’ and offending behaviours, to be included as part of the scheme.

Table 39 Average cost of reoffending

| Site Vs Comparator | Average Court Costs of Reoffences (Reoffenders) | Average Court Costs of Reoffences (Total Cohort) |
|----------------------|---|--|
| Lewisham | £ 9,447 | £ 3,812 |
| Comparator YOT .1 | £ 4,262 | £ 2,131 |
| Peterborough | £ 9,662 | £ 6,341 |
| Comparator YOT .5 | £ 3,285 | £ 2,752 |
| South Tees | £ 10,990 | £ 7,034 |
| Comparator YOT .8 | £ 6,464 | £ 3,538 |
| Wolverhampton | £ 14,667 | £ 8,492 |
| Comparator YOT .8 | £ 6,452 | £ 2,016 |

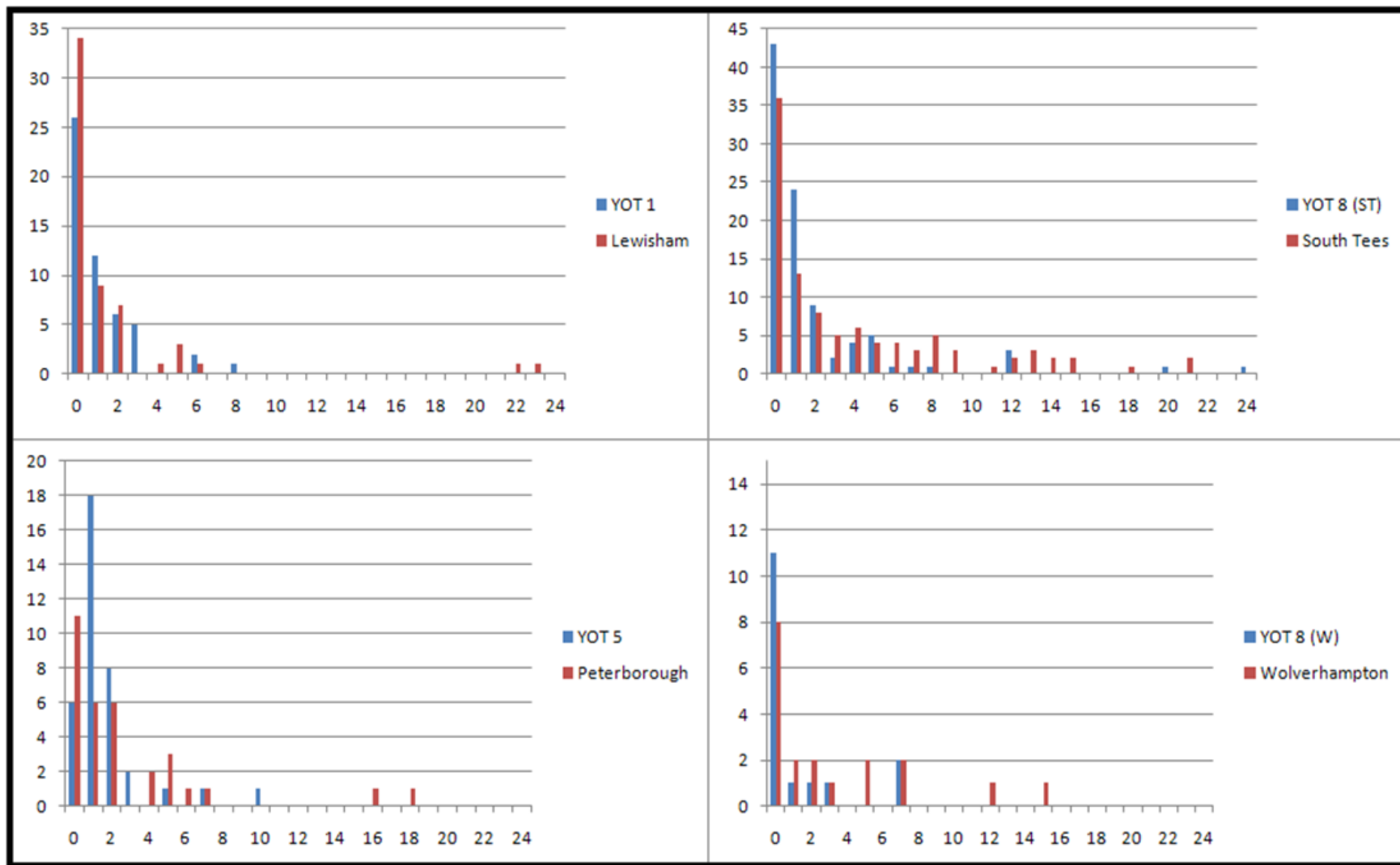


Figure 26 YJLD Site Vs Comparator Site – Offence Frequency and Number of Individuals by Site

The chart above shows the number of re-offences committed and the frequency of individuals with that number of re-offences. From this data we can see the outliers who commit a large number of crimes and could potentially influence the comparability of the YJLD and YOT sites. The variation in the number and type of re-offences between sites has been explored in more detail by taking into consideration the impact of the few young people in which there have been a large number of re-offences. The total costs associated with any individual who committed greater than 15 re-offences are detailed in the table below, along with the site to which they belong. The type of re-offences they are committing makes a substantial difference to the costs they accrue. These results are presented to go some way towards a justification for the variation in the costs associated with each site. It would however be unwise to exclude these outliers completely as they were identified initially as being suitable for inclusion in the schemes.

There are 12 individuals that appear as outliers; of these, 10 were previous re-offenders, two with the number of cautions ranging from 1-4, three with cautions ranging from 5-9 and one with between 10 and 15 cautions. The remaining outlier offenders however have more alarming numbers of re-offences before entering the scheme; these are 16, 20, 21 and 49 offences. In addition one offender had no recorded offences at or before the date of entering the programme, this child also had no recorded caution on the index date. Excluding this child, 6 additional youths of the 12 outliers also had no caution on the index date, but recorded numbers of offences beforehand.

Table 40 Individuals committing 15 or more re-offences

| Site | Total No. Re-offences | Offence Type | No.Offences | Cost |
|---------------------------|-----------------------|--------------|-------------|-----------------|
| Lewisham | 22 | 4 | 4 | £ 19,200 |
| | | 5 | 4 | £ 10,580 |
| | | 11 | 11 | £ 11,000 |
| | | 12 | 3 | £ 1,200 |
| | | | | £ 41,980 |
| Lewisham | 23 | 5 | 13 | £ 34,385 |
| | | 8 | 2 | £ 2,800 |
| | | 9 | 1 | £ 2,400 |
| | | 11 | 5 | £ 5,000 |
| | | 13 | 2 | £ 800 |
| | | | | £ 45,385 |
| Peterborough | 18 | 2 | 18 | £ 73,098 |
| | | | | £ 73,098 |
| Peterborough | 16 | 3 | 1 | £ 1,650 |
| | | 4 | 1 | £ 4,800 |
| | | 9 | 2 | £ 4,800 |
| | | 10 | 1 | £ 2,400 |
| | | 11 | 4 | £ 4,000 |
| | | 12 | 4 | £ 1,600 |
| | | 13 | 3 | £ 1,200 |
| | | | | £ 20,450 |
| Wolverhampton | 15 | 3 | 4 | £ 6,600 |
| | | 5 | 2 | £ 5,290 |
| | | 9 | 1 | £ 2,400 |
| | | 11 | 2 | £ 2,000 |
| | | 12 | 6 | £ 2,400 |
| | | | | £ 18,690 |
| South Tees | 21 | 5 | 1 | £ 2,645 |
| | | 8 | 3 | £ 4,200 |
| | | 9 | 3 | £ 7,200 |
| | | 11 | 7 | £ 7,000 |
| | | 12 | 3 | £ 1,200 |
| | | 13 | 4 | £ 1,600 |
| | | | | £ 23,845 |
| South Tees | 21 | 3 | 2 | £ 3,300 |
| | | 5 | 5 | £ 13,225 |
| | | 7 | 3 | £ 2,520 |
| | | 9 | 1 | £ 2,400 |
| | | 11 | 7 | £ 7,000 |
| | | 13 | 3 | £ 1,200 |
| | | | | £ 29,645 |
| South Tees | 18 | 3 | 1 | £ 1,650 |
| | | 5 | 1 | £ 2,645 |
| | | 7 | 1 | £ 840 |
| | | 9 | 3 | £ 7,200 |
| | | 11 | 10 | £ 10,000 |
| | | 13 | 2 | £ 800 |
| | | | | £ 23,135 |
| South Tees | 15 | 3 | 2 | £ 3,300 |
| | | 5 | 4 | £ 10,580 |
| | | 6 | 1 | £ 1,300 |
| | | 11 | 4 | £ 4,000 |
| | | 13 | 4 | £ 1,600 |
| | | | | £ 20,780 |
| South Tees | 15 | 3 | 1 | £ 1,650 |
| | | 5 | 5 | £ 13,225 |
| | | 7 | 1 | £ 840 |
| | | 11 | 4 | £ 4,000 |
| | | 12 | 1 | £ 400 |
| | | 13 | 3 | £ 1,200 |
| | | | | £ 21,315 |
| South Tees comparator YOT | 20 | 5 | 2 | £ 5,290 |
| | | 8 | 5 | £ 7,000 |
| | | 9 | 2 | £ 4,800 |
| | | 11 | 7 | £ 7,000 |
| | | 13 | 4 | £ 1,600 |
| | | | | £ 25,690 |
| South Tees comparator YOT | 24 | 1 | 1 | £ 6,837 |
| | | 3 | 3 | £ 4,950 |
| | | 5 | 7 | £ 18,515 |
| | | 8 | 1 | £ 1,400 |
| | | 11 | 8 | £ 8,000 |
| | | 13 | 4 | £ 1,600 |
| | | | | £ 41,302 |

5.3.2.1. Sub-analysis comparing first time offenders to previous offenders

As the re-offending study (Section 4) found significant differences between the matched groups in terms of previous offending, the analysis now separates the cohort into first time offenders and those individuals with a criminal history.

The numbers of re-offences committed by the individuals who are first-time offenders are lower than the re-offences for the individuals with previous offences. This may simply highlight the fact previous offenders are more likely to re-offend but may indicate a population to which the YJLD should be targeted. When comparing the number and cost of re-offences of first time offenders between YJLD and YOT matched sites the YJLD cohort offend more and as a result are more costly. This again may simply be due to the evolution of YJLD policy since the matching took place, directly targeting prolific offenders, however would need to be examined more closely to evaluate the schemes cost-effectiveness over existing practices.

Table 41 shows the spread of re-offences committed with the cohorts separated into previous and first time offenders based the same methodology around their index date as described above. The majority of the more serious offences are committed by those young people with a previous history of criminal activity.

Table 41 Cost of Re-offence Type and Frequency for YJLD and Comparator Site - Previous and First Time Offender Comparisons

| Site Vs Comparator | Offender Type | Violence Against the Person | Costs of Violence Against the Person | Sexual Offences | Costs of Sexual Offences | Burglary | Costs of Burglary | Robbery | Costs of Robbery | Theft and Handling Stolen Goods | Costs of Theft and Handling Stolen Goods | Fraud and Forgery | Costs of Fraud and Forgery | Criminal Damage | Costs of Criminal Damages | Drug Offences | Costs of Drug Offences | Other Indicable Offences | Costs of Other Indicable Offences | Indicable Motoring Offences | Costs of Indicable Motoring Offences | Summary Offences Excluding Motoring | Costs of Summary Offences Excluding Motoring | Summary Motoring Offences | Costs of Summary Motoring Offences | Breach Offences | Costs of Breach Offences | Total Re-offences | Total Court Cost per Site |
|--------------------|--------------------|-----------------------------|--------------------------------------|-----------------|--------------------------|----------|-------------------|---------|------------------|---------------------------------|--|-------------------|----------------------------|-----------------|---------------------------|---------------|------------------------|--------------------------|-----------------------------------|-----------------------------|--------------------------------------|-------------------------------------|--|---------------------------|------------------------------------|-----------------|--------------------------|-------------------|---------------------------|
| Lewisham | 1st Time Offenders | 5 | £34,185 | 1 | £4,061 | 0 | £0 | 6 | £28,800 | 10 | £26,450 | 0 | £0 | 1 | £840 | 3 | £4,200 | 4 | £9,600 | 0 | £0 | 26 | £26,000 | 3 | £1,200 | 1 | £400 | 60 | £135,736 |
| | Offending History | 3 | £20,511 | 0 | £0 | 1 | £1,650 | 2 | £9,600 | 13 | £34,385 | 0 | £0 | 0 | £0 | 3 | £4,200 | 1 | £2,400 | 0 | £0 | 8 | £8,000 | 0 | £0 | 2 | £800 | 33 | £81,546 |
| Comparator YOT.1 | 1st Time Offenders | 0 | £0 | 0 | £0 | 0 | £0 | 6 | £28,800 | 8 | £21,160 | 1 | £1,300 | 3 | £2,520 | 4 | £5,600 | 2 | £4,800 | 0 | £0 | 8 | £8,000 | 4 | £1,600 | 0 | £0 | 36 | £73,780 |
| | Offending History | 1 | £6,837 | 0 | £0 | 0 | £0 | 1 | £4,800 | 0 | £0 | 0 | £0 | 0 | £0 | 12 | £16,800 | 1 | £2,400 | 0 | £0 | 5 | £5,000 | 2 | £800 | 1 | £400 | 23 | £37,037 |
| Peterborough | 1st Time Offenders | 1 | £6,837 | 18 | £73,098 | 0 | £0 | 0 | £0 | 1 | £2,645 | 0 | £0 | 0 | £0 | 1 | £1,400 | 0 | £0 | 0 | £0 | 8 | £8,000 | 0 | £0 | 0 | £0 | 29 | £91,980 |
| | Offending History | 2 | £13,674 | 2 | £8,122 | 4 | £6,600 | 1 | £4,800 | 16 | £42,320 | 0 | £0 | 0 | £0 | 3 | £4,200 | 3 | £7,200 | 1 | £2,400 | 18 | £18,000 | 4 | £1,600 | 5 | £2,000 | 59 | £110,916 |
| Comparator YOT.5 | 1st Time Offenders | 2 | £13,674 | 0 | £0 | 0 | £0 | 0 | £0 | 7 | £18,515 | 0 | £0 | 0 | £0 | 1 | £1,400 | 0 | £0 | 0 | £0 | 25 | £25,000 | 3 | £1,200 | 0 | £0 | 38 | £59,789 |
| | Offending History | 0 | £0 | 0 | £0 | 0 | £0 | 1 | £4,800 | 9 | £23,805 | 0 | £0 | 1 | £840 | 0 | £0 | 1 | £2,400 | 0 | £0 | 9 | £9,000 | 0 | £0 | 3 | £1,200 | 24 | £42,045 |
| South Tees | 1st Time Offenders | 3 | £20,511 | 0 | £0 | 1 | £1,650 | 0 | £0 | 2 | £5,290 | 0 | £0 | 2 | £1,680 | 0 | £0 | 0 | £0 | 0 | £0 | 6 | £6,000 | 0 | £0 | 0 | £0 | 14 | £35,131 |
| | Offending History | 21 | £143,577 | 0 | £0 | 22 | £36,300 | 4 | £19,200 | 81 | £214,245 | 2 | £2,600 | 18 | £15,120 | 15 | £21,000 | 30 | £72,000 | 0 | £0 | 117 | £117,000 | 13 | £5,200 | 55 | £22,000 | 378 | £668,242 |
| Comparator YOT.8 | 1st Time Offenders | 3 | £20,511 | 0 | £0 | 0 | £0 | 0 | £0 | 9 | £23,805 | 0 | £0 | 0 | £0 | 3 | £4,200 | 0 | £0 | 0 | £0 | 6 | £6,000 | 3 | £1,200 | 0 | £0 | 24 | £55,716 |
| | Offending History | 9 | £61,533 | 2 | £8,122 | 6 | £9,900 | 0 | £0 | 28 | £74,060 | 3 | £3,900 | 2 | £1,680 | 15 | £21,000 | 11 | £26,400 | 0 | £0 | 63 | £63,000 | 4 | £1,600 | 23 | £9,200 | 166 | £280,395 |
| Wolverhampton | 1st Time Offenders | 1 | £6,837 | 0 | £0 | 4 | £6,600 | 2 | £9,600 | 3 | £7,935 | 0 | £0 | 0 | £0 | 0 | £0 | 1 | £2,400 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 11 | £33,372 |
| | Offending History | 11 | £75,207 | 0 | £0 | 4 | £6,600 | 0 | £0 | 8 | £21,160 | 0 | £0 | 0 | £0 | 0 | £0 | 3 | £7,200 | 1 | £2,400 | 11 | £11,000 | 8 | £3,200 | 3 | £1,200 | 49 | £127,967 |
| Comparator YOT.8 | 1st Time Offenders | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 |
| | Offending History | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 8 | £21,160 | 1 | £1,300 | 0 | £0 | 0 | £0 | 0 | £0 | 0 | £0 | 9 | £9,000 | 0 | £0 | 2 | £800 | 20 | £32,260 |

This table shows the same information as is contained in *Table 37* but splits each cohort into first time and previous offenders for comparative purposes.

Table 42 Proportion of Offence Type - Previous and First Time Offender Comparisons

| <i>Site Vs Comparator</i> | <i>Offender Type</i> | Violence Against the Person | Sexual Offences | Burglary | Robbery | Theft and Handling Stolen Goods | Fraud and Forgery | Criminal Damage | Drug Offences | Other Indictable Offences | Indictable Motoring Offences | Summary Offences Excluding Motoring | Summary Motoring Offences | Breach Offences |
|---------------------------|--------------------------|-----------------------------|-----------------|--------------|---------|---------------------------------|-------------------|-----------------|---------------|---------------------------|------------------------------|-------------------------------------|---------------------------|-----------------|
| Lewisham | 1st Time Offenders | 8.3% | 1.7% | 0.0% | 10.0% | 16.7% | 0.0% | 1.7% | 5.0% | 6.7% | 0.0% | 43.3% | 5.0% | 1.7% |
| | <i>Offending History</i> | 9.1% | 0.0% | 3.0% | 6.1% | 39.4% | 0.0% | 0.0% | 9.1% | 3.0% | 0.0% | 24.2% | 0.0% | 6.1% |
| Comparator YOT .1 | 1st Time Offenders | 0.0% | 0.0% | 0.0% | 16.7% | 22.2% | 2.8% | 8.3% | 11.1% | 5.6% | 0.0% | 22.2% | 11.1% | 0.0% |
| | <i>Offending History</i> | 4.3% | 0.0% | 0.0% | 4.3% | 0.0% | 0.0% | 0.0% | 52.2% | 4.3% | 0.0% | 21.7% | 8.7% | 4.3% |
| Peterborough | 1st Time Offenders | 3.4% | 62.1% | 0.0% | 0.0% | 3.4% | 0.0% | 0.0% | 3.4% | 0.0% | 0.0% | 27.6% | 0.0% | 0.0% |
| | <i>Offending History</i> | 3.4% | 3.4% | 6.8% | 1.7% | 27.1% | 0.0% | 0.0% | 5.1% | 5.1% | 1.7% | 30.5% | 6.8% | 8.5% |
| Comparator YOT .5 | 1st Time Offenders | 5.3% | 0.0% | 0.0% | 0.0% | 18.4% | 0.0% | 0.0% | 2.6% | 0.0% | 0.0% | 65.8% | 7.9% | 0.0% |
| | <i>Offending History</i> | 0.0% | 0.0% | 0.0% | 4.2% | 37.5% | 0.0% | 4.2% | 0.0% | 4.2% | 0.0% | 37.5% | 0.0% | 12.5% |
| South Tees | 1st Time Offenders | 21.4% | 0.0% | 7.1% | 0.0% | 14.3% | 0.0% | 14.3% | 0.0% | 0.0% | 0.0% | 42.9% | 0.0% | 0.0% |
| | <i>Offending History</i> | 5.6% | 0.0% | 5.8% | 1.1% | 21.4% | 0.5% | 4.8% | 4.0% | 7.9% | 0.0% | 31.0% | 3.4% | 14.6% |
| Comparator YOT .8 | 1st Time Offenders | 12.5% | 0.0% | 0.0% | 0.0% | 37.5% | 0.0% | 0.0% | 12.5% | 0.0% | 0.0% | 25.0% | 12.5% | 0.0% |
| | <i>Offending History</i> | 5.4% | 1.2% | 3.6% | 0.0% | 16.9% | 1.8% | 1.2% | 9.0% | 6.6% | 0.0% | 38.0% | 2.4% | 13.9% |
| Wolverhampton | 1st Time Offenders | 9.1% | 0.0% | 36.4% | 18.2% | 27.3% | 0.0% | 0.0% | 0.0% | 9.1% | 0.0% | 0.0% | 0.0% | 0.0% |
| | <i>Offending History</i> | 22.4% | 0.0% | 8.2% | 0.0% | 16.3% | 0.0% | 0.0% | 0.0% | 6.1% | 2.0% | 22.4% | 16.3% | 6.1% |
| Comparator YOT .8 | 1st Time Offenders | 0.0% | 0.0% | 0.0% | 0.0% | 40.0% | 5.0% | 0.0% | 0.0% | 0.0% | 0.0% | 45.0% | 0.0% | 10.0% |
| | <i>Offending History</i> | 0.0% | 0.0% | 0.0% | 0.0% | 40.0% | 5.0% | 0.0% | 0.0% | 0.0% | 0.0% | 45.0% | 0.0% | 10.0% |

Table 43 Offence Frequency and Number of Individuals by Site - Previous versus First Time Offenders

| First Time Offenders | Frequency of Re-offending | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|----------------------------------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------------------|------------|
| Site | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | Grand Total | |
| YOT 1 | 25 | 8 | 5 | 4 | | | 1 | | | | | | | | | | | | | | | | | | | | 43 |
| Lewisham | 28 | 7 | 5 | | | 3 | 1 | | | | | | | | | | | | | | | | | 1 | | | 45 |
| YOT 5 | 4 | 15 | 5 | 2 | | | | | 1 | | | | | | | | | | | | | | | | | | 27 |
| Peterborough | 3 | 4 | 1 | | | 1 | | | | | | | | | | | | | | 1 | | | | | | | 10 |
| YOT 8 (ST) | 22 | 9 | 2 | 2 | | 1 | | | | | | | | | | | | | | | | | | | | | 36 |
| South Tees | 16 | 3 | 1 | | | | | | | 1 | | | | | | | | | | | | | | | | | 21 |
| YOT 8 (W) | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Wolverhampton | 7 | | 2 | | | | | 1 | | | | | | | | | | | | | | | | | | | 10 |
| Grand Total | 123 | 47 | 23 | 8 | | 5 | 3 | 2 | | 1 | | | | | | | | | | 1 | | | | 1 | | | 214 |

| Previous Offenders | Frequency of Re-offending | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|----------------------------------|-----------|-----------|----------|-----------|-----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------------------|----|
| Site | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | Grand Total | |
| YOT 1 | 1 | 4 | 1 | 1 | | | 1 | | 1 | | | | | | | | | | | | | | | | | | 9 |
| Lewisham | 6 | 2 | 2 | | 1 | | | | | | | | | | | | | | | | | | | | 1 | | 12 |
| YOT 5 | 2 | 3 | 3 | | | 1 | | | | | 1 | | | | | | | | | | | | | | | | 10 |
| Peterborough | 8 | 2 | 5 | | 2 | 2 | 1 | 1 | | | | | | | | | | 1 | | | | | | | | | 22 |
| YOT 8 (ST) | 21 | 15 | 7 | | 4 | 4 | 1 | 1 | 1 | | | | | 3 | | | | | | | | 1 | | | | 1 | 59 |
| South Tees | 20 | 10 | 7 | 5 | 6 | 4 | 4 | 3 | 5 | 2 | | 1 | 2 | 3 | 2 | 2 | | | 1 | | | | 2 | | | | 79 |
| YOT 8 (W) | 11 | 1 | 1 | 1 | | | | | 2 | | | | | | | | | | | | | | | | | | 16 |
| Wolverhampton | 1 | 2 | | 1 | | 2 | | 1 | | | | | 1 | | | | 1 | | | | | | | | | | 9 |
| Grand Total | 73 | 41 | 26 | 8 | 13 | 13 | 7 | 8 | 7 | 2 | 1 | 1 | 6 | 3 | 2 | 3 | 1 | | 1 | | 1 | 2 | | 1 | 1 | 221 | |

Table 44 Average no. offences – Previous versus First Time Offenders

| <i>Site Vs Comparator</i> | <i>Offender Type</i> | Average no. Reoffences (Reoffenders) | Average no. Reoffences (Total Cohort) |
|---------------------------|--------------------------|--------------------------------------|---------------------------------------|
| Lewisham | 1st Time Offenders | 3.53 | 1.33 |
| | <i>Offending History</i> | 5.50 | 2.75 |
| Comparator YOT .1 | 1st Time Offenders | 2.00 | 0.84 |
| | <i>Offending History</i> | 2.88 | 2.56 |
| Peterborough | 1st Time Offenders | 4.14 | 2.90 |
| | <i>Offending History</i> | 4.21 | 2.68 |
| Comparator YOT .5 | 1st Time Offenders | 1.65 | 1.41 |
| | <i>Offending History</i> | 3.00 | 2.40 |
| South Tees | 1st Time Offenders | 2.80 | 0.67 |
| | <i>Offending History</i> | 6.41 | 4.78 |
| Comparator YOT .8 | 1st Time Offenders | 1.71 | 0.67 |
| | <i>Offending History</i> | 4.37 | 2.81 |
| Wolverhampton | 1st Time Offenders | 3.67 | 1.10 |
| | <i>Offending History</i> | 6.13 | 5.44 |
| Comparator YOT .8 | 1st Time Offenders | 0.00 | 0.00 |
| | <i>Offending History</i> | 4.00 | 1.25 |

Table 45 Average cost of reoffending - Previous versus First Time Offenders

| <i>Site Vs Comparator</i> | <i>Offender Type</i> | Average Court Costs of Reoffences (Reoffenders) | Average Court Costs of Reoffences (Total Cohort) |
|---------------------------|--------------------------|---|--|
| Lewisham | 1st Time Offenders | £ 7,984 | £ 3,016 |
| | <i>Offending History</i> | £ 13,591 | £ 6,796 |
| Comparator YOT .1 | 1st Time Offenders | £ 4,099 | £ 1,716 |
| | <i>Offending History</i> | £ 4,630 | £ 4,115 |
| Peterborough | 1st Time Offenders | £ 13,140 | £ 9,198 |
| | <i>Offending History</i> | £ 7,923 | £ 5,042 |
| Comparator YOT .5 | 1st Time Offenders | £ 2,600 | £ 2,214 |
| | <i>Offending History</i> | £ 5,256 | £ 4,205 |
| South Tees | 1st Time Offenders | £ 7,026 | £ 1,673 |
| | <i>Offending History</i> | £ 11,326 | £ 8,459 |
| Comparator YOT .8 | 1st Time Offenders | £ 3,980 | £ 1,548 |
| | <i>Offending History</i> | £ 7,379 | £ 4,752 |
| Wolverhampton | 1st Time Offenders | £ 11,124 | £ 3,337 |
| | <i>Offending History</i> | £ 15,996 | £ 14,219 |
| Comparator YOT .8 | 1st Time Offenders | £ - | £ - |
| | <i>Offending History</i> | £ 6,452 | £ 2,016 |

Table 42 shows the proportion of each type of offence committed by first time offenders in comparison to previous offenders in each site. The two largest proportions in each group have been highlighted in the table. As with all comparative data, only each YJLD and comparator set should be directly compared. For this reason, each pair will be analysed separately.

In the case of Lewisham, the two most significant re-offences in terms of the proportion of total re-offences for both previous and first time offenders are theft and handling stolen goods and summary offences excluding motoring. However for the first time offenders, the proportion is greater for summary offences in comparison to the previous offenders in which the largest proportion of re-offences lies with theft and handling stolen goods. This has large implications for court costs as there is approximately £1600 difference between the costs of these two offence types, with theft and handling stolen goods being the more expensive. More than half of the total re-offences committed by the previous offenders in the comparator site were drug offences.

The spread of re-offence types in both the Peterborough and comparator site is much smaller for first time offenders with the majority of re-offences occurring in one category. This re-offence type however differs with the largest proportion of re-offences in Peterborough being sexual offences with a cost of £4061 in comparison to the comparator site in which summary offences excluding motoring makes up the biggest group at a court cost of £1000 per offence.

