Introduction

The project on which this paper is grounded is the first in-depth empirical study of the impacts of COVID-19 on *each* stage of the English and Welsh Youth Justice System[1]. The Greater Manchester (GM) region of North-West England served as a case study area. This paper focuses on the key findings to emerge about the impact of COVID-19 on justice-involved children's mental health. It draws on findings from interviews across the GM region with youth justice professionals including legal professionals, custody staff, Youth Offending Team (YOT) staff, children working with YOTs and children in custody.[2] The intention of this paper is two-fold: first to explore the impact of the pandemic on justice-involved children's mental health; and second, to initiate a discourse to re-envision the function of Youth Justice Systems so that they recognise and respond to children's mental health needs. While the findings concentrate on experiences in England and Wales as an exemplar of the impact of COVID-19 on justice-involved children's mental health and well-being, they are presented in the context of the experiences of Youth Justice Systems across the globe.

Children's Mental Health during the COVID-19 Pandemic: a global perspective

The mental health of children and young people across the globe remains a critical issue. Indeed, Goal 3 of the United Nation's (UN) 17 Sustainable Development Goals for 2030 is 'Good Health and Well-Being'. Mental health is therefore a right that UN member states have an obligation to protect (United Nations 2022). In the recent *State of the World's Children* report published by UNICEF, figures illustrate that an estimated 13 per cent of young people aged 10-19 have a diagnosable mental health disorder (UNICEF 2021a). There are stark differences between countries; prevalence rates of diagnosed disorders are highest in the Middle East and North Africa, North America, and Western Europe (UNICEF 2021a:10). In some of the world's poorest countries, governments spend less than US$1 a person treating mental health conditions (UNICEF 2021a:11). In 2022/23, the United Kingdom's National Health Service (NHS) committed to spending £13.29 billion on mental health (Baker and Kirk-Wade, 2023). The long-term impacts of mental health disorders are striking; research suggests a link between poor educational, economic, and developmental outcomes amongst children and young people (Ribeiro et al. 2022). The estimated annual societal cost of mental health disorders is approximately US$340.2 billion purchasing power parity adjusted (PPP) dollars (UNICEF 2021a).

The COVID-19 pandemic intensified the global crises of children's worsening mental health, primarily because of lockdowns, social distancing requirements and school closures. UNICEF warned that, 'at least 1 in 7 children – or 332 million globally – has lived under required or recommended nationwide stay-at-home policies for at least nine months since the start of the COVID-19 pandemic, putting their mental health and well-being at risk' (UNICEF 2021b). A survey administered by the World Health Organisation (WHO) in 2020 found that the pandemic had disrupted or halted critical mental health services in 93 per cent of countries worldwide, while the demand for mental health support is increasing (WHO 2020). Furthermore, the survey found that mental health services for children and adolescents were disrupted in more than two thirds of the 130 countries surveyed, while school mental health services were disrupted in almost four out of five countries.

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[1] United Kingdom devolution has involved the transfer of some aspects of state power from central government to sub-national jurisdictions. The English and Welsh Youth Justice System is a separate jurisdiction to the rest of the United Kingdom. It works with children aged 10-17.

[2] A YOT is a multi-agency team that is co-ordinated by a local authority and overseen by the Youth Justice Board for England and Wales. They are a statutory service and engage with a wide variety of work with young people between 10 and 18 years of age in contact with each stage of the Youth Justice System

A systematic review of the mental health impacts of the COVID-19 pandemic on children and youth presenting data on 116 articles involving a total of 127,923 children and adolescents from across the globe; found a high prevalence of COVID-19-related fear among children and adolescents, as well as more depressive and anxious symptoms compared with pre-pandemic estimates (Samji et al. 2022). Older adolescents, girls, and children and adolescents living with neurodiversities and/or chronic physical conditions were more likely to experience negative mental health outcomes. Studies reported mental health deterioration among children and adolescents due to COVID-19 pandemic control measures. Physical exercise, access to entertainment, positive familial relationships, and social support were associated with better mental health outcomes (Samji et al. 2022).

