

YEF review of practice on meeting the mental health and neurodevelopmental needs of children in the youth justice system

Summary

- YEF is seeking a team to conduct a review of practice on the extent to which the mental health and neurodevelopmental needs of children in the youth justice system are being met. Within this, we are interested in the extent to which children's needs are identified, and whether they receive appropriate, timely support. We are particularly interested in the extent to which the needs of children from Black, Asian and minority ethnic communities are identified and supported.
- Our hypothesis is that children engaged with the youth justice system have a range of health needs that are not currently being consistently identified and addressed. These include mental health difficulties, ADHD, substance misuse issues, and traumatic brain injuries. These health needs are of particular interest to YEF given that they are associated with later involvement in violence. We want to assess the extent to which our hypothesis is correct, and what is preventing and facilitating good practice in this context.
- The study will inform YEF's recommendations for the youth justice sector on how to reduce violence amongst children and young people (which will draw on a range of ongoing and completed research work).
- The deadline for proposals is 9am on 16th March 2026. We intend to have appointed the successful team by 17th April 2026. The deadline for the full draft report is 27th November 2026.

Background

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we fund promising projects and then use rigorous evaluations to find out what works. We also synthesise the best available evidence from across the world and mobilise what we learn to make a change to the lives of children.

It is also imperative that YEF fully understands the context in which children live, and in which services operate to support them. Only then can we make evidence-based recommendations on how best to reduce serious violence. Alongside our programme funding, and evidence synthesis work, we fund a wide range of research projects (including data analysis, youth understanding work, and practice reviews) to better understand young people's lives, and the systems and services that surround them.

The youth justice sector is one such system that supports children.

YEF's youth justice sector work

In 2027, YEF will publish two guidance reports for the youth justice sector in England and Wales: Practice Guidance and System Guidance. These reports will set out recommendations for how the sector can support the reduction of serious violence involving children and young people.

- Practice Guidance is delivery-focused, guiding practice leaders and commissioners on what works to keep children safe from violence.
- System Guidance is system-focused, guiding policymakers and system leaders on the changes needed to enable and sustain best practice.

The recommendations in these reports will draw on YEF's existing work in the sector, including:

- Projects YEF has funded and evaluated in the sector (such as a trial of [therapeutic support](#) for children who have been in police custody, research into the [referral pathways and support](#) available for arrested children, and secondary data analysis on the use of [diversion](#))
- Relevant sections of the YEF [Toolkit](#) (e.g. restorative justice, informal and formal pre-court diversion, and custody aftercare and resettlement programmes)
- Our annual [Children, Violence and Vulnerability](#) survey of young people
- Our work understanding the lives of young people with the [Peer Action Collective](#)
- YEF's [practice guidance](#) and [system guidance](#) on supporting children through effective, equitable diversion

In addition, YEF is currently commissioning three other research projects¹ which explore: youth justice responses to serious violence, weapons and VAWG; the use of community sentences for children; and custody resettlement for children and young adults. We are open to teams applying for more than one project, particularly if efficiencies can be achieved through combining methods or reporting.

Context

Certain health conditions are associated with an increased risk of involvement in violence

YEF's survey of nearly 11,000 13–17-year-olds across England and Wales found that perpetrators of serious violence were over four times as likely to have a diagnosed mental health or neurodevelopmental condition than their peers (81% vs 19%).² Although mental health conditions in general are associated with a slightly increased risk of involvement in violence, there are a few mental health conditions that are linked to a greater risk.³ This includes conduct disorder,⁴ schizophrenia (and other conditions

¹ <https://youthendowmentfund.org.uk/tenders/>

² <https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2025/mental-health/>

³ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30262-5/abstract](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30262-5/abstract)

⁴ <https://pubmed.ncbi.nlm.nih.gov/18664994/>;

<https://www.sciencedirect.com/science/article/abs/pii/S1359178917300149?via%3Dihub>

involving psychosis),⁵ and substance use disorders (i.e. addiction).⁶ For example, international research suggests that 53% of adolescents in custody meet the diagnostic criteria for conduct disorder.⁷ Across studies in a global scoping review, the percentage of children in custody who had ever had a diagnosed drug or alcohol use disorder ranged from 22% to 96% –compared with 7–11% of the general population.⁸

