



Bedford Borough -Youth offending and antisocial behaviour

Introduction

Every year, children and young people aged 10 to 17 years and resident in Bedford Borough become known to the criminal justice system.

In most cases, contact is brief. Offending is of a low level and often occurs as a result of adolescent risk taking, peer pressure and use of substances, particularly alcohol. However, for some young people offending can become entrenched; offending behaviour may be an end in itself, serving to cement a young person's place in their peer group, or to fund a substance misuse habit. Offending can be an indication of wider challenges within a family or community.

Whatever the reasons for a young person to become involved in offending, the aim of Bedfordshire Youth Offending Service is to work with young people, their parents/carers and wider agencies, to prevent further offending and safeguard young people before involvement in the criminal justice system can become a factor which has an ongoing detrimental effect on their future life chances.

What do we know?

Facts, figures and trends

In common with all Youth Offending Services across the country, Bedfordshire Youth Offending Service (BYOS) focuses on the following areas:

- Reducing first time entrants to the criminal justice system
- Reducing proven re-offending
- Reducing the proportion of custodial sentences
- The YOS is a shared service working with children and young people in Bedford Borough and Central Bedfordshire.

The below performance data relates to children from Bedford Borough only:

First Time Entrants – Bedford Borough

Traditionally, the national data set required Youth Offending Teams to reduce First Time entrants to the criminal justice system annually by 5%. Nationally, and locally this was achieved, and the number of new entrants has continued to reduce overall, with some local variation.

In 2010/11 this figure was reduced to 154 children and young people, a reduction of 12.97%. followed by a further substantial reduction in 2011/12 of 48% to 80 children and young people.

In 2012/13 this figure was 57 Young People showing a reduction of 32.03% per 100,000 population compared to the previous year

In 2013/14 this figure was 51 Young People showing a 20% reduction per 100,000 population compare to the previous year



2014/15 local YOS data shows 44 Young People became first time entrants, showing a reduction of 13.06% reduction per 100,000 population compared to the previous year

2015/16 local YOS data shows 48 young people became first time entrants, showing 12.43% increase per 100,000 population (actual numbers are 54/48)

The previous reduction in First Time Entrants can be attributed to a number of factors.

- Changes to police practice on ‘sanctioned detections’ which allows children and young people to be diverted from the criminal justice system without adverse effect on targets
- Increased use of restorative disposals which allow the young person to make amends to the victim
- The introduction of a YOS led ‘Triage’ scheme to mitigate against the withdrawal of prevention funding in 2009/10 and provide a route to deliver early intervention
- In August / September 2015 BYOS undertook a case file audit of existing Out Of Court and First Time Entrants to address cases from September 2014 to March 2015 - 20% of diversion cases and 20 % of out of court disposals. The succinct headlines of the audit have informed a BYOS action plan which commenced in November 2015.

2013/15 increase

- There has been a steady decrease in FTE from 2010/11 through to march 2015. However the data set indicates that BYOS had a particularly difficult year in reducing FTE’s and has showed the first increase over the five year period.
- Overall the YOS continues to outperform Family; south east and national datasets.
- The YOS has increased and further developed its offer of early intervention with further development of a triage approach regarding children and young people in Police custody. Where appropriate individuals will be offered a diversion rather than a formal outcome such as a Youth Caution (YC) or Youth Conditional Caution (YCC).
- The YOS will also be offering prevention intervention for children and young people in contact with the criminal justice system, such as through court/Police bail where there is no other disposal in place.

A breakdown of Triage work is below:

Age

Bedford Borough	YEARS At Time of Referral for TRIAGE								Grand Total
	10	11	12	13	14	15	16	17	
Fisc Year									
2010-11					5	4	6	4	19
2011-12				4	6	5	8	4	27
2012-13			4	1	8	6	9	9	37
2013-14				3	6	5	7	3	24
2014-15	1	1	2	5	5	5	5	7	31
2015-16	0	1	1	3	6	7	7	5	30
Grand Total	1	2	7	16	36	32	42	32	168



Gender

Bedford Borough	GENDER		
Fisc Year	Female	Male	Grand Total
2010-11	7	12	19
2011-12	7	20	27
2012-13	7	30	37
2013-14	2	22	24
2014-15	6	25	31
2015-16	4	26	30
Total	33	135	168

Ethnicity breakdown

Bedford Borough	ETHNICITY_2001YJB					
Fisc Year	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group	Mixed	White	Grand Total
2010-11	3	3		2	11	19
2011-12	5	2	1	3	16	27
2012-13	3	3		5	26	37
2013-14	3	3		1	17	24
2014-15	2	5		3	21	31
2015-16	1	3	0	3	23	30
Grand Total	17	19	1	17	114	168