Results from a study focusing on the effects of COVID-19 restrictions on physical activity and mental health of children and young adults with physical and/or intellectual disabilities, found that 90 per cent of parents and carers reported a negative impact on their child's mental health, including poorer behaviour and social and learning regression (Theis et al. 2021). Public health directives such as lockwdowns and 'stay at home' advice supported the physical safety of children however, for children with Special Educational Needs and Disabilities (SEND) and those with neurodiversity, the psychological implications of the pandemic, including worsening mental health are likely to have long term impacts (Armitage and Nellums 2020; Canning and Robinson 2021).

Children's worsening mental health remained the most common concern throughout the pandemic in the UK. By way of context, prior to the pandemic, children's mental health services had been severely impacted by over a decade of austerity. By 2017 one third of children's mental health services faced either downsizing or closure (Griffiths, 2019). In 2020, the United Kingdom was placed 27 out of 38 developed countries when recording children's mental well-being, physical health and academic and social skills (UNICEF, 2020). The UK mental health charity, Young Minds, conducted the first UK survey of the impact of the pandemic on children with mental health needs. Completed in March 2020 by 2,111 children with a history of mental health needs, 32 per cent agreed that the pandemic had made their mental health much worse, with 51 per cent agreeing that it had made their mental health a bit worse (Young Minds 2020). In a further survey undertaken by Young Minds in January 2021, 83 percent of children reported that the pandemic had made their mental health worse, and 67 per cent of respondents believed that the pandemic would have a long-term negative effect on their mental health (Young Minds 2021).The Royal College of Psychiatrists' analysis found that referrals to children and young people's mental health services for 0-18 year olds increased by 134 per cent in 2021 compared with the previous year (Royal College of Psychiatrists 2022).

A Forgotten Group? The Impact of COVID-19 on Justice-Involved Children's Mental Health

When compared to children in general populations, those entering Youth Justice Systems are much more likely to have experienced childhood adversity (XXX 2023; Martin et al. 2022; Fox et al. 2015). Furthermore, there is a relationship between Adverse Childhood Experiences (ACEs) such as physical and emotional abuse, neglect, and the witnessing of domestic abuse and poor mental health (see Felitti et al. 1998 for a comprehensive account of ACEs). Fox et al. (2015) and Perez et al. (2018) found that, while single ACEs did not increase the risk of developing mental health illnesses, the accumulation of multiple, different forms of ACE created an association between ACEs and mental health illness in justice-involved children. This has found to be the case for both internalised mental health illnesses, such as anxiety and depression, and externalised illnesses such as intermittent explosive disorder (Turner et al. 2021). ACEs can also increase the chances of a child having three or more neurodivergent conditions (Kirby 2021). Neurodivergence refers to the group of conditions that fall under the broader category of neurodevelopmental disorders, such as attention deficit hyperactivity disorder (ADHD)

(XXX, 2023). A Criminal Justice Joint Inspection Review (2021:8) noted that, perhaps half of those entering prison could reasonably be expected to have some form of neurodivergent condition'. Indeed, individuals with mental health needs are disproportionately represented at all stages of the criminal justice system (Vogel et al. 2014). In the United States, approximately, 70 percent of children in the Juvenile Justice System has at least one mental health condition, while 20 per cent suffer from severe mental illness (Office of Juvenile Justice and Delinquency Prevention 2017). Similarly in the English and Welsh Youth Justice System statistics illustrate a disproportionate amount of children with mental health needs in custody, with 1 in 3 children in prison having un-met needs, including physical, mental, emotional, health and speech and language communication needs and neuro-disabilities (Commission on Young Lives 2022). Given the established evidence of the mental health needs of children in Youth Justice Systems pre-pandemic, the impact of COVID-19 on mental health is likely to be acute.

We need to understand this impact in the wider context of the foundations of Youth Justice Systems. With a few exceptions, such as Scotland, Belgium and the Scandinavian countries, whose systems can be described as fundamentally underpinned by the principles of welfare and care and a recognition of children's ACEs (Lappi-Seppälä and Tonry 2011; McAra and Young 1997; Walgrave 2002), Youth Justice Systems across the globe are primarily reductionist and influenced by risk management, the responsibilisation of children and populist punitiveness (Phoenix 2016; Muncie 2009; Goldson 2010). That said, a Child First approach to Youth Justice in England and Wales has gained considerable traction over the last decade (Case and Haines, 2021). Central to this approach is a belief that children are part of the solution and not the problem. The 2016 Taylor Review of the English and Welsh Youth Justice System called for 'a system in which young people are treated as children first and offenders second' (Taylor, 2016:48). As such, the Child First model inherently advocates for the participation of children and young people in decision-making and intervention processes based on their lived experiences. The model has been put in practice by the co-production (with justice-involved children) of the Participatory Youth Practice (PYP) framework (xxx, 2020, XXX, 2021, XXX, 2022). PYP has been embedded in Youth Justice practice across England. It consists of eight principles, including, let children participate (in decision-making), always unpick why (they have offended) and acknowledge their limited life chances. Nonetheless, the pandemic serves as a stark reminder that the rhetoric of Child First is not yet a reality (XXX, 2022).

