

TRT BRIEFING PAPER

Improving life chances for children and young people

Introduction

This paper has been written to help guide and inform the Trust's work and investments in the area of improving life chances for young people. It is intended mainly as an internal document, however we will share it with external parties and stakeholders as a way of raising awareness of what we are trying to achieve, engaging in dialogue and seeking input into this area of our work.

The research for this paper has taken the form of a literature review looking at the reasons young people may be drawn into the justice system and the support that can be provided to mitigate against these factors. It has focussed on the context in the UK, and specifically Scotland. It has not endeavoured to map or make assessments of the quality of individual programmes or interventions being used here or elsewhere. The literature review itself is not comprehensive but has concentrated on reports which themselves have attempted to give an overview of the situation relating to young people and negative outcomes. We are reasonably confident that we have been able to provide a fairly rounded, top level guide to these issues.

Where we've come from

Our interest in improving life chances for children and young people, and particularly those young people at risk of entering the justice system, has emerged from our work in and around the justice system over the last decade and our growing awareness of the evidence which shows that young offenders are almost always amongst the most vulnerable, victimised and traumatised within our society¹.

In its 2016 key messages briefing paper, The Centre for Youth and Criminal Justice (CYCJ) highlighted that:

- 81% of under 12s referred to the Children's Hearing System had parents who pose a risk
- 70% had educational problems
- 43% had mental health difficulties
- 60% of those being supported by youth justice services had speech or language problems
- 80% of young men in Polmont Young Offenders Institute (YOI) had experienced school exclusion
- 75% of young men in Polmont YOI had experienced traumatic bereavement (murder, suicide) and two thirds suffered from substantial bereavements (four or more).²

In relation to this last point, the report notes that:

“ The complex emotions associated with this are often manifested as anger, difficulty concentrating, risk taking behaviour and substance misuse and are subsequently interpreted (and therefore responded to) as bad behaviour from a very early age.”

The Edinburgh Study of Youth Transitions and Crime, a longitudinal programme of research on pathways in and out of offending for a cohort of around 4,300 young people, found that serious

¹ CYCJ, Key messages from the Centre for Youth & Criminal Justice, 2016

² CYCJ, Key messages from the Centre for Youth & Criminal Justice, 2016

offending is linked to victimisation and social adversity. The study also found that those involved in violent offending were the most vulnerable and victimised young people in the cohort.³

Those in custody are also more likely to be care experienced than the general population with a Scottish Prison Services survey from 2013 finding that 27% of prisoners had been in care.⁴

The CYCJ report states that:

“The link between vulnerability and offending is retrospective not predictive, in that most children who experience adverse childhood experiences and trauma do not go on to seriously offend, but children who are involved in serious offending or frequent offending almost always have experienced trauma”.⁵

Involvement in offending is only one of a range of poor outcomes associated with adverse childhood experiences and trauma. A Youth Justice Board for England and Wales report on the risk and protective factors associated with youth crime found that:

“The risk factors for youth offending and substance abuse overlap to a very large degree with those for educational underachievement, young parenthood and adolescent mental health problems.”⁶

With this awareness that there a range of risk factors which can affect outcomes for young people, including leading them to involvement in the criminal justice system, we are interested in understanding more about these factors and what works in supporting young people, (and particularly those at risk) to achieve positive outcomes.

This TRT briefing will

- Examine the risk and protective factors that can impact on young people
- Look at “what works” and what is recommended in terms of interventions and approaches
- Explore what can be done differently to improve outcomes for children and young people in Scotland
- Make suggestions as to how The Robertson Trust might most effectively engage with this agenda
- Identify the policy setting in Scotland around supporting vulnerable young people

Risk factors and their impact

Recent research has focussed on the links between the quality of relationships and environments that a person experiences as a child, and the outcomes that may result from these. The *Growing up in Scotland* study has highlighted that, even in the early years of a child’s life, there are consistent inequalities, not only in outcomes, but particularly in risk behaviours that are known to have longer

³ McAra, L & McVie, S 2010, “Youth Crime and Justice: Key Messages from the Edinburgh Study of Youth Transitions and Crime” *Criminology and Criminal Justice*, vol 10, 20 2, pp179-209