On closer inspection the 18 sexual offences in Peterborough are committed by the same individual. Interestingly each of these offences carries the same caution date which suggests that all offences may have been dealt with in the same trial. If this was the case, instead of these offences carrying several court costs, only one court should be counted. The offence at the index date is also classified as a sexual offence. Due to the nature of this type of offence it is possible that the 18 offences classified as re-offences are in fact the offences which brought the individual to the attention of the YJLD scheme and therefore this individual may not have in fact re-offended. The limitation of the dataset and the manner in which it has been used to classify re-offenders is highlighted here, and has been addressed above. It is however also possible that individuals have re-offended but not yet been cautioned for that offence and therefore they would also lie outside our re-offending cohort.

The proportion of violence against the person re-offences is higher for the first time offenders than the previous offenders in both South Tees and comparator site. Even though this is not the largest group in either case, it has significant cost implications when the court costs of almost £7000 per case are considered.

Due to small numbers, none of the first time offenders in the Wolverhampton comparator site re-offend in the six month follow-up period. More than 60% of the total re-offences for first-time offenders in Wolverhampton were made-up from only two categories, burglary, and theft and handling stolen goods. The two largest groups for the previous offenders were summary offences excluding motoring and violence against the person which make up approximately 45% of total re-offences.

Table 43 shows the frequency of re-offending for both previous and first time offenders. Although care must be taken when generalising YJLD and comparator sites, in general the first-time offenders in all sites commit less than ten re-offences in the follow-up period with only a few outliers. This pattern is roughly the same in three out of four of the pairs, there are a large number of frequent re-offenders in the South Tees and comparator sites. In this comparative set the previous offenders are much more likely to commit multiple re-offences than the first-time offenders.

The aim of the analysis of the number and type of offences was to compare and contrast the YJLD cohorts with their matched YOT cohorts. The use of court costs was to highlight the magnitude of costs associated with each type of crime. The short-time frame for follow-up prevents any conclusions on causality and data limitations prevent perfect categorisation of first and previous offending. What the data does highlight are the differing behaviours of the first time offenders to those who have committed offences previously and also the variation in type of young people enrolled on the programme between sites, which have a large implication for the costs of re-offending.

5.3.3. Prevention of Reoffending

If it were assumed that the difference in offending behaviour between the YJLD and comparator sites (as described in Chapter 4.1) were to continue into the future we can obtain a preliminary estimate of the economic costs of the schemes. These are rather large assumptions to make, especially as our analysis of the types and numbers of re-offences committed highlights more offending in YJLD cohorts on the whole, it would therefore be unwise to estimate literal cost-savings on this basis. Instead the theoretical economic short and long term potential cost savings from preventing one individual from re-offending will be discussed.

In each paired case the site with the highest re-offending rate, in terms of number of offenders (& as analysed in the reoffending study (chapter 4)), was used as the base case to estimate the number of prevented re-offenders. As Lewisham had a lower re-offending rate than its comparator, the number of YJLD re-offenders that were prevented is 6 (rounded to the nearest whole number). Peterborough also had a lower re-offending rate than its comparator also preventing 6 re-offenders. In the other two comparative groups, the opposite is true; the comparators had a lower re-offending rate than their YJLD counterparts. The South Tees comparator YOT prevented 9 re-offenders and the Wolverhampton comparator YOT prevented 4 re-offenders.

Prevention of reoffending in the short-term has significant economic implications. A study by the New Economic Foundation (Nef, 2010) calculated the costs of custodial sentences in young people in Britain both in terms of the costs to the state purse and the costs to society. They estimate that a year in a Young Offender Institution costs £100,000 per year. However this is not the only cost borne by the state. The state is also subject to at least a further £40,000 per year. This is comprised of a 3.9% increase in the chance of a career of criminality at a cost of £3,000 per year, a 7% increase in the instability of living conditions once the individual is released at a cost of £1,000 per year, a 20% reduction in the earnings of those individuals who are able to find work at a cost of £9,000 and a 15% increased chance of unemployment which makes up the largest proportion of the additional cost at an estimated £35,000 per year. The £40,000 estimate also takes crime aversion whilst the individual is in custody into account with an estimated cost saving of £5,000. The additional social impact of a year spent in a Youth Offending Institution, estimated in line with the state estimate is around £30,000. An offending career from age 17 to 50, discounted at 3.5%, is estimated to cost the state £80,000 per person; the total social costs are therefore around £335,000 per individual (Nef, 2010).

There is a plethora of negative health and social effects related to having spent time in prison as a youth these include being 13 times as likely to be unemployed, 6 times more likely for males to be a young fathers and 15 times more likely to be HIV positive (Youth Justice Board for England and Wales, 2005). The national average of re-offending behaviour post-prison is

4.7 convictions within the first year of release, with 75.3% of individuals reoffending within this year (Ministry of Justice, 2009). Around 95% of young offenders between the ages of 16 and 21, in prison have already been diagnosed with a mental health disorder. Many of them however struggle to cope with more than one disorder, which may go undiagnosed (Office for National Statistics, 2000). Therefore it is essential to diagnose any potential cases before they reach adulthood i.e. 18 years old and below and also before the youth has been imprisoned which would result in preventable costs incurred and an increased difficulty in attempting to assist with behavioral intervention to offset a life of anti-social, violent and criminal behavior once released from imprisonment.

Empirical evidence suggests that cognitive behavioural programmes and skill training programmes (including services such as anger and anxiety management, problem solving), and schemes that aim to change patterns of thinking and behaviour (including depression) and to reduce anti-social behaviour, may be beneficial in improving mild-to-moderate emotional symptoms such as anxiety and depression (YJB, 2005). Young offenders with moderate-to-severe mental health benefit from having their needs identified as co-existing mental health problems tend to influence the level of success of any work on offence reduction (YJB, 2005). Parental interventions have been proven to be highly effective in managing youth anti-social and violent behaviour. These, aim to teach parents targeted child management skills in order to reinforce behavioural skills and to assist with effective discipline. These forms of interventions work best when both the parent and child are present, opposed to individual or one-on-one meetings (Department of Health, 2003). There is an abundance of studies relating to parental intervention programmes; much of the evidence-based results are consistent with each other, which give credibility to many of the results that indicate that the older the youth is, the less effective the parent intervention will become. Therefore it should be an important policy decision to focus on younger children (Kazdin, 1993).

The association between difficulties in a child's family/home life and the development and progression of anti-social and criminal behaviour have long been established and studied. In particular Fergusson & Lynskey (1997a), identify a causal link between child abuse and their likelihood of developing anti-social/criminal behaviour, which is why much research and investigation has attempted to examine child risk factors and how best to safeguard youth welfare (Patterson, DeBaryshe & Ramsey, 1989).

Conduct disorders (CD) are behavioural problems which cause a child to be more aggressive, anti-social and defiant than they would be usually for their age group. There are many characteristics that define conduct disorders, however in particular truancy, anti-social behaviour, fighting and physical cruelty as well as aggressive tendencies. In the UK 6.9% of males and 2.8% of females aged 5-10 years old and 8.1% of males and 5.1% of females aged 11-15 years old have some form of conduct disorder (Green et al., 2005). These conduct issues are not only problematic for the children themselves but also for their families and have the potential to consume many of the limited resources in the health, youth justice and social care systems. The burden of public sector costs has been estimated at ten times greater in children with conduct problems compared to those children without such problems (Sainsbury Centre for Mental Health, 2009). This also means considerable costs to society in both monetary and non-monetary terms which is why it is important to create a system that can define, identify and reduce/eliminate such problems (Woolfenden, Williams & Peat, 2001

Children with undiagnosed conduct disorders lead on to possess anti-social personality disorders as adults in about 50% of cases. Associated with these are a wide variety of adverse long-term effects, which are costly to both the individual and society. It is however, with parent and family intervention techniques that some of the most beneficial improvements have been made and not only have they improved short-term effects, but they appear to sustain the progress made and in some cases to eliminate problematic behaviour so the child can develop into an adult without such difficulties (YJB, 2005).

Mental health disorders are unlike many other health concerns in that they are difficult to recognise and measure. Around 9.6% or approximately 850,000 young people aged between 5-16 years have a diagnosable mental health problem while 11.5% or around 510,000 youths aged between 11-16 years have a mental disorder. Of these, there are several forms of mental health problems that young people may have independently or associated with another disorder; approximately 290,000 children and young people have an anxiety disorder while 1.4% or approximately 62,000 aged 11-16 year-olds are seriously depressed. Certain disorders in particular directly affect the behavioural patterns of young people these include conduct and hyperkinetic disorders. Conduct disorders are present in 5.8% or approximately 510,000 children while 1.5% or just over 132,000 children and young people have severe ADHD (which is a form of hyperkinetic disorder) (Green et al., 2005).

Temporary and permanent exclusion from school as a result of behavioural and learning problems affects more than 15,000 young people a year in England & Wales (Bagley & Pritchard, 1998). In England, Wales and Scotland, almost a fifth of young people are not in any form of education, employment or training. In this respect the UK performs badly to other OECD countries. Productivity losses to the economy from unemployment are estimated to cost around £10 million per day²⁷. For the whole UK earnings foregone accumulate to £70 million per week, of which £20 million per week is the taxpayer's bill for 18-24 year olds Job Seekers Allowance expenses (The Prince's Trust, 2007).

Many studies show a relationship between crime and unemployment, in particular in relation to younger groups of individuals; at the time of arrest almost two-thirds of young offenders were unemployed compared to 46% for the over 25 age group. Rehabilitation of young offenders is particularly difficult if they have spent time in prison, also making this difficult is that findings suggest there is correlation of poor educational achievement/unemployment with crime. In June 2007 the prison population for 15-21 year olds was 11,178 in prisons in England and Wales. Of this 10,701 were male and 447 were female, while 2,440 were ages 15-17 and the remaining 8,738 were aged 18-20 (National Offender Management Service, 2011).

Barrett et al (2006) compared secure units for young people and youth offending teams in six different locations throughout England and Wales. The total cost per month for the community group was £1,863 in comparison to the group of individuals in custody at £4,645 per month. Not only were there large variations in the total costs, the distribution of the costs among departments differed also with the largest costs for the community group borne by social services (44% Vs 6% although not a statistically significant difference). This is in stark

²⁷ Sum gained using average per person per weekly wage of £242 as base income, then assuming this is the income foregone, multiplying it by the number of unemployed people in order to obtain aggregate foregone earnings (the cost of exclusion report).

contrast to the custody group in which 88% of the costs were from the criminal justice sector (Vs 24% in the community sample, with statistical significance at the 1% level).

Recent research into the after-effects of schemes such as YJLD are becoming increasingly important; a report by the Independent newspaper reported that three out of four criminals offend again within nine years and 40% of criminals commit another offence within 12 months of their first offence. Youth schemes aim to prevent offenders from progressing to such a stage, but with the current national reconviction rate for young offenders at 78% for a two year period, cutting re-offending is becoming increasingly important. In particular this is highly beneficial both economically and socially because it leads to a lower rate in crime, individuals are safer and the large re-offending costs to taxpayers are reduced. In addition, the young offender and their family have the potential for an increased quality of life (Johnson, 2010).

In order to enable accurate assessment of the long-term economic implications follow-up data would need to be collected to decipher the re-offending behaviour of the individual in the future and whether the observed difference continues. This would also enable conclusions to be drawn on whether the YJLD programme does in fact reduce reoffending over the long-term, whether it simply delays its occurrence and whether the variation in the number and type of offences committed by those individuals who are re-offending continues in the future.

5.3.4. CA-SUS analysis

Child and Adolescent Service Use Schedules (CA-SUS) were completed for a sample of YJLD and YOT individuals. The form has been used in previous trials of young people in which mental health services are utilised, such as an economic evaluation of an intervention for self-harming adolescents (Green et al., 2011). The initial proposal was to have 10 CA-SUS forms completed in each site. This was ultimately not practical therefore a small sample was obtained from one YJLD site and its' comparator. The cohort was matched at the individual level on a number of characteristics; gender, age, ethnicity, previous offending, offence gravity score and criminal justice outcome. The difference in the number of YJLD versus comparator schedules completed resulted due to Wolverhampton YJLD site withdrawing from the CA-SUS assessment. The CA-SUS was completed via an interview with the young persons YOT/YJLD worker at baseline. The aim was to capture the young persons' use of services since arrest or over the previous 6 months.

The collection of a sample of CA-SUS forms in which resource use is recorded was driven by a desire to ensure the YJLD programme does not re-direct need away from the public purse, or one governmental provider, to be privately borne by the families of the young adults or result in the pull on resources elsewhere.

Previous implementation of the CA-SUS in other studies is assessed across several time points in order to measure a change in service use over time. This was not possible therefore the comparisons between the YJLD and YOT cohort is entirely based on the CA-SUS recorded at baseline. As the YJLD scheme had already begun prior to the initiation of this study, this is an unavoidable limitation of this element of the study. Any future studies of this type should aim to collect a sample both prior and post intervention. In order to further evaluate the YJLD scheme in this way a larger sample from both individuals on the scheme and a comparative YOT cohort should also be collected. Ideally it would be beneficial to see the longer-term implications on other public sector areas by asking individuals of their resource usage at scheduled intervals.

The sample consists of 9 individuals who were participants in the YJLD scheme and 11 individuals from a comparative YOT cohort, who were matched, where possible, on age, ethnicity, gender, offending history and disposal type.

It must be emphasised that whilst patterns of resource use can be identified and suggestions made as to the cause of observed differences between YJLD and YOT sites, it would be unwise to form firm conclusions on the basis of such a small sample. The aim of this piece is to provide some conjecture as to any resource shifting that may be apparent as a result of the introduction of the YJLD scheme.

All of the individuals on the YJLD programme have attended an appointment with a CAMHS (Child and Adolescent Mental Health Services) team. The total number of outpatient attendances was 27 for the group of 9 individuals on the YJLD programme, generating an average of 3 appointments per person. The PSSRU (2010) generate unit costs for health and social care and have estimated the cost per hour of face-to-face contact from a multidisciplinary CAMHS team member at £72. If we assume 3 hourly appointments then the cost of CAMHS to the health service is £216 per individual. Presumably the CAMHS worker would also have to devote time to the case outside of the appointment with the young person. The cost of this time is estimated at £57 per hour. At a conservative estimate at a further hour of case-related work necessary per hourly appointment then the cost per individual rises to £387 per person. Only one individual who was not part of the YJLD programme utilised an outpatient service, the specific service accessed is unknown (there were also two missing results in the non-YJLD cohort).

All adolescents on the YJLD programme visited a community psychiatric nurse whereas none of the adolescents on the comparable programme were in contact with a psychiatric nurse (although data was missing for 3 individuals concerning CPN visits in the YOT group) over the period covered. This may be expected if the YJLD programme insists upon or encourages individuals to seek help and advice from such healthcare professionals. The community psychiatric nurse costs £56 per hour of face-to-face contact and £39 per hour spent on work related to the client (PSSRU, 2010).

More than half of the YJLD cohort (five of the nine individuals) had contact with a GP over the period assessed by the CA-SUS in comparison to one of the non-YJLD cohort (although there were four missing values in this cohort). The number of contacts for the non-YJLD individual was not recorded however the average number of contacts for the 5 YJLD individuals who were in contact with their GP was 2.2. When the whole cohort is included this average reduces to 1.22. The PSSRU (2010) estimated cost for an average length GP appointment (and including direct care staff costs and qualifications) at £36.

Only one individual on the YJLD programme utilised drug and alcohol services whereas six individuals on the comparable programme accessed these services.

The young people on the YJLD programme were less likely to have been excluded from school in the last six months than the young people who were not on the YJLD programme. Three of the nine YJLD individuals had been excluded in the previous six months and four of the six non-YJLD individuals who are not at college or training. When the number of days absent from school from illness and truancy are totalled the YJLD cohort misses more schooling than the non-YJLD individuals (204 in the YJLD cohort and 181 in the non-YJLD

cohort (although 180 days of this is from one individual)). However, days off school due to illness are much higher in the YJLD cohort (40 days for the YJLD cohort versus 1 day for the non-YJLD cohort). This may be due to the YJLD programme identifying mental health problems or learning disabilities/difficulties that become accepted by the individual, their family and school and may at times result in warranted absences rather than a lack of communication resulting in absences being recorded as truancies.

Five of the ten individuals on the non-YJLD programme recorded contacts with the police in comparison to eight of the nine YJLD individuals. There was a missing value for the number of police contacts for the non-YJLD cohort however the average number of contacts for the four individuals in which data was obtained are 1.75 contacts. The average over the total cohort (excluding the missing value) is 0.7. The average number of police contacts for those individuals who had been in contact with the police in the YJLD cohort is 1.75 also. The average number of contacts across the whole YJLD cohort is 1.56.

The number of contacts with YOT workers in each group varies dramatically. It is acknowledged that due to the YJLD model aiming to intervene much earlier in the criminal justice process therefore the timing of the intervention may weaken the comparative nature of the groups; however an alternative comparator does not exist. The non-YJLD cohort had 27.36 contacts on average in comparison with the YJLD cohort who had 12.44 contacts on average. Using PSSRU (2010) costing for a dedicated CAMHS team member, which is an average costs for a team including nurses, doctors, psychologists, social workers and other therapists and care staff, and assuming hourly appointments with a conservative estimate of a further hour per appointment spent of patient related activity, the costs per appointment is £122. Therefore on average the non-YJLD individuals accrued an additional £1,820 each in social services costs as a result of their additional YOT worker appointments.

The data indicates that there may be savings from the YJLD scheme in terms of avoiding school exclusion and costly alternative schooling arrangements, although more evidence would be needed to support this notion as the current sample is small. There also seems to be less of a pull on drug and alcohol services from the YJLD cohort. This may be a feature of the sample itself, with more individuals in the YOT cohort having problems with substance use, however may indicate a change in referral structure in the YJLD model.

The data sample, although small, suggests that individuals on the YJLD scheme seem to require more resources from the health sector in particular, than their non-YJLD counterparts. This may be expected as part of the wrap-around care offered by the scheme and therefore accounted for in the resources ring-fenced for the scheme. It may represent a more structured and individualised package of care for the young people who are part of the YJLD scheme which in the long run may have positive impacts upon their vulnerabilities and offending behaviour. However, such benefits have both immediate and long-term resource implications which need to be quantified, especially if a shift in resource pressures from the criminal justice system to the health care system exists with the introduction of the YJLD scheme. The economic dilemma is whether or not to intervene early in the criminal justice pathway, identify vulnerabilities and therefore incur the increased costs of treatment and management of such vulnerabilities that would have otherwise remain undetected but that may, if untreated, increase the risk of future offending and thus future state costs (Knapp 1997).

The suggestions of resource switching can only be tentative from the small sample collected, however it certainly highlights an area to be looked into more closely in the future to ensure

the YJLD scheme is evaluated on the basis of all that it impacts. An increased requirement for NHS and social services resources may look costly in the short-term but a longer-term analysis would enable evaluation of the impact of access to such services on the wellbeing of the young people over time.

5.3.5. Budget costs

In an ideal world we would like to compare the costs of running each of the YJLD schemes, especially in light of the variation in the use of services and treatment of individuals within the scheme. However, the only information available to use as an indication of the costs of the scheme are the budgets allocated to each site. The budgets were therefore used to generate an estimated cost per case. In order to provide a greater degree of accuracy when estimating the cost per case, further evaluation of the scheme would benefit from localised costing information. This would include bottom-up running costs of each YJLD and comparator sites so that not only would the overall costing figures be more precise, but the elements contributing to the model employed could also be decomposed to analyse the efficiency of its constituent parts. This type of data collection would more than likely result in greater variation of cost per case across sites as each offer a different mix of services. However more in depth analysis could be undertaken to explain such variation.

To reflect the fact the YJLD schemes have all been up and running for variable periods and the number of caseloads per site differs, the cost per case, developed from the YJLD budgets and the number of individuals who have accessed their services will be considered. The cost per case for two different periods for YJLD will be calculated.

The cost per case has only been calculated for the sites included in the comparative reoffending study. Initially the period in line with the reoffending data (from inception to March 2010) was used but to ensure the induction period does not negatively skew the estimates the cost per case for the period from inception until September 2011, when data collection finished, has also been calculated for comparative purposes.

Table 46 Cost per case in YJLD sites

| | Cost per case | |
|---------------|-----------------------|---------------------------|
| | Inception to March 10 | Inception to September 11 |
| Lewisham | £ 1,639 | £ 1,568 |
| South Tees | £ 889 | £ 581 |
| Peterborough | £ 1,042 | £ 1,594 |
| Wolverhampton | £ 2,179 | £ 1,176 |

In order to compare the costs of running the YJLD and YOT schemes an equivalent metric is required. An equivalent indicative estimate can be calculated for the YOT sites based on Youth Justice Statistics (Youth Justice Board 2011) and annual accounts for the 2009/10 year (Youth Justice Board 2010). This is £491 per case. Even with the more conservative estimates which take into consideration a longer timeframe and therefore include a larger number of cases, the cost per case for the YJLD sites is much higher than for the YOT sites.

This may be in line with expectations as the YJLD scheme offers more contact and services to the young people. It is necessary in an economic evaluation however to justify additional costs with positive outcomes for the individuals who take part in the scheme, the state or

society as a whole. The limitations of comparing budget figures alone cannot be emphasised enough as how the budget is spent is ignored. What the above figures do show however is that the YJLD is likely to be more expensive in the short-term. This highlights the necessity of a longer-term evaluation in which the benefits of the scheme are assessed and the short-term cost increase can be placed in the wider social context.

5.3.6. Case Studies

Case Study 1: Joanne Bloggs (RBKC)

Joanne, a 13 year old girl, was arrested for possession of cannabis. She was from a single parent family, was struggling in school, had angry outbursts and her behaviour was difficult to manage at home. After arrest, the police bailed Joanne to see a worker, Mrs Smith, whose job it was to screen for problems when young people were arrested. Her mother confided that she had struggled to manage Joanne's behaviour at home for many years.

It transpired that Joanne had also been excluded from school. Her behaviour had not been assessed as bad enough to warrant additional support for her behaviour yet, ironically, it was bad enough to warrant permanent exclusion. Mrs Smith pointed out the irony of this situation and the school agreed instead to support her (reassured that they could also liaise with Mrs Smith should her behaviour deteriorate again). Estimations suggest that there are about 65,000 children with severe and profound learning disabilities (Department of Health 2001) and these children are around 6 times more likely to have some form of mental health problems (NCB 2009).

Mrs Smith stayed in touch with Joanne's mother and continued parenting work to help sustain progress at home. As a result of this extra help, improvements were also noted in Joanne's behaviour at school. As her offence was not a very serious one and she had made progress with Mrs Smith, the police decided not charge Joanne on this occasion.

Ideally, Joanne's difficulties should have been picked up and supported early on in primary school where there is the strongest evidence of being able to help families change and save longer term costs. However, many children are missed when they are younger and allowing young people with low level offences to drift into the youth justice system is expensive, particularly when a relatively cheap individual or family intervention at the point of arrest can change behaviour and can change the path a child takes in the longer term. School exclusion is also expensive (Centre for Social Justice 2011). The chance of returning to school once the individual has been excluded permanently is small (Bagley & Pritchard 1998 a). There is a well established linkage between exclusion and a life of crime, violent and property crimes in particular, with 63% of excluded young people being convicted of an offence by the age of 19 (Bagley & Pritchard 1998).

Joanne came close to being excluded from school and could potentially have ended up drug dependent or in youth custody if her problems escalated. Mrs Smith's relatively simple and inexpensive work, using a proven approach with high risk youth, has improved her chances of leading a better life. If she continues with her progress, a heavy cost to her, her family, her community and society as a whole will have been averted.

| Event | Cost |
|---|--|
| 1. Struggling at home and behaviour difficult to manage at home. | This does not carry a direct cost but could be influential to offending behaviour. |
| 2. Bailed to see a worker | £1,469 ²⁴ |
| 3. Excluded from school (permanent) | Cost saving of £63,851 (£49,664 – cost to society and £14,187 – to the individual for future loss of earnings) ²⁸ as exclusion was avoided. |
| 4. Worker continuing to support mother | If this was a CAMHS team member their cost is £72 per hour of face-to-face contact. ²⁹ |
| 5. Group based training in parenting skills | £1194 ³⁰ |
| 6. Arrested for possession of cannabis (only 3 rd time offence could lead to a conviction) | £1400 ³¹ |
| 7. Average cost of keeping someone in a YOI per annum | £55,000 ³² |
| 8. Unit cost of Police - Per average recorded crime | £492 ³³ |

The case study highlights that if a relatively cheap intervention can have long term effects on schooling for example, it can be cost effective. Events 6,7 & 8 arguably would never have occurred with this young person at this point in time, however if the reoffending was prevented as a result of this intervention (which is impossible to prove at this stage), it is important to highlight the high costs for the criminal justice system that are incurred if a full trial and sentence within a YOI are necessary.

²⁴ This is an annual unit cost of offender management teams per offender (NAO 2011)

²⁸ Figures estimated upon 2005 prices – Sourced by NPC and including cost to education, the cost of lower earnings, the cost to the health service, the cost of higher crime and the cost to social services. Centre for Social Justice (2011) No excuses: A review of educational exclusion.

²⁹ PSSRU 2010

³⁰ NICE 2007

³¹ NAO 2011

³² UK Parliament Report 2011

(<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm111212/text/111212w0002.htm#11121231000028>)

³³ NAO 2010

Case Study 2 – Fred Bloggs (Peterborough)

Fred was a young person who was charged with sexually harmful behaviour towards his sister. This was his first offence. The police decided that this offence was so serious that it should go straight to the Crown Prosecution Service (CPS) and therefore to court. The point of arrest health worker found out about this and spoke to the CPS, suggesting that a specialist assessment (called Assessment, Intervention and Moving on [AIM] assessment) be completed prior to charging/sentencing. The CPS felt that his case needed to go straight to Crown Court as they determined that the circumstances of the offence constituted a serious sexual offence. However, they asked the YJLD worker to complete the AIM assessment and organise a report focusing on the social and psychological circumstances and presentation of this young person. This was completed in partnership with Children and Family Court Advocacy and Support services (CAFCASS).

The costs imposed on society as a consequence of an individuals' lifetime of crime are significant. The total estimated cost in England and Wales arising from youth offenders who had conduct problems in their childhood, was estimated at £60 billion each year (Sainsbury Centre for Mental Health 2009).

The AIM report outlined the severe neglect, maltreatment and emotional abuse that Fred had suffered at the hands of his mother. He also suffered physical abuse from his mother's partner. Fred was emotionally and developmentally stunted and it was suggested that he may not even be operating at the age of criminal responsibility (Fred was only 12 when the offence was committed). Fred's home situation was chaotic, with no boundaries in place. Fred and his siblings were all on the child protection register. All of these factors suggest a high risk of children committing sexually harmful behaviours.

10% of young people aged 5-16 suffer from mental health disorders that can be diagnosed. This is estimated to be around three children in every class. (Green, H., McGinnity, A., Meltzer, H., et al. 2004). While more than half of the adults with known mental health issues were diagnosed in their childhood, however less than half of these were treated with the appropriate methods at the time (Kim-Cohen, J., Caspi, A., Moffitt, TE., et al 2003).

Fred was removed from his mother's home and lived with his father and step-mother who it was assessed could provide for him, both practically and emotionally, creating a secure environment. As a result of the AIM assessment, the psychological report and the input of the YJLD worker, the case was discharged from court and Fred received a pre-court final warning and an additional package of care. The YJLD point of arrest worker and school nurse also made a referral to the Consultant Paediatrician and the school nurse continued to take a watching brief whilst Fred was in school and additionally referred him to the NSPCC for support regarding his neglect and abuse and a local specialist planning group to support and monitor those with sexually harmful behaviours. The young man has not re-offended for 2 years and has settled in his father's home with only minor (non offending-related) setbacks. Improving children's parenting and broader environment can improve outcomes and significantly reduce lifetime costs.

| Event | Cost |
|---|---|
| 1. Child protection register | |
| 2. Removed from mothers home (lives with father and step-father) | |
| 3. Pre-court final warning and package of care. | The cost of producing a final warning for the criminal justice system ranges from £200 - £1200 (Reducing offending by young people) ³⁴ |
| 4. YJLD nurse – referral to consultant paediatrician & school nurse. | The cost per patient-related hour with a medical consultant is £146. The cost of a community nurse is £64 per hour spent with a patient. ³⁵ This does not include any case-related activity in addition to the time spent with a patient. |
| 5. Referred to NSPCC | |
| 6. School monitoring behaviour. | |
| 7. No reoffending in 2 years. | This undoubtedly carries significant cost-savings if the individual has been successfully diverted from re-offending behaviours. The sources of such cost savings are multiple beginning with the prevention of the cost of police time and court costs and include the costs of retribution, and in the case of sexual offences, victim support. A ‘career criminal’ is deemed to cost in the region of £335k to society as a whole over their lifetime. ³⁶ |
| 8. Court costs of sexual offence for an individual under 18 | £4,061 ³⁷ As the case was discharged from court some of these costs are likely to have been saved. |
| 9. Average cost of keeping an under 15 year old in a Secure Training Centre (STC) or Secure Children’s Home (SCH) per annum | Recent figures estimate that if Fred had been sentenced to an SCH it would cost £211,000 per year ³⁸ and if he was sentenced to an STC, it would cost £203,000 per year. |

Costs could not be obtained for a number of the key events in Fred’s case study. They remain in the table to indicate the range of sectors in which costs are incurred in such cases. This evaluation would benefit immensely from additional information on the unit costs of services provided to the children from some elements of social services and charities such as the NSPCC.