Given that the evidence-base establishes a clear link between ACEs, mental health and involvement with Youth Justice Systems, and research suggests a worsening of children's mental health during the pandemic, the time is ripe to re-think the under-pinnings of Youth Justice Systems. Public Health approaches to addressing youth offending are becoming increasingly considered as an alternative to systems predicated on risk management and punitiveness (Gordon et al. 2021). Described as seeking, 'to improve the health and safety of all individuals by addressing underlying risk factors', public health approaches are underpinned by four steps: consolidation of robust evidence; determining the causes and correlates of offending behaviour; robust evaluation of interventions; and implementing appropriate interventions in a variety of settings (WHO 2021b). The approach is antithetical to most Youth Justice approaches – it is evidence-based rather than driven by populism or ideology (Fraser and Irwin-Rogers 2021).

The 'over-night' impact of the pandemic on Youth Justice Systems revealed that they were ill-prepared to cope, leading to a proliferation of mental health needs experienced by justice-involved children, exacerbated by a lack of services provided in the community, solitary confinement in the custodial estate and substantial delays to court cases (XXX 2021). There is an urgent need to develop a clear understanding of the impact of the pandemic on justice-involved children's mental health.

Methods

GM served as a case study area for the project. The project commenced in November 2020, a period in which the GM region was under Tier 4 COVID-19 restrictions.[3] Ethical approval was granted by the XXX's Research Governance Committee.

A total of 106 interviews were undertaken with Youth Justice professionals. There are nine YOTs across the GM region, 77 semi-structured interviews were carried out with professionals across the teams between January and May 2021. They involved a variety of staff including, heads of Youth Justice Services, operational managers, police officers, speech and language therapists, school nurses, reparation workers, counsellors, mental health workers, YOT officers and drugs and alcohol intervention workers. Additional ethical approval had to be obtained from His Majesty's Court and Tribunal Service (HMCTS) to gain approval to include legal professionals in the research. HMCTS would *not* grant permission for us to include Magistrates or Judges, therefore between May-July 2021 interviews were undertaken with 14 legal professionals including seven Crown Prosecutors, three Defence Advocates and four Legal Advisors from the Youth Courts across the GM region. Furthermore, ethical approval was obtained from His Majesty's Prison and Probation Service (HMPPS) to include professionals and children in the custodial estate. Two secure establishments were involved in the research, a Youth Offending Institute[4] (referred to as YOI X) and a Secure Children's Home[5] (referred to as SCH A). The research in SCH A was undertaken between March 2021 and November 2021. It involved interviews with seven members of staff including managers, intervention staff and nurses. Between November 2021 and January 2022, 15 interviews were undertaken with staff at YOI X including senior governors, wing staff and education staff. Guides for all the professional interviews included discussions about adaptations to service provision and delivery, impacts on partnership working, changes to individual roles and short and long-term challenges for their respective organisations in a post-COVID-19 world.

39 children were involved in the research. They were aged between 16 and 17 and over half were from racially minoritised backgrounds. Eleven boys supervised in the community by a GM YOT during the pandemic were involved in three face-to-face community participatory workshops. Each workshop lasted for approximately five hours and incorporated sporting activities (football, rugby, and boxing), along with interactive discussions of their experiences of Youth Justice Services during the pandemic. 22 boys were involved in the research at SCH A. Due to social distancing requirements, 15 children were interviewed via Zoom. During a period of the easing of social distancing restrictions, seven boys took part in three participatory workshops held on site. The workshops lasted for approximately two hours. Six boys were involved in a participatory workshop in YOI X. Loose themes rather than structured interview guides were used with children. Themes included: feelings of safety, experience of isolation, changes to the regime (including education) the transmission of COVID, contact with family and friends and an exploration of changes to custody that could be made post-pandemic.