⁴ CYCJ, *Looked after Children & Crime*, 2016

⁵ CYCJ, *Key messages from the Centre for Youth & Criminal Justice*, 2016

⁶ Youth Justice Board for England and Wales, *Risk and Protective Factors*, 2005

term consequences for health and development.⁷ A 2005 report published by the Youth Justice Board of England and Wales⁸ identified a number of risk factors for youth offending that include:

- Poor parental supervision
- Conflict
- Parental attitudes that condone anti-social and criminal behaviour
- Low income
- Poor housing
- Low achievement in education
- Aggressive behaviour (including bullying)
- Lack of commitment to school
- Availability of drugs
- Childhood experiences (including trauma and time in care)

The Scottish Government Framework for action for preventing offending identifies the negative outcomes that children and young people can be affected by as including:

- Educational underachievement
- Economic disadvantage
- Social isolation
- Poor health
- Substance misuse
- Involvement in offending⁹

Adverse Childhood Experiences

Over the last 15 years, Adverse Childhood Experiences have become prominent in the discourse in the USA and the UK around this subject. The term Adverse Childhood Experiences (ACE's) originated from a study carried out in the US between 1995 – 1997 which demonstrated a link between childhood trauma and a range of health, social and emotional problems. The original ACE study identified 10 types of events or conditions (including emotional, sexual and physical abuse, parental separation or divorce, mental illness of a family member) and found that ACEs have a cumulative effect: the greater number of ACE's an individual experiences, the greater the likelihood of health risking behaviour, disease and social problems.¹⁰ These could include poor education and employment outcomes, lower mental wellbeing and life satisfaction, increased involvement in violence, chronic health conditions and increased chances of being a teen parent.¹¹

Compared with people with no ACE's, those with 4+ ACEs are:

- 4 times more likely to be a high-risk drinker

⁷ Scottish Government, Tackling Inequalities in the Early Years: Key messages from 10 years of Growing Up in Scotland study, 2015

⁸ Youth Justice Board for England and Wales, Risk and Protective Factors, 2005

⁹ Scottish Government, Preventing offending by young people, a framework for action, 2008

¹⁰ SPICe, Child and Adolescent Mental Health – Trends and Key issues, 2016

¹¹ Scottish Public Health Network (Scot PHN), Polishing the Diamonds, Addressing Adverse Childhood Experiences in Scotland, Sarah Couper & Phil Mackie, 2016

- 6 times more likely to have had or caused unintended teenage pregnancy
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have had sex under the age of 16 years
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime¹²

In its 2017 report “Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences, NHS Health Scotland states that

“Attachment difficulties and the experience of ACEs can manifest through social, emotional and learning difficulties. It may mean that these children have missed out on the development of crucial skills for life and learning such as social and friendships skills, and the ability to control their emotions and impulsiveness. This potentially has significant implications for a child’s ability to engage and trust in new relationships, for example with teachers and school staff, and may result in difficulties with processing information; the ability to organise self and work; transitions and working with others. This may then lead to poorer educational outcomes, risky health behaviours and social problems.”¹³

Unsurprisingly, perhaps, there is also evidence of an association between deprivation and ACEs¹⁴ and, that risk factors “cluster together in the lives of the most disadvantaged young people”.¹⁵

In Scotland, there has been no published study showing the prevalence of ACEs in the general population. However recent studies in England suggested that 9% of the population reported 4 or more ACEs. In a similar study in Wales, the figures was 14%. If these estimates are transposed into a Scottish setting, this could mean that between 500,000 and 750,000 are affected by their Adverse Childhood Experiences.¹⁶

In relation to mental health and wellbeing, a US study of 12-17 year olds enrolled with the Medicaid programme demonstrated the link between ACEs and the risk of developing a mental illness. The prevalence of mental health problems rises from 11% in children experiencing no ACEs to 44% in

¹² Bellisi M et al (2015) in NHS Scotland, Tackling the attainment gap by preventing and responding to adverse Childhood Experiences, pp4 fig 2, 2017