³⁴ NAO 2010

³⁵ PSSRU 2010

³⁶ NEF 2010

³⁷ NAO 2011

³⁸ UK Parliament Report 2011

(<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm111212/text/111212w0002.htm#11121231000028>)

However, what the case study does highlight is the potential for huge cost savings to be made if vulnerabilities can be addressed and prevent reoffending in the future.

5.4. Discussion

The objective of the economic analysis was to identify the comparative costs and outcomes of the current scheme for young offenders with mental health, learning disabilities and other health and social vulnerabilities with the YJLD scheme. The short-term reoffending rates prevent any conclusive decision on cost-effectiveness. The current data has limited predictive power over the longer term and the possibility of a simple delay in re-offending rather than a complete prevention must also be considered.

Prevention of re-offending has both short and longer term implications. These include direct implications for the young individuals in terms of improved opportunities in both education and subsequently their potential earnings. This may also form inter-generational improvements as the young people are less likely to become teen parents in an unstable environment which can potentially manifest into another generation of criminals. Societal costs of further crimes can be substantial and include not only the cost of criminal damage and disruption but the less well defined costs of feeling safer due to a smaller incidence of crime. A primary focus of the study was the relative state costs of each of the schemes. Using cost and caseloads in line with the reoffending study time frames (Budget costs section) the increase in costs per case from the YJLD sites in comparison to the YOT sites, lies between approximately £400 and £1700. When the entire period of data collection was included, to take into account any initial start-up issues, the costs increase ranges from £90 to £1103.

The re-offences committed by YJLD individuals cost more in the short-term than those committed by the individuals in each of their comparator sites. Although there are a handful of prolific offenders who appear as outliers in the data and so may skew the results (their impact upon the overall costs of re-offending have been displayed in Table), these individuals cannot be ignored as they often carry the largest burden of cost. The differences in re-offences committed between YJLD and comparator sites may lie in the comparative targeting of the individuals in each site, however an accurate justification for the variation in the number and costs of re-offences cannot be established from the current data. As expected, first time offenders re-offend less than their counterparts with an offending history. The types of offences committed and therefore the associated costs differ substantially between first time and previous offenders. A more detailed analysis of long-term outcomes data would enable recommendations on which group of young people benefit the most from the YJLD to be made.

In order to confirm that a scheme that saved judicial system resources did not in fact simply redirect the burden of costs to another state sector or impede upon the individuals and their families, a small sample of CA-SUS questionnaires were undertaken. Whilst the sample was too small to show any significant differences between the YJLD and comparator individuals a number of patterns emerged. These patterns suggested a number of resource switches. The YOT worker time required was much larger in the comparator cohort resulting in a considerable additional cost (estimated at approximately £1,820 additional cost per individual³⁹). This may be as a result of the different point of initial contact between the YJLD and YOT schemes but may also be as a result of the YJLD schemes differential referral approach, utilising input from services other than YOT workers thus reducing the necessity for such intense involvement from the YOT workers. Neither explanation can be

³⁹ Calculated using PSSRU (2010) costs for CAMH worker time as an estimate.

attributed with certainty in such a small sample. School exclusion seems to occur less often in the YJLD cohort and drug and alcohol services are required less often, which may simply be as individuals are re-directed elsewhere. Prevention of school exclusion would save the additional costs of expensive 'special' schooling in the short-term and may have additional positive longer-term implications such as a greater likelihood of employment (with life-time savings of the cost of exclusion to the state and the individual of £63,851⁴⁰). GP (at a cost per appointment of £36⁴¹), psychiatric nurse (at a cost of £56 per hour of face-to-face time and £36 per hour of client related work)⁴² & police time was required more often from the YJLD cohort. This is to be expected to some extent from a programme designed to intervene early and identify vulnerabilities that may require intervention and management from the health and social services sectors. This diversion of resources must be considered when evaluating schemes such as the YJLD as a saving in one department may simply result in additional costs elsewhere which ultimately may render the savings negligible to the public purse overall.

In this case the economic question for decision makers to consider is if the YJLD scheme is a cost-effective use of state resources. Preventing one 'career' criminal (at an estimated cost of £80k, see Nef, 2010) would essentially fund between 72 and 888 additional places for young offenders on the YJLD programme (using an incremental cost increase of £90 to £1103 per case between the YOT and YJLD sites, as estimated over entire data collection period [See Section 5.6], considering cost-savings to the state alone. When the wider costs to society as a whole are also included (at an estimated cost of £335k (Nef, 2010) the number of individuals who are able to be funded on the YJLD scheme rises to between 303 and 3722.

Efficient application of the principles of diversion requires that wherever possible costs associated with the programme are minimized and benefits maximised. Total costs include costs of the assessment procedure and the resulting therapeutic interventions. Benefits include the short term savings associated with keeping the client out of the criminal justice system for their initial offence and the long term savings associated with improvements made to key risk factors that may enable an individual to stay in mainstream school for example or any reduction in future criminal activity undertaken by the client. It is well established that many prison inmates suffer from a diagnosable mental illness. Although many of these may have developed such psychiatric ill health during their period of incarceration it is reasonable to assume that many entered the criminal justice system with a pre-existing vulnerability. YJLD has an important potential role in ensuring that wherever possible the flow of vulnerable young offenders adding to this stock is minimised as far as possible.

At a time when resources to fund public services are becoming scarcer, the need to justify expenditure is becoming more intense and the criminal justice system has been required to examine the cost-effectiveness of both existing and proposed new services. Economic evaluations are a crucial tool for enhancing the ability of decision makers to allocate the scarce resources available to the criminal justice system more effectively. The aim of this economic evaluation is to systematically evaluate the comparative costs and outcomes arising from the application of the YJLD programme of support to vulnerable first time offenders. The aim is to assess the effectiveness of YJLD in real world practice under practical resource constraints in a real world subgroup (vulnerable young offenders) population. Economic evaluation is outcome oriented given that its focus is not on processes but rather on the extent

⁴⁰ Centre for Social Justice (2011) [See footnote 25 for further information]

⁴¹ PSSRU (2010)

⁴² PSSRU (2010)

to which desirable outcomes can be generated at an acceptable cost. In this regard 'good' processes are only of interest inasmuch as they can unambiguously be linked to 'good' outcomes.

The objective is to achieve the greatest 'outcome' from the available resources or alternatively to achieve a given 'outcome' with the lowest possible expenditure of resources. However economic evaluations are only one component in the decision making process. Other factors such as equity (the need to target resources on a particularly disadvantaged group) may override economic considerations. Alternatively dynamic considerations may override current evaluations of cost-effectiveness. YJLD is a new service which inevitably will be subject to a learning curve which could imply that the current levels of costs and benefits may not adequately reflect those that could be achieved in 'steady state'. If this was felt to be the case then such considerations of anticipated future changes in costs and benefits should be taken into account in the decision making process.

5.5. Conclusion

The aim of any pilot scheme is to test theoretical principles in practice and generate valuable lessons to inform the broader dissemination of any programme or service. In this regard the YJLD pilot schemes have proved immensely valuable. Proponents of YJLD might be disappointed in the limited evidence that has been generated in the pilot schemes concerning any potential impact on short term re-offending rates, however given the context in which the pilot studies were undertaken perhaps such limitations were almost inevitable. In addition the economic evidence that has been generated has identified a range of important guidelines to inform the wider dissemination of YJLD. The most preeminent of these learning opportunities are outlined below, while the main challenges to conducting the evaluation of the YJLD scheme are reiterated in Appendix C.

Firstly YJLD is not a panacea for addressing the offending behaviour of vulnerable young offenders however it can be immensely useful in addressing and rectifying the causes rather than merely the symptoms of offending behaviour if appropriately targeted. The YJLD pilot schemes appeared to be allowed to subjectively and independently define 'vulnerability' in identifying an appropriate client group for YJLD. This made it difficult to compare between individual schemes and led to the likelihood that a client of defined characteristics could be defined as being 'vulnerable' (and hence included in the YJLD scheme) in one scheme and yet not be defined as such in another scheme. Accurate targeting of services on clients whose early offending behaviour is amenable to change is crucial in optimising the cost effectiveness of future YJLD schemes.

Secondly, in all YJLD schemes re-offending rates appeared lower in first time offenders in comparison to clients who had prior convictions before they entered the YJLD scheme, although the numbers were too small to gain statistical significance. Again this appears to suggest that YJLD is most effective in vulnerable clients whose offending behaviour is not 'ingrained' and hence is still open to change. Effectively intervening with first time offenders through YJLD therefore appears to be more effective in preventing the development of attitudes and behaviour that cause offending in comparison to intervening in clients with previous offences in whom offending behaviour is likely to be more ingrained, although such a trend also is apparent with the YOT cohorts. Therefore longer-term re-offending data is needed to compare the comparative effectiveness of the YJLD versus the YOT scheme in preventing re-offending in first time offenders. The question of which individuals the YJLD scheme should target cannot be addressed conclusively from the economic data collected.

The schemes involvement is less intensive for the more serious offenders but as is shown in the case study, could still provide benefits and reduce costs both in the short and longer-term if the vulnerabilities are addressed and re-offending behaviour prevented.

Thirdly the effectiveness of YJLD schemes is inherently determined by the ‘goodness of fit’ between themselves and the surrounding complex structure of service provision for young offenders. Ethically the identification of vulnerable young offenders can only be defended if adequate and appropriate structures of services are available that makes it possible to intervene effectively to address such vulnerabilities. The existence of a YJLD scheme will inevitably place additional demands on already overstretched departments such as community mental health services as interventions are (quite appropriately) switched from punitive (largely funded by the criminal justice system) to therapeutic (largely funded by children’s services, the voluntary sector and the health service). YJLD schemes are at the start of a steep learning curve with regard to optimising their interactions with surrounding services and it will take time for such interactions to mature.

Fourthly, each YJLD scheme appeared to adopt different structures of inputs and processes in attempting to achieve their service objectives. Although this may be advantageous in a pilot scheme if the different structures had been deliberately chosen (as it tests different interpretations of the YJLD scheme) in this case the variations appeared to be more opportunistic and haphazard. Again this made it difficult to undertake an economic evaluation of the YJLD schemes as a coherent unified group as each scheme appeared to be ‘doing its’ own thing!’ The amount and quality of data generated from each individual scheme made it impossible to develop an impact model which could have highlighted factors contributing to the ‘success’ or ‘failure’ of individual schemes such a model should represent a fundamental element of any future economic evaluation of YJLD. In addition although the need for local adaptation of the principles underlying YJLD may be necessary it is crucial that a set of agreed fundamental principles of good YJLD practice are agreed, accepted and adhered to by all participating schemes. By controlling the possibly haphazard development of YJLD schemes in such a manner a more robust evaluation can be undertaken of the resulting structure of services, and enable evaluation of which of the model structures are the most cost-effective.

In addition, preliminary analysis of the resource use of individuals seems to indicate an increase in the resource burden placed upon the NHS and social services. This is to be expected as previously unidentified vulnerabilities are managed; however successful treatment may prevent future re-offending and therefore significant costs.

In summary the cost imposed on society of allowing a young person’s offending behaviour to develop unchecked is enormous both in financial and social terms. It has been estimated that a ‘career criminal’ will impose a discounted lifetime cost of approximately £335,000 (including £80,000 public sector cost) on society (NEF, 2010). Thus the cost of getting it wrong (non-intervention or intervening ineffectively and inappropriately) and hence allowing vulnerable young offenders to ‘progress’ to become career criminals is enormous. In addition the intangible burden placed on the offender and their family can lead to family breakdown, physical and mental ill health and suicide. A service such as YJLD with a clearly defined target population and sensitively integrated into existing local structures of service provision for vulnerable young offenders offers long term potential cost savings that are likely to far outweigh the cost of providing the service-you can finance a large number of YJLD interventions from the cost savings associated with diverting one vulnerable young client

away from a lifetime of crime. However, evaluation of the long-term costs and benefits of the scheme is essential before any judgements can be made on its cost-effectiveness.

Given the limited resource data available to the economic evaluation no definitive comparative cost analysis can be undertaken between YJLD and comparator sites. However given the enormous resource implications imposed on both the public sector and society as a whole as a consequence of the failure to provide therapeutic interventions to appropriate clients at an early stage in their offending career then it is inconceivable that an effectively and targeted YJLD scheme could fail achieve acceptable levels of cost-effectiveness. The most unfortunate aspect of the poor design and control of the YJLD pilot sites is the failure to generate such incontrovertible evidence with regard to comparative cost or outcome.

The potential value of YJLD schemes to the criminal justice system is such that it is imperative that subsequent evaluations of YJLD must not make similar mistakes.

- The target population needs to be clearly defined and focus on offenders early on in their ‘offending career’ with vulnerabilities driving their offending, as they are more likely to be susceptible to change.
- The target outcome for the scheme also needs to be established from the outset. The primary outcome of re-offending in this study was chosen as such a reduction appears to provide the greatest benefit to both the client and to society as a whole and also to provide the greatest potential future cost savings to both the public sector and to society as a whole.
- Secondary key outcomes should also be defined and measured appropriately.
- The comparator in an economic evaluation should be the ‘standard care’ currently provided and therefore in this study the use of the YOT scheme is appropriate. The matching strategy was detailed and conducted with care but was inevitably limited by the diversity of the target populations within the sites. The results should be viewed in light of these limitations.
- Unless a structure of service delivery is followed for all sites a precise holistic evaluation of the scheme will be prevented.
- The collection of resource use and unit cost data at site level would enable a cost-effectiveness evaluation that reflects the true cost of delivering the service rather than merely the budget allocated to this task.

The ideas underpinning the development of YJLD structures of service provision are theoretically compelling. Given the prevalence of mental illness amongst the prison population there are undoubtedly significant numbers of young offenders in which psychiatric ill-health represents a prime determinant of their initial offending behaviour. Accurately indentifying such offenders and effectively designing and providing therapeutic interventions tailored to their needs provides the potential to significantly reduce future offending behaviour.

Chapter 6 Qualitative insights

6.1. Introduction and methods

The qualitative insights that have emerged from the research derive principally from:

- A series of in-depth interviews with children and young people (and in certain cases their carer[s]/parent[s]);
- A similar sequence of interviews with key professional stakeholders carrying either operational or managerial responsibilities for implementing YJLD projects within the pilot sites;
- Interviews with representatives from the Department of Health and Centre for Mental Health (which provided the initial wave of funding and management for the establishment of the YJLD initiative);
- Two focus groups (in Liverpool and London) to which a range of professional stakeholders were invited to participate.

All of the interviews, and each of the focus groups, were (semi) structured around a ‘template’ of core subject areas/themes and both the interviews, and the focus groups, were recorded and transcribed.

6.1.1. Children and young people: interviews

Interviews were conducted with a total of 24 children and young people drawn from five of the six pilot sites (see Table 47). All interviewed young people and carers were recruited by YJLD practitioners and gave informed written consent prior to the interview. The interviews were undertaken by an experienced researcher from the University of Liverpool following appropriate ethical and health and safety procedures. 11 interviews were conducted at young people’s home (where on occasions/where appropriate their carer and diversion worker was present), 13 interviews at the relevant YJLD offices (either CAMHS or YOT based) and 2 interviews at young people’s school. The interviews took on average 22 minutes to complete, ranging from 12 to 48 minutes.

Table 47 Interview sample - children and young people

| PILOT SITE | N | LOCATION |
|------------------------|-----------|---|
| Halton and Warrington | 5 | Young people’s home |
| Kensington and Chelsea | 5 | YJLD (YOT) office |
| Lewisham | 6 | YJLD (CAMHS) office (n=4) & young people’s school (n=2) |
| Peterborough | 0 | n/a |
| South Tees | 6 | Young people’s home |
| Wolverhampton | 2 | YJLD (CAMHS) office |
| All sites | 24 | |

Note: in certain cases the child/young person was accompanied by a carer/parent.

The interviews explored the children’s and young people’s perspectives and experiences with reference to four key subject areas/themes:

- Their social circumstances and their sense of belonging, attachment and identity (including: how they see themselves, their families, friends and relationships; what they do with their time; what makes them happy and/or unhappy; what (if any) use do they make of alcohol and/or drugs; how they interact with social networks and how they perceive their local areas, neighbourhoods and communities);

- Their perspectives and experiences of formal education systems and, where appropriate, employment opportunities;
- The social issues that they are currently negotiating, the challenges that they face and the principal sources of support, assistance, advice and guidance that might be available to them (including: how they came to be where they are; their vulnerabilities [if any]; their (mental) health-related issues; their patterns of offending and contact with the youth justice system; the problems that they face; their current and/or previous contact with services; anything that they have experienced as helpful in the past or in the present and anything that they believe might be helpful to them in the future; their understandings and experiences of YJLD);
- Their conceptualisations of the future and their hopes, aspirations and ambitions.

6.1.2. Professional stakeholders: interviews

Twenty-five interviews were conducted with twenty-nine key professional stakeholders drawn from each of the six pilot sites (see *Table 48*). The interviews were by an experienced researcher at respondents' workplace, following written informed consent and appropriate ethical procedures.

Table 48 Interview sample - professional stakeholders

| PILOT SITE | NUMBER OF INTERVIEWS |
|------------------------|----------------------|
| Halton and Warrington | 3 |
| Kensington and Chelsea | 6 |
| Lewisham | 3* |
| Peterborough | 3 |
| South Tees | 6* |
| Wolverhampton | 4* |
| All sites | 25 |

*Note: in certain cases interviews involved more than one stakeholder.

Professional stakeholders included: police officers; Youth Offending Team officers (social workers, education and health professionals), Child and Adolescent Mental Health Services (CAMHS) staff, representatives from the Crown Prosecution Service, psychologists, psychiatrists, psychotherapists and, finally, a representative from the Ministry of Justice.

The interviews explored professional stakeholders' perspectives and experiences with regard to a range of inter-related issues including:

- Understandings of the value and practice of diverting children and young people from the youth justice system and directing them (where appropriate) towards mental health and social care/welfare services; the factors that influence and/or determine whether or not a child/young person is considered appropriate for diversion?
- Conceptualisations of early intervention, voluntarism v coercion, the most effective means of identifying and responding to children's and young people's vulnerabilities and, where appropriate, problematic behaviours;
- Experiences of the identification of children and young people with mental health issues, learning disabilities and/or other vulnerabilities and the most effective referral mechanisms, policies, practices and protocols for the purposes of YJLD;
- Closely related to the point above, perspectives on the most effective policies, practices and procedures for ensuring optimum effectiveness with regard to realising the core objectives of YJLD (including: inter-agency relations, partnership working,

service integration and ‘ownership’). Conversely what obstructs and/or hinders effectiveness and what comprises barriers to progress?

- Accounts of where the YJLD projects ‘fit’ within the bigger picture of health, children’s services provision and youth justice/youth crime prevention work;
- Assessments of the core outcomes of the YJLD initiative principally in terms of addressing (re)offending, mental (ill)health and related vulnerabilities;
- Views in respect of the future prospects of the YJLD initiative beyond the life of its pilot phase.

6.1.3. Representatives from the Department of Health and Centre for Mental Health: interviews

A further interview was conducted with two representatives from the Department of Health and one from the Centre for Mental Health. This interview explored:

- The original conceptualization of the YJLD programme, including the principal rationale(s) of the scheme and the conditions/circumstances that were deemed to make it necessary?
- The operational expectations of YJLD at the point of its inception (including: target populations; referral pathways; inter-agency partnership working; delivery of support packages).
- The intended/expected principal outcomes of the YJLD projects/s
- The extent to which consistency of management and practice was anticipated/intended within and across the six pilot sites.
- Reflections on how the scheme/s evolved, developed and changed over the duration of the project; the principal achievements/strengths of the pilots and, conversely, their principal shortfalls/weaknesses.
- Reflections on the main challenges in implementing and operationalising the YJLD pilots, including any unanticipated issues (positive and/or negative)?
- The means by which the lessons from the pilot stage might be applied for the purpose of the next phase of the roll out of YJLD?
- Perceptions of the future of youth diversion as a feasible and sustainable policy development.

6.1.4. Focus groups: Liverpool and London

Finally, two focus groups (one in Liverpool and one in London) were organized, to which a wide range of professional stakeholders from each of the pilot sites were invited. In total 25 managers and practitioners participated in the focus groups drawn from different specialisms/professional constituencies including: YOTs (social workers, police officers, education and health professionals); psychologists; CAMHS personnel; police officers (with specialist police station/custody functions) and a representative of the Ministry of Justice.

Each of the focus groups provided an opportunity for participants to reflect upon their experience of YJLD and to articulate their perspectives in respect of:

- The ‘ideal’ liaison and diversion model/pathway for children and young people with mental health needs, learning and communication difficulties and/or other vulnerabilities;
- The essential ingredients to ensure the development of best models of inter-agency practice and partnership working;
- The most effective (and realistic) approaches in diverting children and young people away from the youth justice system in order to: address unmet needs; reduce risk of offending and/or reoffending; be cost effective and sustainable.

6.2. Children’s and Young People’s Perspectives. Emerging themes

The qualitative data emerging from the interviews and focus groups has been analysed using a grounded theory approach (Charmaz, 2006). Data collection and analysis has purposefully overlapped and sections of the data have continually been compared and contrasted in order to reveal similarities and differences. As the data analysis has developed, a series of concepts, categories and patterns have emerged which are presented as a series of core themes below.

The young people interviewed were on average 14 years old (11, 17), majority male (n=16 male and n=8 female).

Table 49 Composition of the interview sample of children and young people - age and gender

| AGE | MALE | FEMALE | NUMBER |
|--------------|-----------|----------|-----------|
| 11 | 1 | 0 | 1 |
| 12 | 1 | 0 | 1 |
| 13 | 2 | 0 | 2 |
| 14 | 3 | 2 | 5 |
| 15 | 5 | 2 | 7 |
| 16 | 4 | 2 | 6 |
| 17 | 1 | 0 | 1 |
| Not known | 1 | 0 | 1 |
| <i>Total</i> | <i>18</i> | <i>6</i> | <i>24</i> |

6.2.1. Household composition and family relations

The overwhelming majority of children and young people interviewed (19 of 24) live in households headed by a single parent (16 with lone-parent mothers and 3 with lone-parent fathers) (see *Table 50*).

Table 50 Family/household composition

| FAMILY/HOUSEHOLD COMPOSITION | NUMBER OF INTERVIEWEES |
|------------------------------|------------------------|
| Mother - lone parent | 16 |
| Father - lone parent | 3 |
| Mother and father | 3 |
| Mother and step-father | 2 |
| <i>Total</i> | <i>24</i> |

In a small minority of cases, relations between absent parents and children and young people are sustained:

Yes I live with my mum, my dad doesn’t live with us, but I still see him. I see him about once a week... just moved out and so it’s me and mum and my brother. Normal family, we argue! (Female, age 16: WV1)

In many more cases, however, the relations between birth parents are often strained and the predominant pattern is for children and young people to have little or no meaningful contact with the absent parent. Typical responses include:

INT What about your mum?

I live with my mum and I've got five sisters. I don't live with my dad because my mum don't really want him around anymore... No I haven't seen him since I was 12 or 11. (Female, age 14 - LEW5)

... when I was 3 [my dad] left, like he went to jail I think it was, I'm not even sure, but I know he went to jail. Because he always used to be violent and stuff like that, so mum left him and moved down here. (Male, age 16 - ST6)

I have nothing to do with her... [I've] not seen her for 8 – 9 years... She lives local but she doesn't bother with any of the kids... that's not through my choice, that's through [my] mother's choice; it's [her] who doesn't want anything to do with the kids. (Male, age 15 - HW5)

Almost all of the children and young people report some form of household disharmony and many are sensitive to the concerns raised as a consequence of their contact with the youth justice system:

INT *What do people think about you being in trouble with the police?*

They don't like it. My mum hates it. Don't know, it just upsets her because I'm always fighting and it looks like ... she thinks 'Oh you're going to go to jail like your dad, you're going to turn out like your dad' or something like that. (Male, age 16 - ST6)

I don't know... but I do... like I used to not tell my mum and dad anything but like I still don't tell my mum anything cause she gets all worried and upset and starts to cry and that annoys me and everything so I don't really tell my mum anything but like I tell my dad almost everything kind of thing... but the thing... I don't think they trust me. Like I don't think they trust me. (Male, age 15 - WV2)

Several of the children and young people interviewed assume significant levels of responsibility within their families - including caring responsibilities - and were able to articulate complex relations between distressing family circumstances and their challenging behaviour:

INT *Why do you say that your dad is a problem?*

Cause he is quite ill... Yeah... erm... he's had like a lot of operations and stuff to try and fix his heart and stuff and they have not been like minor operations they have been like life threatening operations so... it's just like the worry of like I don't know waking up and him not being there like... and yeah... I think that's how I get into trouble most really like people trying to say something about my dad, like as a joke, but I don't find it a joke at all if anyone says anything about my dad. Like I... uhhh... there is probably, well... err... there was probably erm about a 95% chance that I would flip at someone if they said anything about my dad... But like around the time I had just got arrested my dad had just come out of hospital and I was like and I had just got kicked out of school and my dad just come out of hospital and my nan had a stroke and... everything was going on at the time... and... yeah... it was just like I was having a bad couple of well a month or so... Because like whenever I went to go and see my Nan it made me upset and angry because she doesn't recognise who I am. I mean cause she has had the stroke she doesn't remember my face or anything, she

thought I was her paperboy last time I went to go and see her but yeah. (Male, age 15 - WV2)

Conversely, many of the children and young people recognize the efforts that their parent/s make in order to prevent them from getting into trouble:

INT Anyway, yes you said your parents said you were an idiot.

Yes, yes I'm an idiot. Well I am an idiot it's true. My mum and dad are never not honest of me. Like they tell me straight ... they're not going to just ... you know, yes but they can't really say anything to me because it's my life to live. Like they've always said that 'It's your life to live, you make your own decisions, your own mistakes' kind of thing. Obviously they can help me and guide me and they always, always do, but they can't tell me how to live my life because it's not their life kind of thing. (Female, age 15 - RBKC3)

Such guidance is not always welcome, however:

Sometimes it just makes me feel like an object kind of thing or like a dog like, do what you are told kind of thing I am going to train you blah blah blah... That annoys me... Yeah... it's different generations 'cause my mum and dad are quite old, my dad is 70 and my mum is 50 so they were brought up in a completely different culture to nowadays so they thought you are back in my mum and dad's days, they were like 'oh concentrate on your studies, blah blah blah, you are not allowed to have a girlfriend' and things like that. Especially my dad's culture because he is from Pakistan... I just wish that my mum and dad trusted me more and let me make my own decisions rather than saying 'oh yeah you can't hang around with this person and that person'. I would like them to like let me make my own choices and make my own mistakes and experience life kind of thing. (Male, age 15 - WV2)

6.2.2. Education

All of the children and young people interviewed reported some form of disruption to their education including: patterns of non-school attendance; periods of suspension and/or permanent exclusion; difficulties in coping and/or challenging behaviour within 'mainstream' schools and strained relations with teachers and/or other pupils. The majority revealed their special educational needs and many were attending, or had attended, 'special' schools.

Typical insights include:

It's not the school ... well it is the school but it's not the girls that are in the school, it's just like a little authority figure telling me like what to do. Like if they... was just like teaching us in a different way then I'd probably listen and do more and get involved, but it's like the way that ... sometimes if the teachers say stuff like you have to do it, or you need to do it, or if you don't do it, this is going to happen, then I'm just say 'Well I'm not doing it then'... They don't explain. (Female, age 15 - LEW6)

I really do not like the teachers in there... I hate the school. I can't cope with school at all. It makes me go mad. (Male, age 15 - LEW2)

INT What do you think about school generally speaking?