Certain neurodevelopmental conditions such as ADHD⁹ and Developmental Language Disorder (DLD)¹⁰ are also associated with an increased risk of involvement in violence or crime. For example, a meta-analysis of longitudinal studies found that children with ADHD were over three times more likely to receive a conviction in adolescence or adulthood than their peers.¹¹ A UK study of children in the youth justice system found that DLD was a strong predictor of reoffending.¹² Other conditions that affect how young people think, feel, and control their behaviour can also be associated with an increased risk of involvement in violence or crime, such as traumatic brain injury (TBI).¹³ For example, a recent study of children in custody in Scotland found that 80% had experienced a significant head injury.¹⁴

Children in the youth justice system have higher levels of these conditions

Of the children sentenced in England and Wales between 2019–20, practitioners deemed that:

- 76% had substance misuse needs
- 72% had mental health needs
- 71% had speech, language and communication needs¹⁵

Of children who have offended, as many as 30% have clinically diagnosed attention deficit hyperactivity disorder (ADHD), 23% have learning difficulties and 15% have autism spectrum disorder (ASD).¹⁶ Of the 546 children involved in serious incidents notified to the Youth Justice Board (YJB) in 2023–24, 23% of children reported had identified Special Educational Needs, with the most prevalent neurodevelopmental conditions being ADHD and ASD.¹⁷ Young people who have offended are also over three times more likely to have experienced a TBI than controls.¹⁸ Many of these conditions are not only associated with an

⁵ <https://pubmed.ncbi.nlm.nih.gov/34935869/> ; <https://pubmed.ncbi.nlm.nih.gov/31758666/>

⁶ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30262-5/abstract](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30262-5/abstract) ; <https://pmc.ncbi.nlm.nih.gov/articles/PMC7879597/> ; <https://pubmed.ncbi.nlm.nih.gov/31954434/> ; <https://www.gov.uk/government/publications/an-analysis-of-indicators-of-serious-violence-findings-from-the-millennium-cohort-study-and-the-environmental-risk-e-risk-longitudinal-twin-study>

⁷ <https://pubmed.ncbi.nlm.nih.gov/18664994/>

⁸ [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30217-8/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30217-8/fulltext)

⁹ <https://pubmed.ncbi.nlm.nih.gov/27390061/> ; <https://acamh.onlinelibrary.wiley.com/doi/epdf/10.1002/jcv2.12217> ; <https://onlinelibrary.wiley.com/doi/10.1002/cbm.70018> ; <https://pmc.ncbi.nlm.nih.gov/articles/PMC4301200/>

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/35114804/> ; <https://pure.york.ac.uk/portal/en/publications/developmental-language-disorder-and-offending-a-prospective-longi/> ; <https://pubmed.ncbi.nlm.nih.gov/32663331/>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/27390061/>

¹² <https://pubmed.ncbi.nlm.nih.gov/32663331/>

¹³ <https://pubmed.ncbi.nlm.nih.gov/25734840/> ; <https://pmc.ncbi.nlm.nih.gov/articles/PMC6171742/> ; <https://www.tandfonline.com/doi/abs/10.1080/09297049.2011.647901> ; <https://pubmed.ncbi.nlm.nih.gov/37436964/>

¹⁴ <https://pubmed.ncbi.nlm.nih.gov/37436964/>

¹⁵ <https://assets.publishing.service.gov.uk/media/604a3ee28fa8f540179c6ab7/experimental-statistics-assessing-needs-sentenced-children-youth-justice-system-2019-20.pdf>

¹⁶ <https://youthendowmentfund.org.uk/wp-content/uploads/2025/04/CfEY-and-University-of-Oxford-Education-violence-and-the-SEND-system.pdf>

¹⁷ [Serious Incidents Annual Report \(YJB, 2025\)](#)

¹⁸ <https://www.tandfonline.com/doi/abs/10.1080/09297049.2011.647901>

increased risk of a child becoming involved in violence, but may also impact how a child experiences the youth justice system and engages with interventions.

