Inspection of Youth Offending
Archwilio Rhaglen Troseddwyr Ifanc

Criminal Justice Joint Inspection
Arolygiad ar y Cyd Cyfiawnder Troseddol

Core Case Inspection of youth offending work in England and Wales

Report on youth offending work in:

Halton and Warrington

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Foreword

This Core Case Inspection of youth offending work in Halton and Warrington took place as part of the Inspection of Youth Offending programme. We have examined a representative sample of youth offending cases from both areas, and have judged how often the Public Protection and the Safeguarding aspects of the work were done to a sufficiently high level of quality. Our findings will also feed into the wider annual Comprehensive Area Assessment process.

Over the area as a whole, we judged that the Safeguarding aspects of the work were done well enough 79% of the time. With the Public Protection aspects, work to keep to a minimum each individual's *Risk of Harm to others* was done well enough 76% of the time, and the work to make each individual less likely to reoffend was done well enough 78% of the time. A more detailed analysis of our findings is provided in the main body of this report, and summarised in a table in Appendix 1. We also provide there the separate analyses of the case samples from the constituent areas, for feeding into their separate Comprehensive Area Assessment processes.

We found that the YOT was performing well in many key areas. There was a good understanding and response to managing *Risk of Harm to others* with a range of interventions designed to reduce the Likelihood of Reoffending. Attention was also paid to meeting the individual needs of children and young people. The YOT had developed strong effective partnerships with others, which supported public protection and were of benefit to children and young people.

Overall, we consider this a very creditable set of findings, and the recommendations made are intended to assist the YOT in continuing improvement, and to focus on a few key areas. Given a number of recent changes to the workforce of the YOT, including the appointment of a team of operational managers, the commitment of the staff and the joint working arrangements, prospects for the development of work with children and young people in both Halton and Warrington are positive.

Andrew Bridges
HM Chief Inspector of Probation

August 2009

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We would like to thank all the staff from the YOT, members of the Management Board and partner organisations for their assistance in ensuring the smooth running of this inspection.

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Scoring – and Summary Table

This report provides percentage scores for each of the 'practice criteria' essentially indicating how often each aspect of work met the level of quality we were looking for. In these inspections we focus principally on the Public Protection and Safeguarding aspects of the work in each case sample.

Accordingly, we are able to provide a score that represents how often the *Public Protection* and *Safeguarding* aspects of the cases we assessed met the level of quality we were looking for, which we summarise here.

We also provide a headline 'Comment' by each score, to indicate whether we consider that this aspect of work now requires either **MINIMUM, MODERATE, SUBSTANTIAL** or **DRASTIC** improvement in the immediate future.

***Safeguarding* score:**	
This score indicates the percentage of *Safeguarding* work that we judged to have met a sufficiently high level of quality. This score is significant in helping us to decide whether an early further inspection is needed.	
Score:	***Comment:***
79%	***MINIMUM improvement required***

***Public Protection – Risk of Harm* score:**	
This score indicates the percentage of *Risk of Harm* work that we judged to have met a sufficiently high level of quality. This score is significant in helping us to decide whether an early further inspection is needed.	
Score:	***Comment:***
76%	***MINIMUM improvement required***

***Public Protection - Likelihood of Reoffending* score:**	
This score indicates the percentage of *Likelihood of Reoffending* work that we judged to have met a sufficiently high level of quality.	
Score:	***Comment:***
78%	***MINIMUM improvement required***

We advise readers of reports not to attempt close comparisons of scores between individual areas. Such comparisons are not necessarily valid as the sizes of samples vary slightly, as does the profile of cases included in each area's sample. We believe the scoring is best seen as a headline summary of what we have found in an individual area, and providing a focus for future improvement work within that area.

Recommendations (primary responsibility is indicated in brackets)

Changes are necessary to ensure that, in a higher proportion of cases:

(1) the information technology system supports the operational and strategic work of the YOT through the effective recording, planning and monitoring of cases (Chair of the Management Board, Head of Service and all staff)

(2) intervention, risk management and vulnerability plans are clear, specific, outcome-focused and cover all relevant work (Head of Service and YOT staff)

(3) victim safety issues are fully incorporated into the work of the YOT (Head of Service and all staff).

Next steps

An improvement plan addressing the recommendations should be submitted to HM Inspectorate of Probation four weeks after the publication of this inspection report. Once finalised, the plan will be forwarded to the Youth Justice Board to monitor its implementation.