It's crap. (Male, age 16 - ST6)

I go to a school for kids with behavioural problems. (Male, age 15 - HW5)

Paradoxically, difficulties in coping can manifest as problematic behaviour and some of the children and young people clearly exhibited seriously challenging behaviour within school, often resulting in long periods without any formal education:

Yes well when I went to my proper mainstream school I never ever wanted to go at all because I just like I couldn't cope. I was always getting into trouble and all that... I got excluded out of a normal school though... Like out of mainstream... The teachers were intimidated... because a teacher took me over so I threatened him and said I was going to head butt him and then they excluded me for it... It was three year ago now I think. Nearly three. (Male, age unknown - HW2)

'Cause I got kicked out of two schools and I got kicked out of one for erm... threatening to kill someone and... and getting a knife and stuff and then the other one was because I beat someone up 'cause they kissed my girlfriend so I beat them up. (Male, age 15 - WV2)

Many of the children and young people who were attending/had attended 'special' schools reported benefits including time out of conventional classrooms and more focused personal attention from teachers:

We've only had one phone call at the new school to say I'd been bad... We don't really cope well in classrooms and stuff like that so we always go out ... well we don't always go out but like three times we go bike riding, cooking, make things like do wood tech and stuff like that, but sometimes we have to go out walking and stuff like that. (Male, age unknown - HW2)

INT So what did you do afterwards?

Went to (names special school) and I've been there since then.

INT How do you like the special school?

I liked it... because I was close to most the teachers in there, but I didn't like mainstream.

INT How is it different from mainstream?

I don't know but I was always taught when I went there, like one-to-one like, and I don't know... I just don't like working with loads of different people. (Male, age 16 - ST6)

6.2.3. Neighbourhood, community and social networks

All of the children and young people interviewed live in areas of multiple socio-economic deprivation. Many describe their neighbourhoods and communities as 'bad areas' and explain how they try and limit their exposure to them. Typical comments include:

INT So do you have a good neighbourhood?

Not really... When I go out I try to get away from the area; I try to go away from here. (Female, age 16 - WV1)

INT How is it to live here [the neighbourhood]?

Round here's not very nice is it? [I] haven't really got any friends round here... I don't like it round here... so I just pull away and become a recluse... I don't really go out around here because most of them do drugs and all that and get into trouble and I don't want to do that anymore, so I just like keep myself to myself and stuff like that. (Male, age unknown - HW2)

INT Do you think that is better or worse not having friends?

Better because no one's there to peck your head constantly. (Male, age unknown - HW2)

INT Tell me about your friends. Do you have any friends?

Yes but they're all worse than me.

INT Worse?

Yes they're the ones that get me into trouble and stuff... I don't knock about with them no more, I get the odd phone call [but]... I can't be bothered. I just tell them 'no'. (Male, 16 - ST6)

Accordingly, many of the children and young people interviewed live quite solitary lives within sharply circumscribed social networks; such youngsters appear to feel peculiarly out-of-place within their immediate locales. But 'breaking free' can raise its own challenges:

So I believe in myself and avoid all the people that like are hating on me and stuff like that.

INT Why would they hate you?

Because they know that I'm trying to achieve something and they're trying to pull me down with them and I don't want to be with them. (Male, age 14 - RBKC1)

Indeed, what might otherwise be seen as deviant peer group negative influence is, in fact, a normative experience according to several of the children and young people interviewed, even if they feel that offending is not something to brag about. Comments include:

INT What do your friends think about finding out you've been in trouble with the police?

They don't mind. Most of them have been in trouble. Most of them have like been in police cells way more than me. Like some of my mates have actually just started going into prison already. So it's like ... it's not like something that you do to look popular, but if you have you've got something to talk about with them... like when I first met like my mate... yes my boyfriend, Daniel, that was just like the conversation. It was like 'Have you ever been arrested?' 'Yes'. 'Have you?' 'Yes' and we like got along and just started talking like how many times did you count. Then just like saying stuff like that. It was just like a conversation to start, otherwise if it wasn't then we'd just be sitting there like yeah... it's like most of the people that I like it's like a daily thing, it's not a big thing, so it's like a conversation like going to the shop. Like 'What shop did you go to?' 'What police station did you go?' So it's more like that. (Female, age 15 - LEW6)

INT What do your friends think about you being in trouble?

Most of my friends have been in more trouble than me... Yes they've been in a lot of trouble, so it's kind of like... but I don't really go out there 'Yes I got nicked didn't I', it's not a thing I'm proud of like... Yes it's not... I kind of shove it... like it didn't happen. (Female, age 15 - RBKC3)

Such circumstances can give rise to complex social relations characterised by tensions with parents/carers and ambivalent relations with peers; where friendships are simultaneously conceptualized as risky *and* supportive:

My dad thinks they are bad people and everything 'cause they haven't got an education and so on and so forth and I am like 'yeah but they are my friends, I talk to them, I can talk to them about anything'. I talk to them but then yeah my mum and dad think just 'cause they are older than me they are going to take me into bad things like kind of thing. (Male, age 15 - WV2)

I have good friends. I've got a lot of good friends but my parents don't see it like that because of who my good friends are... how can I put it, they're classed as dangerous people and I've got a lot of friends like that and yes maybe they're not nice people, but they've always been good to me. (Male, aged 17 - HW1)

6.2.4. Alcohol and substance use/misuse

Perhaps surprisingly, the majority of children and young people interviewed explained that they did not use alcohol and/or drugs. For those who did report drinking they appeared to do so socially and in moderation. Many were particularly wary about drugs:

INT Have you ever been in trouble with the police over alcohol?

Oh no, no, I've never have any trouble with them over drink, no.

INT What about drugs?

I'm not going to lie, I have tried. I've tried weed but nothing else. I wouldn't. I wouldn't go there because it can have... because my... my close family members and some of my family you know have been there and that, I wouldn't go there because I've seen what it does to them and it's not nice...

and they even said it. It might be good at the time, but afterwards the consequences and things are not good. (Female, age 15: RBKC3)

Conversely, cannabis use was considered less problematic and was even regarded as helpful by some children and young people:

I've smoked cannabis before but that's it. (Male, age 16 - ST6)

Cannabis makes me happy. It's just, I don't know I have it when I am stressed out kind of thing 'cause it makes me forget about my problems for a couple of hours and sometimes that couple of hours is all I need really. (Male, age 15 - WV2)

For a small minority of the children and young people interviewed, excessive alcohol consumption was related to outbursts of violence:

INT So what was actually the problem, how did you get in contact with the police and why are you in trouble now?

Fighting.

INT Fighting. Is that something that happens often then?

Not now, used to, near enough every weekend. Now I can't be bothered with it. It's because I used to drink and then go out fighting, looking for fights and stuff. I still drink but I just don't go looking for fights and all that. I'd rather just stay in... I used to drink near enough every day... I don't do drugs though. (Male, age 16 - ST6)

Well I have been trying to stop drink 'cause that gets me angry 'cause I went to a friend's party a month or two or so ago and then erm... erm... I was drinking and then I got angry and I punched a hole in her wall and she wasn't too happy so I have tried to stop drinking. (Male, age 15 - WV2)

6.2.5. Anger and violence

Whilst only a small minority of children and young people referred to alcohol-induced or alcohol-related episodes of violence, a far greater number articulated difficulties in controlling anger, often with violent consequences. Interestingly, there is little evidence of bravado in such accounts; violence is seemingly perceived either with a sense of resigned acceptance or as a product of uncontrollable impulse, albeit one that might induce remorse and/or regret. Such accounts include:

My anger. I will take it out on anyone. Like my mum, I kind of took my anger out on her. On Wednesday last week, Wednesday it was... I got really angry and I was just going mad. I put my hand through a door in the house and I was shouting at my mum and... I was kicked out my house for 5 days, I didn't go back until Sunday, late Sunday night.

INT Do you think about the consequences? Like if I get angry now what's going to happen next?

No. Never. If I get angry I get angry and no one can stop me from being angry. (Male, age 15 - LEW2)

I don't know, it's quite ridiculous. After my friend passed away like there was this girl... you know... obviously he had passed away and nobody should talk about him like disrespectfully and that. So I got angry and I was with my friend and she was like 'Come on let's do this, let's beat her up this and that'. I was like 'No, let's not, let's not' and then before you know it she hit her and I hit her and then yes... so it's not that good.

INT So you don't feel good about it now?

Not at all, not at all.

INT Is it something that is going to happen again do you think?

I don't know what came over me, I was so angry. I was just... no I wouldn't do it again. I do [sometimes] feel angry but that was a one-off. That was definitely a one-off. (Female, age 16 - WV2)

Last year in November I had a bit of a disagreement with someone and I asked them to get out of my face a few times, he was getting to my face, giving me grief... so I turned round and basically gave him two options, I said to him 'You either walk and get out my face now or you can come outside and I'll have you in the street. One to one'. He carried on in my face so basically I just... it's nothing to be proud of, but I grabbed a cord out of his mates hood and I grabbed him round the throat with it... and I've gone like 'Look sorry, shouldn't have done it, I'm in the wrong. You should have gone out my face, I told you to get out my face' and he just started like mouthing off and that so I said to his mate 'I'm going to give you 10 seconds, get your mate out my face now... because he's pushing me now'... I'm not a good person coping with pressure... I lose it very easily and when I lose it I black out. I've got no control over myself and the only way I can stop is if someone drags me off them. So that afternoon I was arrested, I got charged with two counts of grievously bodily harm... Basically

I'm on the last strike now. Next time I get in trouble I'm in jail... Yes, maybe violence isn't the right way to turn to, but sometimes you've got to turn to it... The only way to settle things these days is having a one-to-one fight, it's over and done with then... I don't do it to impress people, I don't do it at all to impress anybody. It's the fact of I don't let people treat me like I'm some idiot. (Male, aged 17 - HW1)

I can get quite angry sometimes, well very angry sometimes.

INT What does a good day look like for you?

Erm me not getting angry, not getting in trouble at school...

INT You said you have been angry, why do you get angry?

I don't know just... something inside me, I just get angry. Like when I get angry I like usually take it out on things around me. Like I try my best not to hit people but sometimes I get to the point where I do... I used to have like loads of fights at school but nowadays I just... try and control my anger but... sometimes I don't control it and I take it out on people I don't even know... like random people in the street... I get angry and then I start punching walls and shouting... It hurts if I punch something but like I broke my hand... I broke that getting angry. I got angry and punched a floor and broke it, it snapped... [Once] I was having a bad day at school and I got into trouble... I was really annoyed and moody and then I went into town... I don't know like I just switched, I went from being in a bad mood to really really angry and beat him up but then the Police were standing right behind me and I tried to run away but they were on bikes so they caught up with me. Yeah I am sorry about it. I think the day after, either the day after or two days after I saw the boy that I beat up and I apologised to him erm... but he had a huge black eye... which I did feel sorry about because he didn't do anything to me to annoy me but I don't know I was just having a bad day really... I am good most of the time but then when I am angry my friends know that I can get very angry then I can shoot off like a rocket. (Male, age 15 - WV2)

6.2.6. Mental health vulnerabilities

The interview sample of children and young people - generated by five of the six YJLD pilot sites - comprises a diverse and highly heterogeneous group. Taken together, as indicated above and below and elsewhere in this report, there is evidence of an identifiable group of children and young people with a myriad of difficult circumstances and vulnerabilities relating variously to: socio-economic hardship; problematic familial and/or social relations; disrupted education pathways; social welfare needs; safeguarding issues; alcohol misuse; behavioural problems; anger management issues; unresolved questions deriving from bereavement, grief and loss and bullying and victimization. A significant proportion of the children and young people interviewed have no apparent mental (ill)health diagnosis, however. On the other hand, many have been referred to CAMHS for assessment and/or treatment - mostly to generic services but in a small number of cases to forensic services - and several of the conversations during interview alluded to learning difficulty, anxiety, depression, ADHD, OCD, autism, hearing voices and other 'disorders'. Beyond noting the distressed lives that many of the children and young people endure, however, the qualitative insights are limited in respect of illuminating the question of mental health with any precision, as the purpose of the interviews was not to assess or diagnose young people. Perhaps the human tragedy encapsulated by the sum total of the interviews is distilled by this eleven-year-old-boy's sense of himself:

I don't think it's made much change but I've seen another doctor here... they told me I've got ADD and ADHD and OCD.

INT Do you like all these letters?

Yes. I've got it right. Before I came here I was told I had provisional defiant disorder and conduct disorder. But I've got ADHD and OCD... and I hate my tablets.

INT What tablets do you know?

I can't remember what they are but... everyone thinks they're totally rubbish and they can make me ill.

INT Have they made you ill?

They make me feel sick. (Male, age 11 - LEW3)

6.2.7. Perceptions and experiences of previous professional intervention

Many of the children and young people report having had contact with, and/or receiving services from, a panoply of agencies and, overall, their perceptions and experiences extend along a continuum: from positive benefit to antagonistic presence.

Some children and young people are almost effusive in expressing the value of professional intervention:

I got CAMHS help and that and erm... I don't know, I was like thinking more about understanding my emotions basically a bit more and my anger was my main one and... CAMHS is obviously helping, I don't know where I would be without them, I think anyway. (Male, age 14 - ST2)

Other children and young people are more cautious and circumspect in their reflections:

INT Is this the first time you've had help or did you have any before?

Oh yes I had [help] a couple of year ago, about two year ago

INT What was that about?

Just anger management I think it was. And then I had someone else like CAMHS down town.

INT Why did you see CAMHS?

Anger management. I've had loads of different anger management workers and stuff like that.

INT Would you say, after all these years, would you say that it is working, the help?

I'm not really sure, it's just like I'm calming down a lot more, a lot quicker than what I used to. Normally like if I got wound up it would always go on for like well ages, but now it just stops straight away. I seem to cool down and chill out a bit quicker, a lot quicker. (Male, age 16 - ST6)

Several children and young people articulated disappointment and feelings of having been 'let down':

I was supposed to be getting involved in Young Carers but they haven't rang... they were supposed to ring me back but they haven't rang. Supposed to get involved in this... thing but it was supposed to be in January and that got cancelled so I feel like I'm getting let down all the time. (Male, age unknown - HW2)

Whilst, at the most negative end of the continuum, professional intervention might be experienced as an antagonistic presence:

Really its people trying to make a mug of me like, treating me like I am anything like I am rubbish.... [That's] what makes me angry like if the teacher or someone at school tries to treat me like I am anything less than them... teachers can tell you off but sometimes teachers can get a bit overly rude if you see what I am saying. Like a bit much sometimes... I am not short tempered, I can put up with it, but it's just like everyone has their limit. (Male, age 14 - RBKC5)

6.2.8. Perceptions and experiences of YJLD

Whilst, as stated, certain commonalities are discernible in many of the children's and young people's circumstances, their perceptions and experiences of YJLD reveal a broad spectrum of differentiated practice both *within* and *between* the pilot sites. In some instances, children and young people - with limited, if any, previous involvement with the youth justice system - initially apprehended in respect of relatively 'low-level' offences, are clearly being genuinely 'diverted' from formal charge, prosecution and/or court appearance. In other cases, however, children and young people with more well established youth justice histories and/or previous convictions - some of them for serious offences - are seemingly engaging with YJLD projects as elements of community sentences and/or as part of a broader mental health 'treatment' intervention. This gives rise to a disparate range of perceptions and experiences but, in particular, four qualitative insights are particularly distinctive. The first illuminates cases where the principles and practices of diversion have been implemented to good effect. The second relates to the sense of confusion, uncertainty and lack of understanding that many children and young people experience in respect of YJLD in particular and, more generally, their engagement with the youth justice system. The third derives from a desire - repeatedly expressed across the interview sample of children and young people - to be understood and helped. Finally, the fourth - perhaps somewhat paradoxically given the backdrop of confusion, uncertainty and lack of understanding, although more consistent with the stated desire for understanding and help - concerns the value that many children and young people attribute to one-to-one contact with YJLD practitioners.

In many cases - particularly in the London YJLD sites - children and young people appear to understand the 'contract' and their experience of YJLD points to an effective diversionary practice (i.e. diverted away from the youth justice system/diverted instead of being charged). Illustrations of this include:

INT Did you get charged?

No.

INT No? What happened then?

I got here.

INT Here? Was that like an option?

No, no, they sent me to some different place and if I didn't go there then I'll have to go to Court and the Court date was on my birthday so I made sure that I go there and I went, then they sent me here.

INT You mean the police?

No, the people that the police sent me to... I think it's Triage...

INT What did you do? Do you remember?

...we spoke about me and how I think I should handle stuff... now I understand why [name of professional] did it... because the school kicked me out... I miss that school...

INT Was that the first time you got in trouble with the police?

Yes... (Female, age 14 - LEW5)

INT Is that the first time you have been in trouble with the police?

Yes

INT Did you want to come [to YJLD]?

Yes

INT Do you think it helped?

Yes... because [name of professional] understood me that's why. (Male, age 13 - RBKC2)

INT So how did you get into trouble with the Police, what happened?

'Cause I was with my friend and she was shoplifting and I was with her... And then when we left the store together they pulled both of us... And then she... was givin' them attitude, like shouting at them cause the man said if you don't give me attitude I'm not going to call the Police' then she started shouting so then he just called the Police. They found the stuff in her bag and then they said I have to go as well because I was with her. Guilt by association... The Police told me 'you were going to come and see someone to help you' and then they brought me to see [name of professional] but I have been working with her for like 4 weeks or 5 weeks.

INT So you just knew if you saw [name of professional] what would happen. Did you know the consequences?

Yeah. To wipe it off so I don't have a criminal record [and]... so it can help me to like think twice before I do something... It make, like, it was good because in school they don't explain all of that to you because they don't have time 'cause there's lots of people. (Female, age 16 - RBKC4)

Conversely, in several other instances interviews with children and young people revealed their sense of confusion, uncertainty and general lack of understanding in respect of YJLD and/or youth justice processes and the implications of such:

I think I got done for assault but I'm not sure because that's just what they said, but that might have went down on my record, I'm not sure. (Male, age 16 - HW3)

Err I have been in trouble with them a couple of times but it's never been serious like erm I got in trouble for stealing a phone when I was about... 10 or 11 or something like that... I don't know really like I have been in trouble with them a couple of times but... The last time I think it was robbing plant pots. We was bored and we went round and just started getting plant pots and erm I think that was the last time but, it was either that time or I had a fight with my brother and got taken to [the] cells.

INT Were you charged of anything?

No, not, no it was for assault and criminal damage they took me in for but I admitted to the criminal damage but I didn't do the assault so in the end it was meant to go to Court but they ended up dropping it so...

INT So basically you don't have a criminal record?

No I don't think so... I don't really know how I ended up getting with this project... Erm it's like another thing like the YOT but it's different... (Male, age 16 - HW4)

INT Did they charge you or did they let you go? Do you know what happened?

I can't remember... I'm on my final warning... But I can't remember why.

INT So this is how you got involved with this Service?

Yes.

INT Do you remember when that was?

No

INT Was it last year for example?

I don't know. You might have to ask [name of professional]... I'd just sit down and talk about what my behaviour had been like and how my anger has been doing. I don't know whether that's called therapy or not...

INT Was that any useful for you?

Yes definitely it helped me out. Sometimes I did think it was a bit boring, honestly... [but] it was just useful.

INT What would help then do you think?

I don't know. That's why I'm here I really don't know. I want to like find out.

INT So you don't know what would help you?

No. (Male, age 15 - LEW2)

INT What happened once you got arrested?

I got taken to the police station ... well actually I got told it was just a meeting down at the police station, but when I got there they arrested me in the interview room and they put me in a cell for a couple of hours, then they let me go and I had to go to the Youth Offenders Team. (Male, age 12 - LEW4)

INT How many times did you see (name of professional)?

I don't know.

INT Never mind. Do you feel like it was useful to see (name of professional) ?

I don't know.

INT Did he help you in any way?

I don't know. (Male, age 11 - LEW3)

Notwithstanding evidence of confusion, uncertainty and lack of understanding - or perhaps because of it - a strong message to emerge from the qualitative data relates to children's and young people's desire to be understood and helped:

I think really a service that will help me... whereas they're all just like 'Well we'll take you out for an hour and bring you back' and it's just taking you out and getting you away and then bringing you back to the same problems, it's not like it's helping you. It's just distracting you for a couple of hours. So I don't see what the point is really. (Male, age unknown - HW2)

INT So for the time you have seen (name of professional) did you find it helpful talking about your problems?

It was, I don't know, it was just better to have someone to talk to... Because, I don't know, if you can talk to somebody then like it stops you from getting angry as much because you don't have to keep it all in. (Male, age 16 - HW4)

INT How did you feel about being in the police cell?

Well like it hit me when I was in the cell like when I just sat down in a cell and the door closed is when I thought like that I am such an idiot to be here like I should be in school right now and I am in a police cell for some little theft of some sweets. I was just thinking that I am an idiot just to do that. I was just thinking what my mum would think and stuff like that...

INT Do you feel [YJLD] was beneficial in any way?

Yeah it was beneficial just to talk about it basically. Just to talk about it and to talk about when I get back to school how I am going to make things better, how I am just going to get down and do...cause I have got my GCSE's this year and stuff like that... I think that [it] is good just to talk about it and stuff like that. And like I've just taken a lot from it... Just like, what I do like about YOT Workers is that they are understanding and they are not judgmental as well and they don't just see like you have done a little crime and they don't just say 'yeah you are a bad person'. So like yeah just not being judgmental not yeah just stuff like that. (Male, age 14 - RBKC5)

The orders what have been put in place are to try and sort me out. If they work they work, if they don't, then they don't. It's whatever they can offer me and how much I can give back.

INT If you were in their place, what would you do I mean to change things to make them work for you?

I don't know to tell you the truth, I wouldn't really know what to do to try and help myself out... I don't have a clue what would make me stop. I think it's just the fact that I've been in trouble that many times now I've started to realise that it's not worth it anymore. I just want an easy life. I don't know. I just hope these things work... Because at the end of the day it's their job to know what they're on about, it's their job to help people, so they know what they're doing... if they know what they're doing hopefully they'll be able to help me and maybe help me to come to a point where I'm not going to get myself in as much trouble any more. It's mainly I want people to understand me, see where I'm coming from, see my point of view. Not just to turn round and go 'No you're wrong, you're in the wrong, you're in the wrong' all the time. I want people to understand me, treat me like I'm an adult not a little kid. I hate people talking down to me it really boils my blood, I don't like it, I do not like people talking down to me like I'm some little five year old. I'm nearly 18 for crying out loud. (Male, aged 17 - HW1)

Perhaps more than anything, it appears that focused attention and periods of one-to-one contact is what the children and young people especially value:

They said that they were going to send someone round to talk to me and then [name of professional] turned up... He was asking questions... me and my mum questions and then we got to meet and just talked about stuff like to see if I was improving or like how I was feeling and everything... So it kind of makes me feel like... it's kind of showed me that like sometimes it's better to sit down and talk to someone than like hold it all in and then take it out on the next person that says something... It's a good thing to be doing like just to talk to someone. (Female, age 15 - LEW6)

INT Do you think it's going to have an impact on the way you behave in the future?

Sometimes. But because like everything like every 2 weeks is like hard because like if I do need to talk to someone I don't really talk to anyone. So like I really talk to [name of professional] now, so like when I'm angry... I've learnt not to like take it out and start shouting at people but usually I just sit on my own. Or like just tell them like just go away or something, but it's just... I've got into a lot less trouble than I used to... Yes just that... usually if I don't like... I see him every two weeks so that's something that's always gone on, like... so it's like if I see someone maybe like twice a week it would prevent me from actually doing something that it could have been

stopped if I had like learnt to control my anger or something. But yes. (Female, age 15 - LEW6)

I like her being my key worker because she's well understanding and stuff. We communicate really well and stuff... so I like it here... when she put me in this programme I just attended and like I carried on seeing her because I thought it would be good like to know... to make her know about my feelings and stuff like that. Whenever I need to talk to her all I have to do is just pick up the phone and I call her and then we'll arrange a meeting...

INT Do you think your behaviour has improved?

Quite a lot yeah... It's improved quite a lot it has. Like my anger has calmed down, like in school I'm behaving more, I'm contributing to lessons more, I'm taking part. I'm being good. I'm meeting my targets right? Just being good. Trying to be normal like in school... like I'm trying to be a better person and stuff... (name of professional) believes I could change... [and I've] learnt to just believe in myself and believe that I could... I believe that I could achieve that, because if you don't believe... if you don't believe in yourself then you'll never be successful. (Male, age 14 - RBKC1)

... then I come here and met [name of professional]. She got me back on track I'd say. I like coming here...

INT Were you charged?

No I didn't get charged. Didn't go to court or anything... They referred me to [name of professional] they said you can go... like you don't get charged or something as long as you go and see her... if I didn't want to come I wouldn't, I wouldn't come... believe me!... Didn't know what to expect really... But, when you got to know her, like you've got to give it a chance I'd say... if you're going to come, give it a chance, don't just come once and think 'No I'm not coming'... I think just... I don't know, I don't know what it is. It's just she talks about... it's like step, steps, steps with your life. I don't know how to explain it but, like she talks from your youngerhood, to why it brought you to that, to an end, to how to come over it and now what are you going to do?... It's just helpful. Like when she asks you 'What are you going to do?'. Like she gives me 'What are you going to do when you leave here?' 'I'm going to do this, this, this, this' and when I come back she'll say 'Have you done this, this, this'. 'I've done this and this but not this' and... it's just nice talking. (Female, age 15 - RBKC3)

Before, when I used to do something I used to think 'oh well I am not bothered, I don't care what happens'.... but now I think about it. Like I think if I go and punch this lad... I could get chucked out of school and then I could go to court and stuff and I just think I should just leave it.

INT Do you think that there is anything that anybody could have done beforehand to help you to prevent what you have done?

Yeah if someone in school that I could see someone like [name of professional]... to talk to about my anger... 'cause in school they say you talk about problems at home but what's that got to do with your anger in school?... *INT Anything else you would like to talk about?*

I just want to say that like the work with [name of professional] like it has like really improved how I think towards my anger and how I think in situations when I get angry so it has really helped (Male, 16 - ST4)

I tried to talk about why I did what I did and, since then, it's been really good. So I've just had a chance to open up and realise what I did and I shouldn't have done it. Yes that's it...

INT Is there anything you find helpful in the work that you're doing?

R Definitely. Like every week I come to see [name of professional]... I can come to her with a different problem and she's like ... I just tell her; I tell her everything and she's like ... she kind of like explains it to me, like makes me see it like better because I don't ... like if something happens I don't understand why it's happening and then I tell her and then she just tells me what she thinks about it and I'm like Oh and I kind of think well, yes I can see why it happened now. So yes she's helpful... (Female, age 16 - WV1)

6.2.9. Aspirations and futures

In interviews, the children and young people were invited to share their aspirations and ambitions and to sketch their preferred futures. Many responses implied adolescent dreams - fantasies even - rather than realistic calculated planning, with professional careers in sport being particularly popular. In reality and taken as a whole, the interview sample comprises a constituency of children and young people who endure socio-economic hardship, social distress and multiple forms of disadvantage who are growing up in an environment where education and labour market opportunities are limited and diminishing. Within this context some of the interviewees offered more measured responses, some were extraordinary modest giving a sense of acutely circumscribed opportunity structures:

I don't know, like just something that's not just sitting around doing nothing. Like going on holiday or something or like I don't know 'cause I haven't been on holiday for ages with my mum or anyone, I've not been on holiday with my mum in years. (Male, age 16 - HW4)

Other responses were strikingly 'normal':

I just want to be just a normal person with a normal job, a normal car and a normal house. (Male, age 14 - RBKC1)

Others expressed a realistic sense of determination:

INT What would you like to see yourself doing?

Like ... mechanic, like with cars, also I like ... I wanted to do cars but some plumbers came in my house and they were talking about jobs and how they needed more women in the jobs and I thought about it and I was thinking that like would be a good thing because like you don't see any female plumbers going round to houses fixing whatever it is... And then I was thinking that would be a good thing to do. Just like showing people that you can do something that a man can do as well... rather... than... do nails and hair. (Female, age 15 - LEW6)

INT So what do you intend to do?

I'm looking for an apprenticeship in anything I can get hold of really and do that. Anything. I just want to get a job and sort of like turn my life round, people don't think that I'll do it, but I just want to prove them wrong don't I? (Male, age 16 - ST6)

Some children and young people were clearly concerned about the implications of their criminal records in respect of future plans:

I know it's a bit ambitious but... I'd like to join the police.