We do not know the extent to which the youth justice and health sectors are currently meeting these needs

There are various points in the youth justice system when a child could receive a health assessment or health intervention designed to address their mental health and neurodevelopmental needs. These include: when a child is in police custody following an arrest; when interviewed by police as a suspect in an offence; and when referred into, and working with, the local youth justice service (YJS).¹⁹

We are unaware of any systematic study on how well health services are being delivered to children in the youth justice system, and the extent to which they are meeting the scale of need. Previous studies on this are helpful starters, but provide no systematic, national picture, and some are dated.^{20, 21, 22} Following conversations with practitioners,²³ we hypothesise that provision may be inconsistent and patchy, and not meeting the level of need. This is supported by some more recent research: access to psychological therapies is inconsistent across the youth justice system, and dependent largely on whether provision is embedded within local youth justice services;²⁴ the underdiagnosis of SEND for children in the youth justice system is a key issue, with co-location of health practitioners in youth justice services identified as a possible solution for improving identification and support for children with SEND;²⁵ and findings from thematic inspections in responses to youth violence found delays in children receiving appropriate assessments to diagnose their needs.²⁶ Gaps in health provision have also been identified through HMIP inspections of YJSs.²⁷

We are also aware of pockets of good practice, with some inspection reports highlighting the importance of sufficient staffing and clear pathways. For instance, in Doncaster YJS, ‘the exceptional health offer enables access to several in-house specialist services, including speech, language and communication needs, substance misuse, a counsellor, forensic psychology provision, and systemic family therapy. This innovative and proactive provision is effective in supporting the neurodiverse, mental, and emotional health needs of YJS children’.²⁸

¹⁹ When a child is working with a local youth justice service, this can cover a range of possible interactions with the justice system. For example, they could be working with the local YJS through a referral via an out of court disposal, as part of a bail programme, or as part of a sentence given at court.

²⁰ https://www.centreformentalhealth.org.uk/wp-content/uploads/2018/09/Centre_for_MH_Healthcare_provision_YOTs.pdf

²¹ https://assets.childrenscommissioner.gov.uk/wpuploads/2017/07/I_think_I_must_have_been_born_bad_-_full_report.pdf

²² https://www.cqc.org.uk/sites/default/files/documents/reactions_3rd_review_of_yot_healthcare.pdf

²³ Practitioners reflections included: variation in what support is available for children in the youth justice system; direct clinical intervention is less common and this has impacted assessments and provision of support; embedded health practitioners in local services being less common; and the lack of statutory, clear expectation of the role and offer of health services within the youth justice system contributing to variation.

²⁴ [Access to mental health support for children and young people involved in or at risk of serious youth violence across England and Wales: findings from a multi-strand project](#)

²⁵ [Education, violence and the SEND system in England and Wales: a policy and practice review](#)

²⁶ [Multi-agency responses to serious youth violence: working together to support and protect children - GOV.UK](#)

²⁷ See for example: [2023 Annual Report: inspections of youth justice services](#)

²⁸ <https://cdn.websitebuilder.service.justice.gov.uk/uploads/sites/32/2025/02/Doncaster-Youth-Justice-Inspection-report.pdf>

The aim of this project

This project will assess the extent to which the mental health and neurodevelopmental needs of children in the youth justice system are being identified, and the extent to which children with these needs receive appropriate, timely support. Within this, we are particularly interested in the extent to which the needs of children from Black, Asian and minority ethnic communities are identified and supported.

A key feature of this project is a detailed map of current practice. We expect this to include assessment of how and when needs are identified, and what access children have to appropriate support. This will focus on the role of specific health services at specific points in the system,²⁹ increasing our understanding of how the system currently works. We would like to understand more about the decision-makers and processes, including who has authority to approve or refuse access, how funding decisions and clinical thresholds are governed, and where accountability sits. We require detailed mapping of what's commissioned and when, and the extent of variation and the reasons behind it.

After accurately mapping current practice, we want to understand the extent to which practice aligns to what should be happening, in two senses: according to guidance and policy, and in order to meet demand. This will require detailing how the youth justice and health sectors are expected to work together; we are interested in how this relationship operates in practice, what variation exists, and what explains this variation. To determine whether practice meets demand, the project will need to quantify the level of need among children in the youth justice system.

