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# Improving healthcare in adult probation services: learning from Youth Offending Teams



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# Improving healthcare in adult probation services: learning from Youth Offending Teams

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## Abstract

This article reviews the development of the healthcare provision in youth offending teams (YOTs), and the implications of this for improving provision for adults supervised by probation. The *Crime and Disorder Act (1998)* made healthcare funding a statutory requirement in YOTs, and healthcare presence in most YOTs was significantly boosted by the collaborative commissioning initiative. There is no parallel commissioning initiative in adult probation services. Only a small proportion of NHS clinical commissioning groups make specific investment for this population. Pockets of healthcare provision in probation settings exist, but not consistently. We argue that this represents a major social inequality.

## Keywords:

Commissioning, healthcare, criminal justice, youth offending, probation

## Background

Health outcomes for children and young people in contact with the youth justice system are poorer than those for children and young people in the general population (Public Health England, 2019). Similarly, whilst arguably

there is a need for more research into the health needs of adults under probation supervision, existing research shows that the prevalence of many health needs is higher in this population than in adults in the general population (Brooker et al., 2012; Newbury-Birch et al., 2009; Pari et al., 2012; Phillips et al., 2018; Pluck and Brooker, 2014; Revolving Doors Agency, 2017; Sattar, 2003). Addressing health needs has been identified as a means of supporting desistance in both youth and adult populations. Consequently, to reduce health inequalities and (re)offending, it is important that individuals in the health and justice field have a detailed understanding of the health needs of these groups and any gaps in healthcare provision, or barriers to accessing provision, and are supported to work in partnership to ensure that the needs of these populations are met.

In this article, we first present a brief overview of the history of the development of youth offending teams (YOTs) in England and Wales, as detailed in policy and research papers, and in particular, the role of health workers within them. We then present findings from a study that provides an up-to-date picture of the extent of Clinical Commissioning Group (CCG) funded health workers in YOTs in England, and managers' descriptions of the role and its impact. Finally, we consider how learning from developments in healthcare is provision in YOTs could be applied to support the ambitions of the probation service in England and Wales to improve the health of adults under their supervision.

## The History of the Health Worker Role

Youth offending teams were established in the period 1998-2000 following the enactment of the *Crime and Disorder Act (1998)*. The Act made it the responsibility of each local authority to formulate and implement a youth

justice plan, which inter alia, would clarify the aims, objectives and funding for a youth offending team. The legislation made it clear that there was a basic minimum required for the composition of the YOT and the following members were enshrined in the law: an officer of a local probation board; a person nominated by the local clinical commissioning group; a person with experience of social work; a person with experience of education and a policeman. Thus, from the earliest establishment of YOTs there was a legislative requirement for at least one health worker to be a member of the YOTs.

**The Official Role and Function of YOTs**

The role and function of YOTs has developed and now, in England and Wales, it is a multi-agency team that is managed within Local Authorities, with the Youth Justice Board (YJB) having a role in reporting on the effectiveness of the youth justice system, including YOTs. A YOT will engage with young people and may perform several functions including setting up community services and reparation plans, providing pre-court interventions; attempting to prevent youth offending, recidivism and incarceration; and supervising those on community-based court orders or released from prison (Ministry of Justice 2020). They can also provide counselling and rehabilitation to those who do offend.

YOTs undertake a wide variety of work with under-18s in trouble with the law to achieve their aims. YOTs also supervise young people who have been ordered by the court to serve sentences in the community or in the secure estate. Sometimes, teams organise meetings between those in trouble with the law and victims to encourage apologies and reparation. Numerous factors can support ambitions around reducing offending and re-offending, including those relating to fields such as education and health. This underlines the need

for and benefit of a multi-agency approach. The multi-agency structure within YOTs facilitates work on addressing the health needs of the children and young people that they work with (Taylor, 2016).

All YOTs in England and Wales are subject to inspections by Her Majesty's Inspectorate of Probation and other inspectorates. A local government association commissioned report (MacLeod et al., 2010) looked at a total of 60 inspection reports – the reports for 57 Local Authorities and an additional three re-inspection reports. The majority of YOTs (n=40) were rated as adequate or above in relation to general performance. Management of the YOTs scored highly as did work in relation to custody and the courts. Poorer ratings were obtained for YOTs' work with the victims of crime. National performance indicators were examined as this analysis led the authors to conclude that:

> There appears to have been an improvement in performance in relation to levels of youth re-offending (from 2000 to 2007) and the proportion of young offenders engaged in Education, Training and Employment (ETE) (over the last three years) and accessing suitable accommodation (over the last three years). (MacLeod et al., 2010: vi)

The YJB commissioned the University of Oxford to create an assessment tool for YOTs in England and Wales. Alongside this the YJB compiled an expert panel to ensure that the tool would provide an assessment of several risk factors and needs associated with offending. Baker et al. (2003) provide an outline of the key requirements set by the YJB for the tool, including identifying key factors, predicting reoffending, identifying young people who present a risk of serious harm to others, identifying young people who are at risk of being harmed and identifying where a more in-depth assessment is required. Based on these criteria, a standardised assessment tool known as ASSET was created, which

included core sections on substance use, physical health, and emotional and mental health.