INT Do you think that because of your history with them, would it be a problem of you getting a job with them? Have you found out if that's going to be problem?

I did ask. I did ask when I went to the first meeting. I said would it be on my criminal record and they were like after about 2 years it kind of gets like wiped clean because it was like the first offence and that so, hopefully it won't. If it does I don't know what I'm going to do. (Female, age 16 - WV1)

Finally, some clearly harbour 'secret' ambitions that have been with them for some time:

Erm and after being in the RAF for a couple of years I want to go to University and study Architecture cause I want to be an Architect when I am older or Property Developer something around that kind of ballpark... from a young age I have really liked the structure of houses and being looking at them and how they are built and like the room plans and like what would be a better setting to what I have already seen and I don't know I just think about... I don't know some people might think it's strange. (Male, age 15 - WV2)

6.2.10. Summary of core insights from children and young people

- The overwhelming majority of children and young people interviewed (19 of 24) live in households headed by a single parent (16 with lone-parent mothers and 3 with lone-parent fathers).
- In a small minority of cases, relations between absent parents and children and young people are sustained. In many more cases children and young people have little or no contact with the absent parent.
- Several of the children and young people interviewed assume significant levels of responsibility within their families - including caring responsibilities.
- Almost all of the children and young people report some form of household disharmony - including that resulting from their contact with the youth justice system.
- Many of the children and young people recognize the efforts that their parent/s make in order to prevent them from getting into trouble.
- All of the children and young people interviewed reported some form of disruption to their education. Difficulties in coping within 'mainstream' schools were commonly reported.
- Difficulties in coping can manifest as problematic behaviour and some of the children and young people clearly exhibited seriously challenging behaviour within school.
- Many of the children and young people were attending, or had attended, 'special'/non-mainstream schools.
- Of the children and young people who were attending/had attended 'special' schools, many reported benefits including time out of conventional classrooms and more focused personal attention from teachers.
- All of the children and young people interviewed live in areas of multiple socio-economic deprivation. Many describe their neighbourhoods and communities as 'bad areas'.
- Many of the children and young people interviewed live quite solitary lives within sharply circumscribed social networks.

- Within many children's and young people's peer groups offending appears to be relatively 'normal'.
- Such circumstances can give rise to complex social relations characterised by tensions with parents/carers and ambivalent relations with peers; where friendships are simultaneously conceptualized as risky *and* supportive.
- The majority of children and young people interviewed explained that did not use alcohol and/or drugs.
- For the majority of those children and young people who did report drinking, alcohol appears to be consumed socially and in moderation.
- Cannabis use was not considered to be problematic by many children and young people and some even regarded it as helpful.
- For a small minority of the children and young people interviewed, excessive alcohol consumption was related to outbursts of serious violence.
- A significant number of the children and young people interviewed articulated difficulties in controlling anger, often with violent consequences.
- The interview sample of children and young people comprises a diverse and highly heterogeneous group with regard to mental health status. Whilst there is evidence of myriad difficult circumstances and vulnerabilities, a significant proportion of the children and young people interviewed have no apparent diagnosable mental health diagnosis.
- Many of the children and young people interviewed had been referred to CAMHS for assessment and/or treatment - mostly to generic services but in a small number of cases to forensic services.
- Many of the children and young people report having had contact with, and/or receiving services from a panoply of agencies. Some report positive benefit from such interventions, several articulated disappointment and feelings of having been 'let down' and some even perceived intervention from professional agencies as an antagonistic presence.
- Children's and young people's perceptions and experiences of YJLD reveal a broad spectrum of differentiated practice both *within* and *between* the pilot sites.
- In some instances, children and young people - with limited, if any, previous involvement with the youth justice system - are genuinely 'diverted' from formal charge, prosecution and/or court appearance.
- In other cases, children and young people with more well established youth justice histories and/or previous convictions - some of them for serious offences - are seemingly engaging with YJLD projects as elements of community sentences and/or as part of a broader mental health 'treatment' intervention.
- For many children and young people their experience of YJLD - and contact with the youth justice system more broadly - is characterised by a sense of confusion and uncertainty.
- For many children and young people YJLD meets their desire to be understood and helped.
- Many children and young people report positive benefits deriving from focused attention and periods of one-to-one contact with YJLD practitioners.
- Taken as a whole, the interview sample comprises a constituency of children and young people who endure socio-economic hardship, social distress and multiple forms of disadvantage and who are growing up in environments where education and labour market opportunities are limited and diminishing.

- Some children and young people are clearly concerned about the implications of their criminal records in respect of their future prospects.

6.3. Professionals Perspectives: Emerging themes

6.3.1. The value of diversion

Without exception all of the staff in all of the sites recognised the importance and value of diversion.

... it's such an obvious thing to do to divert people from custody and from the youth justice system if that's at all possible because once they go into custody the results are very poor for people they go into custody again and again. (Stakeholder, PET)

The practice of diversion is embedded, in one form or another, in the activities of all six sites. However, as might be expected, local variations in the respective youth justice systems have produced differentiated practice whereby the YJLD schemes have operated in varying ways:

... bit's from one Scheme are better than another Scheme and another Scheme, but I think we are all working in very different environments with very different personnel. (YJLD manager)

6.3.2. YJLD service elements: commonalities and differences

While in practice the sites have developed in different ways they nonetheless share five core elements:

1. Referral to YJLD
2. Screening for mental health, (including learning disabilities), substance misuse and other vulnerabilities– pre-YJLD and YJLD
3. YJLD assessment
4. YJLD intervention
5. Referral from YJLD

The core elements were summed up by one YJLD worker:

... to establish new pathways to get the referrals in. Doing the assessments of young people. Doing interventions with young people. Referring to other Services, going to meetings that sort of thing. (YJLD worker)

Broadly speaking all schemes relied on referral. It had originally been intended that referrals would come primarily from police custody. For reasons to be explored later, this did not initially occur in all sites. Alternative mechanisms for referral were sought from agencies such as the Youth Offending Team and the YOT liaison police officer, courts, Appropriate Adults, PCSOs/schools, police in the community etc. The intention of the scheme was to focus on young people presenting with mental health, learning and communication difficulties and similar vulnerabilities at an early stage on the YJS pathway. However, some of the referral mechanisms led YJLD staff, at least in the early days of the scheme's development, to receive referrals of young people who did not necessarily match this criterion. However, all YJLD schemes were designed to include formal mental health assessment. Who undertook this, where and how varied, however. HoNoSCA, SQIFA and SDQ were common tools used. Some YJLD staff also contributed to the completion of CAF. Common to all YJLD pilot sites was the work undertaken with the young person once they were defined as having these mental health related vulnerabilities. YJLD had a key role facilitating access to specialist agencies and supporting children and families while they engaged with services. The specific tasks that YJLD staff undertook included:

- Preparing young people and sometimes their families for meeting professionals either in a specialist agency or in mainstream services, and often undertaking work with the young person in the interim;
- Liaising with specialist agencies and professionals to plan interventions and contributing to other specialist assessments of the young person;
- Accompanying the young person and family to appointments and supporting them while they are engaging with the agencies.

Although YJLD staff referred young people to other services they usually maintained contact with the young person to follow their progress.

6.3.3. Referrals to YJLD

Referrals to the YJLD scheme are critical for the scheme's success and, as such, relationships with the police were critical to setting up and running the scheme. However, for some of the sites the referral process has been extremely difficult and this has delayed progress. In a minority of sites the YJLD scheme benefitted from very good police referral mechanisms from the start. This was usually because of involvement in other service innovations such as triage.

Over half the sites reported teething problems in their early relationship with the police. The greatest barrier to the implementation of the YJLD scheme across the majority of pilot sites was the difficulty in getting police on board, both at strategic and operational level. One site reported it taking up to '16 months to get into the custody suite' (YJLD worker), forcing them to look at other ways of getting referrals into the scheme while at the same time working on developing their relationship with the police. At another site similar difficulties were experienced:

We spent a bit of time just being in the Police Station just to become familiar, just to be recognised as a Scheme in the Police Station but we didn't feel it was of good value. (YJLD manager)

It was common in the interviews with staff - from sites experiencing particular difficulty getting police co-operation - to learn that they had established 'several referral pathways' in an attempt to get young people into the scheme (YJLD manager):

So we started focusing on areas where we knew we would have young people, so we targeted young people on final warnings... young people on final warnings would come into the YOT so we would have a captive audience. So we focused on our captive audience first and foremost and whilst we did that then we continued our liaison with the Police and we eventually started getting to the Police Station. (YJLD manager)

One pilot site benefitted from using the police links located in the YOS.

... taking referrals often directly from the Youth Offending Service. I think the initial idea might have been to have taken referrals through custody but there were sort of various sticking points to getting access to custody and we found that the only way we managed to get round that initially was to make referrals from the Youth Offending Service, which is through a process called the G26 which is kind of a print off of a young person. (YJLD worker)

The lack of referrals was not just a problem for the statistics, 'it left staff with a lot of dead time' (YJLD manager) and often desperately searching for ways to reach the target group of young people. In a minority of sites the YJLD staff ended up dealing with young people later in the criminal justice decision making process.

I suppose it's developed as opposed to changed. What we originally started doing was... just trying to access young people as early as possible which was any way possible and the way we tried to access young people was usually afterwards. After the young person had gone through the police process and it was a letter and it was a follow up and that was really... that was quite poor. (YJLD manager)

We are asking for intervention to help them when the police have already decided... so how can that motivate a young person to change because they're thinking 'Well I've already been issued with it'. There's no motivation... because we can't do anything with that young person to influence the charge or the sentencing... if we could shift that our follow up rate would be 100 times better... (YJLD worker)

The lack of police referrals at an early stage also frequently resulted in 'mission creep' or 'net-widening' where YJLD sites attracted referrals of young people from sources other than the police. In the early stages of the pilot, YJLD staff did spend some time working with this group of young people to ensure that they were signposted to, or received, alternative appropriate services.

The young people who were coming through weren't deemed to have mental health issues and they were referred onto activities within the community like football, reparation type exercise, type things. (YJLD worker)

Not surprisingly, as the sites built up relationships with the police and began to get appropriate referrals, there was a need to pull back from dealing with individuals who the YJLD workers thought did not fall strictly within the remit of the YJLD scheme. One worker said:

... she needed to pull out of child and family stuff, that didn't go down well and I had to deal with that. The project is in a different place but at that time it was fine. (YJLD worker)

A minority of sites had good existing relationships with the police and in particular where triage was operating successfully this formed a very good basis for YJLD:

... my main sort of referrals are from the police and then, other than that, sometimes on the odd occasions I would get something... a fax through from court, so if the YOT workers are at court and they are on duty and something comes up then they will know that that needs to be diverted, as long as the CPS have agreed to it. (YJLD worker)

When it first started we had completely separate Triage and Diversion Teams so when young people were triaged from the police for what they deemed to be low risk offences, theft and stuff like that and never been in trouble before, that was, they were triaged with the authority of a senior police officer to the Triage Team, so the Diversion Team we had going over there every night of the week, they would see

every young person... they were SQIfA'd and the ones that were deemed to be or have emotional or mental health issues were referred to me. (YJLD worker)

In this particular site when a young person got arrested they were generally bailed for 28 days. In that time it was expected - with the young person's agreement - that they would see a bail worker youth and the triage worker. If mental health vulnerabilities were identified they would be referred to the YJLD worker. As long as the young person agreed to work with the YJLD worker then an email would be sent to the police station effectively revoking the bail condition.

6.3.4. Relationships with the police

As stated, the greatest barrier to the successful implementation of the YJLD scheme across the majority of pilot sites was the difficulty in securing police support and active co-operation, both at strategic and operational level.

It's been a long journey just trying to get a dialogue with the Police in the first place but things are moving slightly but I can't say hand on heart that things have changed that much. (YJLD manager)

It's the Police that are the biggest headache to this (YJLD worker)

The only part that I play in terms of contact with the Police, I turn up on a monthly basis with a bundle of leaflets and support information and hand them to the desk sergeant, and I say, 'I work in this Team, this is what we do, you get lots of young people, some of them might have mental health problems, there's my number', that's as much as you can do. (YJLD worker)

A number of reasons were offered for lack of engagement from the police in some sites. Although there was ostensibly senior level support for the initiative in each site, a failure to cascade information down to the frontline, meant that few police officers working in police stations appeared to know about the YJLD scheme. At the local level YJLD staff were often left feeling that they were starting from scratch in trying to get local police officers on board.

There was buy-in agreement from ACPO and various individuals but that information doesn't cascade to a local area... Because ACPO they are saying 'yes it's good' but on a local level it means nothing. (YJLD manager)

YJLD staff reported investing considerable time in explaining the purpose, nature and implementation of YJLD to police officers; a situation that was made more difficult by frequent changes in police personnel and by individual gatekeepers who for a number of reasons appeared to obstruct the YJLD referral pathway.

... someone who may have been on board six months ago may not be now (YJLD manager)

It's only now since there has been a shift in the police and in the different roles and the Inspectors that have come on board are really keen in pushing the project that things are starting to happen (YJLD manager)

It was a case of getting to know the Police and going to the meetings with presentations to the Inspector at the custody suite. I went to one Inspector and she sort of kyboshed it before I had even you know, I sat there and (she) sort of said 'No' (YJLD worker)

Even where police officers knew about the YJLD scheme and appeared to be signed up to its implementation, referrals were patchy, with individuals slipping through the referral net.

We had a young person who went through for drunk and disorderly, emergency duty picked it up as an appropriate adult, it came through to us, I sent an email to the Custody Sergeant saying 'what happened, was she a first time entrant' and it turned out she had been issued with a reprimand and she was a first time entrant. I said to him 'do you think it should have come here to us?' and he said 'yeah probably'. (YJLD worker)

When asked to talk about why these omissions occurred there was a consensus among YJLD staff that the police were unfamiliar with the YJLD rationale and had concerns about the influence of YJLD staff on disposal decisions.

I don't think they wanted us to have any influence on the decision making (YJLD manager)

The bit that was missing was us actually having an impact on the decision making (YJLD worker)

I think a lot of it is about confidence and familiarity.... a lot of it with the police is about trust and about recognising yes there's a benefit for me (Stakeholder, YOS police officer)

YJLD staff also felt that police officers exhibited a general lack of understanding and awareness about mental health vulnerabilities in children. For some staff this was reflected in a more deeply embedded police culture that promulgated the view that all criminal acts merited punishment.

There is a lack of understanding about child mental health in the police. And it's been said 3 times to me now, once by a nurse, a senior nurse in xx police station, and once by a senior police officer and also a sergeant and they all said in exactly the same words 'children don't have mental health problems do they?' (YJLD worker)

This is a perennial difficulty when you deal with for example police officers or prison officers or custody staff or Group 4, or whoever it is you're dealing with in a particular location on a particular day, because you have to overcome lots of... deficits in understanding about mental health in young people and what it represents and what it is and how it is, and when it comes to the surface and how it can come to the surface and when that's likely to happen and then you're depending on that person to correctly sniff that there's that problem and, that they will not bring into play their prejudices. (Stakeholders, CAMHS)

... the Police are on a different agenda which is about bringing people in. (Stakeholder, MST)

I think the Police's attitude is very punitive. It's not healing at all, there is no desire to heal the child or to heal the issue.... the Police are very anti that because they are punitive. It's in their very fabric to be punitive towards children. A child has done wrong and they need to be punished. Well that's what has come through decades and decades of police thinking like that. That's why the thinking needs to come from the top, it needs to change. (YJLD worker)

In one of the sites there was a belief that the lack of co-operation was based on competition for resources.

The Custody Suite was managed privately and they had their own Health staff in but they were General Nurses who probably had no interest in mental health at all and maybe were a bit anxious about whether we were trying to go in and pinch their jobs or something (YJLD manager)

There was a recognition that such police views needed to be understood in the broader societal context perpetuated in the media that 'the country's gone soft on crime and sentences are too light' and prosecution is seen to be in the public interest. (Stakeholder, CPS)

It's almost as if, you know the corporate subconscious kicks in and they say... Child mental health, youth offending they come across as 'our dirty little secret', and lets hide them away somewhere... It's hide them away in buildings that are not fit for purpose. Let's hide them away in buildings that are crap because that's what they are. (YJLD worker)

Some YJLD staff talked about being 'on the outside' (YJLD worker) and unable to influence key police officers who would be able to facilitate the referral pathway.

A few sites reported good relationships with the police. One site which had initially been excluded from the custody suite subsequently developed good relationships with the police using relationships that had been established between Youth Offending Teams and the police.

We have a formal protocol with Adult Services who have now gone back into our old Custody Diversion Team... into the Custody Suite, and we have a protocol whereby anybody that comes to the door of Custody gets screened by the adults but they have one of our Trust's computers in there so they are able to check off every person that comes through against you know whether they are known to Health Services. But anybody under 18 they automatically refer to us (YJLD manager).

Interestingly, this scheme relied on referrals which were sometimes:

... a bit late in coming so although we get them every day you could pick up some today but it could have been an incident that's happened 3 weeks ago (YJLD manager)

... other than final warnings and forms that they have submitted for people on serious bail, erm everything else is submitted directly by the civilian officer... And they get a paper copy of all the referrals that come through and my understanding is that the Diversion Team do a sifting. (Stakeholder, YOS police officer)

Occasionally the YOS picked up young people whose cases ‘rang alarm bells’ and these were then referred to YJLD.

The other way is we might get a young person through on what looks like a quite a straightforward no problems case and it might be a minor theft or criminal damage.... I would go out to complete my asset and as part of that process, other stuff starts to ring the alarm bells and depending on what they tell you, if you think that they would be suitable for a Diversion through the CAMHS Team then I put the call in really. I ask one of the guys to come out and see them. (Stakeholder, YOS police officer)

6.3.5. Mental health and developmental vulnerabilities

The Department of Health invited Local Authorities, PCTs and their partners to submit joint bids to develop models of early identification, diversion and criminal justice liaison for under 18-year olds with mental health, learning, communication difficulties or other vulnerabilities affecting their physical and emotional well being. All of the schemes interpreted this slightly differently but nevertheless reported trying to stay true to their original aims:

... to identify young people and divert young people with mental health needs. (YJLD manager)

Our criteria are vulnerable groups who are from black minority ethnic groups, we’re looking at females, first time entrants, very young offenders i.e. under the age of 12 and young people who have committed very serious, first offences, such as attempted murder and arson and things like that. ...Generally that’s the kind of the criteria we’re trying to focus on. (YJLD worker)

However, the YJLD workers did create a distinction between behavioural and clinical mental health vulnerabilities:

Well he’s not got mental health problems, he’s got emotional problems because of his lifestyle, he’s lived with a mum that’s been very unwell with mental health wise. He’s got siblings there; he’s got abusive partners that have come in and out, still coming in and out smashing up the place and beating up mum. He’s got no stability there has he?...So I would say they are more normal sort of reactions to a very difficult situation rather than say they are a mental health problem. (YJLD worker)

It appears that, in some teams, the background of the worker influences the type of vulnerabilities being picked up:

...when (Name of YJLD colleague) is going out she is probably looking more for the mental side, I am looking at the social side. (YJLD worker)

There is however inconsistency and ambivalence in the language used by YJLD staff when describing the nature of their work and particularly the nature of identified needs/vulnerabilities. While they think they should be dealing with mental health stuff, they also talk about social issues and what they do with young people, but they sometimes call these mental health issues and sometimes they see them as completely separate.

Regardless, the majority of health-related vulnerabilities were regarded as falling below the threshold for formal mental health or other specialist diagnosis. Although for many YJLD staff this was a reflection of the way in which the scheme was targeted, there was also a

feeling that this represented reality. While many children experienced emotional and behavioural issues it was felt that these were more likely to result from the disadvantaged environments in which they lived rather than deriving from clinical issues:

... because I don't think that there is that much mental illness... there is not much out there at the end of the day. (YJLD worker)

... the prevalence of, you know if we were only looking at mental illness the prevalence of mental illness isn't perhaps as high as it's made out to be (YJLD manager)

Some sites that experienced problems getting referrals from the police in the early stages ended up seeing young people who did not meet their scheme's remit. Ultimately, these got screened out of receiving their service.

Diversion Workers sees these 10 kids you know a month. And if they have got no mental health issues they are pushed aside (YJLD worker)

We get a lot of sort of emotional difficulties, family conflict... and anger management type stuff. (YJLD worker)

I suppose the areas needed are for counselling more than mental health assessing. So I've seen it from both angles really. I think we get more subtle vulnerabilities than we do mental health. (YJLD worker)

YJLD staff also reported occasionally receiving referrals of young people already in receipt of mental health services (including developmental work) although their mental health worker had not been informed of the young person's arrest. In these cases they simply alerted the appropriate team to the young person's arrest.

We wouldn't necessarily do mental health screening for someone that is open to CAMHS already because there's already obviously identified a mental health need so they've already got an open caseworker (YJLD worker)

These young people frequently involved the YJLD staff in work on the young person's behalf.

But, there have been occasions where I've been really concerned about a number of young people who have come through to the system because of an arrest. Something like shoplifting, something minor or whatever... first time offence. Those ones that you really do think wow if we weren't sat here now, nobody would know this is going on for you and there have been times where that's happened where I've signposted to relevant agencies, offered to do work. With one girl in particular she didn't engage with me. I mean she was a wild goose chase, I kept going to her and she kept not being there. I'd do rearranging, she kept doing a runner, blah, blah, blah, blah and it was going on for ever but, although she didn't receive a counselling or a therapy service from us, I still identified what I needed for her and I got her into the homeless hostel... So, I still offered her something. (YJLD worker)

But there is the odd gem here or there that I get, like this young person I'm talking about. This young person in particular was heavily sexually exploited and had so

many issues that, had she not have stolen deodorant we wouldn't know about her, do you know what I mean? (YJLD worker)

6.3.6. Mental health assessment

The specialist nature of child and adolescent mental health assessment was recognised as important by all YJLD interviewees. For those without this training, liaison with specialist mental health services was essential:

... it's like trying to find a really rare little flower in this ginormous Swiss meadow. You're looking around, you're looking around, you're looking around there's lots of the common flower thing and then you need somebody to say 'Agh look, there is that rare species, we need to pick this one out and we need to transport that over here, into this special propagator'. You can't do that if you don't have a person like this (YJLD worker) in place. (Stakeholder, CAMHS)

If there is any sort of mental health issue that we think would be diagnosable then we would refer to CAMHS, and we have used those a couple of times. (YJLD worker)

Mental health assessment varied between sites depending upon the configuration of the YJLD scheme and the skills of the YJLD staff. In most places the YJLD staff conducted the mental health screening, determined the needs and set up the meetings with other professionals.

If it's for example an issue with education, if they're outside of education, we will usually liaise with the education worker at the YOT. We might liaise with school or whoever it is that they're in contact with. So we'll liaise with other services if we feel that that's what is needed. If there is a mental health issue, or problems within the family, we will usually keep them within the scheme and carry out some therapeutic work with them ourselves.

The pilot project tender identified a broad range of health vulnerabilities as the focus of YJLD work, although not many sites identified assessment of learning disabilities as a central concern. However, while few schemes had identified of young people with learning disabilities there was widespread recognition of the needs of young people who, put simply, were not 'very intelligent or academic' (YJLD worker).

We have a lot of learning disabled kids and it's those kind of vulnerabilities that I think, you know, the more we can screen for, the more we can kind of get their early (Stakeholder, CAMHS)

I have got one young person who hasn't been diagnosed with learning disabilities but I think he does so we are going to go down the route of looking at getting that diagnoses purely for his own benefit really so he can get the help and support that he needs through his statement. So there have been a few. I haven't come across any sort of more severe learning disabilities. (YJLD worker)

All sites had developed protocols to ensure that young people's mental health vulnerabilities were assessed.

I'm responsible for making contact with young people and assessing mental health needs by using measuring tools or whatever we have. So we've got our own child and

family screen tool that we use which we've adapted to this project to identify, you know, in more detail what the offences are and what other agencies are working with them. (YJLD worker)

YJLD staff who had a mental health background reported using their past experience and knowledge in a slightly different way from those without specialist training:

... sometimes you get a feel for something that is not quite right. A certain type of behaviour, a certain offence, given their age, given the circumstances, given the family or given where they are from, sometimes it gives you an indication that maybe something is required. (YJLD worker)

Some YJLD staff viewed the assessments as critical to shape the nature of the intervention while others thought assessment had its limitations.

I think it's better to be doing direct work which intervenes rather than endless assessments (Stakeholder, MST)

6.3.7. Diverse offending 'careers'

An original intention of the YJLD schemes had been that they would deal with young people at an early stage of the youth justice system with mental health, learning, communication difficulties or other vulnerabilities. However there was huge variation in the client group:

It's slightly different from the other 5 sites in that we are seeing top end offenders. We are doing things slightly differently, so the people who are working under the service are perhaps seeing the repeat offenders or some low level sort of offence, on final warnings. Yes we will see them but we have kind of targeted our aims a lot higher because we want to see those that are committing the more serious offences. (YJLD worker)

In some cases minor offences, there may be antisocial behaviour, it might mean not going to school ... just offences like that. Obviously if they have too many offences ... then they're beyond me and they are YOT you know. So you may have some people with robbery and some serious crimes really that... but mine's quite low level, but could be deemed or could get into a more dangerous situation if not tackled early... it's gravity 1-3, on the odd occasion I've had a gravity 4, but I've also had those that are not first time entrants and they've either received a reprimand or a final warning. (YJLD worker)

6.3.8. Relationships with CAMHS

Relationships with CAMHS were seen as essential to improving mental health for some of the young people referred to YJLD. In the main the YJLD sites had established good relationships with CAMHS and were able to refer young people with some certainty that they would be provided with a service:

... when the actual opportunity to apply for the diversion project came along we had a very good relationship with CAMHS locally. We were identified as a model of good practice and we just felt it was an opportunity to build on our work to actually sort of divert. Some young people we felt should never have been in the criminal justice system. (Stakeholder, YOS police officer)

One of the big benefits for us is the service and our relationship with CAMHS by having that fast track we can access young people into that provision quicker than most services... I think we got the pilot because of that proven track record (Stakeholder, YOS police officer)

... have a very good relationship with CAMHS. YOT and CAMHS work very well I think the YOT and CAMHS work very well together anyway. (YJLD manager)

I think what we can offer in this scheme isn't just the initial assessment; we can offer the ongoing therapeutic support. (YJLD worker)

Some of the YJLD sites, however, found accessing the mental health services difficult largely due to the nature of CAMHS priorities locally and the demands being made upon it. In all sites CAMHS teams were known to concentrate largely on those in most need, usually highly vulnerable young people with serious mental health issues:

... finding people who haven't been discovered to have mental health problems, and pull them into the mental health services... then find a way of that being transitioned into services that are really inundated. I mean the generic services have a mass of children to prioritise each week (Stakeholder, CAMHS)

As a consequence, not all YJLD staff were as convinced of the importance of CAMHS for the young people that they were seeing in the scheme.

I think often because of the population that we're working with I don't know that therapeutic work is the best option. I think a lot of the kids that we work with need time out from the family, they need time out from their usual kind of social environments, what they need is kind of planned activities, they need positive role models in their lives. They need opportunities to explore things, aside from offending, and we can't... I can't provide that as a psychologist but I think other services can.

One worker suggested that the way in which specialist CAMHS dealt with individuals could result in the individual feeling stigmatised and labelled leading to a reluctance to engage with the service. They wondered whether a stronger focus on group interventions for some young people with particular mental health issues may enable more people to engage with the service.

Being more creative in terms of reaching young people before you have to see them individually for their more specific need... But because the way CAMHS is set up and the way it's funded, you work with an individual around a diagnosis, around intervention. (YJLD manager)

Interestingly, this view has to be contrasted with the mental health staff employed in the YJLD scheme who believed that the approach they adopted set them apart from other people working with young offenders:

We approach as Health Workers; there is a different perception of young people... I can get into places that other people can't but it's not because I am magic it's because I come from a different position (YJLD manager)

6.3.9. YJLD liaison

The 'liaison' role is the most common characteristic of the YJLD scheme. This involved contact with a number of agencies. For some YJLD schemes the liaison role started early on in the process with the referral agencies, while for others it was a feature of YJLD intervention:

... they are all pre-Court and we get a lot of young people, we get a mixture I guess, young people who haven't had a formal conviction but who are stealing, assaulting that sort of thing so they are involved in criminal activities, right through to Final Warnings where it's their last chance before Court. So we've got a good variety but they are very much early intervention. (YJLD worker)

In one site the dovetailing of YJLD with triage meant that YJLD were involved with negotiations with the young person at an early stage in conjunction with the YOT. YJLD staff felt that the bail period added an incentive to the young person to engage and, in addition, closed the timeframe within which the worker had to be effective.