¹³ NHS Health Scotland, Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences (ACEs), 2017

¹⁴ Scottish Public Health Network (Scot PHN), Polishing the Diamonds, Addressing Adverse Childhood Experiences in Scotland, Sarah Couper & Phil Mackie, 2016

¹⁵ Youth Justice Board for England and Wales, Risk and Protective Factors, 2005

¹⁶ Scottish Public Health Network (Scot PHN), Polishing the Diamonds, Addressing Adverse Childhood Experiences in Scotland, Sarah Couper & Phil Mackie, 2016

those who had experienced five or more ACEs.¹⁷ Research carried out in the US has suggested that eradicating ACEs would lead to a 29.8% reduction in all mood, behaviour and substance disorders.¹⁸

In Scotland, it is estimated that poor mental health costs £10.7bn per year.¹⁹ Life expectancy for someone with poor mental health is 15 to 20 years lower than in the general population.²⁰

Studies have shown that many mental health problems start in childhood; half of adults who are mentally ill have experienced the onset of their mental health problems by the age of 15.²¹ The 2003 Scottish Needs Assessment Report on child and adolescent mental health estimated that around 10% of young people have mental health problems which cause them substantial difficulty.²² Recent referral rates to Child and Adolescent Mental Health Services (CAMHS) in Scotland show that the prevalence of mental health problems appears to be on the increase, with 30,208 referrals made in 2015 compared to 26,606 in 2013 (13.5% increase).²³ Emotional problems in 15 year old girls were also reported to have risen from 28% in 2010 to 41% in 2013.²⁴

The 2015 report on Scottish Adolescent Lifestyles also highlighted the inequalities around mental health, reporting that there were higher incidences of mental health issues amongst young people with limiting illnesses or disabilities, those of multiple or mixed ethnicity, care experienced young people, those who disliked, felt stressed by, or had been excluded from school. There is also evidence of the correlation between higher levels of deprivation and poorer mental health²⁵.

Identified as particularly at need within this context are care experienced young people. They have been described as experiencing “double jeopardy” as they can be exposed to additional risk factors (loss of attachment, disrupted education) just by ending up in the care system.²⁶ The impacts are evident: 45% of looked after children in Scotland are estimated to have a mental health condition.²⁷

What can be done?

This section provides additional context around some of the specific areas where interventions and support may be effective and highlights some of the protective factors and approaches that have been evidenced to make a difference in supporting young people and their families.

There is recognition of the range of protective factors (including having a warm and stable relationship with at least one parent/carer, having links to peers/teachers who hold positive

¹⁷ Scottish Public Health Network (Scot PHN), Polishing the Diamonds, Addressing Adverse Childhood Experiences in Scotland, Sarah Couper & Phil Mackie, 2016

¹⁸ Scottish Public Health Network (Scot PHN), Polishing the Diamonds, Addressing Adverse Childhood Experiences in Scotland, Sarah Couper & Phil Mackie, 2016

¹⁹ SPICe, Child and Adolescent Mental Health – Trends and Key issues, 2016

²⁰ SPICe, Child and Adolescent Mental Health – Trends and Key issues, 2016

²¹ Scottish Youth Parliament, Our generations epidemic, 2016

²² SPICe, Child and Adolescent Mental Health – Legislation and Policy, 2016

²³ SPICe, Child and Adolescent Mental Health – Trends and Key issues, 2016

²⁴ SPICe, Child and Adolescent Mental Health – Trends and Key issues, 2016 (ref, Scottish Adolescent Lifestyles report 2015)

²⁵ SPICe, Child and Adolescent Mental Health – Trends and Key issues, 2016 (ref, Scottish Adolescent Lifestyles report 2015)

²⁶ CYCJ, Key messages from the Centre for Youth and Criminal Justice Briefing Paper, 2016

²⁷ SPICe, Child and adolescent mental health – trends and key issues, 2016

attitudes and model positive social behaviours, having resilience and self- efficacy and being happy and engaged in school) that can help to support children and the benefits of strengthening these as a way of mitigating risk factors.