We want the project to detail barriers and facilitators in this context – what is preventing the identification of children's health needs and what is preventing children from receiving appropriate, timely support? And what facilitates identification of needs and access to support? How do funding, accountability and governance arrangements shape this? We want clear descriptions of these factors, and an assessment of their relative impact and prevalence. We're interested in factors which work across both practices and systems. Are there specific models of delivery or ways of working within the health and youth justice sectors, such as co-location, outreach or digital provision which act as a facilitator? Is engagement with support facilitated by having direct access to health professionals or by being supported by a youth justice practitioner trained to meet health needs? Are there key governance or system arrangements, such as specific health representation on Youth Justice Management Boards, which are successful in this context? Within this, we are particularly interested in facilitators of access to psychological therapies.

Scope and definitions

The definitions set out below reflect our current expectations for the scope of the project:³⁰

- *health needs*: we are focussed on the mental health and neurodevelopmental conditions which are risk indicators for involvement in violence. This includes conduct disorder, schizophrenia (and

²⁹ Please see 'Scope and definitions' section for further information on which health needs and conditions, health services, and points in the youth justice system we suggest in scope.

³⁰ We are open to bidding teams suggesting refinement or changes to these definitions, and to the scope of the project. We expect to finalise these with the appointed team.

other conditions involving psychosis), substance use disorders, ADHD, DLD, and traumatic brain injury.³¹

- *health services*: we are specifically interested in healthcare provision that aims to meet the needs and conditions which are risk indicators for involvement in violence (as listed above). These could include neurodevelopmental services, substance misuse services, specialist children and young people's mental health services and community health services.
- *youth justice system*: we would like a focus on specific points in the system at which children could feasibly be expected to receive assessment or support for health needs. This includes, but is not limited to, when a child is placed in police custody after an arrest, when a child is interviewed as a suspect in an offence, and when a child is referred into, or working with, the local YJS. We have not suggested included sentencing or custody resettlement within this project, as this is covered within separate YEF research projects.³² We have also not included the children and young people's secure estate here; this is an important part of the sector, but we recognise that including every part of the youth justice sector may make the project unmanageable.³³
- *barriers and facilitators*: when considering these factors, we are interested in how these operate at different levels of the system, including practice, service, funding, commissioning and governance, and across both youth justice and health sectors.

Race equity

There are significant racial disparities in children's experience of violence, youth justice, and health outcomes.³⁴ While most children in the youth justice system are White, some minority ethnic groups are over-represented relative to their share of the population. This is most pronounced for children who are Black, of Mixed Ethnicity, or from Gypsy, Roma and Irish Traveller backgrounds. For example, Black children continue to be over-represented across stop and search, arrest, youth cautions, first-time entrants, children in custody and reoffending rates. Black children make up 6% of all 10–17-year-olds, but in 2023/24 they accounted for 24% of children in custody – four times their population share.³⁵ Other communities are also overrepresented in custody. For instance, Gypsy, Roma and Irish Traveller children make up less than 1% of children; yet a self-reported 7% of children in custody are from Gypsy, Roma and Traveller backgrounds – over 7 times their population share.³⁶

People from Black, Asian and minority ethnic backgrounds experience inequalities in health outcomes compared to those from White backgrounds, as well as inequalities in access to and experience of health services.^{37, 38, 39} Inequalities in access to mental healthcare has been identified as a particularly prominent

³¹ These are further described in the section: '*Certain health conditions are associated with an increased risk of involvement in violence.*'

³² Calls for proposals for YEF reviews of practice on [community sentences](#) and [custody resettlement](#) are currently live. These are both expected to have a focus on children's health needs within these contexts.

³³ We are open to teams including the children and young people's secure estate if they deem this to be manageable and achievable within the budget and timeline set.

³⁴ <https://youthendowmentfund.org.uk/reports/racial-disproportionality/>

³⁵ [Youth Justice Statistics: 2023 to 2024 - GOV.UK](#)

³⁶ [Children in custody 2022–23: An analysis of 12–18-year-olds' perceptions of their experiences in secure training centres and young offender institutions, November 2023](#)

³⁷ <https://youthendowmentfund.org.uk/reports/racial-disproportionality/>

³⁸ <https://www.nhs.uk/wp-content/uploads/2023/05/Ethnic-Health-Inequalities-Kings-Fund-Report.pdf>