... the instructions are very clear that you have 28 days to engage with our service and if you don't, you're expected to return back to the police station where you will be charged if you don't comply. So it's not really a choice... if necessary we'll go to school to triage a young person, we'll go to their home to triage a young person. We'll do it outside of this building or wherever is the most suitable, just so that we can see them and engage. Once we've done our assessment it then counts as the police engagement... then they get handed over if there are mental concerns to the team (Stakeholder, triage worker)

At the moment we wouldn't want to force young people to, you can't force young people to engage in emotional erm... therapeutic type work but 28 day bail would give them more of a push or more reason to attend and engage I would have thought. It's almost like a condition. (YJLD manager)

In another location, the emergence of a custody efficiency project presented the YJLD staff with ready access to young people and importantly a whole host of referral agencies.

So we kind of jumped on the band wagon of that because it's an easy way of us assessing young people but the idea is that we go every Tuesday to the police station up the road and there it's meant to be like a one stop shop where young people... have voluntary interviews, not formal arrests... they have access to YOT and the preventative YISP team and CAMHS all there under one roof to do the full assessment of that young person, rather than give them separate appointments to come back and have the interview, go away, come back for finger printing, go away and then come and meet with the project because we lose a lot of our clients that way. (YJLD worker)

While the liaison role was central in defining what the staff in the pilot schemes were doing, there was also a recognition of just how many agencies liaison often involved. Given the multiplicity of agencies involved there was also the need for the YJLD worker to establish and retain a distinct identity.

... you're going to have successive walls of glass in between them, there'll be the parent wall of glass, there'll be the custody officer, there'll be the police, there'll be the solicitor, there'll be an advocate perhaps, there'll be all sorts of legislative things in the way and family things in the way, and systems problems in the way and friends saying 'Don't you open your mouth to that guy, you don't know who he is, he might be the police for you all know. He could be just a copper in disguise. (Stakeholder, CAMHS)

... there is family intervention, there was MST, there's a final warning programme, there's Police Officers in schools, PCSO's in schools. There's a range of other projects, we had IIP which is an Intensive Intervention Project, they have Family Coordinators, Parenting Coordinators with Parenting Programmes and then you know we have the statutory services on top of that so it seemed to me like there was a lot of different services that people could use. And then there are specialist services (Stakeholder, MST).

But for that family we're already seen as part of that arrest and that process so maybe, actually what we need to do is step away from that. We do the screening assessments here in the YDP Scheme, but we then refer into CAMHS for the therapeutic work rather than trying to do it ourselves (YJLD worker)

The liaison element of the YJLD staff role did not just reflect the work undertaken on the young person's behalf. It was also a reflection of how other agencies saw YJLD and the opportunities that YJLD offered them. This underlined the importance of the integration of YJLD into a network of services.

They will ring us and say 'we have just had Joe Bloggs in' for instance erm and he's been a bit angry or he is a bit distressed and we will have a discussion about him, right, do we need to come out and see them now or you know what's going to happen or are they, we think they are going to get bail in the next half an hour. 'Right just give us the address over the phone and what we will do is we will arrange to see them at home' (YJLD manager)

6.3.10. Intervention

All of the interviewees thought that their schemes were successful. Although as previously mentioned, each of the schemes operated differently. Some of the schemes focused more on providing interventions than referring young people to services.

Over the years we have developed our own intervention packages so we can cover things like sex offending, fire starting, kids with anger problems, ADHD stuff so we have actually been able to do a lot of the work I think, historically would be done by Tier 3 (YJLD worker)

I know that some of the pilots have a filter system but I see everybody and then decide, put a Care Plan together, discuss it with them, discuss it with the parent or carer who comes in and let them know the length of time. But I usually work at six week intervals and reassess. On the seventh week I would get the parent to come back in, give me feedback and then go through any other concerns that have been flagged up within those six weeks that either I have, or the parent has and then I may extend it again for another six weeks (YJLD worker)

The majority of YJLD staff had received very positive feedback about the service they offered. A few, however, reported instances in which young people remained in the service longer than had originally been anticipated simply because the other services were reluctant to resume responsibility for them:

‘Could you hold on to her for a little bit longer because she’s doing really well with you and she engages really well with you’ and I was just like ‘No!’. Because they wanted me to hold on to her to help her with the transition into her new school and I was just like... but that’s not my job and so I had to actually... I held on to her for... do you know what? She was with me for almost a year. (YJLD worker)

6.3.11. Engagement

All of the YJLD staff talked of the difficulties getting some young people to engage with services. YJLD staff recognised the need to develop flexible responses to engaging young people which often involved being patient and making numerous attempts at contact:

Managing to engage the young people in some sort of meaningful intervention is hard. (YJLD worker)

It can be a bit hit and miss... the take up isn’t as straightforward as you would like. (Stakeholder, YOS police officer)

You need to have a lot of flexibility because these kids are coming from really chaotic families and all you are trying to do is build a relationship up. (YJLD worker)

Two characteristics were commonly cited as barriers to young people engaging with services: their intellectual abilities and the difficulties they often experience in retaining concentration and focus:

When you get there they actually lack the concentration or they lack some level of intelligence to actually engage on that level... we have tried to sort of tailor our work for some of the lower end kids but generally the focus and attention need is kind of quite low and plus you have got to remember if you are working in people’s homes, there is a knock at the door, phone rings, mum comes in or they want to go out somewhere, the sun is shining, you know they want to go out. (YJLD worker)

There was a recognition that young people could not be forced to cooperate and the skill of the worker lay in trying to find a way of enabling the young person to attend sessions and to participate actively in them.

You can’t forcibly make someone comply with the Service. Erm you give them the options, you tell them what is the likely outcome if they don’t. (YJLD worker)

If we rang somebody up and said ‘do you want me to come and see you’, the answer would be ‘no’... If we sent them a letter to say ‘we are coming round on Tuesday to see you’ the likelihood is they wouldn’t be in, so what we do is we don’t do that. There is choice in there so we never take the choice away but what we do is we say right this young person needs to be seen, so we do write and occasionally we do telephone but we say ‘we’re coming round to see you’, we don’t use the word can I,

we say 'we're coming round to see you', because part of the response with this Service with youth offending with the Police is you have ended up in Custody and we need to see if we can help you so we are coming round to see if that's the case. Now I think by taking the initiative and going round and landing on people's doors, very very rarely do you get people saying 'get lost'. (YJLD manager)

You hold the carrot, you do this and we won't lock you up but if you don't do that, if you don't meet our needs then we hit you with the stick cause we are going to lock you up or we prosecute you. And for me it doesn't work. What works is getting alongside somebody and saying 'right let's look at this together', 'let's see what's happened in your life that between us we will attempt to change. (YJLD manager)

There was a sense in which the YJLD worker's repeated attempts to keep in contact with young people began to form the basis of a relationship which enabled some young people to engage with the services being offered:

I will do home visits to try and engage that way. I will try and work out why they are not coming so I've had one or two who haven't been attending purely because they don't have to walk in after school, so we try and accommodate that by meeting them at school or meeting at home. So we do a lot of chasing I think. We do have a cut-off point if we are not getting anywhere after sort of 3 or 4 times. (YJLD worker)

And the other way we are looking at is just something as simple as saying the second session will go and get a drink and a cake. Again it's something that they get for free but maybe, maybe we will get them to come back. Because I do think it's that second session if we can get that working well so that we can motivate them and identify goals that they want to achieve I think they will come back. (YJLD worker)

In the main the YJLD staff felt positive about the strategies that they employed to engage young people in services:

The majority of young people that we have referred on have engaged so I don't think we've had, not in my time here, have we had them not engage with the Services. There are some young people who tell us they are not going to engage that we don't refer. We just keep them. (YJLD worker)

Interestingly, given the difficulties of engaging with young people a police officer interviewed in one of the sites felt that the reporting arrangements of who had seen who and what had been done were too informal:

... just so there was an audit trail if you like. I would erm like to send a form and have that form acknowledged... if we are getting regular contacts, proper documented contacts back from the CAMHS Team I find that easier to say 'right I can put that on the system, I know what they've done', rather than sit down with one of the guys who says... went to visit so and so the other day, this is what we done, this is what I think. I would rather have that as a document... (Stakeholder, YOS police officer)

6.3.12. Skills of staff

Given the nature of the job YJLD staff were undertaking, there was a feeling that the full complement of skills required could not be found in any one individual. It was the YJLD team composition that was thought to be important:

I think it needs specific skills and maybe not necessarily a mental health skill but specific skill in terms of dealing with a very busy police station where the priorities actually are arresting people and getting them off the street and actually... I definitely want to see somebody there for more than just a couple of hours either end of the day. It needs to be more consistent. (YJLD manager)

Lots of different skills that you kind of need in order to do this. It's not just the mental health, it's not just the intervention, but you need... and it goes back to something I said that maybe you might need different people to do different things... because I think it is such a wide brief and to expect one person to fit all of that it's hard. (YJLD manager)

It's all dependent on colleague to colleague isn't it, some are very good at communicating that and some aren't so much. Some hold on to information rather than share it. (YJLD worker)

We've got to raise awareness, not only of mental health but of the project to the stakeholders, we've got to get them on board, we've got to build relations with the police, we've got to build relations with the court's legal advisors, you know, we've got to be available to screen and assess young people and then offer follow up and then go signposting, and then do the mass of data collecting that's required for our service, YOT, webshare, the evaluation, do you know what I mean? It's a lot, a lot of recording for very little outcome, which I think is the frustrating part which makes it very... frustrating because I suppose on top of that, I'm a qualified therapist. That's not getting best use of the skills. I've said it that many times, it feels like an admin task a lot of the time you know and I don't know how to resolve it. (YJLD worker)

You need to be a voice but you also need to be a face on the end of the telephone. So it's about going to meetings, it's about turning up in the offices, it's about sometimes discussing cases that maybe you might not go and see but you are showing a willing interest... and it's about forming relationships you know with Teams, with individuals in the Team (YJLD worker)

6.3.13. The evolution of the schemes in a context of diminishing services

All projects adapted and changed in line with the circumstances that operated locally. However, as the schemes progressed it became clear that (by 2010) the policy and financial landscape was changing and with it the schemes ability to hold on to some of the services that had provided the interventions for some of the young people:

What it was and what it is now is different isn't it (YJLD worker)

They are sort of changing all the time, more recently I suppose with the cuts around the city council (Stakeholder, MST)

It's like swings and roundabouts it changes all the time which is why you have got to be responsive, you have got to move with the changes all the time (YJLD manager)

Early Intervention Locality Panels... I would spend a day a week going to different panels. And I would accept referrals from them if they were deemed to be children who couldn't kind of fit into any service and were in contact with the police or likely to be getting in trouble with the law... then I would accept referrals from them and I felt that was part and parcel of what the post was all about ... the Intervention Panels have actually disappeared. (YJLD worker)

You know the YOT have, I mean everybody has had to make erm budgetary decisions which has involved cut backs which has involved primarily staffing... So that's a real issue. (YJLD manager)

Because of the cuts now in xx, the School Inclusion Team have been virtually cut out of existence. So a lot of their clients, where they were going into schools and these kids were getting in trouble with the Police. I am now getting a lot of those referrals so this month alone we've got 7 brand new referrals and mostly from the School Inclusion Team that have now been disbanded to other Teams. So I am picking up a lot of their work. (YJLD worker)

My idea was more that they were going to divert into services that were there but of course it was designed and thought about in another area and you know some of those services aren't there now. (Stakeholder, MST)

6.3.14. Areas for improvement

All of the YJLD staff could identify areas in which the scheme might operate more effectively including:

- Relationships with the police (see above);
- Recording of information: there was a feeling that integrated recording systems across the police, YOT, NHS, local authority services and YJLD would improve inter-agency efficiency;
- Resources: there was a strong feeling that although YJLD might be able to deliver better outcomes in the long run it was not necessarily a cheap alternative. For YJLD to be run effectively it needed to be embedded in a whole network of services:

If you've been working in the customs service and you said right we're going to go and we're going to employ... we're going to bring in seven highly specialist sniffer dogs that are going to be able to detect... let's say, this new drug we're trying to eradicate. You can't put the sniffer dogs, you can't put on them on the train to Dover or Kings Cross or Heathrow and say 'Go and sniff'. You have to put the whole apparatus of support behind the sniffer dog. (Stakeholder, CAMHS)

It's fantastic if we meet and engage young people and make a difference to their life. I have every aspiration that we can do that but I think actually as an end point we can't just be measured on that because to get effectively to that client group we need the professionals that are around them day in day out. Knowing who we are, what we can deliver, knowing their part in the process, how to fit that in. (YJLD manager)

6.3.15. The future

There was universal support to make diversion compulsory for the police. There was a feeling that targets should be set and the processing of young people should be monitored in order to ensure that the police play an active role in the diversion of young people.

If you had a box there and it said 'Divert tick', right, they knew that then that was the disposal and that was built into the Police's system they could tick that knowing full well that that is going to be recorded. (YJLD worker)

There was also a strong expression of opinion that the police should be trained to identify, appreciate and understand the significance of mental health vulnerabilities in young people. Some YJLD staff even felt that YJLD should sit within CAMHS with the proviso that additional specialist youth offending training was offered:

I would put them in CAMHS I think. And the advantages of that would be that it wouldn't just be one person working you would have, you'd work within a Team, you'd have the advice, you wouldn't just have, say you had a Psychologist background you wouldn't just have that you would be able to talk to Psychiatrists, Occupational Health, Nurses, whatever you see you'd have a Team around it. (Stakeholder, MST)

A key issue raised by staff at all of the sites related to the need for secure permanent funding:

If the scheme was made permanent I think there would be much more enthusiasm there to put quite big changes in place such as you know employing more staff, doing more youth work, you know all that sort of thing, like I was saying about creating positive role models and time out from the home and things like that. I think if the scheme was made permanent we'd do that. (YJLD worker)

One of the few services... concrete services that we have left is this service which is the YJLD one and that, thank goodness is still going, and there to support the young people that we work with. Many other services have kind of fallen away and that's heavily impacted in the way that we've traditionally worked with young people that have come into the service. (Stakeholder, triage worker)

I think with less resources that has meant the referral pathway has had to change, so because the cuts have affected the team generally and wider services generally, it's meant that our actual team has been reduced and therefore, in terms of money, extended services aren't there anymore in terms of interventions that we would have put on as a team have been reduced also. So yes it's sort of a big knock on effect. (Stakeholder, triage worker)

6.3.16. Success stories

All of the sites were able to identify individual cases as examples of successful intervention and, more generally, identify the benefits of YJLD:

So when this evaluation says 'oh yes the Divert has done a wonderful job', I don't think, or you might take it into account but I don't know if anybody else will take it into account, the Police targets have changed. There is other people in areas doing

work... I think it's a multitude of partnership working that's bringing about the change. (YJLD manager)

I think the Project is good I think it's a tiny piece of the jigsaw where everything fits together and working together to make a change. (YJLD manager)

Through doing the SQiFA assessment I see it... you know sometimes we're the first point of call for a young person that has disclosed that they may hear voices for example, or that they self harm... So just having the opportunity to be able to give them access to this support service I think is one of the major successes. We've had some really quite complex and high risk cases... that may not have received the support they needed... and that could have meant they would basically slip through the net. (Stakeholder, triage worker)

6.3.17. Summary of core insights from the professionals

- Without exception all of the staff in all of the sites recognised the importance and value of diversion.
- Local variations in the respective youth justice systems have produced differentiated practice.
- Although the sites have developed in different ways they nonetheless share five core elements: referral to YJLD; screening for mental health vulnerabilities, alcohol and substance misuse, learning and communication difficulties – pre-YJLD and YJLD; YJLD assessment; YJLD intervention and referral from YJLD.
- All YJLD schemes were designed to facilitate specialist (mental health) assessment but there is variation across the sites in terms of who undertakes this, where and how. While the majority of sites utilise mental health outcomes tools, there are few who conduct specialist assessment of learning disabilities (LD) and speech, language and communication needs (SLCN).
- YJLD has a key role facilitating access to specialist (and other lower threshold) agencies and supporting children and families while they engage with mental health and other specialist health services.
- Schemes are currently primarily focussed on mental health and developmental issues rather than other broader health disabilities, although there is recognition from some staff that they adapt their way of working to the young people's needs.
- Referrals to the YJLD scheme are critical for the scheme's success and, as such, relationships with the police are crucial to setting up and running the scheme.
- For some of the sites the referral process has been extremely difficult and this has delayed progress. Indeed, the greatest barrier to the implementation of the YJLD scheme has been the difficulty in getting police on board, both at strategic and operational levels.
- Although there was ostensibly senior level support for the initiative in each site, a failure to cascade information down to the frontline, meant that few police officers working in police stations appeared to know about the YJLD scheme.
- Many YJLD staff reported that the police were unfamiliar with the YJLD rationale and had concerns about the influence of YJLD on disposal decisions.
- YJLD staff also felt that police officers exhibited a general lack of understanding and awareness about mental health issues in children.
- There was a recognition that such police views needed to be understood in the broader societal context perpetuated in the media that 'the country's gone soft on crime and sentences are too light' and prosecution is seen to be in the public interest.

- The lack of police referrals at an early stage frequently resulted in ‘mission creep’ with referrals coming from sources other than the police or the police custody suite.
- As the sites built up relationships with the police and began to get appropriate referrals, YJLD reported applying their eligibility criteria more strictly.
- In a minority of sites the YJLD scheme benefitted from very good police referral mechanisms from the start where strong relationships with the police existed prior to the introduction of YJLD. In particular where triage was operating successfully it formed a very good basis for YJLD.
- All of the schemes reported trying to stay true to their original aims in respect of diverting young people with mental health issues, including learning disabilities, alcohol and substance misuse and other vulnerabilities. However, the majority of health-related vulnerabilities were regarded as falling below the threshold for formal mental health diagnosis or below the threshold for access to specialist support.
- While many children experienced emotional and behavioural issues it was felt that these were more likely to result from the disadvantaged environments in which they lived rather than deriving from clinical issues.
- In reality there was huge variation in the client group within and across the six pilot sites in terms of previous offences *and* vulnerabilities.
- The specialist nature of mental health assessment was recognised by all YJLD interviewees.
- All sites had developed protocols to ensure that the mental health needs of young people were assessed but assessment varied between sites depending upon the configuration of the YJLD scheme and the skills of the YJLD staff. Some YJLD staff viewed the assessments as critical to shape the nature of the intervention while others thought assessment had its limitations.
- Relationships with CAMHS were seen as essential to improving the mental health outcomes for some of the young people referred to YJLD.
- In the main the YJLD sites had established good relationships with CAMHS and were able to refer young people with some certainty that they would be provided with a service.
- Some of the YJLD sites, however, found accessing the mental health services difficult largely due to the nature of CAMHS priorities locally and the demands being made upon it.
- In all sites CAMHS teams were known to concentrate largely on those in most need, usually highly vulnerable young people with serious mental health issues:
- Despite the variation between them, all of the staff interviewed thought that their schemes were successful.
- The end result and one of the criteria used to judge their own success was the response of the young people, family members and other agencies to the service. The majority of YJLD staff had received very positive feedback about the service they offered.
- Some staff reported instances in which young people remained in the service longer than had originally been anticipated simply because other services were reluctant to resume responsibility for them:
- All projects adapted and changed in line with the circumstances that operated locally. As the schemes progressed it became clear that (by 2010) the policy and financial landscape was changing and with it the schemes’ ability to access some of the services that had previously provided interventions for young people.

- All of the YJLD staff could identify areas in which the scheme might operate more effectively including: more effective relationships with the police; more comprehensive and integrated recording systems across the police, YOT, NHS, local authority services and YJLD; more secure permanent funding.
- There was universal support to make diversion a compulsory element within police practice.
- There was also a strong expression of opinion that the police should be trained to identify, appreciate and understand the significance of mental health issues in its broadest sense in young people.
- All of the sites were able to identify individual cases as examples of successful intervention and, more generally, identify the benefits of YJLD.

Chapter 7 Conclusions

This report presents the results from the evaluation of the YJLD pilot scheme that has operated in six YOT areas since December 2008. This last section of the report highlights the key emerging results but also some learning points that can inform policy and practice (and the development of the YJLD model beyond the six pilot areas), as well as any future research evaluation of the expanded scheme.

The report has illuminated the difficulties that the pilot sites have experienced in establishing formal and sustainable links with the key stakeholder agencies (particularly the police) to access and support young people. Being a new initiative, it is not surprising that the scheme has experienced (and still does) delays in becoming embedded into health and youth justice services. The report has shown that, in practice, it was more difficult for the pilot scheme to reach full operational capacity than had been anticipated.

Bearing in mind that the YJLD scheme was only implemented in late 2008 (in some sites late 2009), many of the scheme's processes were under development or changing at the time of the evaluation. It cannot be assumed, therefore, that the YJLD scheme is operating in the same way or achieving similar outcomes in 2011 as it was in 2008/09. The results from the reoffending and economic studies, which were based on a cohort of young people with access to the scheme in its early stages (first year) of operation, should therefore be seen as tentative. The reoffending and cost benefit analyses were also limited by small numbers and methodological caveats relating to the matching between the intervention and control group and the PNC data (which potentially created 'false positives' and/or 'false negatives'). Similarly, due to small numbers, results from the mental health outcomes analysis and those from the qualitative exploration of service users' views should be interpreted with caution⁴³. More in depth research should follow this study once greater numbers of young people have passed through the scheme and the changes initiated have become deeply embedded (refer to research recommendations below).

Despite these limitations, this report provides some interesting results regarding the potential of the scheme in:

- Facilitating and improving partnership working between key stakeholders;
- Identifying complex and unmet needs;
- Improving mental health and wellbeing and
- Delaying offending amongst the young people with access to the scheme.

The report also provides valuable insights into service users' experience of the YJS and the scheme, as well as staff's and key stakeholders' conceptualisations of the scheme during its early stages. Elements of promising practice have been identified and form the basis of a series of recommendations for research, policy and practice (see Section 7.2 below).

7.1. Summary of results and discussion

7.1.1. Identifying and managing vulnerable young people

A key challenge for the pilot sites derived from police practices following the introduction of a public service agreement target to increase the total number of offences brought to justice

⁴³ For a detailed summary of caveats of methodologies used in each study, refer to Section 2.3 above.

(OBTJ)⁴⁴. As this target was now removed by the current government in June 2010, it would be interesting to explore the experience of pilot sites since then and determine whether the referral pathways have improved.

Additionally, the lack of a steering group in some sites delayed and hindered the development of effective and durable relationships between the YJLD teams and the police and/or the courts. Different areas have, therefore, experienced in practice different degrees of ‘buy in’ from partners, even though all signed up originally to the scheme.

Because of different competing priorities amongst agencies involved in the care and justice pathway of the young people, four out of the six pilot sites (Halton & Warrington, Peterborough, South Tees and Wolverhampton) had experienced major difficulties in accessing young people at the point of arrest, limiting one of the key objectives of the model, i.e. where appropriate to divert children and young people from the youth justice system and direct them towards health-based services. Some sites had to forge new administrative systems to enable them to access young people within the remit of the scheme. This appears to have delayed the response to some children and, in so doing, to impact negatively on their level of engagement with the scheme. This could have a direct impact on the overall success of the scheme. For example, previous research indicates that lack of cooperation from the family and the young person is perceived as the biggest impediment to the success of diversionary schemes (Blanco, Miller & Peck, 2007). The analysis of the Webshare data indicate that there was low level of engagement⁴⁵, while the interviews with staff highlight that engagement could be improved if the YJLD workers access the young person as early as possible after contact with the police and employ an ‘opt in’ and outreach approach (home or school visits, outside the YOT or CAMHS offices)⁴⁶. This is in line with findings from previous research indicating that a holistic, family-centered program, as well as making use of a wide network of community-based service providers are key elements of a successful diversion scheme (Cocozza et al., 2005; Blanco, Miller & Peck, 2007).

However, despite these limitations, the schemes have successfully adapted, developing referral systems and pathways in line with the local context, working with different partners and facilitating different diversionary opportunities within the youth justice system (e.g. diverting away from or within the system). As indicated above, these differences have occurred in order to circumvent barriers encountered in accessing young people. Referrals of young people were received from multiple sources, indicating that the scheme is operating well beyond the original focus on the police custody suite.

⁴⁴ The OBTJ target was a national England and Wales target introduced in 2003/04 and extended in 2005/06 to cover the period up to 2007/08. In April 2008, this target was revised, focusing only on more serious offences such as serious violence, sexual and acquisitive crimes. The OBTJ target was ended in June 2010 following the Coalition Government's decision to end the Public Sector Agreement framework.

⁴⁵ Although the low numbers did not allow further correlation analysis to identify which element would work best.

⁴⁶ The approach where the YJLD workers are giving young people and families the responsibility to cancel an appointment, in case they are not interested to receive support from the YJLD workers (‘opt out’ approach), rather than asking them to make an appointment just in case they might be interested (‘opt in’ approach) appears to work better in securing attendance and engagement from young people and their families. Offering home visits as opposed to formal appointments in agency offices is believed to increase the effectiveness of the scheme in engaging young people and their family and to maximise retention over the intervention period.

When the scheme was initiated, it was expected that pilot sites would screen around 30 young people a week in police custody suites (although throughput would vary from site to site). In practice, the YJLD workers were not able to access and screen all young people going through custody suites. Based on the data made available, therefore, it has not been possible to determine the precise proportions of young people who enter custody and subsequently have access to the YJLD scheme. Pilots varied considerably in their throughputs reflecting different processes between sites: some linked to the scheme and its implementation (e.g. timeframe, staff, referral system etc), others linked to the local context and infrastructure, police practice, partnerships between services and multi-agency work.

Just over a thousand young people (n=1027) were referred to and offered access to the scheme in the six pilot sites (December 2008 to August 2011). The young people are predominantly males (71%) and White British/N European (67%). Their average age is 14.7 (sd. 1.7; 10, 17). When compared with national statistics (for 10-17 years old proven offending population in 2009/10) (Ministry of Justice, 2011), there is an indication that the YJLD population comprises a slightly higher proportion of children and young people from BME backgrounds (10% compared with the national 6%), which mirrors one of the priorities of the scheme in working with young people from a BME background. Additionally, the reoffending study has also highlighted that young people with access to the YJLD scheme tend to be younger and more likely to have a history of offending (in some sites) than those being referred to the YOTs, indicating that the scheme has been successful in picking up those with a higher risk of poor outcomes.

Out of the 1027 young people who were offered access to the scheme, about a third directly engaged with the YJLD teams (30%), while in 27% of cases, the YJLD workers have liaised with professionals on behalf of these young people or undertaken screening without identifying any vulnerabilities (4%). About a quarter of young people referred to YJLD did not engage with the teams (26%), which reflects the difficulties the YJLD teams have encountered in accessing young people, as referrals did not always come through swiftly and young people had to be accessed through 'cold' letters or telephone calls. Relatively low levels of engagement could also be down to the voluntary nature of the scheme and/or the difficulty in engaging and working with 'hard to reach' young people.

Results indicate that over 3100 'YJLD actions' were undertaken on behalf of or while working with the young people referred to the scheme. These actions reflect that the YJLD teams have been particularly successful in developing and/or consolidating links with the agencies involved with the young people, especially CAMHS, the family, the YOT, the police, as well as other key stakeholders such as psychiatrists, schools and social services. In line with the YJLD model, the sites have been successful in screening for a wide range of needs and to undertake further in depth/comprehensive assessments for those young people consenting to be part of the scheme and presenting with mental health, learning, communication difficulties or other vulnerabilities.

This study demonstrates that the young people referred to the YJLD scheme have multiple interrelated complex needs, including social, psychological and mental health issues. Behavioural issues (69%), social problems (51.6%) and safeguarding concerns (38.6%) were the three most frequently identified problems. The average number of vulnerabilities was 3.6 (sd. 3) (1, 16), with the highest proportion of young people (80%) being identified as having between one and five vulnerabilities. Diagnosable mental health issues were identified in 15.4% of cases (n=158) and the largest proportion of suspected diagnosable mental health

and developmental issues were linked to ADHD (39%), conduct disorder and autism (both at 19%).