Service users' perspective

Children and young people

Six children and young people completed a questionnaire for the inspection.

- All the children and young people who responded to our questionnaire knew why they were involved with the YOT, and all but one stated that staff had explained what would be expected of them to prepare for court and to complete their order. Four thought that staff were interested in helping them, and that, when they raised issues with them, they took action to help. Five felt that staff listened to them.
- Four had completed a *What do YOU think?* questionnaire.
- When asked, the four who responded were able to name a number of ways in which the YOT had helped them, including better decision making and feeling less stressed.
- Three of the six felt that they were less likely to offend as a result of the work of the YOT.
- Two offered comments. One suggested that the children and young people should have an opportunity to discuss non offence-related issues during the course of an order, as some have no-one else to talk to. The second young person was critical of the support received during a period in custody and felt that more could have been done to seek and secure suitable accommodation prior to release.

Victims

Two questionnaires were completed by victims of offending by children and young people.

- Both victims were positive about the work of the YOT, felt that staff had listened to them, understood their needs and had supported them. Both were completely satisfied with the service they had received.
- One was positive about the way in which the YOT had provided a tailored approach which had enabled the victim to take positive action to provide a victim's perspective on the impact of crime.

Sharing good practice

Below are examples of good practice we found in the YOT.

Assessment and Sentence Planning **General Criterion: 1.2e**	As David had reacted strongly against his care workers' attempts to get him out of bed, the ISSP officer had arranged enforceable appointments with him at 8am at his care home, where they would have breakfast together. As a result, David was ready to attend ISSP and began to develop new ways and attitudes in planning his time.
Delivery and Review of Interventions **General Criterion: 2.2a**	As a consequence of work undertaken by HMYOI Stoke Heath's Psychology Department, Brian showed real progress in his awareness of victim related issues and was able to recognise many factors that contributed to his own involvement in crime, such as alcohol and boredom. The report produced by the YOI identified the further work around conflict management and victim empathy that should be undertaken with him. These objectives were taken forward and Brian completed his order satisfactorily; there was a reduction in his *RoH* categorisation and he was assessed as less likely to reoffend in the future.
Outcomes **General Criterion: 3.1a**	Sam had learning difficulties and could only understand new concepts if he could relate them to his everyday life. As part of ongoing work with him to address aggression and anger, the case manager sought over many weeks to link her work with him to events that had happened to him the previous week. Therefore, whilst the case manager was appropriately repeating and consolidating the same work week after week, it always appeared to Sam as fresh, since it was always dealing with new and relevant experiences. As a result, Sam made significant progress in his behaviour.

1. ASSESSMENT AND SENTENCE PLANNING

1.1 Risk of Harm to others:	
General Criterion: *The assessment of RoH is comprehensive, accurate and timely, takes victims' issues into account and uses Asset and other relevant assessment tools. Plans are in place to manage RoH.*	
Score: ***78%***	***Comment:*** ***MINIMUM improvement required***

Strengths:

(1) A *RoH* screening had been completed in all cases. All but two (92%) had been completed on time and all but four (84%) were considered accurate.

(2) A full RoSH assessment had been completed in 16 of the 17 (94%) cases required. RoSHs had been forwarded to custodial establishments in all but one of the relevant cases. In line with local policy, all other cases were also subject to a full RoSH assessment.

(3) Classification of RoSH levels was assessed as being accurate in 87% of cases; all cases accepted by MAPPA were at the appropriate level.

(4) Managers had developed systems and procedures to provide oversight on *RoH work*, these included the use of a risk register to track children and young people who posed a threat to others. Risk management meetings had been established and promoted open discussion and effective management of individual risks. Recent training had been developed and delivered by one of the operational managers, with the aim of supporting active risk management and the consistency of both assessment and planning within the team. Case managers had a good understanding of both static and dynamic risk factors.

Areas for improvement:

(1) Although the full RoSH assessments had been undertaken in a timely manner in 86% of cases, only 62% of those completed were considered to be of sufficient quality. Some lacked clear victim information, including specific details on how to promote victim safety, and only half made reference to other agencies' assessments where it was appropriate to do so.

(2) In other cases, the inclusion of both current and historical information, some of which was no longer relevant, in the RoSH analyses had led to confusion. This had occurred in part due to the IT system which forced case managers to re-assess cases using the same document rather than starting a new one. Case managers were concerned about taking information out of the RoSH analysis, fearing that the information would be lost. As a result, we found numerous entries within the evidence boxes, some dated and some not, providing a history of offending rather than an analysis. We also found that the information boxes did not match with the current risk information, leaving a very confused picture of what was current and significant at any given time.