Analysis

SPSS was used to analyse the survey and present descriptive statistics. The analysis of interviews was undertaken thematically, following the guidance from Braun and Clarke (2012). The interview transcripts were read by two of the research team to familiarise themselves with content, after which,

[3] Tier 4 restrictions comprised a 'stay at home' directive allowing only essential activities.

[4] YOIs are a type of secure accommodation that children may be placed in if they are in custody. They are for boys aged 15-17 and young adult men aged 18-21.

[5] SCHs care for vulnerable children in high quality, safe and therapeutic environments. They provide placements for boys and girls aged between 10 and 17 and include full residential case, educational facilities and healthcare provision.

each transcript was redacted to ensure anonymity. A coding tree was devised using NVivo software which led to the development of a list of codes that reflected the themes in the interview and workshop guides. The data in these codes were grouped together to explore connections between the codes. We analysed materials generated from the workshop recordings alongside the transcripts. Using inductive and deductive theorising we used broad search terms such as COVID-19, mental health, YOTs, social distancing, friends, family and police as topics for inquiry.

Findings: The Impact of COVID-19 on Justice-Involved Children's Mental Health

The adverse impact of the pandemic on justice-involved children's mental health was a significant and recurring theme in this research. The findings are set out in sub-sections reflecting the different stages of the Youth Justice System from YOTs to courts to custody.

Children's Experiences of YOT Provision

Substantial adaptations were made to English and Welsh YOTs' service provision and delivery during the pandemic (see XXX 2021; Her Majesty's Inspectorate of Prisons 2020). This included pivoting from face-to-face contact to remote contact with children, home working and the reduction of some services and provision. YOTs across the GM region adapted quickly to the challenges of the pandemic. During the first national lockdown between March–July 2020, each GM team embarked on a process of prioritising children through ratings based on their vulnerability and risk through the completion of RAG ratings[6]. Children considered high-risk (either of risk to others or themselves) were prioritised and adaptations to their care were made accordingly, including face-to-face visits if permissible.

Adaptations and reductions in specialist statutory and non-statutory support came at a time when children were at their most vulnerable. The gap between the availability and demand of children and young people's mental health services has continued to widen during the pandemic. The Centre for Mental Health has estimated that 1.5 million children and young people in England will need either new or additional mental health support because of the pandemic (Care Quality Commission, 2020/21). YOT professionals spoke of their safeguarding concerns during lockdowns, with children isolated in their homes with family members in crisis, not attending school, and lacking interaction with friends and peers. A nurse attached to a YOT explained,

> "We've got a lot of young people under YOT whose home life is difficult. You know, they might be living with domestic violence, parental mental health… I think we underestimated how much of a protective factor as well education is and schools are safe places for those young people. And once we removed that, it was very difficult. … in my role in YOT, those health services that they might need, it's been a lot more difficult for them to get, if not impossible." (Nurse, GM YOT)

There was widespread agreement amongst YOT professionals that mental health issues that would have been viewed as 'minor' pre-COVID rapidly escalated into 'crisis' situations during the pandemic. For instance, there was a 47 per cent increase in the number of new emergency referrals to crisis care teams in under-18-year-olds between December 2019 and April 2021 (House of Commons Health and Social Care Committee 2021). GM YOT staff reflected on the escalation of mental health issues that had led to attempts of self-harm and suicide amongst children they were working with.

[6] In health care and safeguarding settings, RAG ratings (Red Amber Green) are undertaken to ensure that the most urgent cases are dealt with first. Red denotes serious cases that need prioritising, Amber denotes there are issues that could escalate to Red and Green denotes no serious issues.

> "What we've seen longer-term is the presentation of emotional ill-health with young people and self-harm and suicide attempts by the end of the year and just at the start of this year, from older teenagers." (Head of Service, GM YOT Interview)

Some GM YOTs have dedicated mental health provision as part of their team, for example, professionals attached to a YOT from related services such as Children and Adolescent Mental Health Services (CAHMS).[7] Other teams 'buy in' services from local mental health charities. Offering specialist mental health support to children during the pandemic was more challenging due to the sensitive and often confidential nature of their work. While generic welfare checks of children could be done on the doorstep and certain interventions conducted remotely, mental health practitioners were adamant that their specialist provision worked best on a face-to-face basis in a clinical office.