Glasgow Centre for Population Health has identified a number of “spheres of influence” which can impact on a child’s health and wellbeing and has recommended that efforts to improve health and reduce health inequalities need to focus on all spheres of children’s lives; family and parent environment; learning environment; neighbourhoods; and crucially the socioeconomic circumstances in which they are growing up.²⁸

In addressing the poor outcomes that many young people experience, the focus in recent years has been on developing preventative approaches which address the risk factors that children and young people face. By reducing exposure to ACEs the expectation is that negative outcomes that are linked to them can be reduced.

These approaches seek to place the **child at the centre** and to establish **strong, safe, consistent and nurturing relationships and environments** around them. This recognises that the context in which children grow up, and the multiple factors which impact on this, is crucial in influencing outcomes for young people. There is acknowledgement of the **need to address the wider context that can affect families** (often related to poverty, austerity, poor health etc.) alongside directly tackling other family risk factors and household adversity (domestic violence, criminality).²⁹

Central to much of this thinking is the benefit of adopting trauma informed approaches³⁰ which **build on the strength and potential of children and families** and which enables them to **feel a sense of agency** in their own lives.

Support to family/caregivers

There is evidence that children who end up doing well despite adversity have usually **experienced at least one stable, committed relationship with a supportive parent or caregiver**.³¹ Conversely, for those at risk who do not have the benefits of positive relationships, it can be harder to stay clear of negative outcomes, such as offending behaviour.³²

By working with families (including grandparents), kinship and foster carers, and doing so at an early stage (early years is also the time when inequalities pass from one generation to another), there is the chance of having the biggest impact. Recommendations from the literature review are for **early engagement with families, supporting parent/carer around child attachment and relationship, their wider socio-economic and life circumstances and targeted at those most in need**. Working inter-

²⁸ Glasgow Centre for Population Health, Health and early years, children and young people, Sara Dodds, 2016

²⁹ Scottish Public Health Network (Scot PHN), Polishing the Diamonds, Addressing Adverse Childhood Experiences in Scotland, Sarah Couper & Phil Mackie, 2016

³⁰ TIAs can be defined as “a system development model that is grounded in and directed by a complete understanding of how trauma exposure affects service user’s neurological, biological, psychological and social development” Angela Sweeney, Sarah Clement, Beth Filson, Angela Kennedy, (2016) "Trauma-informed mental healthcare in the UK: what is it and how can we further its development?", Mental Health Review Journal, Vol. 21 Issue: 3, pp.174-192

³¹ Scottish Public Health Network (Scot PHN), Polishing the Diamonds, Addressing Adverse Childhood Experiences in Scotland, Sarah Couper & Phil Mackie, 2016

³² CYCJ, Youth Justice in Scotland: a guide to policy, practice & legislation, 2014

generationally, with both parent/carer and child together with a focus on enhancing interactions is key.³³

A systematic review carried out of 55 parenting support interventions (mostly in the US) found early family/ parenting support interventions to be effective in reducing problem behaviours among young children. In terms of “what worked” the review suggested that **the earlier the intervention, the better**, and that interventions need to be adapted to suit across the life course. There is room for more clarity on which parenting programmes work best and what the specific elements (of both the programme, and the way it has been implemented) are that influence this.³⁴

Focussing on the health and wellbeing of parents and ensuring that they **have the support they need to address wider challenges that they face in their day to day life** (e.g. poverty, the impact of their own ACEs, housing/employment) may also be of value in increasing their capacity to parent.

The financial case for investing in early years appears to make sense in terms of the wider agenda to move more resource to preventative spend. There are estimates that investing in support to families from pre-birth to the age of five could save up to £37,400 a year per child for the most severe cases and £5,100 for moderate ones.³⁵

Maternal mental health

There is a link between **maternal and child mental health**. In Scotland, mental illness/suicide is the overall leading cause of maternal death yet detection levels and appropriate interventions are low³⁶. In a 2010 study into maternal mental health in Scotland, almost 1/3 of participants reported having experienced poor mental health in the four years after their baby’s birth. Mental health difficulties were found to be related to living in an area of deprivation, having experienced poverty, relationship difficulties and poor social supports. It concluded that:

“By age four, children who experienced prolonged (repeated) exposure to a mother with mental health problems were particularly likely to have poor behavioural, emotional and social outcomes”.