**Towards a Desistance-Informed approach**

In 2013, ASSET was superseded by ASSETPlus - a move that was intended to herald a change from the assessment of risk (of re-offending) towards a more desistance-informed approach (Hampson, 2017). In the desistance model the focus was to be on the accentuation of the positive in a young person's life, the building of social capital and the relationship between the YOT worker and the young person. Consequently, assessment focused more on 'foundations for change' rather than the previous actuarial assessment of risk to be found within ASSET. The areas of health formally assessed within ASSETPlus include speech, language, communication and neuro-disability; physical and mental health screening and alcohol use, with the latter being assessed using the Alcohol Use Disorders Identification Test (AUDIT).

More recently, in 2015 Deloitte was commissioned by the Ministry of Justice youth justice policy unit to undertake a stocktake to:

> …establish a picture of how the YOT model has evolved locally and nationally, including differences in organisational structures, funding arrangements and spending decisions, and ways of working. The Stocktake was also to consider how YOTs have responded to changing demand and the activities they undertake. (Deloitte, 2015: 2)

The study received an excellent response with over 130 YOTs (85%) responding to a national survey and discussions being undertaken with approximately 600 practitioners spread across a sub-sample of 20 YOTs. Findings suggested that the YOTs worked 'closely and effectively with partner agencies and in a holistic manner to take account of young people's wider needs' (Deloitte, 2015: 3). The numbers of First-Time Entrants (FTEs) into the system had reduced

considerably which had led to a reduction in average caseload for YOT workers from 21 to 11. Funding from the YJB also decreased by 20% which had reduced the workforce by 26%. Overall, the report states:

> The number of proven offenders and reoffenders has fallen from nearly 140,000 to less than 50,000 and partners' agencies credit YOTs for enabling positive outcomes for young people, such as participation in education, employment and training. Whilst on narrow YJB measures, YOT performance may be questionable, there is the wider picture of success in the overall number of offenders falling. While a causality link has not been proven, it can reasonably be hypothesised that YOTs' holistic working has contributed to this. (Deloitte, 2015: 6)

There was no reference to the health of young offenders in the report which given that differences in 'ways of working' was a key outcome might seem an omission.

In 2017, Her Majesty's Inspectorate of Probation reported on a thematic review of YOTs with specific reference to young people convicted of violent and other serious offences. Specific mention is made of this report because, within it, there is much discussion of the importance of adopting a trauma-informed approach to practice. As part of the method for conducting the inspection the lives of young people were looked at in detail:

> We examined the case files of 115 young people who had committed violent, sexual and/or other offences where there were potential public protection issues. Where information was available, we found that more than three in four had experienced emotional trauma or other deeply distressing or disturbing things in their lives. (Her Majesty's Inspectorate of Probation, 2017: 8)

For some young people the instances of trauma were multiple and severe and included: the death of a close carer; sexual or physical abuse and parental substance misuse. The report emphasises how important it is for services to

adopt a trauma-informed approach if they want children and young people to engage with them. One good practice example cited was as follows:

A nurse seconded from a child and adolescent mental health service (CAMHS) team in Nottinghamshire YOT

> …had produced guidance for their colleagues on an assessment and referral pathway to mental health treatment services. The guidance included specific advice in recognising the impact of trauma and in particular the symptoms of post-traumatic stress. This enabled CAMHS to become involved in those cases where they could have most impact and helped case managers to understand the effects of previous trauma on the young person. (Her Majesty's Inspectorate of Probation, 2017: 17)

The report states that ASSETPlus was embedded now in teams and allowing a consideration of issues such as past trauma in a way that had not been previously possible.

Much changed in YOTs over the first two decades of their operation. For example, since their inception, the majority of YOTs have become integrated into broader organisations focused on child welfare within local authorities (HMIP, 2017). There has been a shift in policy away from risk assessment and management towards desistance and trauma-informed care. The change in the formal assessment schedule from ASSET to ASSETPlus reflected this. Caseloads became smaller, reducing from 21 to 11, and the central budget from the YJB shrank. Maybe the most under-developed role is with the victims of crime although work with the courts and custody has been commended. This paper now focuses more specifically on the contribution of healthcare to the overall efforts being made by YOTs.