(3) Although RMPs had been completed in 85% of cases that required one, only 38% (10 of the 26) were of sufficient quality. Those examined were often a list of issues rather than a stand alone plan that would prompt action and failed to define clear roles and responsibilities or identify a structured response to changing need. Many (seven of the 26) did not make appropriate reference to victim safety. Given the joint working between case managers and other support staff, a clear plan on the expected response to risk was critical.

(4) Management oversight of RMPs had not yet resulted in consistently clear practice. We assessed the management oversight of *RoH* assessments to be effective in just over half of the cases seen and felt that the countersigning of some insufficient RMPs had the potential to give the wrong message to staff.

1.2 Likelihood of Reoffending:	
General Criterion: *The assessment of the LoR is comprehensive, accurate and timely and uses Asset and other relevant assessment tools. Plans are in place to reduce LoR.*	
Score: ***78%***	***Comment:*** ***MINIMUM improvement required***

Strengths:

(1) An assessment of the LoR had been completed using Asset in all but one case. There was active engagement with the child or young person to carry out the assessment in 62 of the 65 relevant cases (95%) examined and with their parents/ carers in 47 of the 54 relevant cases (87%). This work had been undertaken through discussions with children and young people, home visits and supervision sessions and meetings and telephone calls with the parents/ carers.

(2) The LoR had been completed within the required timescale in almost all cases, and 73% of assessments were judged to be sufficient. Where the assessment had not been sufficient, the common factor that contributed to this was unclear and insufficient evidence in the Asset. This had been caused in part by the limitations and use of the Careworks system.

(3) Both health and ETE issues were routinely assessed and recorded, with the education worker inputting information directly into Asset. This included significant relevant information supplied by the education worker, including information about schools, attainment levels and the contact details of key staff. Details of the child or young person's general practitioner and dentist were also included.

(4) We found evidence of a timely and thorough assessment of children and young people's substance misuse needs who were then referred to the substance misuse worker quickly, leading to a prompt assessment and good sharing of information to advise and support case management.

(5) Assessments were routinely informed by information from other relevant agencies including children's services (88%), ETE providers (82%), police (86%) and other agencies including housing (86%).

(6) There was an intervention plan in 89% of cases assessed. Plans sufficiently addressed factors linked to reoffending in 72% of cases and it was positive to note the consideration given to emotional and mental health issues (80%), thinking and behaviour (96%) and attitudes to offending (89%). In 80% of cases attention had been paid to the child or young person's motivation to change. Living arrangements and family and personal relationships were considered in just over half the relevant cases.

(7) Intervention plans gave a general shape to orders, reflected the purpose of sentencing and usually focused on achievable change.

(8) Intervention plans were usually prioritised according to *RoH,* sequenced according to offending related needs and sensitive to individual needs. The cases examined showed that other people had been involved in the planning processes, including the child or young person in 86% of cases and parents/ carers in 80% of cases.

(9) Other key agencies had been involved in the planning processes especially substance misuse, the police and the secure establishments. Copies of the completed assessments had been forwarded to custodial establishments in most cases.

(10) Intervention plans had been reviewed in a timely manner in 84% of cases.

(11) We found some full and frequent entries about children and young people's progress in the contact logs, and discussions with staff revealed support workers' detailed knowledge of their achievements.

(12) Children and young people from Halton or Warrington received the same level of service, regardless of where they lived, with resources being targeted to their own local services.

Areas for improvement:

(1) Learning styles questionnaires were not used consistently and had been completed in only 31% of cases. Similarly, the *What do YOU think?* questionnaire informed work with the child or young person in only 46% of cases.

(2) We assessed seven cases where the local ASB team could have informed the assessment but we saw only one where contact had actually been made.

(3) Information from the secure establishments had been used to inform initial assessments in only five of the relevant eight cases.

(4) Intervention plans were completed in 89% of cases and although generally sufficient, only took account of objectives in the RMPs in 17 of the 28 cases (61%) and of safeguarding needs in 19 of 33 cases (58%). Just over half of the intervention plans incorporated the child or young person's learning style.

(5) Although intervention plans covered the broad areas of work to be undertaken with children and young people, they were not written using accessible, child-friendly language. On occasions, the objectives were too wide and lacked definition.