³⁹ <https://www.nhs.uk/wp-content/uploads/2025/03/TRUST-IN-PRIMARY-CARE-REPORT-LAY-SUMMARY.pdf>

issue⁴⁰ with NHS data showing that compared to their share of the population, Black and Asian children are less likely to be referred to mental health support.^{41, 42} And once referrals have been made, people from some backgrounds are less likely to receive support.⁴³ An analysis of 23,300 young people who received specialist support from Child and Adolescent Mental Health Services (CAMHS) showed that Black young people were more likely to attend services for only one session.⁴⁴

There are several reasons that children from Black, Asian and other minority ethnic communities may be less likely to engage with psychological support. This includes a lack of trust in the mental health system, with individuals and families fearing unfair and discriminatory treatment by mental health professionals.^{45,46} Gypsy, Roma, and Traveller communities are also reported to face discriminatory practices in accessing health care, leading to scepticism and mistrust.⁴⁷ Gaps in cultural competence, discriminatory treatment from services, and a lack of appreciation from professionals on the impact racism can have on mental health, can be contributing factors to racial disproportionality in access to support.^{48, 49, 50}

The Youth Endowment Fund's mission is to prevent children and young people from becoming involved in violence. We can't achieve this mission if we do not challenge this racial inequity. Addressing these disparities is an important aspect of our work, and race is integrated into the research questions posed in this call for proposals.

Research questions

- 1) How are the health and youth justice sectors expected to work together to support children in the youth justice system, and how does this compare to current practice?**
 - a)** What does policy and statutory/non-statutory guidance specify these sectors should do at each stage of the youth justice pathway?
 - b)** What happens in reality at each stage, and where are the main gaps, additions or divergences?
 - c)** How consistently is health represented and engaged in Youth Justice Management Boards?
 - d)** What explains these patterns and variation?

⁴⁰ https://www.nhs.uk/rho/wp-content/uploads/2023/05/RHO-Rapid-Review-Final-Report_.pdf

⁴¹ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-bulletin/2023-24-annual-report>

⁴² Data on how levels of need compare amongst different ethnic groups is complex. A national survey of adults in 2014 found that Black (24%) and Mixed (20%) ethnicity adults were more likely to have common mental health disorders compared to White adults and adults from Asian backgrounds (17%). The picture among children and young people is less clear with variation in prevalence rates among different studies, age groups, and mental health types.

⁴³ NHS Race and health Observatory, *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*, (2022) p.35-36

⁴⁴ Edbrooke-Childs et al. (2021) *Association between single session services attendance and clinical characteristics in administrative data*.

⁴⁵ Fernandez de la Cruz et al., *Illness perception, help-seeking attitudes, and knowledge related to obsessive-compulsive disorder across different ethnic groups: a community survey*, 2015.

⁴⁶ Dada S, Hanif M, Nwabuokeyi P, et al. (2017) *The We Tell You Research Study: Perceptions: Peer Research into the Needs and Perceptions of Young Black Men on Mental Health and Wellbeing*. (Cited from NHS Race and health Observatory, *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*, (2022))

⁴⁷ <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/360.pdf>; these are also reported in Bignall et al, *Racial disparities in mental health: Literature and evidence review*, Race Equality Foundation 2019.

⁴⁸ Health and Care Professionals Council, (2023), *Diversity data: practitioner psychologists – July 2023*. <https://www.hcpc-uk.org/resources/data/2023/diversity-data-practitioner-psychologists-2023/>

⁴⁹ NHS Race and health Observatory, *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*, (2022) p.33

⁵⁰ NHS Race and health Observatory, *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*, (2022), p.33-4

- 2) What is the scale of health needs amongst children in the youth justice system?**
- 3) To what extent do children in the youth justice system have their health needs identified, and receive appropriate, timely support?**
 - a)** How does this vary for children from Black, Asian and minority ethnic communities?
 - b)** What information do relevant justice organisations have about children's needs?
 - c)** How and to what extent are children screened and assessed for needs?
 - d)** On average, how long does a child wait for a referral and support? How and when does this vary?
- 4) What factors prevent, and what factors enable, children in the youth justice system to have their health needs identified, and to receive appropriate, timely support?**
 - a)** How does this vary for children from Black, Asian and minority ethnic communities?
 - b)** How do funding, accountability and governance arrangements shape practice?
 - c)** Are there good examples of practice models or local systems which enable this?
 - d)** Specifically, what facilitates children receiving psychological therapy?