Offence Breakdown

Bedford Borough	Main Offence Type														
Fisc Year	Arson	Criminal Damage	Drugs	Motoring	Non Domestic Burglary	Other	Domestic Burglary	Public Order	Racially Aggravated	Robbery	Theft and Handling	Sexual	Vehicle Theft	Against the Person	Grand Total
2010-11		2	2		1	1		3		1	5			4	19
2011-12		6				1		2	1		4		5	8	27
2012-13	1	5	5	4	1	2		1			6		3	9	37
2013-14		7				1		4	1		2		2	7	24
2014-15		4		1	1	2					6			17	31
2015-16	0	4	0	0	0	0	1	3	0	0	7	1	0	14	30
Grand Total	1	28	7	5	3	7	1	13	2	1	30	1	10	59	168



Troubled Families

BYOS designated the Team Manager to act as link to the local authority Troubled Families programme and this has proved an effective measure. In 2015/16 we re-designated to work exclusively with early intervention, spanning both triage and stepping down to troubled families to ensure that children, young people and families are identified and assessed through an Early Help Assessment in terms of risk and need, offered appropriate short term, crime desistance based intervention by BYOS initially.

Proven re-offending

Proven re-offending is a difficult area to report on accurately as the methodology for measuring this area has undergone several changes; we do not therefore have a consistent baseline.

In 2010 the cohort comprised 55 young people and 29 went on to re-offend committing 75 offences.

However, the methodology then changed using a different cohort and different parameters. Validated data is now produced by the Ministry of Justice significantly in arrears, and does not distinguish between Central Bedfordshire and Bedford Borough data.

Although BYOS can produce local data, it must be viewed as a snapshot, rather than the validated position which is provided by the MOJ. It is also not comparable on a regional or national basis but local analysis of reoffending by specific cohorts are pieces of work the YOS undertakes.

Validated national data in this area is subject to a significant delay. Validated information from YJB for 2011/12 which relates to Bedfordshire as a whole confirms a re-offending rate of 29.95 which is the lowest in the eastern region and significantly lower than the national average

MOJ PNC data for 2012/13 129 young people in the cohort, which is a 19.4% decrease in 2011/12 (160). Of the 129 young people 56 went on to re-offend giving a binary reoffending out-turn of 43% which is a 12.8% pp increase from the previous year.

MOJ PNC data for 2013/14 – 104 young people in the cohort, which is a 19.4% decrease compared to 2012/13 (129). Of the 104 young people 52 went in to re-offend giving a binary reoffending out-turn of 50% which is a 6.6% pp increase from the previous year.

YJB data for 2013/14 against 2012/13:

Validated national data in this area is subject to a significant delay. Validated information from YJB for 2013/14 indicates the following headlines:

- England and Wales reoffending rate 38%



- South East reoffending rate 38.1%
- Bedfordshire reoffending rate 38.8%
- BBC 50% reoffending rate, up 6.6 percentage points from 43.4% previous year. The YOS has commenced, through the oversight of the YOS Chief Officers Management Board, analysis of reoffending for specific cohorts. Although this cannot be compared regionally or nationally it is intended to support the evidence for intervention and targeting of specific groups of children and young people at key times in their lives.

Custody

Historically, Bedfordshire has had high remand and custody rates. BYOS has undertaken considerable work in conjunction with magistrates and court staff to analyse the appropriateness of custodial sentences. Additionally, BYOS has reviewed, revised and strengthened assessment and risk management processes, ensuring that robust planning, intervention and enforcement is in place. We have recorded a significantly reduced custody rate over the past 2 years.

2013/14 custodial sentencing out turn 3.29% (3 custodial sentencing out of a total 91 all sentencing episodes)

2014/15 custodial sentencing out turn 10% (8 Custodial sentencing out of a total 80 all sentencing episodes.

2015/16 custodial sentencing out turn is 3.03% (2 custodial sentences out of a total of 66 sentencing episodes.

Engaging with Young People

The stated aim of the youth offending system is to prevent offending by children and young people aged 10 – 17 years. In order to achieve this aim, a case management process is employed. All young people have a case manager, who draws on the expertise of a range of multi-agency professionals, some co-located within the service, others identified as single point of contact in a partner agency, to address the complex and multiple needs of young people who have come into contact with the criminal justice system.

The nationally implemented ASSET+ assessment is the initial assessment tool used in the Youth Justice system to assess key areas related to the circumstances of children and young people who offend. Health is one of the core areas of the ASSET+ assessment tool and in many ways acts as the gateway for children and young people to receive health provision from our multi-agency health partners when an appropriate need is identified. It is accepted in Youth Justice and Healthcare services that an accurate ASSET+ assessment from the onset of our engagement with children and young people can lead to a significant reduction in health inequalities for young people who offend.