**Previous research on the health of young offenders, and healthcare provision in YOTs**

There has been substantial research into the health of young offenders in all settings during the past two decades. This body of work was well summarised in the Centre for Mental Health's (CMH) report on YOTs and health (Khan and Wilson, 2010). More recently this research was reviewed in the health needs assessment for Halton Borough Council (Centre for Public Innovation, 2015). It is clear from both of these studies/reports that young people referred to YOTs, when compared to the general population, are more likely to: have undiagnosed (and untreated) mental health problems including co-morbidities; serious substance use issues; high rates of anxiety and depression; post-traumatic stress disorder (PTSD); issues with substance misuse including smoking, and conduct disorder in boys is also highly elevated. There are major issues with mainstream schooling with exclusion often a major problem. Often, poor school performance can be linked back to unrecognised learning disabilities. Many of these features of ill-health mirror those found in older adults under probation supervision (Brooker et al, 2012; Sirdifield et al, 2020a; Brooker et al, 2020). Hence there has often been an exhortation in the literature to intervene early in young peoples' lives with a focus on work with the family (see the Bradley Report, 2005, pages 29-32).

The survey undertaken by the CMH (2010) looked specifically at the health input to YOTs. This study discerned that there were five main models of healthcare provision. First, the 'lone practitioner model' where a health worker worked full-time in the YOT with little linkage to outside agencies. Second, the 'foot in-foot out' model where the health worker was based in the team but had good all-round contacts in healthcare. Third, the 'virtual locality health team model' here health workers were located in the YOT and also had strong operational and clinical links with a specific health team outside the YOT. In addition, they had developed systematic linkage, networks and joint working

practices with broader health and mental health workers in the local area. Fourthly, the 'internal YOT health team' where a team of health workers were pulled together into a team inside the YOT sometimes with a health manager. Finally, the 'external YOT health one-stop-shop' where referral was to an external team working specifically with vulnerable children.

The most problematic model was probably the lone health worker working within a YOT. Here, overall health needs could not be addressed (the person was either a generic community nurse or a specialist community mental health nurse). Referral on to a specialised service in a mainstream setting was also difficult and the lone health worker often did not have the right contacts. The CMH report concludes with recommendations for commissioners which emphasise the need for early intervention, for commissioners to address issues with health service design which made it difficult for some children and young people to access services (for example very restrictive referral criteria), and for there to be a regular health worker presence within YOTs to improve staff confidence in managing cases and have links into mainstream health provision.

Although not YOT team specific, NHS England has undertaken a major initiative to improve healthcare commissioning and provision for children and young people. Following publication of Future in Mind (Department of Health and NHS England, 2015), and the Five Year Forward View for Mental Health, the collaborative commissioning network (CCN) was established and aimed to improve services for children and young people who were 'high risk, high harm and highly vulnerable' (NHS England, 2020). The project was national (not including Wales) with a brief to

> …support a collaborative approach to the commissioning of services locally that ensured the full clinical pathway consideration for CYP [children and young people] transitioning into and out of NHS England Health and Justice commissioned services. (NHS England, 2020: 3)

As part of the CCN project 104 new projects were commissioned locally. Most of these projects were targeted at: YOTs; liaison and diversion initiatives; the secure estate for children and young people; and sexual assault referral centre (SARC) pathways. The two most important gaps identified were as follows: the comprehensive assessment of children and young people with complex needs; and the lack of service provision and links between services for mental health needs in the community.

The proportion of projects commenced, by type, is shown in **Table 1** (NHS England, 2020).

**Table 1 The Collaborative Commissioning Network projects for CYP by Type**

| **Project themes and overview** | **No. of projects and % of total** | **No. of areas covered by theme** |
|---|---|---|
| Enhancing Youth Offending Team (YOT) pathways | 41/104<br>39.4% | 10/10 |
| Enhancing Liaison & Diversion pathways | 30/104<br>28.8% | 3/10 |
| Training and workforce development | 15/104<br>14.4% | 7/10 |
| Transitioning in and out of the CYP Secure Estate (CYPSE pathway) | 7/104<br>6.7% | 5/10 |

There have clearly been major improvements to the health and/or psychological care offered to support children and young people in YOTs over the past three years and perhaps just as importantly advances in

commissioning arrangements for the healthcare for these children and young people with ever increasing complex needs. The current picture of health input in all YOTs in England ascertained within our primary study is described below.

## Method

*Sample:* For the primary study of the extent and nature of CCG funded health workers in YOTs in England an FOI request was sent to the YOT manager for all YOTs in England and Wales listed on the government's website for youth offending (Ministry of Justice, 2020) (n=157) (for full details of the FOI see **Figure 1**). Only 3 of the 16 YOTs in Wales responded to the request, and consequently, this study focuses on England only. FOIs were employed in this study as they have been described as having 'the potential to provide significant data to assist with a research project' (Savage and Hyde, 2014: 308), and the researchers viewed them as the most efficient and economic method to use in a non-funded study. No formal ethical approval was required by this study as it draws on existing literature and Freedom of Information (FOI) requests. There is a statutory requirement for organisations to answer FOI requests.