> "Video contact is useless when it comes to mental health. I don't care what people say, it's only good for me if you know the young person. There's nothing takes away that face-to-face with somebody." (Mental Health Worker, GM YOT).

During national lockdowns, specialist assessments of children, such as speech and language, autism, and mental health illnesses, for example, depression and anxiety were typically conducted remotely over the phone or video call. Health professionals and YOT practitioners were clear that safeguarding issues, and important signs that would ordinarily inform a specialist assessment may have been missed.

> "You're having a view, but like things like, you know, neglect issues, you can't see properly, the level of detail, you can't see the physical state of the children properly, you can't smell them. You don't get the level of detail that you actually need to safeguard these children properly without seeing them face-to-face… you don't get to see the little, the facial expressions, the indicators that might suggest that something's not right." (Speech and Language Therapist, GM YOT).

International research in the field of probation services has illustrated the detrimental impact of remote working. While efficiency savings were noted, the challenges of remote service delivery outweighed any benefits (Lockwood et al. 2023). Indeed, there remains very little evidence of the efficacy of remote supervision systems. For example, in an evaluation of telephone supervision with low-risk adults, Viglione and Taxman (2018) found that the removal of face-to-face interaction between supervised individuals and probation staff was the biggest challenge for probation officers. Officers went as far as refusing telephone contact and/or avoiding telephone supervision.

Courts

Few courts were prepared for a pandemic (Baldwin et al. 2020). Like the experience of YOTs, substantial adaptations were made to court processes, including the use of remote hearings, the prioritisation of cases (cases involving children were prioritised) and the moving of youth court spaces into alternative buildings, such as adult courts (see XXX 2023). Delays in the Youth Courts in England and Wales were a pre-existing problem which COVID-19 exacerbated. For example, by the end of June 2020, Her Majesty's Crown Prosecution Inspectorate (2021) reported the back-log of children awaiting court had increased by 55 per cent compared with the same period in the previous year. The most recent Youth Justice statistics for England and Wales illustrate that the average time from offence to completion at court was 217 days, only four days lower than the previous year and well above pre-pandemic levels (Youth Justice Board 2023).

[7] CAMHS are services that support children experiencing poor mental health. They can work with schools, charities and local authorities. It is a free service run by the NHS

According to GM legal professionals the impact of delays to hearings was most keenly felt to impact children's mental health. The prospect of having a case hanging over a child for an inordinate period was recognised as detrimental to a child's mental health and their engagement with relevant services.

> "I think I had one case where he was about to be sentenced for quite a serious offence. He was very, very, nervous about it. And he was due to be sentenced, I think the week that COVID struck. And then obviously it gets put off. So, he had it over his head, I think, for about eighteen months, two years already and then it got put off for another couple of months. And it was just… for him it was hell because it was another two months of not knowing if he was going to go to prison or not." (GM Defence Solicitor)

Children corroborated the concerns of professionals. For those children in the custodial estate who described their literal journey through the courts to custody, the delays and adjournments to their court cases was a constant source of anxiety. The quote below from a 16-year-old boy serving a sentence in SCH A who took part in a workshop illustrates this.

> "So, last year January I got arrested and that. I got bailed and I got put on tag.[8] I was meant to get sentenced in March last year. But then lockdown happened. Then they kept adjourning my whole case for like…my case went on for longer. See, I was on, like, tag for fourteen months and that. And they just kept adjourning it for fourteen months and then I got sentenced this year innit."

When asked to focus on the long-term challenges for Youth Justice Systems post-COVID, legal professionals included the impact on children's mental health in their responses.

> "I think there will be huge issues that youth justice will have to tackle or will try and tackle. Mental health issues, I imagine will go through the roof. You know, these young people have probably… well, not probably, some have been locked down, you know, in abusive families and, you know, without friends and without teachers and without CAMHS and without Youth Justice and Social Services stepping in. I think that could potentially be, you know, an epidemic of its own, you know, the mental health of the country. But in terms of youths, their development as well educationally and socially, I think, will be a big problem." (GM Crown Prosecutor)

Concerns were raised that a whole generation of children may have missed a formal mental health diagnosis because of school closures and a lack of service provision. This will likely have long-term consequences for wider society, and particularly for justice-involved children.