And suggested that:

“Supporting mothers with mental health problems may have a direct impact on young children’s development and well-being and could enhance children’s early school experiences.”³⁷

It should be noted that there was little evidence in the literature review of work taking place around paternal mental health, or whether the impacts of this are comparable with those of maternal mental health.

Inter-parental relationships

³³ SPICe, Early Years Subject Profile, 2011

³⁴ Justice Analytical Services, What works to reduce crime? A summary of the evidence, 2014

³⁵ Scottish Government, Joining the Dots: a better start for Scotland’s children, Susan Deacon, 2011

³⁶ SPICe, Child and adolescent mental health – trends and key issues, 2016

³⁷ The Scottish Government, Growing up in Scotland: maternal mental health and its impact on child behaviour and development, 2010

The recent Early Intervention Foundation report on inter-parental relationships stated that:

“There is strong evidence that the **inter-parental relationship** has a primary influence on effective parenting, children’s long term mental health and future life chances.”³⁸

It suggests that parenting programmes which fail to address any inter-parental conflict may not be as effective. The focus on relationships here is regardless of parents’ status as a couple.

Factors identified in supporting people through parental and relationship difficulties in low income families have been identified as maternal social support; effective coping strategies, communications and problem solving and strong community and neighbourhood support. Parental relationships do not happen in a vacuum and consideration should also be given to measures which support the wider family socioeconomic context (e.g. housing, debt, employment).

Wider community setting

The **role of community and peer networks** in supporting positive outcomes for families is in line with wider policy developments in Scotland which advocate community led and asset based approaches. Many support services are accessed at early years through universal services such as health. However there can be **barriers to accessing mainstream services** (caused by stigma, lack of trust, finances) which could be reduced by the delivery of services in local, peer or community led settings. Community led approaches, particularly those which **support children, young people and families to be involved in decisions relating to their lives**, may also support the drive to enable people to have a sense of control and agency in their own lives and the services that support them.

Education setting

The wider environments in which children engage are important influencers on outcomes for young people. Beyond family and community settings, the educational environment is the main space where children are subject to regular external influence. Evidence suggests that a **positive school environment** is crucial and that **attachment to school is a key protective factor** for young people. Young people who disliked school, felt pressured by school work, truanted regularly or had been excluded have higher incidences of emotional and behavioural problems than those who have a positive school experience.³⁹

The role of early years settings and school establishments in supporting young people and their families with their emotional health and wellbeing is crucial. There is a need to build understanding of ACE’s throughout the workforce and to develop ways of working which support families. This can be done by **providing a focus on building relationships, creating a positive environment, modelling appropriate positive behaviours and supporting emotional literacy wellbeing and resilience**. This should be in addition to ensuring that appropriate support and referral routes are available (through specialist services available in the school or community setting). Identifying additional support needs early on, personalising interventions and making sure that they build on the strengths and skills of the young person are seen as equally important.

³⁸ Early Intervention Foundation: Interpersonal Relationships, conflict and the impact of poverty: an overview, 2017

³⁹ SPICe, Child and adolescent mental health: trends and key issues, 2016

Support Interventions

There have been a huge number of parenting support and child wellbeing support services on offer over the last 20 years and many of these have been tested or evaluated in the settings that they are delivered. However, there is still not full clarity of which (if any) of these programmes is best at delivering outcomes and which aspects of the delivery are identified as being most important. There have also been challenges getting programmes adopted at scale, and incorporated into any wider systems of support to ensure joined up pathways, both for delivery agencies and for beneficiaries.

The profusion of existing products and approaches on offer means that it is unlikely that there is the need to develop new ones. There is, however, a need to build evidence around promising programmes of what works and to ensure, at the point of commissioning, that any programme being rolled out is a clear fit with the wider system that sits around it.