Responses were analysed using two methods, firstly, simple counts to ascertain the frequency of a) different types of collaborative commissioning network projects for children and young people, and b) different disciplines of health workers; and to calculate the average weekly hours contributed to the YOT by common disciplines. Secondly, thematic analysis (Braun and Clarke, 2006) assisted by NVivo 11 to understand how managers described the health worker role, and the impact that it has had.

**Figure 1 Freedom of Information Request to YOT Team Managers.**

1a. Do you have access to a CCG funded health worker? Yes/No

1b If You answered 'no' to question 1a do you know why the CCG does not meet their statutory responsibility? (describe below)

2.What discipline is this person? e.g. CAMHs worker, Health Visitor (please answer below)

3. How many hours do this person contribute to your team per week? (please give the number of hours per week below)

4a. If you have a health worker has the impact of this role ever been evaluated/audited? Yes/No

4b If the health worker role has ever been audited/evaluated please attach a copy of the report to your reply.

5. Has the health worker initiative, as outlined in the Crime and Disorder Act 1998, been a success? (please describe in your own words below)

6. If you would be willing to be contacted for a follow-up phone interview please give your contact details below.



***Findings***

The overall response rate for the primary study from YOTs in England was 70% (99/141). The FOI survey results are given in **Tables 2 and 3.**

All but six YOTs had access to a health worker and there were future plans for health workers in three of these. There were sixteen different types of health worker recorded by YOTs (see **Table 3**). The most common by far was a child and adolescent mental health nurse (CAMHS nurse) [n=87] followed by school nurses (n=45). Speech and language therapists were also relatively common (n=18). On average across all the disciplines, the numbers of hours worked, per worker per week was 25 hours. This ranged from 1.5 hours to full time contracts at 37.50 hours per week (see **Table 3**).

**Table 2 Frequency of health worker's discipline across all YOTs**

| Discipline | Frequency of discipline (n) |
|---|---|
| CAMHS | 87 |
| Nurse (School) | 45 |
| Speech and language therapist | 18 |
| Clinical psychologist | 10 |
| Specialist public health nurse | 7 |
| Youth justice health lead | 3 |
| Drug and alcohol worker | 3 |
| Counsellor | 3 |
| Systemic practitioner | 2 |
| Learning disability nurse | 2 |
| Youth wellbeing worker | 2 |
| Occupational therapist | 1 |
| Personal advisor | 1 |
| Youth offending health team practitioner | 1 |
| Trauma informed parenting post | 1 |
| Specialist worker | 1 |

**Table 3 Average weekly hours contributed to the YOT by five common disciplines**

| Discipline | Mean hours/ week and SD |
|---|---|
| CAMHS | 29 |
| SALT | 17 |
| Nurse (School) | 25 |
| Specialist public health nurse | 18 |
| Psychologist | 19 |

When asked whether the health worker initiative has been impactful, two areas did not respond to this question, and one simply stated 'no'. Most of the remaining responses were positive, for example, describing the role as

'extremely beneficial', 'much needed', 'of significant value', and 'crucial'. Just three responses were less positive, with one reporting a downside in terms of fluctuations in whether there was sufficient workload for the health worker, and two stating that the role had been reduced. In contrast to this, other responses evidenced plans to further invest in the role. Themes were created using thematic analysis, which illustrate how respondents described the role of health workers, and the impact of the role.

Health workers were described as screening children and young people to identify health needs – addressing the gap identified for comprehensive assessment of children and young people with complex needs. Additionally, they were reported to signpost them to services. This was facilitated by the fact that the workers were based within the YOT:

> 'The nurses explore the specific health needs of young offenders and help to identify unmet health needs that may have previously been missed and support the young people in accessing the correct health services' (Response 16)

> 'The ability for children and young people to be screened and assessed for an intervention is vital, as the CAMHS worker is based within the service and the integrated nature of the post means that children, young people and their families don't always have to visit a hospital for their assessment, and they are more inclined to access support as it is a 'one stop shop' (Response 70)

Moreover, health workers were perceived to have good connections with other professionals within the youth offending service, and with external healthcare services – reflecting the 'virtual locality health team mode' described by the CMH (2010). These connections enabled them to improve engagement with services for children and young people that may have missed

other opportunities to engage; and ensure that access to care was more appropriate, timely, and joined up than it might otherwise have been:

> 'Health input can support entry into the [general practitioner] GP/dental services which we find is useful for young people who may struggle to make appointments' (Response 4)