> "I suspect there are young people, an awful lot of people, young people who appear in the Criminal Justice System or within the Criminal Justice System have problems, mental health problems and things of that kind. I dare say those will have gone undiagnosed and untreated, and society I'm afraid will still be feeling the effects of that in five or six years' time as they get older." (GM Defence Solicitor)

The concerns of legal professionals are particularly troubling when evidence detailed earlier in this paper illustrates the relationship between ACEs and poor mental health. Coupled with the high prevalence of ACEs and neuro-divergence amongst justice-involved children and the cuts to children's mental health services, the findings demonstrate the need for a significant commitment from the Youth Justice System to addressing the mental health vulnerabilities of children. The UN Convention on the Rights of the Child stipulates that everyone in court has a duty to have the best interests of the child as

[8] Electronic monitoring known as 'tagging' is used in England and Wales to monitor curfews and conditions of a court or prison order.

a primary consideration (UNCRC 2019). This emphasis was severely lacking during the pandemic. It has provided a timely opportunity for a review of the functionality of youth courts across the globe (XXX 2023).

Custody

The exact number of children across the globe detained in custody/detention is unknown (UNICEF 2021). However, in a review of global data, UNICEF estimated that in 2020 261,200 children were estimated to be in detention on any given day (UNICEF 2021: 14). In England and Wales recent figures for 2021/2022 illustrate that there was an average of around 450 children in custody at any one time during the year (Youth Justice Board 2023). The prevention of COVID contagion was the prime focus of the custodial estate in England Wales. The response was underpinned by three core objectives: preservation of life; maintaining security, stability and safety; and providing sufficient capacity in the secure estate (see Harris and Goodfellow 2021). On one level these objectives are understandable however, given the evidence demonstrates that 1 in 3 children in custody have un-met mental health needs (Commission on Young Lives 2022) the response failed to account for these specific needs. Indeed, HM Inspectorate of Prisons (2021) raised concerns about insufficient mental health support 'at a time of heightened anxiety', including limited specialist secondary mental health services. It is likely that the pandemic laid bare the impact of austerity and subsequent cuts to mental health services in the custodial estate. Evidence suggests that the 30 per cent reduction in prison staff between 2009 and 2017 had a detrimental impact on the provision of health care services (Ismail, 2022). Furthermore, in 2017, the National Audit Office's report on 'Mental Health in Prisons' noted that, 'Government does not know how many people in prison have a mental illness, how much it is spending on mental health in prisons or whether it is achieving its objectives.' (National Audit Office: 2017:7).

Staff at YOI X confirmed that external interventions and services such as healthcare and CAHMS were withdrawn during the earlier stages of the pandemic but by December 2021 (approx. 21 months after the UK's first national lockdown) health care regimes, including mental-health provision had resumed to near normal capacity. The adaptations to YOI X's regime and reductions in specialist statutory and non-statutory support came at a time when children in custody were arguably at their most vulnerable. A report by the Independent Monitoring Board[9] (IMB) focusing on YOIs during COVID, raised significant concerns about the withdrawal of mental health services for children and the back-log this would likely have for one-to-one therapeutic work after the lifting of COVID restrictions (Independent Monitoring Boards 2021). These concerns resonated with YOT professionals who had been working with children in YOI X prior to lockdowns. They spoke in detail about the impact on children and their mental health and well-being. They expressed serious concerns about the withdrawal of services and interventions.

> "They're not having access to offending behaviour courses, to mental health services, when perhaps they need them the most, it's been quite a challenge for the boys but also for us as professionals to sit by and watch that happen, without being able to do anything about it. I think that's been the biggest challenge really, access to young people who are in custody and our concerns for their wellbeing." (GM YOT Case Manager)

In contrast to YOI X, SCH A recognised health and mental health support as an essential service throughout the pandemic. A doctor and nurse were on site throughout the week and psychiatry services were also available weekly. They further reported that most children under their supervision had coped well mentally throughout the pandemic.