Although it is important to identify mental health and developmental conditions, understanding the context of the interpersonal and social environment in which these young people live is equally important. Social and family issues such as ‘family conflict’, ‘association with violent peer groups’, ‘substance misuse’, ‘poor relationships’, ‘neglect’ and/or ‘domestic violence’ were issues commonly identified amongst this group of young people. Similarly, the stories captured by qualitative interviews with some of the young people demonstrate the influence of factors outside the purely clinical – the majority of children and young people interviewed appeared to endure socio-economic hardship, social distress and multiple forms of disadvantage whilst growing up in environments where education and labour market opportunities are limited and diminishing.

Results indicate that the scheme is successful in referring the young people in need of further intervention to the appropriate services or providing them with a brief intervention through the YJLD project. For those young people who engaged with the scheme, the YJLD teams had an average of 2.26 (sd. 2.94; 0, 22) direct contacts including one to one appointments. However, there was little quantifiable information regarding the outcome of referrals onto other agencies (and the extent to which the identified needs were addressed). Although limited, there is some evidence pointing to successful referrals into CAMHS (n=25)⁴⁷, Learning Disability services (n=18), Family/relationship Counselling (n=16) and Family Intervention and Parenting programmes (n=12 and n=8 respectively). It should be noted that the new diversion data gathering system collects such information and in the long term this will enable analysis with regards to the effectiveness of the scheme in terms of addressing the identified vulnerabilities.

The original model envisaged that the scheme would enable diversion from and within the youth justice system. Only two out of the six pilot schemes have systematically succeeded in influencing decisions relating to charge (e.g. Lewisham and RBKC), whereas in the other sites this has been more difficult to achieve systematically. Although the Webshare data were limited to self-reported impact on decision making, there is an indication that the YJLD teams had some success in supporting young people into mainstream or specialist services (21.5% of the total number of cases), more so than influencing sentencing or remand (15.2%). This is not surprising, given the difficulties of the scheme in accessing young people at the point of arrest and getting police commitment to the scheme (thus influencing decisions regarding charging and ultimately diverting away from the youth justice system).

7.1.2. Measuring reoffending rates

When comparing the YJLD cohort with a matched (but non randomised) control group of young people in similar YOT areas, results indicate no statistically significant differences in reoffending behaviour (in terms of rates and frequency of proven reoffending) in the 20 to 30 months subsequent to the index date which coincided with referral to intervention/control sites. The results are positive in places, but not conclusive. This is typical of similar youth justice research showing mixed or unreliable results regarding the impact of diversionary interventions on recidivism (e.g. Gensheimer et al., 1986; Chapin and Griffin, 2005 and Schwalbe et al., 2011).

⁴⁷ Percentages were not presented here, as the referrals to services were not linked to the total number of YJLD clients included in this analysis (n=1027), but a small and unknown proportion of these.

More specifically, it was found that:

- Young people with access to the scheme in the Lewisham and Peterborough intervention sites are less likely to reoffend than their control, but these differences are not statistically significant;
- When only considering first time entrants (FTEs) there is no difference in reoffending rates between the intervention and control sites;
- Young people in the Lewisham and Peterborough cohort appear to commit a higher number of offences than their control - but it is important to note that this result is limited by a small proportion of young people in Lewisham and Peterborough committing a high proportion of offences;
- Young people with access to the scheme in Lewisham, Peterborough and Wolverhampton take significantly longer to reoffend;
- Young people accessing the YJLD scheme appear younger than in the comparator sites. This is mainly because the four YJLD sites used in this comparison tend to pick up more 10 year olds than the YOTs. This is in line with the 'early intervention' approach of YJLD and their priority in targeting very young offenders. However, age has been statistically controlled for in the analysis and the results reflect this;
- Similarly, the Peterborough and South Tees sites appear to pick up more offenders with previous offending history than in the comparator sites. This is the case in Wolverhampton as well, but the numbers are too small to draw firm conclusions. There are no significant differences in previous offending (history) in the other comparisons. Again, these differences were accounted for by using statistical control.
- As the RBKC site did not have a concurrent comparator for its cohort, historic data was used to compare reoffending rates before and after the implementation of the YJLD scheme at this site. The results show a positive decrease in reoffending following the introduction of the YJLD scheme in RBKC (25% compared with 32% and 43% for the previous years), although due to the limitations of the data available for analysis in this site, these should be interpreted with caution.

Not surprisingly, history of offending was found to be a strong predictor for subsequent reoffending, in line with previous research on reoffending (e.g. Phillpotts and Lancucki, 1979; Loeber and Dishion, 1983; Lloyd et al., 1994; Cottle, Lee and Heilbrun, 2001; Prime et al., 2001 and Joliffe and Farrington, 2009). This means that children and young people with previous offending (as in sanctioned offences) are significantly more likely to be reconvicted/re-cautioned than those without.

Results are positive in places, but should not be taken to imply causality. The results are suggestive in places but not conclusive regarding whether or not YJLD interventions 'worked' in terms of reducing proven reoffending. A decrease or increase in the proven reoffending rates could have been influenced by other external factors such as changes in local policing practice or the effectiveness of the police to detect crime, the actions of the courts and the CPS, changes in YOT services etc.

7.1.3. Measuring changes in mental health and wellbeing

Results based on HoNOSCA and SQIfA outcome measures are positive in that they are indicative of an improvement in the mental health and wellbeing of young people with access to the YJLD scheme in four out of the six pilot sites. There is also an indication of associations between hours of contact and numbers of appointments kept with clinical change scores. This signifies that there may be value in a further, larger-scale trial across more sites, possibly involving more intensive monitoring or other forms of data collection (including a

larger total sample but also larger sub-samples at the separate sites, and possibly also a greater number of sites, including both intervention and control sites).

The combined findings of the mental health and wellbeing study and the reoffending study are suggestive of beneficial effects of diversion not only on mental health status but also on delaying and possibly reducing re-offending. While the latter effects were not statistically significant with regard to re-offence rates, there was a large average difference in time to re-offending, with the comparator sample doing so much earlier than the YJLD sample. A similar finding was reported by Cuellar et al. (2006) who evaluated the Special Needs Diversionary Program in Texas, and given evidence concerning the numbers of young people in the community who experience mental health problems, concluded that "...the potential of such mental health diversion programs to reduce crime is large" (2006, p.209).

A *delay to re-offence* raises the prospect of a lower total volume of re-offending cumulatively through the high-risk years of the lifespan (cf. the 'age-crime curve'), with associated reductions in distress and monetary costs; it also opens up the possibility of further intervention at a later stage (a 'booster'), further postponing any re-offence.

Whilst positive, these conclusions are tempered by the relatively modest sample size and the possibility that other factors may explain the changes observed. The findings are sufficiently positive to justify fuller investigation through further research that is both more extensive (encompassing a larger number of sites, both intervention and control) and intensive (entailing more detailed assessment and monitoring of change).

7.1.4. Measuring changes in national performance indicators (reoffending, FTE, custody and ETE rates)

The results of this study present an inconsistent picture in terms of trends within YJLD sites after the implementation of the service. Even the more consistent and/or robust trends can only be interpreted with caution due to the quasi-experimental nature of the design, the format of available data and, most importantly, the focus of the indicators on YOT-wide rather than YJLD-specific activity. No statistically significant difference between YJLD and non-YJLD sites were found, but the small sample size (n=7 sites) limited statistical power and made it very difficult to detect any difference that might actually exist. Individual YJLD YOTs are performing well against comparator sites on some specific indicators and this may be partly due to the enhanced YJLD provision. Certainly there is no evidence here of impaired YOT performance linked to YJLD and so evidence of effectiveness from the reoffending and mental health outcomes studies is not contradicted by this wider analysis.

7.1.5. Measuring cost effectiveness

The objective of the economic analysis was to identify the comparative costs and outcomes of the current scheme for young offenders with mental health issues, learning disabilities and other vulnerabilities with the YJLD scheme. As with the reoffending study which formed the basis for the economic analysis, the current data has limited predictive power over the longer term and the possibility of a simple delay in reoffending rather than a complete prevention must also be considered. Results are rather less positive at this stage, indicating that the total cost of reoffending are greater in the intervention than the control sites, although as argued within the report, this could be down to differences between the intervention and control cohorts (in terms of numbers included in each group, seriousness of offending and vulnerabilities).

There is also an indication that the impact is greater for vulnerable clients whose offending behaviour is not ‘ingrained’ and hence is still open to change. Effectively intervening with first time offenders through YJLD, therefore, appears to be more effective in preventing the development of attitudes and behaviour that cause offending in comparison to intervening in clients with previous offences in whom offending behaviour is likely to be more ingrained, although such a trend also is apparent with the YOT cohorts. Longer-term re-offending data is needed to compare the comparative effectiveness of the YJLD versus standard/YOT practice in preventing re-offending in first time offenders. The question of which children and young people the YJLD scheme should target cannot be addressed conclusively from the economic data collected. The schemes involvement is less intensive for the more serious offenders but as is shown in the case study, could still provide benefits and reduce costs both in the short and longer-term if the vulnerabilities are addressed and re-offending behaviour prevented.

Use of resource analysis (CA-SUS) indicates that there may be savings from the YJLD scheme in terms of avoiding school exclusion and costly alternative schooling arrangements, although more evidence would be needed to support this notion as the current sample is small. The data, although limited, suggest that individuals on the YJLD scheme seem to require more resources from the health sector in particular, than their non-YJLD counterparts. This is to be expected as previously unidentified vulnerabilities are managed. The suggestions of resource switching highlights an area to be looked into more closely in the future to ensure the YJLD scheme is evaluated on the basis of all that it impacts. An increased requirement for NHS and social services resources may look costly in the short-term but resource-efficient over the longer-term. The economic dilemma is whether or not to intervene early to identify vulnerabilities and, therefore, to incur the increased costs of treatment and management of such vulnerabilities that would have otherwise remained undetected but that may, if untreated, increase the risk of future offending and thus future state costs (Knapp, 1997).

In conclusion the estimated cost imposed on society of allowing a young person’s offending behaviour to develop unchecked is enormous both in financial and social terms. It has been estimated that a ‘career criminal’ will impose a discounted lifetime cost of over £400,000 (£80,000 public sector cost and £335,000 societal cost) on society (NEF 2010). Thus the cost of getting it wrong (non-intervention or intervening ineffectively and inappropriately) and hence allowing vulnerable young offenders to ‘progress’ to become career criminals is enormous. In addition the intangible burden placed on the offender and their family can lead to family breakdown, physical and mental ill health. A service such as YJLD with a clearly defined target population and sensitively integrated into existing local structures of service provision for vulnerable young offenders offers long term potential cost savings that are likely to far outweigh the cost of providing the service. In other words, a large number of YJLD interventions can be resourced from the cost savings associated with diverting one vulnerable young person away from a lifetime of crime. However, evaluation of the long-term costs and benefits of the scheme is essential before any judgements can be made on its cost-effectiveness.

7.1.6. Exploring stakeholders’ views

The qualitative insights provided both by the children and young people and the professionals provide a number of important messages.

All of the children and young people interviewed live in families enduring profound social strain within areas of multiple socio-economic deprivation. Taken together, they represent an identifiable group of young people with multiple manifest vulnerabilities. Despite such commonality, however, the children and young people also comprise a diverse and highly heterogeneous group with regard to mental health status and broader hidden vulnerabilities. Whilst there is evidence of myriad vulnerabilities - and some of the young people had been referred to CAMHS - a significant proportion have no apparent diagnosable mental health and developmental problems. To balance this many children and young people interviewed articulated difficulties in controlling anger, often with violent consequences.

Beyond mental health services, many of the children and young people report having had contact with, and/or receiving services from a panoply of professional agencies. Some report positive benefit from such interventions, several articulated disappointment and feelings of having been 'let down' and some even perceived intervention from professional agencies as an antagonistic presence.

Whatever the precise nature of the children's personal circumstances and/or their contact with professional agencies, it is clear that the youth justice apparatus is not equipped to address their needs and is more likely to impose an iatrogenic effect. Strategic, systematic, consistent and rigorously applied diversion is clearly an appropriate and, almost certainly, more effective policy and practice response.

Whilst local variations in youth justice systems have produced a range of differentiated practices within and across the YJLD pilot schemes, *all* of the professional staff interviewed recognised the importance and value of diversion.

For some of the sites obtaining an effective, systematic and simple referral process has been extremely difficult and this has delayed progress. Indeed, the greatest barrier to the implementation of the YJLD scheme has involved problems with securing police co-operation at both strategic and operational levels. In some of the sites there was dissonance between ostensible senior level police support for the initiative and operational implementation in practice.

In a minority of sites the YJLD scheme benefitted from very good police referral mechanisms from the start where strong relationships with the police existed prior to the introduction of YJLD. In particular where triage was operating successfully it formed a very good basis for YJLD. Effective referral mechanisms to the YJLD scheme are critical for its success.

In the main the YJLD sites had established good relationships with CAMHS and were able to refer young people with some certainty that they would be provided with a service. In cases where it is appropriate and necessary, relationships with CAMHS were seen as essential to addressing mental health, learning disabilities and specific 'sub-threshold' vulnerabilities for young people referred to YJLD.

There was universal support for making diversion a compulsory element within police practice and a strong expression of opinion that the police should be trained to identify, appreciate and understand the significance of mental health issues in young people.

7.1.7. A promising YJLD model

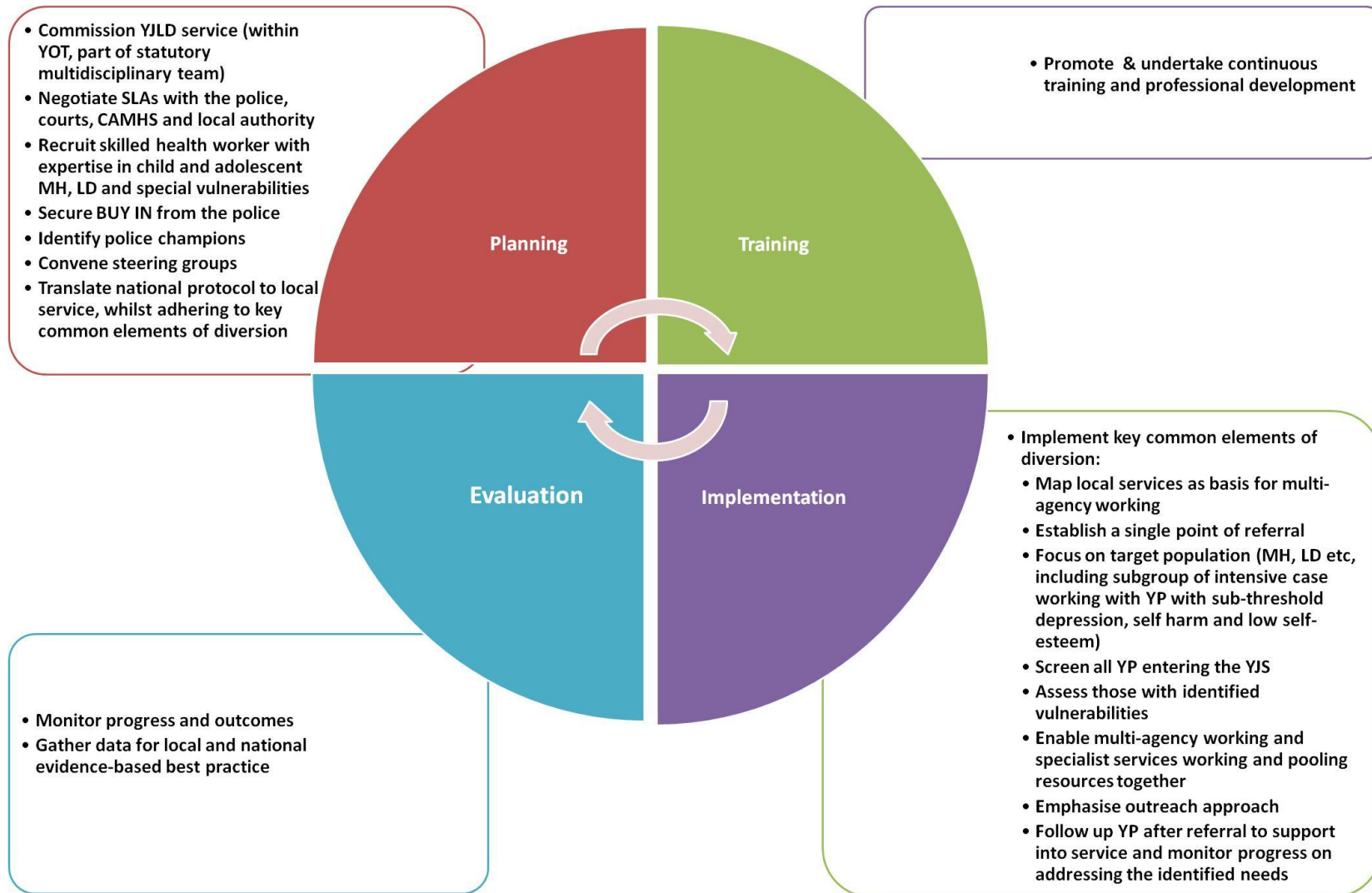
While the present results cannot be regarded as definitive, they point in an encouraging direction. The possibility is raised of identifying examples of good practice within the existing provision, and illustrating what this entails for the benefit of agencies more widely. The effort to enhance practice through the dissemination of model forms of provision is illustrated in reports such as those of Skowyra and Powell (2006) and the United States National Mental Health Association (2004), which describe examples of high-performing programmes or sites for the benefit of the whole of the field.

Whilst indicating a number of ‘promising approaches’, however, the results presented here are not sufficient in themselves to create a reliable transferable evidence-base YJLD model that could be applied in any new YJLD site. Further research is needed to establish best practice for what works in reducing reoffending, saving costs or improving children and young people’s mental health and wellbeing. Moreover, it is important to acknowledge that all sites started from a different point that largely determined how the YJLD workers implemented their distinctive ‘vision’ of diversion.

Creating a model that can adapt in line with local context and circumstances (practice, policies etc) is a key ingredient to the success of such a scheme, especially given the current focus on ‘decentralisation’ and a shift towards more ‘local’ control. However, this approach carries risks for a robust evaluation of effectiveness, unless a strong fidelity framework can be developed and implemented. Previous literature on the effectiveness of youth diversion programs highlights that diversion programs need to attend a good level of active supervision and fidelity monitoring to assure a strong program implementation (Gensheimer et al., 1986; Schwalbe et al., 2011: 31).

Promising approaches are mainly based on key stakeholders’ views and, to a more limited extent, on the results from the quantitative studies (reoffending, mental health outcomes and economic analysis). These ‘key ingredients’ are captured in *Figure 27* below and are mirrored in the recommendations that follow.

Figure 27 YJLD Continuous Improvement Model



7.2. Recommendations

The evidence drawn from this study is consistent with a wider body of empirical research in revealing the effectiveness of diversionary approaches to children and young people in conflict with the law. In particular there is evidence of improved mental health and wellbeing that may be linked to a focused one-to-one approach. This is further supported by the qualitative elements of the evaluation highlighting high levels of satisfaction and support for the scheme amongst children and young people together with key professional stakeholders. Therefore there is a pressing need to develop policy and practice responses that will serve to extend and consolidate diversion at the early stages of the youth justice system. The following eleven recommendations are made.

7.2.1. Policy and practice recommendations:

Recommendation 1: Adhere to a defined model of provision

Although variability between diversion schemes may be justified, the research has illuminated a range of ‘promising approaches’ and/or ‘key ingredients’ that point towards a more coherent model that might address the common principles of diversion (as suggested in *Figure 27* above). Such approaches/ingredients include:

- A clear and uniform diversion policy and practice. This is in line with previous research (e.g. Blanco, Miller and Peck, 2007: iii) suggesting that diversionary schemes could be improved if an approach using a ‘uniform criteria for diversion eligibility’, an uniform diversion policy, standardised intake assessment and thorough data collection (on all young people diverted, including the outcomes of the programs to which they are diverted) would be implemented.
- Service Level Agreements (SLAs) between the police, the YOT, CAMHS and the courts put in place at the outset (before the scheme starts or in the very early stages of implementation). A uniform framework of roles and responsibilities for the scheme and the key agencies involved should be developed at the outset in order to consolidate programme integrity. Their policies, practices and procedures should be aligned accordingly to offset any prospect of competing priorities. Strong implementation and programme integrity are known to be linked to better outcomes (Barnoski, 2002 and Coulter, 2010).
- Location of YJLD scheme dependent on local circumstances. Opinions about where the scheme should be located are mixed, as staff highlight both advantages and disadvantages of having the YJLD scheme within the YOT or CAMHS. For a systematic model, the scheme would be better based within the YOT as part of its statutory multidisciplinary composition. The YOT is best placed to operationalise systematic contact with the police, the CPS and the courts.

Recommendation 2: Integrate diversion within existing services

The design and model of a new diversion scheme should be developed with an understanding of the particular configuration of existing services relevant to children and young people in trouble.

- There should be a focus on the interfaces with a view to ensuring that there is agreement about how contact with the children and young people is made at the earliest stage. This may need to involve the staff delivering the diversion scheme having an opportunity to become familiar with the remit, roles and priorities of the other services and vice versa.

- A key message from the research is that the effectiveness of YJLD is in large part dependent on the nature of the interfaces with existing services.
- Effective diversion in the context of youth offending involves influencing a complex process of formal and informal decision-making. An integrated approach is more likely to be achieved if there is integration of the diversion scheme with existing services.
- YOT and CAMHS specialist services working and pooling resources together appears to be a more effective approach in addressing the specific needs of vulnerable children and young people.
- The YJLD scheme should develop a formal and consistent way to feed back results and information to and from partners (particularly key stakeholders as the police and the courts) to enable more informed assessments and to influence the decision making process.

Recommendation 3: Incorporate youth diversion into police practice

There is a consensus amongst stakeholders that incorporating youth diversion into police practice would significantly improve the referral pathways and enable diversion away from the youth justice system. Without the police's support and commitment to the scheme, diversion at an early stage could not be achieved.

- Given the evidence of cultural barriers particularly between police and health/social care agencies, professional exchanges could facilitate greater mutual understanding and partnership working but inevitably would require high-level support to ensure credibility. A possible model for this is the Custody Efficiency Project in Wolverhampton. Similarly, training and guidance should continue to be provided for police officers and custody sergeants or their equivalent (if not in police custody) should be encouraged to act as 'champions' to promote the scheme.

Recommendation 4: Facilitate appropriate training for YJLD staff

The key practitioners involved in the delivery of the scheme should be offered the appropriate training regarding the rationale and practice of diversion.

- Fuller training of YOT staff in child and adolescent mental health and developmental problems, learning disabilities, speech and communication difficulties, including broadening their general knowledge of the field and including practice in the use of assessments (perhaps using case vignettes as reported in some background research papers).

Recommendation 5: Promote systematic screening and assessment

Young people entering the YJS should be systematically screened. Previous research has indicated that a systematic and standardized screening and assessment of young people is a critical element needed for diversion programs to be successful (Blanco, Miller & Peck (2007: 2-4).

- Further comprehensive assessment and support should be offered to all young people who show signs of problems relating to mental health, development, learning disabilities, speech and communication difficulties and similar vulnerabilities. Assessments (and resulting interventions) should focus on both protective and risk factors.
- YJLD workers should be encouraged to refer young people for focused intervention beyond assessment and signposting to other services (given the evidence here for a link between focused one-to-one case work and better mental health outcomes).

Recommendation 6: Match interventions to clients' characteristics

- There were significant improvements in reported depression and self-harm (as measured by the SQIfA) suggesting that these particular problems are particularly amenable to effective therapeutic interventions by YJLD workers – although more research is desirable to further explore these relationships.
- Similarly, since low self esteem was the only area of concern/vulnerability which was significantly predictive of reoffending in the multivariate analysis, focusing attention on this aspect is likely to contribute to a better outcome in terms of reoffending.
- Also, matching intervention to clients based on socio-demographics and risk factors may lead to a more effective approach, for example developing gender specific interventions (Bloom et al., 2002; Goodkind, 2005) or matching interventions to race or ethnicity. This report indicates that first time offenders are less likely to reoffend (thus more 'cost effective') than prolific offenders. A stepped approach based on risk assessment could be developed, where low-risk offenders are diverted with minimal services/support and those higher risk are engaged in more active psychosocial programs to address key criminogenic needs (suggestions supported by previous research, e.g. Andrews & Bonta, 2010).

Recommendation 7: Promote an outreach, family and community centred approach

YJLD workers should aim to optimise outreach approaches, delivering appointments/interventions at home, in schools and in the community, as opposed to YOT and CAMHS offices. This, coupled with support into services (post referral) and family work is likely to improve engagement and retention (where appropriate). Previous research indicates that utilising a holistic, family-centered program, as well as making use of a wide network of community-based service providers are key elements needed for youth diversion programs to be successful (Cocozza et al., 2005; Blanco, Miller & Peck, 2007).

Recommendation 8: Monitoring progress and effectiveness

Young people should be followed up to establish rate of uptake of YJLD intervention and the benefits from having access to the scheme. A systematic and appropriate data collection mechanism should be used to enable the gathering of evidence of effectiveness and good practice. This should be closely monitored for compliance and data quality.

Recommendation 9: Encouraging dissemination

The present results should be disseminated in order to provide a basis for developing improved contact and liaison between YOT/YJLD and allied services across general health, mental health and social services.

7.2.2. Research recommendations

The process of conducting the evaluation has provided a number of insights into how future evaluations in this area should be conducted to maximise research quality and robust conclusions.

Recommendation 10: Developing an evidence-based ethos

An ethos of evidence-based and knowledge-informed approaches within youth justice services should be encouraged.

Recommendation 11: Conducting further research exploring

- **Social and health vulnerabilities:** It is recommended that there be a larger-scale study, with not only a larger total sample but also larger sub-samples at the separate

sites, and possibly also a greater number of sites (including intervention and control sites). This is important in order to provide adequate statistical power for testing hypotheses about the possible effects of treatment, and to disentangle any observed trends from other factors that might be influencing outcomes. This will require gathering a wider set of data about young people, and more information concerning the kinds of interventions that were used in each case. There would be a further advantage if the pattern or route of referrals, and the type and mode of delivery of services, had greater uniformity across at least some of the sites. It would then be possible to use statistical methods to calculate the relative effects of different kinds of factors when compared with each other.

- **Reoffending and cost effectiveness:** The evaluation captured the first year of YJLD – the scheme is expected to mature in the longer term. Further longitudinal analysis (reoffending and economic) should be undertaken to test this hypothesis. Additionally, particular care should be taken when matching between intervention and control groups. An effective matching strategy is highly dependent on the YJLD scheme systematically recruiting young people, following pre-determined selection criteria (to enable comparison with ‘practice as usual’ or ‘practice without YJLD’). As indicated above, further research and emerging results would be more robust if there was greater uniformity across at least some of the sites in terms of referrals, sample population and the type and mode of delivery of services.
- **Service users’ views:** There is a need to undertake more detailed and longitudinal qualitative research with an investigatory focus on the means by which vulnerable children and young people conceptualise their ‘pathways’ through youth justice, welfare and health interventions. Further qualitative research exploring the concept of ‘effective practice’ from the perspectives of children and young people in trouble would be well-placed.

7.3. Final note: implications for policy

This report is framed within a wider context of evaluation research that has become an increasingly common aspect of policy and practice experimentation linked, as it is, to ‘evidence-based’ approaches, ‘what works’ priorities (McGuire, 1995) and ‘best value’ imperatives. Perhaps the best contemporary illustration of this, in the youth justice field at least, pertains to the substantial amounts of money made available to Youth Offending Teams for the purposes of practice innovation - via the Youth Justice Board’s ‘development fund’ (2000-2003) - on the condition that independent research and evaluation was commissioned (Goldson, 2001).

A vital generic lesson that might be drawn from this period relates to the rather simplistic supposition that intervention ‘programmes’ in and of themselves might produce certain readily measurable results or ‘outcomes’ or, to put it another way, that such results and outcomes can be directly attributed, *in the short-term*, to particular forms of intervention. Smith (2000) illuminated the limitations of such positivistic rationales and Fraser (2000) identified ‘serious methodological problems’ with certain approaches.