Bidding teams are welcome to propose amendments and/or additional questions that they think could help meet the aims of the project. We would expect to finalise the detailed research questions and methods with the appointed team.

Required outputs and suggested methodology

We strongly encourage teams to consider how they could provide quantitative insights on the research questions, for example through surveys and analysis, or quantitative components to interviews and focus groups.

To answer the research questions, we would expect to see a range of methods used, which may include:

- a. Data analysis, from quantitative or qualitative sources.
- b. Case studies of local areas, likely to include interviews with police, youth justice services, and a range of relevant health services.
- c. A large-scale survey of Youth Justice Services (YJSs) in England and Wales.
 - i. YEF currently has three live [calls for proposals](#) for other research projects in the youth justice sector. Across these projects, we aim to be mindful of the research burden on the sector. As such, if a national survey of YJSs is proposed in more than one of the four research projects, we may look to combine these into one survey. YEF has previously done this for projects in the policing sector (one survey covering two projects) and can oversee the co-ordination of this between appointed research teams, should it be necessary.
- d. Relevant, focussed desk-based research. This could include local YJS Health Needs Assessments, HMIP Youth Justice Service inspection reports, and relevant policy, guidance and research.
- e. Mapping of the intersection between specific health services and points of the youth justice system.
- f. Interviews with relevant practice, commissioning and policy stakeholders.
- g. Additional methods suggested by the research team.

At the end of the study, we would expect all these outputs to be drawn together in a written report, comprising:

- a. An executive summary

- b. An introduction
- c. Methodology
- d. Findings (written discussion of each of the research questions in turn)
- e. Conclusion and insights for policy and practice

Upon sharing the final report with us, we would expect the research team to provide a short presentation to the YEF team on the study's findings. YEF will pay for the peer review of the report.

Timeline

The deadline for proposals is 9am on 16th March 2026. We intend to have appointed the successful team by 17th April 2026. The deadline for the full draft report is 27th November 2026, after which a peer review process will take place.

If teams have good ideas for specific pieces of data analysis that may take longer than this timeline, we are very open to considering them. In such cases, we would encourage teams to explain what they could achieve by 27th November, and what additional work could then be completed following this date.

Budget

We expect the project to cost approximately £75-110k. However, we have some flexibility here, and will be judging bids on value for money rather than absolute cost. This range gives an indication of the scale of budgets we envisage – we will consistently prioritise proposals that give good value for money and strongly discourage research teams using these figures as the sole driver of their costs. If a team presents a proposal for a higher cost, but can fully justify why a particular method or additional element of the project adds significant value, we are open to considering it.

We would not expect VAT to be included in teams' budgets. Pass through VAT via sub-granting work to other organisations may in some circumstances be included. However, it is up to the bidding team to decide if they need to include VAT and any charges must be covered within the total grant amount.

We do not require budgets to use a specific template in proposals. Any approach that enables us to see total cost, the cost of project components, day rates, and number of days assigned to each team member is sufficient.

How to apply

YEF will judge research applications using the following criteria:

- **Subject expertise (20%).** How much expertise does the team have relating to youth justice and health sectors?
- **Research experience (20%).** How much experience does the team have in delivering similar research projects? Does the team have expertise and experience in delivering research projects that aim to understand and address racial disparities?
- **Proposed methodological approach (40%).** What methodology has the team suggested, and does it match our needs?
- **Value for money (20%).** Does the bid represent value for money?

Where teams may be weak in any of the above areas, we encourage applicants to seek expert consultants and partnerships to supplement their bid.

Proposals should clearly set out the team's subject expertise, research experience, methodological approach, budget and value for money, and a project plan and timeline. Proposals should be no longer than 2,500 words. You may attach relevant documents to support your application, but there is no guarantee that these will be read. Attached documents will not be included in the word count.

As noted above, we are open to research teams suggesting amendments or additions to the research questions and methodology. Teams are welcome to apply for multiple projects, particularly if there are opportunities to streamline methods or reporting for greater efficiency.

Please email your application to leanne.robinson@youthendowmentfund.org.uk by 9am on 16th March. If you have any questions regarding the project, please email these to leanne.robinson@youthendowmentfund.org.uk by 6pm on 6th March.