The ASSET+ assessment forms the basis of an intervention plan which sets out the targeted plan, and specifies tasks to be accomplished in order to meet the goals identified in the plan.

Factors which may underpin offending are addressed:



- Drug and alcohol issues
- Sexual health
- Mental health
- Education, training and employment issues
- Parenting/family issues

The Crime and Disorder Act 1998 required Health Authorities to provide health input to Youth Offending Teams. This requirement has now to been assumed by Clinical Commissioning Groups. There is no standard formula, and structures vary across local authority areas. However, it is accepted that children and young people who offend tend to have more health needs than those who do not offend. These needs span from a range of physical, emotional and mental health areas and substance misuse problems, which are more likely to be linked to crime. They have to be recognised and addressed so that children and young people can move forward and lead better and crime free lives.

BYOS has a Child and Adolescent Mental Health Services (CAMHs) practitioner based within the team. BYOS has benefited from access to a general health nurse for one day per week. Although this has proved insufficient to meet need. Additionally, BYOS has a dedicated Drugs, Alcohol and Sexual Health (DASH) Practitioner within the team. This is currently funded through the services pooled budget.

The health related practitioners cover the shared service area and their input is based on health needs assessed through the ASSET+ assessment. What is clear is that health issues in young people who offend are prevalent, and frequently undiagnosed as a result of the chaotic lifestyles of the young person and their wider family.

The Asset+ tool is broken down into sections, and each section requires the practitioner to identify whether the particular issue is relevant to that young person and to make referrals where necessary and this feeds into the assessment of the young person well-being and safety as well as what is pertinent to their risk of reoffending, that contribute to managing the risk, and safeguarding the young person.

In the case of aspects of health and wellbeing, this is broken down into sections relating to

- Physical health
- Emotional and mental health
- Substance use

Physical Health Referrals

Ethnicity

Fiscal Year	Asian or Asian British	Black or Black British	Mixed	White	Grand Total
2013-14	6	7	3	17	33
2014-15	4	0	6	21	31
2015-16	5	2	3	15	25
Grand Total	15	9	12	53	89



Gender

Fiscal Year	Female	Male	Grand Total
2013-14	6	27	33
2014-15	5	26	31
2015-16	2	23	25
Grand Total	13	76	89

Age

Fiscal Year	13	14	15	16	17	18	Grand Total
2013-14	3		5	9	12	4	33
2014-15	2	1	3	12	12	1	31
2015-16	2	9	3	4	7		25
Grand Total	7	10	11	25	31	5	89

- Some young people required further support with access to physically attending health appointments, due to limited family support, and have since accessed programmes to reduce smoking, and access healthier eating programmes.
- Several young people required support to access dentist and opticians
- A majority disclosed that they thought they drank too much alcohol, on a regular basis and a high proportion smoked tobacco and cannabis.
- Those who raised issues relating to sexual health were referred to Brook, with active support to attend appointments
- Those young people referred successfully attended and completed a 5 day Boxing programme in Central Bedfordshire.

Mental Health Referrals

Ethnicity

Fiscal Year	Asian or Asian British	Black or Black British	Mixed	White	Grand Total
2013-14	1	2	2	9	14
2014-15	2	0	3	12	17
2015-16	3	0	1	6	10
Grand Total	6	2	6	27	41

Gender

Fiscal Year	Female	Male	Grand Total
2013-14	5	9	14



2014-15	2	15	17
2015-16	2	8	10
Grand Total	9	32	41

Age

Fiscal Year	14	15	16	17	Grand Total
2013-14	1	2	3	8	14
2014-15	2	2	3	10	17
2015-16	3	2	1	4	10
Grand Total	6	6	7	22	41

The seconded worker is able to undertake appropriate assessment of young people who are identified as needing additional support through their high ASSET+ score. The worker is then able to act as a signpost to other services and provides ongoing support and consultation to case workers, as well as undertaking individual work with young people to manage their issues and support continuing involvement with external services.

Substance Use Referrals

Ethnicity

Fiscal Year	Asian or Asian British	Black or Black British	Mixed	White	Grand Total
2013-14	4	2	6	12	24
2014-15	3	1	7	16	27
2015-16	5	4	2	14	25
Grand Total	12	7	15	42	76

Gender

Fiscal Year	Female	Male	Grand Total
2013-14	3	21	24
2014-15	4	23	27
2015-16	3	22	25
Grand Total	10	66	76

Age

Fiscal Year	13	14	15	16	17	18	Grand Total
2013-14	1	1	4	7	11	0	24
2014-15	1	1	3	10	9	3	27
2015-16		2	4	9	8	2	25
Grand Total	2	4	11	26	28	5	76



As expected, a high number of young people known to BYOS are assessed as requiring support/intervention to address substance misuse issues.