Key points

- There are a recognised range of protective factors which can mitigate against risk factors that children may face
- Approaches, which place the child/family at the centre (such as nurture and trauma-informed) should be embedded across all interventions
- There is evidence that children who end up doing well despite adversity have usually experienced at least one stable, committed relationship with a supportive parent or caregiver
- The earlier that problems can be identified, and support put in place to address them, the better
- Interventions should be targeted at those most in need
- Maternal mental health is a crucial factor and needs to be supported
- Interventions should work inter-generationally with both the parents/carers (including grandparents) and the child together.
- Interventions should take into account the health and wellbeing of parents/carers and the wider socio-economic environment that may impact on families and should ensure support to address these
- Inter-parental relationships are of significant importance in ensuring effective parenting
- Young people in care are particularly vulnerable to experiencing negative outcomes
- School is a key protective factor for children and more should be done to ensure that young people stay engaged with and have a positive experience at school
- Schools need to provide positive environments for young people and should support with relationship building and emotional literacy, wellbeing and resilience
- More support needs to be given to workforces to enable them to better understand and address trauma and challenging behaviours
- Consideration should be given to ensuring that families and young people are involved in making decisions about their own lives
- Whilst universal services, such as health and education, are crucial, wider community settings provide opportunities to engage people in different ways and to perhaps remove some of the barriers that may prevent them from accessing mainstream services

- There is a wide range of parenting, child well-being and family support services and products available on the market which need to be better evidenced and then embedded at scale where appropriate. It is unlikely that new service models need to be developed.

What needs to happen (and what might we do)?

The landscape surrounding children and young people and supporting them to achieve positive outcomes is, unsurprisingly, busy. There are a range of statutory and non-statutory players involved which brings benefits, in terms of possibilities for change and engagement. However there are also risks of programmes getting lost within a much wider set of interventions and structures. Luckily, there is clear agreement across the range of partners involved in this work that interventions need to happen early and to be co-ordinated. The fact that there is a strong statutory role in a lot of the work surrounding children and young people also means there are multiple environments for new services and systems to be tested. Key factors when considering developing programmes within this theme are:

- Interventions developed should take into account the key points set out in pp10 of this paper
- As highlighted by the Big Lottery Funded [Realising Ambition](#) programme, there is little need to develop new products or services in this area as there are already numerous well evidenced (and less well evidenced) services and approaches out there. Our work should focus on improving the evidence around existing approaches/services by supporting them to be delivered and evidenced in new settings or at a new scale. If a new service/approach is being developed, we need to check first that evidenced alternatives are not available
- There is a need to build compassionate understanding of ACEs and their impacts amongst general public, professional practitioners and parents. We should ensure that all interventions developed seek to build the skills and knowledge of practitioners involved and that any learning can be shared more widely with other practitioners who may benefit (making sure that any messages are in keeping with other CPD they may be receiving)
- It is very unlikely that any intervention we might support will have an impact unless it is incorporated within the system around it. When developing services or interventions, we need to know how it will fit with the wider system and what the pathway for the participants may be. More isolated interventions will only add to an already crowded and unclear landscape.
- There is an opportunity for us to support system change at a larger scale across some of this work. There is an appetite at national and local government level for this to happen and the third sector is well placed to bring its skills and expertise to the conversation
- There is a need to build evidence around the longer term effects of ACEs and to build more robust evidence around interventions that work. There is also a need to understand better the longer term impact of interventions – do the results “stick”
- We should consider how to bring together different types of funding to support this system change e.g. grant funding, social bridging finance. Funding models should never be the driver for an intervention, but having this flexible approach to supporting work on the ground is a huge advantage
- Consider how this agenda may inform/be informed by our open grants programmes
- We need to engage with other funders and strategic partners with an interest in this area to understand where and how they are investing.