(6) We noted that in some custody cases, case managers were not sufficiently active during the custodial phases and tended to place too much reliance on the custodial establishment when planning for the child or young person's release. Plans were not used proactively and were not reviewed during the course of the sentence or on release. As a result, some children and young people had faced the uncertainty of not knowing where they were going to live on release.

(7) There were four cases where inspectors identified that the ASB team should have been involved in plans; there was no evidence that this had been considered.

(8) The health services were only involved in planning in two of the relevant four cases.

(9) The work undertaken by ISSP staff did not form part of the intervention plan as they worked separately to their own plan. This lack of coordination meant that case managers were not always up to date with the work undertaken by the ISSP staff, nor were they able to identify or effectively respond to departures from the plan.

(10) Insufficient attention was paid to victim safety issues in just over half of the intervention plans seen.

1.3 Safeguarding:	
General Criterion: *The assessment of Safeguarding needs is comprehensive, accurate and timely and uses Asset and other relevant assessment tools. Plans are in place to manage Safeguarding and reduce vulnerability.*	
Score: ***77%***	***Comment:*** ***MINIMUM improvement required***

Strengths:

(1) Vulnerability assessments were informed by a range of sources, including parents/ carers' views and accommodation providers. Staff were involved in Looked After Children's reviews and were able to describe the outcomes of these meetings.

(2) Assessment of vulnerability and safeguarding needs were routinely undertaken on time and 70% of the screenings had been completed to a sufficient standard.

(3) A VMP had been produced in all but five of the 30 relevant cases.

Areas for improvement:

(1) Although we found evidence that information from other agencies had contributed to vulnerability and safeguarding assessments, we were unable to find copies of care plans in a number of Looked After Children cases. It was clear that YOT staff had attended and contributed to reviews and meetings, but there was a lack of joint, cross-referenced, planning for Looked After Children who had offended.

(2) The factors that caused some vulnerability screenings to be insufficient included the failure to analyse life events fully and the occasional late screening. We also noted that vulnerability screenings were not always reviewed to reflect changing events, for example on release from custody or a change of address or other circumstance. As a result, the VMPs did not reflect the new factors that presented a risk to the child or young person.

OVERALL SCORE for quality of Assessment and Sentence Planning work: 78 %

COMMENTARY on Assessment and Sentence Planning as a whole:

The case sample showed areas of strength, and a few areas for development. The YOT had been able to undertake assessments of risk, reoffending and vulnerability in a timely and effective way, developing good relationships with children and young people and other key people. Staff had a good understanding of the needs of the children and young people and, as a result, had been able to identify what work they needed to do with them to reduce the LoR, their *RoH to others* and to keep them safe.

Despite an overall good standard of performance, we found a number of key factors that impacted on the YOT's ability to record assessments and produce written plans. The inspection highlighted limitations in both the Careworks IT system itself and the way in which the YOT used it resulting in the lack of clarity found in Asset assessments and subsequent plans. As a result, work with children and young people sometimes lacked focus and was not appropriately targeted. Case managers also found it difficult to track if a plan was being delivered correctly and if it was having the intended impact.

2. DELIVERY AND REVIEW OF INTERVENTIONS

2.1 Protecting the public by minimising Risk of Harm to others:	
General Criterion: *All reasonable actions have been taken to protect the public by keeping to a minimum the child or young person's RoH to others.*	
Score: ***75%***	***Comment:*** ***MINIMUM improvement required***

Strengths:

(1) *RoH to others* was given high priority by the YOT management team and staff and was reviewed no later than three months from the start of sentence in 79% of cases. Subsequent reviews then took place at three monthly intervals in 88% of cases.

(2) MAPPA were used effectively in both community and custody cases. Staff contributed to MAPPA referrals and processes as needed and worked proactively with other agencies to ensure interventions to minimise *RoH to others*.

(3) There was a generally good level of home visiting, although we found some inconsistency about when they should have been undertaken. Home visits had been made in 74% of the cases examined and included joint visits with other agencies such as the police.

(4) Victim awareness work was undertaken with children and young people, and we found examples of a variety of interventions and tools being used in case files. Most of this work did not, however, relate to specific victims.

(5) Appropriate resources had been allocated to cases according to their *RoH* in 77% of cases.

(6) When events had occurred in the community that had affected the child or young person's vulnerability or *RoH*, they were swiftly identified and then acted upon appropriately.

(7) Delivery of interventions had not been affected by the YOT's coverage of two local authorities, with local interventions generally being available to all. There was evidence of appropriate local targeting.