> 'Having both a CAMHS worker based in the YOT, and a school nurse has had a positive impact on young people's outcomes as they are able to access services quickly, instead of waiting on at times, a very long waiting list. Accessing services quickly has ensured young people receive the right service at the right time' (Response 86)

> 'Young people in the youth justice system are often excluded from school as such have no access to school nursing services…Every young person within open to the YOS now has access to health screening and advice, including substance misuse and sexual health' (Response 2)

> 'In addition, the CAMHS Practitioner operates as part of a wider Youth Justice Health Team, which includes SALT, School Nursing, Ed Psych and Parenting; they co-ordinate their referrals and planning pathways to ensure that interventions are both streamlined and effective, without duplication' (Response 70)

The health worker role was also described as supporting continuity of care for children and young people as they transition through and out of the criminal justice system:

> 'The role is also crucial to enable effective transition from health provision in custody into the community' (Response 6)

> 'Supports young people beyond the end of their YOT order to complete work or support transition to other services' (Response 78)

As well as improving (the speed and continuity of) access to care, health workers also developed staff's understanding of health needs and how to address them:

> 'It can be highly effective as part of a multi-disciplinary team… upskilling/developing staff in understanding health needs' (Response 49)

> 'Increasing awareness of other YOT staff assisting with a more informed approach to working with young people with specific needs/conditions; Training and individual case consultation for YOT staff supervising young people' (Response 71)

Alongside this role in assessment, referral, facilitating access, and developing staff, health workers were also reported to directly provide one-to-one therapeutic interventions and were perceived to have increased the use of trauma-informed care:

> 'The impact of the position has been significant in respect of the ability to undertake a trauma informed approach to the work with young people and deliver an enhanced case management approach' (Response 54)

> 'By leading and collaborating in multiagency formulations we can embed trauma informed practice into all layers of a young person's care' (Response 85)

They also supported integration of a focus on health within the wider planning around children and young people within the criminal justice system:

> 'Contributes to resettlement planning; ensures mental health and emotional wellbeing is a factor under consideration when pre court disposals are considered for young people' (Response 15)

Through performing all these different aspects of the role, health workers were perceived to be improving health and criminal justice outcomes and reducing health inequalities. Two managers reported that this was evidenced in case management systems, audit work, and performance reports:

> 'The YOS nurse is able to address health inequalities to improve health outcomes and harm minimization for the YOS cohort…Having this resource in the team has allowed 1:1 sessions which support children with a variety of emotional health needs, such as emotional regulation, managing anxiety and resilience building' (Response 6)

> 'I believe this is impactful for young people because their difficulties contributing to offending behaviours are better understood, leading to more effective interventions reducing their risk of re-offending but most importantly improving their overall wellbeing and quality of life enabling them to reach their potential' (Response 41)

> 'Our nurse/councillors and substance misuse workers all have positive impacts on young people and progress is monitored through our case management system and our performance reporting' (Response 77)

> 'The auditing work that we have undertaken over the years illustrates the impact that the health workers have on young people and their outcomes' (Response 81)



## Discussion

This paper has summarised the ways in which policy and research papers describe the development of YOT operation from 1998, their inception, to the present day. Much has changed. For example, the majority (around 85%) of YOTs are now integrated into broader organisations focused on child welfare within local authorities, very few are now operating as stand-alone organisations. Caseloads have become smaller, reducing from 21 to 11, and the central budget from the YJB has also reduced. There has been a move away from risk assessment and management towards desistance and trauma-

informed care. This has been reflected in the change in the formal assessment schedule from ASSET to ASSETPlus.

The use of ASSETPlus appears to be working well to provide an understanding of the needs of this population. However, Gray and Smith (2021) offer a critical perspective on this, showing how use of ASSETPlus could be viewed as a shift towards 'therapeutic surveillance', which, through a focus on individual-level needs, may decrease focus on the role of wider systemic issues such as experiences of discrimination, or a lack of appropriate healthcare provision to meet the complexity of need experienced by many in the youth justice system (Gray and Smith, 2021). It is essential that discrimination within the criminal justice system is identified and addressed, and that conversations happen as part of multi-agency work to ensure that any gaps in service provision are also addressed. Analysis of anonymised data on needs at aggregate level could support this.

It is also important to recognise that policy does not directly translate into practice. Practitioners can resist implementing policy change, and whilst processes may alter, changes in thinking about the rationale for practice do not automatically follow (Lipsky,2010). Smith and Gray (2018) describe a typology of three positions within youth justice – 'offender management', which prioritises a focus on offending behaviour and risk; 'targeted intervention', where health needs may be addressed as they are perceived to be a criminogenic vulnerability; and 'children and young people first', where health will be prioritised above any focus on offending behaviour (Smith and Gray, 2018: 562).