[9] The IMB provides independent oversight of prisons in England Wales

The Joint Committee on Human Rights told the UK government that children must not under any circumstances be subject to restrictions amounting to solitary confinement (the internationally accepted definition of solitary confinement is the physical isolation of individuals who are confined to their cells for twenty-two to twenty-four hours a day). At the height of lock-down directives, children were spending between 22 and 23 hours in their cells. Charlie Taylor (His Majesty's Chief Inspector of Prisons) commented, 'The cumulative effect of such prolonged and severe restrictions on prisoners' mental health and well-being is profound' (HM Inspectorate of Prisons 2021). The imposition of restrictions varied between YOI X and SCH A. Restrictive measures in YOI X consisted of keeping children in their cells for 23 hours per day. Staff spoke with candour about the challenges of offering children any respite from solitary confinement. There were periods when YOI X was severely understaffed due to COVID cases.

> "I remember coming in one Sunday and there only being 20-odd staff in the jail and the only thing we could do is give them (the children) their breakfast and their lunch and their dinner and there was nothing else we could give them, basically, we couldn't give them fresh air." (YOI X Practitioner)

The impact of isolation on children's pre-existing mental health diagnoses was mentioned by several GM YOT professionals. The extract below illustrates this.

> "I had a young man who was on methylphenidate. When he went in (to YOI X) I emailed them his prescription, you know, his clinic letters, and it took three days for him to get methylphenidate prescriptions. And in that time, he was put on an isolation wing, and he still had no medication, and more or less 23 hours a day in his cell. And I'm thinking, "Oh my God, this is a kid who's got a history of self–harm, suicide attempts, trauma, ADHD, and he's in a cell for 23 hours a day, on his own, unmedicated." (CAMHS Practitioner, GM YOT, Interview)

New entrants (children entering custody during national lockdowns) were kept separate from other children. In SCH A, while the regime was less restrictive, children had to isolate alone in their rooms on entry to the establishment for 14 days. They expressed how difficult they found it, highlighting feelings of isolation and loneliness when in quarantine and spoke about the impact it had on their health and wellbeing.

> "It's just difficult … Honestly, I felt like, you know, I was all alone. I couldn't speak to anyone. I could speak to family and stuff (on the phone) whilst I was in my room, but it's not the same as face-to-face. [Pause] I was on my own for, like, every day except, like, one or two hours when I could go out for exercise. And I honestly, just don't want that to happen again because I don't know what I'd do… I was angry at the fact that I had to isolate. I was really sad that I couldn't talk to anyone." (16-year-old child)

Some children expressed concerns about mixing after prolonged periods in rooms without regular enrichment activities. Restrictions on physical activity during the pandemic have found to have a negative impact on the mental health of children with physical and/or intellectual disabilities (Theis et al. 2021). The restriction on leisure activities within secure settings is more pronounced when considering that prolonged isolation is detrimental to the mental health and neurological development of youth, particularly those with a history of trauma (Dierkhising et al. 2013). Furthermore, the loss of activities was difficult for children to tolerate. They found it claustrophobic, and it impacted on their wellbeing causing boredom and frustration.

> "I think the restricted activities is really difficult because we have to be in conjunction with Public Health England who give us all the advice and they (children) say to us "why can't we do this?" When they get bored that's when they get stressed out about things because activities in the evening is how they release anxieties and take their mind off things." (SCH A, Practitioner)

HM Inspectorate of Prisons' reports on custody during COVID-19 highlighted that children's main complaint to the Prison Inspectorate was the suspension of social visits (HM Inspectorate of Prisons, 2020b). The withdrawal of visits had a 'dramatic' and 'significant' impact on many children, many were concerned and frustrated about not seeing parents (HM Inspectorate of Prisons, 2020b). Even when children were allowed a physical visit, they chose not to due to the requirements of social distancing (contact was had behind a screen). The following conversation with a 16-year-old child in YOI X illustrates their experiences.

P = Participant I = Interviewer
"P: I've only had one visit when I was in here.
I: And how long have you been here?
P: Two years.

Children in SCH A also reported various issues with visiting including lengthy periods without seeing family members, visits not taking place due to family members shielding and COVID-19 tiered systems preventing travel between geographical areas.