Reading List

[Angela Sweeney, Sarah Clement, Beth Filson, Angela Kennedy, \(2016\) "Trauma-informed mental healthcare in the UK: what is it and how can we further its development?", Mental Health Review Journal, Vol. 21 Issue: 3, pp.174-192](#)

[CYCJ, Key messages from the Centre for Youth and Criminal Justice Briefing Paper, 2016](#)

[CYCJ, Looked After Children & Crime, 2016](#)

[CYCJ, Mental Health Difficulties in the Youth Justice Population: Learning from the first six months of the IVY project, 2014](#)

[CYCJ, Our Lives with Others: an evaluation of trauma, bereavement and loss developments at HMYOI Polmont, 2016](#)

[CYCJ, Youth Justice in Scotland: a guide to policy, practice & legislation, 2014](#)

[Dartington Social Research Unit, Transforming Children's Services: Using the Best evidence to get it right for every child, Reflections and lessons from five Scottish Sites](#)

[Early Intervention Foundation, Disadvantage, behaviour and cognitive outcomes, 2017](#)

[Early Intervention Foundation: Interpersonal relationships, conflict and the impact of poverty: an overview, 2017](#)

[**Glasgow Centre for Population Health, Health and early years, children and young people, a GCPH synthesis, Sara Dodds, 2016**](#)

[Glasgow's Healthier Future Forum 17: Thinking ahead in the early years, summary of presentations and discussions from the GHFF event, 2017](#)

[IPPR, Education, education, mental health: Supporting secondary schools to play a central role in early intervention mental health services, May 2016](#)

[Mcara, L & McVie, S 2010, "Youth Crime and Justice: Key Messages from the Edinburgh Study of Youth Transitions and Crime" Criminology and Criminal Justice, vol 10, 20 2, pp 179-209](#)

[Ministry of Justice, Needs and characteristics of young adults in custody: Results from the Surveying Prisoner Crime Reduction \(SPCR\) survey, 2015](#)

[Ministry of Justice, Prisoners' childhood and family backgrounds, Results from the Surveying Prisoner Crime Reduction \(SPCR\) longitudinal cohort study of prisoners, 2012](#)

[Murphy et al, Scope, Scale and Dose of the World's Largest School-Based Mental health Programs, Harvard Review of Psychiatry, 2017](#)

[**NHS Scotland, Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences \(ACEs\) 2017**](#)

[Scottish Government, An Evaluation of the Development and Early Implementation Phases of Getting it right for every child in Highland: 2006 – 2009, 2009](#)

[Scottish Government, Education Outcomes for Looked After Children, 2014/15, 2015](#)

[Scottish Government, Evaluation of the Whole System Approach to Young People who offend in Scotland, 2015](#)

[Scottish Government, Growing up in Scotland: maternal mental health and its impact on child behaviour and development, 2010](#)

[Scottish Government, Joining the Dots: a better start for Scotland's children, Susan Deacon, 2011](#)

[Scottish Government, Mental Health Strategy 2017-2027, March 2017](#)

[Scottish Government, Preventing offending by young people, a framework for action, 2008](#)

[Scottish Government, Preventing Offending, getting it right for children and young people, strategy summary, 2017](#)

[Scottish Government, Tackling Inequalities in the Early Years: Key messages from 10 years of Growing Up in Scotland study, 2015](#)

[**Scottish Public Health Network \(Scot PHN\), Polishing the Diamonds, Addressing Adverse Childhood Experiences in Scotland, Sarah Couper & Phil Mackie 2016**](#)

[Scottish Youth Parliament, Our generation's epidemic, 2016](#)

[Social Research Unit at Dartington, Design and refine, developing effective interventions for children and young people, 2013](#)

[SPICe, Child and Adolescent Mental health – Trends and Key Issues, 2016](#)

[SPICe, Early Years Subject Profile, 2011](#)

[SPICe, Health Inequalities – Early Years, 2014](#)

[Whitecross, Richard & Levy, Liz & Santhakumaran, Dharshi. \(2014\). What Works to Reduce Crime: A Summary of the Evidence](#)

Youth Justice Board for England and Wales, Risk and Protective Factors, 2005

Review of the evidence - the process

This review was carried out in May and June 2017. It consisted of desk research focussing on publications from 2005 – 2017. Initial online searches focussed on “young people, mental health & wellbeing”, “ACE’s”, “early intervention”, “preventing offending” and looked for other documents providing overviews within these areas, particularly with a UK context.