The responses to the FOI request evidenced a strong shift towards embedding health workers within YOTs, with only six YOTs not having access to healthcare

by these means. However, local variation was apparent in terms of the types of health worker role being invested in. The most notable contributors to healthcare in a YOT are CAMHS nurses, school nurses, speech and language therapists, psychologists, and public health nurses. Most of our responders were positive about the impact of these professionals on YOT work, describing them as supporting the identification of health needs amongst children and young people whose needs may not otherwise have been identified, and ensuring that they have quick access to appropriate and trauma-informed care. Alongside this, health workers were described as training other staff within the YOT and ensuring that health is considered in resettlement planning. Thus, managers believed that they were improving both health and criminal justice outcomes for children and young people. Two managers reported that evidence of this was collected through case management systems, audit, and performance reports.

The impetus for health funding into YOTs has been maintained by a recent NHS England initiative entitled 'collaborative commissioning networks' [CCN] (NHS England, 2020) which aimed to:

> …support a collaborative approach to the commissioning of services locally that ensures the full clinical pathway consideration for [children and young people] CYP transitioning into and out of NHS England Health & Justice (H&J) commissioned services. These services include:
>
> - Detention within Children and Young People Secure Estate (CYSPE) – in either youth justice or welfare secure settings;
> - Sexual Assault Referral Centres (SARCs); and
> - Liaison and Diversion (L&D) services and police custody. (NHS England, 2020: 20)

When the CCN project had been completed over a 3–4-year period the services that had most benefitted were YOTs with 40% of the total projects for funding focusing on enhancement of the YOT pathways.

## Implications for improving healthcare provision for adults supervised by probation

The National Probation Service published a health and social care strategy in 2019 which sets out its commitment to work collaboratively with health and justice partners to:

- 'Improve the health and wellbeing of people under probation supervision, and contribute to reducing health inequalities within the criminal justice system
- Reduce re-offending by addressing health and social care related drivers of offending behaviour to reduce victims of crime
- Support the development of robust pathways into services for people under probation supervision, including improving continuity of care between the custodial and community setting' (Her Majesty's Prison and Probation Service & National Probation Service, 2019: 10).

The ambition of the service set out in this strategy could be supported by learning from key characteristics of the current provision within YOTs.

The major differences between YOTs and Probation in relation to healthcare provision and commissioning are highlighted in **Table 4.**

**Table 4 Summary of differences between health provision/commissioning in YOTs and Adult Probation**

| | **Probation** | **Youth Offending Teams** |
|---|---|---|
| **Mandate** | Offender healthcare commissioning for CCGs | Crime and Disorder Act, (1998) |

| | | |
|---|---|---|
| **Assessment of Health Need** | Brief health questions in OASys, NDelius and OMNIA | Assetplus and individual healthcare workers |
| **Commissioning of healthcare** | Very little healthcare commissioning by CCGs | Integrated approach to commissioning (steered by NHS England) |
| **Provision of healthcare** | Limited examples of healthcare workers based in probation | Across England most YOTs have dedicated healthcare workers |
| **National healthcare strategy framework** | Yes, published in 2019 by the National Probation Service | No |

*Co-location of multi-agency staff:* YOTs were established as multi-agency entities that included health workers from the outset. Indeed, health input to YOT teams is a statutory requirement under the Crime and Disorder Act of 1998. Whilst our study of current healthcare provision within YOTs demonstrated that almost all YOTs have health workers based within the team, a recent study mapping healthcare provision for probation in England and Wales showed that this is much less likely to be the case for adults under probation supervision. In some cases, healthcare staff may be co-located with probation, for example to support community sentence treatment requirements or the treatment of personality disorder, but inclusion of health workers as part of the team is not a statutory requirement (Sirdifield et al., 2019a). Indeed, whilst many of those working for probation may recognise the benefit of addressing the health needs of adults under probation supervision,

the national probation service (NPS) in England and Wales does not have a statutory responsibility to do so despite the NPS health and social care strategy clearly articulating a role for staff in identifying and addressing health-related drivers of offending behaviour (Her Majesty's Prison and Probation Service & National Probation Service, 2019).

We have described the benefits that YOT team managers feel accrue when healthcare is integrated within the YOT team service, including increased staff confidence in managing cases. All the benefits they describe could apply in exactly the same way to adult probationers.

*Collaborative commissioning and service reform:* The emphasis on collaborative commissioning networks within youth justice has meant that the needs of this population are considered by CCGs. In this study, we found that 94% of CCGs fund healthcare in YOTs. In contrast, CCGs are also mandated to provide healthcare funding for probation but only a tiny minority of CCGs dedicate funds specifically to probation services. The proportion of CCGs investing in healthcare for probation clients has increased from 1% to 5%, with an additional 8% describing probation-specific elements within mainstream service provision (Brooker et al, 2015; Sirdifield et al, 2019b).