The DASH service endeavours to engage with 100% of young people referred to the DASH service and following consultation with case holders with BYOS, ensures that referrals will receive one or more of the following:

- A screening assessment and
- Full specialist assessment,
- Drug testing where deemed suitable to enhance and inform relevant assessments and measure outcomes (further information regarding drug testing is outlined below),
- Delivery of relevant interventions post assessment which meets the needs of the young person receiving the service and where deemed appropriate and necessary,
- An onward referral to relevant agencies is considered.

Throughout the entirety of the DASH Service' delivery of interventions, all such input is tailored to meet the needs of young people referred to the service, by endeavouring to manage risks the young person presents to themselves and that of the communities in which they live, by addressing vulnerabilities and issues linked to their levels of substance misuse and linked offending or anti-social behaviour. The delivery of relevant interventions is delivered on a one to one basis and / or group settings.

Both the CAMHs Worker and the DASH Practitioner work with staff to enhance their skills and expertise. Additionally, they increasingly undertake joint work around sexual health and sexual exploitation as a safeguarding measure. The general health nurse will also become involved in this wider remit

National & Local Strategies (Current best practices)

National & Local Strategies (Best Practices)

www.justice.gov.uk

www.justice.gov.uk/about/yjb/index.htm

What is the data telling us?

The data used in this chapter confirms that in Bedford Borough, the Youth Offending Service has continued to universally work with relevant young people , whilst also offer bespoke interventions in terms of health issues for those required. The data confirms that a significant proportion of children and young people known to BYOS have unmet health needs, and that BYOS is reasonably successful in securing access to services to meet that unmet need.

What are the key issues?

Services/resources which provide support to young people with emotional/mental health and substance misuse issues are well established and processes are in place to ensure that the screening of children and young people, who meet criteria is undertaken in a timely manner by BYOS health practitioners.

However, it must be noted that the young people BYOS is involved with are frequently



characterised by complex lifestyles, challenging family environments and a lack of engagement with universal services. Consequently all BYOS staff are expected to deliver the required work 'as and when' to ensure that needs can be met. This requires flexible and proactive working throughout Bedford Borough.

The key to success in this area is the ready access to a health professional who works as part of the youth offending service and is seen by the young person to be approachable, engaging as part of a holistic response, working alongside their case worker.

Access to general health provision therefore remains inconsistent based on factors linked to where the child or young person may live, the involvement/ awareness of their family and their own lack of confidence, and poor knowledge of healthcare provision.

Provision of a drug and alcohol worker in the YOS is a key priority for the Service. The commissioning of the drug and alcohol service in Bedford Borough does not include funding the YOS. A successful application to the PCC Community Safety Fund was made in 2013/14 to secure the funding for the DASH worker for that financial year. Unfortunately this funding was not available in 2015/16 as an application was not made. The YOS has funded this post from its pooled budget. This may not be sustainable and therefore a new bid will be made in the next funding round.

Continuing provision of a dedicated co-located mental health practitioner within BYOS has been maintained, with a worker seconded full-time to the YOS from the Adolescent Team (CAMHS).

Progress against recommendations made in 2015/16

Recommendations for 2015/16

- Health agencies to ensure that there is appropriate attention paid to young offender health by nominating appropriate level representation on YOS Chief Officers Management Board. There is representation currently from the CCG and providers as members of the board.
- The provision of general health specific YOS nurse is being reviewed by the CCG in conjunction with Public Health. The current 0.2 available post is not sufficient to manage the demands of the work regarding this aspect and cannot fulfil the requirements of a full and comprehensive assessment and intervention plan. It has been established that the contribution by the CCG is for a 0.4 post and this is a priority for the YOS to ensure this is made available to the Service via appropriate provision.
- There should remain recognition of the specific needs of a particular vulnerable group: Children and young people known to the criminal justice system. This group are more likely to have health needs disproportionate to that same age; population; less likely to access universal services and have complex and competing risk and needs. National policy and research indicates that the multi-agency model of delivery is one that is most effective for this group.

Progress



BYOS health led staff have continued to work with multiagency partners, sustaining pragmatic approaches to improve the health needs of young people

BYOS reparation activities for young people has given access for young people to access the charity 'Headway' to gain an insight into the impact of severe injury sustained by Road Traffic Accidents or Violent Offences.

BYOS has sustained its role as partner to the county wide Mental Health Concordant initiative, to improve multi agency pathways.

BYOS is represented at key Strategic Boards and sub-groups where the health needs of the children and young people it works with are considered (for example: Children's Trust Board; Local Safeguarding Children's Board; LAC Strategic Health Board).

This chapter links to the following chapter in the JSNA:

- NEET
- School Life
- Looked after children