> "So, basically my mum's scared to come and see me and that because of COVID... And my mum, like… I want to see my mum but I can't. And she can't even get to us. She can't get to us safely, … It makes me feel like I'm here all alone, and COVID's happening as well." (16-year-old child)

The Justice Select Committee stated it is 'not yet clear' what the effect of regime changes has been on children's mental health (Justice Select Committee 2022). Given that mental health services were impacted by cuts to funding pre-COVID and subsequently withdrawn in the children's secure estate for lengthy periods of time during the pandemic, it is likely that the significant back-logs of referrals that were of concern to the IMB will be acute (Independent Monitoring Boards 2021).

Discussion

This paper has two aims. The first, exploring the impact of COVID-19 on justice-involved children's mental health has been addressed by the rich and detailed findings presented in the paper. It turns now to the second aim, initiating a discussion about the role of Youth Justice Systems in recognising and responding to children's poor mental health and well-being. The findings have demonstrated that the 'over-night' impact of the pandemic had serious consequences for the mental health of justice-involved children at *each* stage of the Youth Justice System. Contagious disease control guided the adaptations made at the expense of recognising and acting on the impact on children's mental health (Buchanan et al. 2020; Lynch and Liefaard 2020).

There have been calls for holistic Public Health approaches as alternatives to Youth Justice Systems predicated by the management of risk (McAra and McVie 2021; Gordon et al. 2021). Such approaches require government departments including justice, health, education, housing, to work with 3rd sector organisations, grass-root organisations, and local authorities, to develop approaches that identify disadvantage across communities rather than concentrating on 'risky' children. Returning to the four

steps of a Public Health approach (WHO 2021) outlined earlier, the first step, consolidation of robust evidence has been met. An abundance of research and evidence exists which demonstrates that justice-involved children have a high prevalence of mental health illnesses (see Office of Juvenile Justice and Delinquency Prevention 2017; Commission on Young Lives 2022). The second step, determining the causes and correlates of offending behaviour, has also been determined. For instance, there is robust evidence to demonstrate the correlation between children's experiences of trauma and ACEs and subsequent offending behaviours (specifically violent offences) (see XXX 2023). Furthermore, there is evidence of the co-morbidity of ACEs and poor mental health (Fox et al 2015). The third and fourth steps: robust evaluation of interventions; and implementing appropriate interventions in a variety of settings, remain under-developed. However, there is an overwhelming amount of evidence showing the effectiveness of early prevention and intervention for improving mental health among children and young people (Early Intervention Foundation. 2021). Early prevention would have the cumulative effect of enabling an in-depth understanding of the inter-secting experiences of children's trauma, adversity and disadvantage and the subsequent impact on children's pre-existing mental health illnesses when they enter the Youth Justice System (XXX 2023).

It is not the sole purpose of this paper to develop a Public Health approach for Youth Justice Systems, however, it is hoped that it will start a dialogue that recognises and addresses the prevalence of mental illness amongst justice-involved children. To be recognised and addressed, a global research programme evaluating and assessing the impacts of mitigation strategies used by Youth Justice Systems during the pandemic is needed. The research presented in this paper clearly illustrate the devastating impact for children of the withdrawal of mental health provision, the adaptations to service delivery and the adaptations to custodial regimes. Little is known about the longer-term effects of the pandemic on justice-involved children's pre-existing poor mental health and those whose mental health was adversely affected by COVID restrictions and adaptations. Without this evidence, it is likely that under similar circumstances, Youth Justice Systems will respond in similar ways.

A Public Health approach could be realised if developed in line with successful models of trauma-informed practice. Like trauma-informed approaches, which require 'all people at all levels of the organization or system [to] have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals' (SAMHSA 2014:9), the Youth Justice workforce could adopt a similar approach to mental health (this paper has emphasised the co-morbidity between trauma and mental health ill health). This in turn could present a viable framework for embedding mental health interventions into public health agencies and organisations ranging from education, housing, charities, and grass roots groups. Such an approach could also help realise a genuine commitment to Child First Justice.

To conclude, the COVID-19 pandemic could be described as a red herring. The pandemic did not create a mental health crisis, over a decade of austerity contributed to the current crisis. It did, however, exacerbate the crisis while laying bare the systemic failings of Youth Justice Systems across the globe to recognise and respond to children's mental ill health. In a post-pandemic climate, Youth Justice Systems should take note of their failings and state a commitment to building back better.

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