The CMH (2010) report stated that young people can still encounter problems with accessing specialist health support, and there is a need for commissioners to address issues with service design to ensure that services are accessible to young people in contact with the youth justice system, and are able to address their needs Similarly, whilst adults under probation supervision are theoretically able to access 'mainstream' provision like other members of the

community, research demonstrates that there are multiple barriers to them being able to do so, including the fact that often services are not able to address the complex range of health needs that many individuals in this population experience (Revolving Doors Agency, 2017; Sirdifield et al., 2019a; Sirdifield et al., 2020b). It is our strong belief that a clinical commissioning network project should be established for adult probation by NHS England in conjunction with CCGs and shadow newly formed Integrated Care Systems. The evidence from YOTs suggests that this would help to ensure that the needs of this marginalised population are fully considered in commissioning decisions.

*Routine health needs assessment:* YOTs use a bespoke tool called ASSETPlus, to identify health needs, together with other established tools such as AUDIT (for identifying signs of hazardous drinking) that are recognised and understood by healthcare partners. Importantly, assessment of need includes consideration of experience of trauma. In contrast, whilst probation staff do collect information on service users' health needs, this is not always done consistently, and data are not always collected in a format that can be readily shared with and understood by other agencies such as healthcare commissioners. Improved means of data collection are needed to inform Joint Strategic Needs Assessments (and consequently service specifications), and to support the service's ambition to advocate for the needs of underserved groups. Ideally, additional resource would be allocated to probation to support them in making assessment of health and social care needs routine practice for all cases.

**Conclusion**

YOTs were established by the 1998 Crime and Disorder Act alongside a responsibility for health funding. Both YOT teams themselves and healthcare provision within them have grown and developed significantly. The recent NHS CCN project has had a major impact, with 104 new projects being commissioned locally and responses from YOT managers suggesting that health workers are performing a valuable role which is resulting in improvements to staff's understanding of health and inclusion of this in resettlement planning. In addition, the data suggest that this is producing improvements to health and criminal justice outcomes for children and young people who may otherwise have failed to engage with healthcare services.

In contrast, whilst the NPS clearly see the value of identifying and addressing health-related drivers of offending behaviour in the adult population and have produced a Health and Social Care Strategy detailing their commitments, their work is hampered by differences in relation to the mandate for health provision, how health needs are assessed, and how healthcare is commissioned and provided.

There is currently no statutory responsibility to have a health worker role within probation, meaning that probation staff must try to forge connections on a local level without always knowing how best to do this. Investment in such a worker could screen people under probation supervision to identify their health needs using tools that are recognised and understood by healthcare providers. This would provide vital data, which, with appropriate permissions and/or anonymization could be shared with probation staff and healthcare commissioners to inform their practice and commissioning decisions.

A health worker could also provide brief interventions, and facilitate access to care. They could also improve pathways into care from probation, and improve probation staff's understanding of these pathways and the use of trauma-informed care.

Commissioning of healthcare for those under supervision is currently the responsibility of CCGs, but previous research shows that some are unaware of this responsibility, and few invest directly in healthcare for probation. A collaborative commissioning initiative is now required for probation in England and Wales to support them in achieving the ambitions set out in their Health and Social Care Strategy and to ensure that appropriate provision is in place to meet the needs of people under probation supervision. Without this, the major social inequalities that we currently see are likely to remain in place.



**Competing Interests**

This study received no formal external funding and none of the authors have any competing interests to declare.

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**References**

Baker, K., Jones, S., Roberts, C. and Merrington, S. (2003*). Validity and Reliability of ASSET,* London: Youth Justice Board.

Bradley, K. (2009). *Bradley Report. Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system,* April 2009, London: Department of Health.

Braun, V. and Clarke, V. (2006). "Using thematic analysis in psychology", *Qualitative Research in Psychology*, 3(2): 77-101.

Brooker, C., Sirdifield, C., Denney, D and Ramsbotham, D. (2015). NHS commissioning in probation: On a wing and a prayer Journal of Health and Social care, October 1st, DOI: 10.1111/hsc.12283

Brooker, C., Sirdifield, C., Blizard, R., Denney, D and Pluck, G. (2012). Mental health disorders and probation: a prevalence study, *The Journal of Forensic Psychiatry and Psychology*, 23(4): 522-537.

Brooker, C., Sirdifield, C and Marples, R. (2019). Mental health and probation: a systematic review of the literature, *Forensic Science international: Mind and Law,* 1, 100003.

Centre for Public Innovation. (2015). Halton, *Warrington, Cheshire West and Chester health and well-being needs assessment of young offenders across Halton, Warrington and Cheshire West and Chester,* London: The Centre for Public Innovation.