Indeed, not unlike this study, most of the ‘development fund’-resourced evaluation research concluded within two years and this inevitably imposed limitations with regard to forms of reconviction analyses (Lloyd, Mair and Hough, 1994). More than anything, interpreting the findings of such evaluation research necessitates careful contextualisation and engagement with the complexities faced by the children and young people who are the subjects of intervention, the families and communities within which they live and the professional agencies that work with them. In this regard Braithwaite has observed that it is ‘contextualised usefulness that counts, not decontextualised statistical power’ (cited in Smith, 2000: 4), and Smith himself, in respect of his youth justice research in Scotland notes: ‘one of the strongest lessons has been that context matters, that it makes little sense to try and understand a special project without reference to the local environment which sustains it (or fails to do so)’ (Smith, 2000: 6). In this sense ‘local environment’ can be taken to include the nature of relations between agencies, particular service configurations, varying interpretations of policy and guidance and localised forms of practice development that produce place-specific ‘outcomes’ that are not necessarily readily comparable even if they derive from the same national policy and practice directives (Goldson and Hughes, 2010).

The lives of many children and young people involved with the youth justice system are extraordinarily complex and reliance on a single mode of intervention, in and of itself, is unlikely to produce sustainable positive results. Furthermore, for reasons signalled above, comparative analyses across and between different sites are conventionally bedevilled by a range of confounding phenomena. It follows that cautious interpretation is necessary and the most reliable research-based evidence can only emerge over a longer time span than is usually made available by ‘evaluation’ projects such as this.

References

- Andrews, D., A. & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16, 39-55.
- Arredondo, D., Kumli, K., Soto, L., Colin, E., Ornellas, J., Davilla, R., et al. (2001). Juvenile mental health court: Rationale and protocols. *Juvenile and Family Court Journal*, 52(4).
- Bagley, C. and Pritchard, C. (1998). The Billion Dollar Costs of Troubled Youth: Prospects for Cost-Effective Prevention and Treatment. *International Journal of Adolescence and Youth*, 7, (3), 211-225.
- Bagley, C. and Pritchard, C. (1998, a). The Reduction of Problem Behaviours and School Exclusion in at-Risk Youth: an Experimental Study of School Social Work with Cost-Benefit Analyses. *Child & Family Social Work*. [Volume 3, Issue 4](#), (219–226).
- Barnoski, R. (2004). Outcome evaluation of Washington State's research-based programme for juvenile offenders. Retrieved March 23rd, 2011, from <http://www.wsipp.wa.gov/rptfiles/04-01-1201.pdf>.
- Barrett, B., Byford, S., Chitsabesan, P. and Kenning, C (2006). Mental Health Provision for Young Offenders: Service Use and Cost. *The British Journal of Psychiatry*. 188: 541-546.
- Blanco, M., Miller, D. & Peck, G. (2007). *How Effective Are Virginia's Juvenile Diversion Programs? A Quantitative and Qualitative Assessment for the Virginia State Crime Commission*. The Thomas Jefferson Program in Public Policy. The College of William & Mary.
- Bloom, B., Owen, B., Deschenes, E., P. & Rosenbaum, J. (2002). Moving toward justice for female juvenile offenders in the new millennium: Modelling gender-specific policies and programs. *Journal of Contemporary Criminal Justice*, 18, 37-56.
- British Psychological Society (BPS). (2009). Ethical Principles for Conducting Research with Human Participants. Retrieved March, 4th, 2011 from <http://www.psy.gla.ac.uk/~simon/ETHICS/BPSethics.pdf>.
- British Society of Criminology (BSC). (2006). Code of Ethics for Researchers in the Field of Criminology. Retrieved March, 4th from www.britsocrim.org/ethical.htm.
- Brounstein, P. J., Emshoff, J. G., Hill, G. A., & Stoil, M. J. (1997). Assessment of methodological practices in the evaluation of alcohol and other drug (AOD) abuse prevention. *Journal of Health and Social Policy*, 9(2), 1-19.
- Bryan K., Freer J. and Furlong C. (2007). *Language and communication difficulties in juvenile offenders*. *International Journal of Language and Communication Disorders*, 42, 505-520.
- Bucks Association for the Care of Offenders - http://baco.org.uk/index_files/Page502.htm
Sourced from Social Exclusion Unit, (2002). *Reducing re-offending by ex-prisoners*.
- Campbell, D. T., & Stanley, J. C. (1963). *Experimental and Quasi-Experimental Designs for Research*. Chicago: Rand McNally.
- Carr, A. (2000). 'Evidence-Based Practice' in *Family Therapy and Systemic Consultation Child-Focused Problems*; [Volume 22, Issue 1](#), (29–60).
- Centre for Social Justice. (2011). *No Excuses: A Review of Educational Exclusion*.
- Chapin, D., A. & Griffin, P., A. (2005). 'Juvenile Diversion', in K. Heiburn, N., E., S. Goldstein & R., E. Redding (Eds.) *Juvenile delinquency: prevention, assessment, and intervention*. New York: Oxford University Press.
- Charmaz, K. (2006). *Constructing Grounded Theory. A Practical Guide Through Qualitative Analysis*. London: Sage.

- Children's Communication Coalition. (2010). *Engaging for their futures and our society: improving the life chances of children with speech, language and communication needs*, London: Royal College of Speech and Language Therapists (RCSLT).
- Chitsabesan, P., Kroll L., Bailey S., Kenning C., MacDonald W. & Theodosiou L. (2006). Mental health needs of young offenders in custody and in the community. *British Journal of Psychiatry*, 188, 534-540.
- Cocozza, J., J., Veysey, B., M., Chapin, D., A., Walters, R., D. W. & Farina, S. (2005). Diversion from the Juvenile Justice System: The Miami-Dade Juvenile Assessment Center Post-Arrest Diversion Program, in *Substance Use & Misuse*, Vol. 40, No. 7 : 935-951.
- Cocozza, J., & Skowrya, K. (2000). Youth with mental health disorders: Issues and emerging responses. *Office of Juvenile Justice and Delinquency Prevention Journal*, 7(1).
- Cook, T. D., & Campbell, D. T. (1979). *Quasi-experimentation: Design and analysis issues for field settings*. Chicago: Rand McNally.
- Coulter, S. (2010). Systemic family therapy for families who have experienced trauma: a randomised controlled trial. *British Journal of Social Work*. Doi: 10. 1093/bjsw/bcq132.
- Cottle, C., Lee, R. & Heilbrun, K. (2001). The prediction of criminal recidivism in juveniles: A meta-analysis. *Criminal Justice and Behavior*, 28 (3), 367-394.
- Creswell, J. W., & Plano-Clark, V. L. (2007). *Designing and Conducting Mixed Methods Research*. London: Sage.
- Cuellar, A. E., McReynolds, L. S. & Wasserman, G. A. (2006). A cure for crime: can mental health treatment diversion reduce crime amongst youth? *Journal of Policy Analysis and Management*, 25 (1):197-214.
- Davidson, W., Amdur, R., L., Mitchell, C., M. & Redner, R. (1990). *Alternative Treatments for Troubled Youth: The Case of Diversion from the Justice System*. New York: Plenum Press.
- Deighton, J. & Wolpert, M. (eds.) (2008). *Mental Health Outcome Measures for Children and Young People*. London: CAMHS Evidence Based Practice Unit, University College London and the Anna Freud Centre.
- Dembo, R. & Schmeidler, J. (2002). *Family Empowerment Intervention: An Innovative Service for High-Risk Youths and their Families*. Binghamton, NY: Haworth Press.
- Department of Health. (2000). *Psychiatric Morbidity among Young Offenders in England and Wales*.
- Department of Health. (2001). *Valuing People: a New Strategy for Learning Disability for the 21st Century - A White Paper*.
- Department of Health. (2003) *Quality Protects Research Briefings: Understanding and Challenging Youth Offending*. Available at: http://www.uea.ac.uk/menu/acad_depts/swk/MRC_web/public_html/files/qpb8.pdf.
- 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.
- Des Jarlais, D. C., Lyles, C., Crepaz, N., & the TREND Group (2004). Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: The TREND Statement. *American Journal of Public Health*, 94, 361-366.
- Drake, E. K., Aos, S. and Miller, M. G. (2009). Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State. *Victims and Offenders*, 4 (170-196).
- Ellis, S., Zucker, R. and Fitzgerald, H. (1997). The Role of Family Influences in Development and Risk. *Alcohol Health and Research World*. Vol:21 (page 218).

- Ezell, M. (1992). 'Juvenile Diversion: The Ongoing Search for Alternatives'. In *Juvenile Justice and Public Policy*, edited by I. Schwartz. New York: Lexington.
- Farrington, D. P., Ditchfield, J., Howard, P. & Joliffe (2002). *Two Intensive Regimes for Young Offenders: A Follow-up Evaluation, Home Office Research Findings 163*. London: Home Office.
- Farrington, D.P. (2003). British Randomized Experiments on Crime and Justice. *The ANNALS of the American Academy of Political and Social Science*, 589, 150-167. Fischer.
- Fergusson, D. and Lynskey, M. (1997a). Physical Punishment/Maltreatment During Childhood and Adjustment in Young Adulthood. [*Child Abuse & Neglect*, Volume 21, Issue 7](#).
- Fraser, D. (2000) 'A Critique of Research Related to "What Works" in Reducing Offending', *Justice of the Peace*, Issue 164: 356-359.
- Garralda, M. E., Yates, P. & Higginson, I. (2000). Child and adolescent mental health service use: HoNOSCA as an outcome measure. *British Journal of Psychiatry*, 177, 52-48.
- Gensheimer, L., K., Mayer, J., P., Gottschalk, R. & Davidson, W., S. (1986). 'Diverting youth from the juvenile justice system: A meta-analysis of intervention efficacy'. In S., J., Apter & A., P., Goldstein (Eds.) *Youth Violence: Programs and prospects*. Pergamon General Psychology Series vol 135, pp 39-57. Elmsford, NY: Pergamon Press.
- Glover, J. & Hibbert, P. (2009). *Locking up or giving up? Why custody thresholds for teenagers aged 12, 13 and 14 needs to be raised*, Ilford: Barnardo's.
- Goldson, B. (2001). 'A Rational Youth Justice? Some Critical Reflections on the Research, Policy and Practice Relation', *Probation Journal*, 48(2): 76-85.
- Goldson, B. (2002). *Vulnerable Inside: Children in secure and penal settings*. London: The Children's Society.
- Goldson, B. (2006). 'Penal Custody: Intolerance, Irrationality and Indifference', in B. Goldson, B. and Muncie, J. (Eds) *Youth Crime and Justice*. London, Sage.
- Goldson, B. & Hughes, G. (2010). 'Sociological Criminology and Youth Justice: Comparative policy analysis and academic intervention', *Criminology and Criminal Justice*, 10(2): 211-230.
- Green, H., McGinnity, Á., Meltzer, H., Ford, T. and Goodman, R. (2005). *Mental Health of Children and Young People in Great Britain, 2004*. Office of National Statistics. The information centre for health and social care.
- Green, W., Kerfoot, T., Roberts, R., Woodham, A., Barrett, B. and Harrington, R. (2011). Group therapy for adolescents with Repeated Self Harm: Randomised Controlled Trial with Economic Evaluation. *BMJ* ;342:bmj.d682.
- Goldson, B. (2002). *Vulnerable Inside: Children in secure and penal settings*. London: The Children's Society.
- Goldson, B. (2006). 'Penal Custody: Intolerance, Irrationality and Indifference', in B. Goldson, B. and Muncie, J. (Eds) *Youth Crime and Justice*. London, Sage.
- Goodkind, S. (2005). Gender-specific services in the juvenile justice system: A critical examination. *Affilia*, 20, 52-70.
- Gowers, S. G., Harrington, R. C., Whitton, A., Beevor, A. S., Jezzard, R., Lelliott, P. & Wing, J. K. (1998). Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA): Glossary for HoNOSCA score sheet. *British Journal of Psychiatry*, 174, 428-431.
- Gowers, S. G., Harrington, R. C., Whitton, A., Lelliott, P., Wing, J., Beevor, A., & Jezzard, R. (1999). A Brief Scale for measuring the outcomes of emotional and behavioural disorders in children: HoNOSCA. *British Journal of Psychiatry*, 174, 413-416.

- Hagell, A. (2002). *The mental health of young offenders, a report commissioned by the Mental Health Foundation*, London: Mental Health Foundation.
- Hamilton, Z., K., Sullivan, C., J., Veysey, B., M. & Grillo, M. (2007). Diverting multi-problem youth from juvenile justice: Investigating the importance of community influence on placement and recidivism. *Behavioural Sciences & the Law*, 25, 137-158.
- Hanssen-Bauer, K., Gowers, S., Aalen, O. O., Bilenberg, N., Brann, P., Garralda, E., Merry, S. & Heyerdahl, S. (2007). Cross-national reliability of clinician-rated outcome measures in child and adolescent mental health services. *Administration and Policy in Mental Health*, 34, 513-518.
- Harrington, R. & Bailey, S. (2005). *Mental health needs and effectiveness of provision for young offenders in custody and in the community*, London: Youth Justice Board.
- Harnett, P., Loxton, N., Sadler, T., Hides, L., & Baldwin, A. (2005). The Health of the Nation Outcome Scales for children and adolescents in an adolescent in-patient sample. *Australian and New Zealand Journal of Psychiatry*, 39, 129-135.
- Hazel, N., Hagell, A. & Brazier, L. (2002). *Young Offenders' Perceptions of their Experiences in the Criminal Justice System*, end of award report to the ESRC, Policy Research Bureau.
- Healthcare Commission (2006). *Let's Talk About It – a review of healthcare in the community for young people who offend*. London: Healthcare Commission.
- Healthcare Commission (2009). *Actions speak louder: a second review of healthcare in the community for young people who offend*. London: Commission for Healthcare Audit and Inspection and HM Inspectorate of Probation.
- Henggeler, S., W., Schoenwald, S., J., Pickrel, S., G., Brondino, M. J., Borduin, C., M. & Hall, J., A. (1994). *Treatment Manual for Family Preservation Using Multi-Systematic Therapy*. Charleston, SC: Medical University of South Carolina.
- Henggeler, S., W. (1997). *Treating Serious Anti-Social Behavior in Youth: The MST Approach*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.
- Henggeler, S., W., Halliday-Boykins, C., A., Cunningham, P., B., Randall, J., Shapiro, S., B. & Chapman, J., E. (2006). Juvenile drug court: Enhancing outcomes by integrating evidence-based treatments. *Journal of Consulting and Clinical Psychology*, 74, 42-54.
- Her Majesty's Chief Inspector of Prisons (2006). *Annual Report of HM Chief Inspector of Prisons for England and Wales, 2004-2005*. London: The Stationery Office.
- Hine, J. & Celnick, A. (2001). *A One Year Reconviction Study of Final Warnings*. University of Sheffield.
- HM Government (2003). *Every Child Matters*. London: TSO
- HM Government (2008). *Youth Crime Action Plan*. London: Central Office of Information
- HM Government (2009). *Healthy Children, Safer Communities*, London: Department of Health.
- HM Government (2011). *No health without mental health. A cross-government mental health outcomes strategy for people of all ages*.
- Hollin, C. R. (1995). The meaning and implications of “program integrity”. In McGuire, J. (Ed.) *What Works: Reducing Reoffending - Guidelines from Research and Practice*. Chichester: Wiley.
- Hunt, J. & Wheatley, M. (2009). Preliminary findings on the Health of the Nation Outcome Scales for children and adolescents in an inpatient secure adolescent unit. *Child Care in Practice*, 15, 49-56.
- Johnson, W. (2010). Sentencing Reform to Focus on Reoffending. The Independent Online – Retrieved December, 7th, 2010 from:

<http://www.independent.co.uk/news/uk/crime/sentencing-reform-to-focus-on-reoffending-2153509.html>.

- Jolliffe, D. & Farrington, D.P. (2009). *The Effects on Offending of the Community Justice Initiatives in Liverpool and Salford*. Available on request from the Ministry of Justice.
- Jolliffe, D. & Farrington, D.P. (2009). *Initial evaluation of reconviction rates in Community Justice Initiatives. Research Summary 09/09*. London. Ministry of Justice.
- Jonsson, U., Bohman, H., von Knorring, L., Olsson, G., Paaren, A. & von Knorring, A.-L. (2011). Mental health outcome of long-term and episodic adolescent depression: 15-year follow-up of a community sample. *Journal of Affective Disorders*, 130, 395-404
- Bailey, S. & Tarbuck, P. (2006). Recent advances in the development of screening tools for mental health in young offenders. *Current Opinion in Psychiatry*, 19, 373–377.
- Jupp, V., Davies, P., & Francis, P. (Eds.). (2000). *Doing Criminological Research*. London: Sage.
- Kazdin, A.E. (1993). Treatment of Conduct Disorder: Progress and Directions in Psychotherapy Research. *Development and Psychopathology*, 277-310.
- Kershaw, C. (1999). Interpreting Reconviction Rates. In *British Criminology Conference Selected Proceedings Vol 2*.
- Kim-Cohen, J., Caspi, A., Moffitt, T., H., B. and [Poulton, R.](#) (2003). Prior Juvenile Diagnoses in Adults with Mental Disorder: Developmental Follow-Back of a Prospective-Longitudinal Cohort. *Archive of General Psychiatry*. 60(7):709-17.
- Knapp, M. (1997). Economic Evaluations and Interventions for Children and Adolescents with Mental Health Problems. *Journal of Child Psychology and Psychiatry*. [Volume 38, Issue 1](#), (3–25).
- Kroll, L., Woodham, A., Rothwell, J., Bailey, S., Tobias, C., Harrington, R. & Marshall, M. (1999). Reliability of the Salford Needs Assessment Schedule for Adolescents. *Psychological Medicine*, 29, 891-902.
- Kroll, L., Bailey, S., Myatt, T., McCarthy, K., Shuttleworth, J., Rothwell, J. & Harrington, R. (2002). *The Mental Health Screening Interview for Adolescents*. The University of Manchester and the Adolescent Forensic Unit, Mental Health Services of Salford NHS Trust, developed for the YJB for England and Wales, London.
- Kroll, L., Rothwell, J., Bradley, D., Shah, P., Bailey, S. & Harrington, R.C. (2002). Mental health needs of boys in secure care for serious or persistent offending: A prospective, longitudinal study. *Lancet*, 359, (9322), 1975-1979.
- Lader, D., Singleton, N. & Meltzer, H. (2000). *Psychiatric Morbidity among Young Offenders in England and Wales*. London: Office for National Statistics.
- Lancet (2009). Editorial: Health care for prisoners and young offenders. *Lancet* 373, 21/2/09
- Leigh, A., Arnott, J., Clarke, G., & See, L. (2000). *Family Values: Grouping Similar Policing and Crime Reduction Areas for Comparative Purposes. Briefing Note 3/00*. London: Home Office Research, Development and Statistics Directorate.
- Lesinskienne, S., Senina, J. & Ranceva, N. (2007). Use of the HoNOSCA in the teamwork of inpatient child psychiatry unit. *Journal of Psychiatric and Mental Health Nursing*, 14, 727-733.
- Lipsey, M. & Wilson, D. (1998). 'Effective Intervention for Serious Juvenile Offenders'. In *Serious and Violent Juvenile Offenders*, edited by R. Loeber & D. Farrington. Thousand Oaks, CA: Sage.
- Lipsey, M., Chapman, G., & Landenberger, N. (2001). Cognitive-behavioral programs for offenders. *The Annals of the American Academy of Political and Social Science*, 578, 144-157.

- Loeber, Rolf; Dishion, Thomas (1983). Early predictors of male delinquency: A review. *Psychological Bulletin*, 94, 68-99.
- Lloyd, C., Mair, G. & Hough, M. (1994). *Explaining Reconviction Rates: A Critical Analysis*. RDS Research Findings no 12. London: HMSO.
- Lynskey, M. and Fergusson, D. (1997). Factors protecting against the development of adjustment difficulties in young adults exposed to childhood sexual abuse. *Child Abuse & Neglect*. Volume 21, Issue 12 (1177-1190).
- Lyon, J., Dennison, C. & Wilson, A. (2000). *'Tell Them So They Listen': Messages from Young People in Custody*. Home Office Research Study No. 201. London: HMSO.
- May, C. (1999). *Explaining Reconviction Following a Community Sentence: the Role of Social Factors*. Home Office Research Study No. 192. London: HMSO.
- McCord, J., Widom, C., S. & Crowell, N., A. (2001). 'Race, Crime, and Juvenile Justice: The Issue of Racial Disparity.' In *Juvenile Justice, Juvenile Crime: Panel on Juvenile Crime: Prevention, Treatment and Control*, edited by J. McCord, C.S. Widom & N.A. Crowell. Washington D.C.: National Academy Press.
- McGuire, J. (1995). *What Works: Reducing Re-offending - Guidelines for Research and Practice*. London and New York: John Wiley and Sons.
- McSweeney, T., Meadows, P., Metcaf, H., Turnbull, P. & Stanley, C. (2010). *The feasibility of conducting an impact evaluation of the Dedicated Drug Court pilot*. Full report to Ministry of Justice Research Summary 2/10. London: National Institute of Economic and Social Research and the Institute for Criminal Policy Research, Kings College London.
- Mental Health Foundation. (2002). Mental health needs of young offenders. *Mental Health Foundation Updates* 3, 18.
- Ministry of Justice (MoJ) Green Paper (2010). *Breaking the Cycle: Effective punishment, rehabilitation and sentencing of Offenders*. Available at: www.justice.gov.uk/consultations/docs/breaking-the-cycle.pdf.
- Ministry of Justice (2011). *Offender Management Statistics Quarterly Bulletin: Prison Population Statistics*. House of Common Library.
- MoJ Statistical Bulletin (2010). *Re-offending of juveniles: results from the 2008 cohort*.
- Morrison, A. (1982). Case Definition in Case-Control Studies of the Efficacy of Screening. *American Journal of Epidemiology*. Vol. 115, No. 1.
- Multisystemic Therapy Institute. (2011). *MST an overview*. Retrieved November, 1st 2011 from: http://www.mstservices.com/overview_a.pdf.
- O'Donoghue, T. & Punch K. (2003). *Qualitative Educational Research in Action: Doing and Reflecting*. Routledge. p.78.
- NAO (2010). Ministry of Justice: *The youth Justice system in England and Wales: Reducing Offending by Young People*.
- NAO (2011). *The Cost of a Cohort of Young Offenders to the Criminal Justice System*.
- NAO (2011). Ministry of Justice. *The Cost of a Cohort of Young Offenders to the Criminal Justice System*.
- National Transition Support Team and the Transition Support Programme NBC. (2009). *How to' Guide: How to Support Young People with Learning Disabilities and Mental Health Issues*.
- NEF (2010). *Punishing costs: How locking up Children is Making Britain Less Safe*. Retrieved May 5th, 2011, from: http://www.neweconomics.org/sites/neweconomics.org/files/Punishing_Costs.pdf.
- NICE. (2007). *Interventions to Reduce Substance Misuse Among Vulnerable Young People – Costing Report*.

- Patterson, G. R., DeBaryshe, B. D. and Ramsey, E. (1989). A Developmental Perspective on Antisocial Behaviour. *American Psychologist*, Vol 44(2).
- Pawson, R., & Tilley, N. (1997). *Realistic Evaluation*. London: Sage.
- Phillipotts, G., J., O. and Lancucki, L., B. (1979). *Previous convictions, Sentence and Reconviction: A statistical study of a sample of 5000 offenders convicted in January 1971*. Home Office Research Study No. 53. London: HMSO.
- Prenoveau, J. M., Craske, M. G., Zinbarg, R. E., Mineka, S., Rose, R. D. & Griffith, J. W. (2011). Are anxiety and depression just as stable as personality during late adolescence? Results from a three-year longitudinal latent variable study. *Journal of Abnormal Psychology*, 120, 832-843
- Prime, J., White, S., Liriano, S. & Kinnari, P. (2001). Criminal Careers of Those Born between 1953 and 1978. *Home Office Statistical Bulletin 4/01*. London: HMSO.
- Prison Reform Trust (2010). *Seen and Heard: supporting vulnerable children in the youth justice system*. London: Prison Reform Trust.
- PSSRU. (2010). *Unit Costs of Health and Social Care*.
- Rojek, D. (1986). Juvenile Diversion and the Potential of Inappropriate Treatment for Offenders. *New England Journal of Criminal and Civil Confinement* 12(2): 329-347.
- Sainsbury Centre for Mental Health. (2009). *The Chance of a Lifetime: Preventing Early Conduct Problems and Reducing Crime*.
- Scott, S., Knapp, M., Henderson, J. and Maughan, B. (2001) Financial Cost of Social Exclusion: Follow Up Study of Antisocial Children into Adulthood. *BMJ* 323:191.
- Sentencing Guidelines Council (SGC). (2009). *Overarching principles – sentencing youths, Definitive Guideline*. London: Sentencing Guidelines Council.
- Sexton, T., L & Alexander, J., F. (1999). *Functional Family Therapy: Principles of Clinical Intervention, Assessment, and Implementation*. Henderson, NV: RCH Enterprises.
- Sheldon, G., Hall, R., Brunson, C., Charlton, M., Alvanides, S., & Mostratos, N. (2002). *Maintaining Basic Command Unit and Crime and Disorder Partnership Families for Comparative Purposes*. London: Home Office.
- Sherman, L. W., Gottfredson, D. C., MacKenzie, D. L., Eck, J., Reuter, P., & Bushway, S. D. (1998). *Preventing Crime: What Works, What Doesn't, What's Promising*. Washington DC: National Institute of Justice.
- Simourd, L. A & Andrews, D.A (1994) *Correlates of Delinquency: A Look at Gender Differences*. Forum on Correctional Research, 6, 26-31.
- Skowra, K. & Powell, S. D. (2006). *Juvenile Diversion: Programs for Justice-involved Youth with Mental Health Disorders*. Delmar, NY: National Center for Mental Health and Juvenile Justice (NCMHJJ). Research and Program Brief, June 2006.
- Smith, D. (2000). 'The limits of positivism revisited'. A paper presented at the ESRC-funded seminar series *Theorising Social Work Research*. <http://www.nisw.org.uk/tswr/smith.html>.
- Solomon, E. & Garside, R. (2008). *Ten years of Labour's youth justice reforms: an independent audit*. London: Centre for Crime and Justice Studies, King's College London.
- Stanford, R. (1984). 'Implementing the Multi-goal Evaluation Technique in Diversion Programs'. In *Juvenile Justice Policy: Analyzing Trends and Outcomes*, edited by S. Decker. Beverly Hills, CA: Sage.
- Summerfield, A. (2011). *Children and Young People in Custody 2010–11. An analysis of the experiences of 15–18-year-olds in prison*. London: HM Inspectorate of Prisons & Youth Justice Board.
- Teddle, C., & Tashakkori, A. (2003). Major Issues and Controversies in the Use of Mixed Methods in the Social and Behavioural Sciences. In A. Tashakkori & C. Teddle

- (Eds.), *Handbook of Mixed Method in Social and Behavioural Research* (pp. 3-50). London: Sage.
- The Prince's Trust (2007). *The Cost of Exclusion Counting the Cost of Youth Disadvantage in the UK*.
- Trochim, W. M. (2000) The Research Methods Knowledge Base (2nd ed.) Available online at: <http://www.socialresearchmethods.net/kb/>.
- Vincent, G. M., Grisso, T. & Terry, A. (2007). Mental health screening and assessment in juvenile justice. In C. L. Kessler & L. J. Kraus (eds.), *The Mental Health Needs of Young Offenders: Forging Paths towards Reintegration and Rehabilitation*. Pp. 270-287. Cambridge: Cambridge University Press.
- Whitehead, J., T. & Lab, S., P. (2006). *Juvenile Justice: An Introduction*. Fifth Edition. Cincinnati, OH: Anderson Publishing.
- Whynes, D. (2004). Economics of cancer screening programs. *Expert Review Pharmacoeconomics Outcomes Research*, 4(1), 61-69.
- Woolfenden, S., Williams, K.J. and Peat, J. (2001). Family and Parenting Interventions in Children and Adolescents with Conduct Disorder and Delinquency Aged 10-17. Cochrane Database of Systematic Reviews.
- Youth Justice Board (2003). *Screening for mental disorder in the Youth Justice system: Supporting notes*. London: Youth Justice Board for England and Wales.
- Youth Justice Board. (2005). *Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community*.
- Youth Justice Board. (2005). *Risk and Protective Factors*. London: YJB.
- Youth Justice Board. (2006). *Barriers to engaging in education, training and employment*. London: YJB.
- Youth Justice Board. (2008). *Annual Report and Accounts 2007/08*. London: Youth Justice Board.
- Youth Justice Board. (2010). *Annual Report and Accounts 2009/10*.
- Youth Justice Board. (2011). *Youth Justice Statistics 2009/10 England and Wales Youth Justice Board/Ministry of Justice Statistics Bulletin*.