Department of Health and NHS England. (2015). *Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing,* London: Department of Health.

Deloitte. (2015). *Youth Offending team Stocktake,* London: Deloitte.

Gray, P. and Smith, R. (2021). "Shifting sands: The reconfiguration of neoliberal youth penalty", *Theoretical Criminology,* 25(2): 304-324

Her Majesty's Prison and Probation Service & National Probation Service. (2019). *National Probation Service Health and Social Care Strategy 2019-2022,* London: National Probation Service.

Her Majesty's Inspectorate of Probation. (2017). *The work of youth offending to protect the public,* Manchester: Her Majesty's Inspectorate of Probation.

Her Majesty's Stationery Office. (1998). *The Crime and Disorder Act,* London Crime and Disorder Act 1998 (legislation.gov.uk) (accessed January 20th, 2020).

Hampson, K. (2017). Desistance-based approaches to Youth Justice – the next passing fad or a sea change for the positive? *Youth Justice,* 18(1): 18-33 https://doi.org/10.1177/1473225417741224.

Khan, L and Wilson, J. (2010). *You just get on and do it: healthcare provision in youth offending teams,* London: Centre for Mental Health.

Lipsky, M. (2010). *Street-Level Bureaucracy. Dilemmas of the individual in public services,* New York: Russell Sage Foundation.

MacLeod, S., Jeffes, J., White, R. and Bramley, G. (2010). *Analysis of Youth Offending Team Inspection Reports (LGA Research Report),* Slough: NFER.

Ministry of Justice. (2020). *Youth Offending teams.* Available at: https://www.gov.uk/youth-offending-team (accessed 17th November 2020).

Newbury-Birch, D., Harrison, B., Brown, N., and Kaner, E. (2009). Sloshed and sentenced: A prevalence study of alcohol use disorders among offenders in the North East of England, *International Journal of Prisoner Health* 5(4): 201-211.

NHS England. (2020) *Collaborative Commissioning Networks Evaluation: summary report,* London: NEL Healthcare Consulting/NHS England.

Pari, A. A. A., Plugge, E., Holland, S., Maxwell, J. Webster, P. (2012). Health and wellbeing of offenders on probation in England: an exploratory study. *The Lancet* 380(S21) https://doi.org/10.1016/S0140-6736(13)60377-3.

Phillips, J., Padfield, N., Gelsthorpe, L. (2018). Suicide and community justice. *Health Justice* 6(1):14 https://doi.org/10.1186/s40352-018-0072-7.

Pluck, G., and Brooker, C. (2014). Epidemiological survey of suicide ideation and acts and other deliberate self-harm among offenders in the community under supervision of the Probation Service in England and Wales. *Criminal Behaviour and Mental Health* 24: 358-364.

Public Health England. (2019). *Collaborative approaches to preventing offending and re-offending in children (CAPRICORN). A resource for local health and justice system leaders to support collaborative working for children and young people with complex needs.* London: Public Health England.

Revolving Doors Agency. (2017). *Rebalancing Act. A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users,* London, Revolving Doors Agency.

Sattar, G. (2003). The Death of Offenders in England and Wales, *Crisis* 24(1): 17-23.

Savage, A., and Hyde, R. (2014). Using freedom of information requests to facilitate research, *International Journal of Social Research Methodology,* 17(3), 303-317, https://doi.org/10.1080/13645579.2012.742280

Sirdifield, C., Brooker, C., and Marples, R. (2020a). Suicide and probation: a systematic review of the literature, *Forensic Science International: Mind and Law 1* https://doi.org/10.1016/j.fsiml.2020.100012.

Sirdifield, C., Marples, R., Denney, D., and Brooker, C. (2020). Perceptions of the effectiveness of health care for probationers*, International Journal of Prisoner Health* 16(2): 123-134 https://doi.org/10.1108/IJPH-01-2020-0004.

Sirdifield, C., Marples, B., Brooker, C., Denney, D., Siriwardena, A.N., Maxwell-Harrison, D., Strachan, S., Connell, T. (2019a). *Probation healthcare commissioning toolkit. A resource for commissioners and practitioners in health and criminal justice,* Lincoln, University of Lincoln

Sirdifield, C., Marples, R., Brooker, C., and Denney, D. (2019b). NHS commissioning in probation in England – Still on a wing and a prayer, *Health*

*and Social Care in the Community* 27(5): e697-e704, https://doi.org/10.1111/hsc.12789

Smith, R. and Gray, P. (2018), "The changing shape of youth justice: models of practice", *Criminology and Criminal Justice,* 19(5): 554-571

Taylor, T. (2016) *Review of the youth justice system in England and Wales,* London: Ministry of Justice

The Mental Health Taskforce. (2016). *The Five Year Forward View for Mental Health,* London: NHS England Mental Health Taskforce