Areas for improvement:

(1) Reviews of *RoH to others* following a significant change were undertaken in 20 of the 30 (67%) relevant cases. Significant change should have included the child or young person's release from custody which should have prompted a review of risk.

(2) Changes in *RoH to others* were not always anticipated or included in RMPs.

(3) An assessment of victims' safety had been carried out in just 21% of relevant cases and priority had not always been given to this. We noted that victim safety issues had not been fully incorporated into assessments or plans, including RMPs.

(4) There had been little opportunity for work on restorative justice; however the YOT had very recently appointed a restorative justice worker to take forward this area of practice.

2.2 Reducing the Likelihood of Reoffending:	
General Criterion: *The case manager coordinates and facilitates the structured delivery of all elements of the intervention plan.*	
Score: ***86%***	***Comment:*** ***MINIMUM improvement required***

Strengths:

(1) Children and young people were able to access a range of identified, good quality interventions delivered by the YOT and other agencies, including the fire service. We found that 88% of interventions had been implemented in line with the intervention plan, 83% were of good quality, 95% were designed to reduce the LoR and 89% were appropriately sequenced. We saw a variety of the different tools used, such as *Teentalk*.

(2) The majority of interventions had taken account of the diversity needs of children and young people and where a learning style had been identified, adaptations had been made to support the child or young person in getting the best from interventions.

(3) Staff actively supported and motivated children and young people throughout the sentence, whether in custody or the community. In almost all cases staff took opportunities to reinforce positive behaviours.

(4) We saw evidence of active engagement with parents/ carers during the course of the order through planned use of home visits, joint meetings with

parents/ carers or work with carers in residential children's homes and ongoing telephone contact.

(5) Education and Connexions workers offered ongoing support with children and young people to access ETE, and to maintain these links during community and custodial orders.

Areas for improvement:

(1) Intervention packages were tailored to meet specific needs of children and young people identified as PPOs in only half of the cases assessed.

(2) We found a number of cases where children and young people in custody had not been visited at the start of the order, although there had also been a noticeable increase in visits towards the end of custodial sentences. Interventions were sometimes directed by what was available in that establishment rather than the child or young person's assessed needs; however, the decision of placement was not within the remit of the YOT.

2.3 Safeguarding the child or young person:	
General Criterion: *All reasonable actions have been taken to safeguard and reduce the vulnerability of the child or young person.*	
Score: ***82%***	***Comment:*** ***MINIMUM improvement required***

Strengths:

(1) All necessary immediate action, including referrals to children's services, had been taken to safeguard and protect children and young people in all but one custody case and in all but five cases in the community. The YOT had successfully managed to implement the systems and processes of the two local authorities it served.

(2) The joint work between the YOT and other agencies was very positive and proactive in safeguarding individual children and young people. They had been very well supported by the substance misuse workers attached to the YOT. Education workers had promoted safeguarding and the police had understood and acted upon their responsibilities.

(3) The respective agencies had worked well together to promote the safeguarding and well being of children and young people in custody, with effective joint work from emotional and mental health services, substance

misuse, and the police in all relevant cases. There was only one case where children's services had not fully engaged.

(4) Work during the transition phase between custody and the community was generally good and well supported by partner agencies.

(5) Management oversight of safeguarding and vulnerability needs had been achieved in 80% of custody cases and 68% of community cases.

(6) In 82% of custody and 86% of community cases we found that all staff had supported and promoted the well-being of children and young people.

Areas for improvement:

(1) Staff had not always recognised the safeguarding implications of accommodation issues for children and young people. We came across a few cases where the child or young person had lost their accommodation, and although staff had worked well to find alternative placements, insufficient consideration was given to how this may have impacted on their vulnerability and affected their LoR. Safeguarding referrals to children's services were not always undertaken in these cases.

(2) Specific interventions to safeguard children and young people were not always delivered in a coordinated manner. Within the sample, we identified 32 cases where the YOT should have been working jointly with children's services. Assessment of these cases showed that in 12 cases joint working had not been as effective as it could have been. Although none of these children and young people were considered to have been left in dangerous situations, we felt that the wider safeguarding needs had not always been identified and addressed in intervention or care plans.

(3) Emotional and mental health services were not always available to children and young people. We found that six of the 20 (30%) relevant cases had not received an appropriate assessment or intervention.

(4) We found four cases where actions could and should have been taken to ensure that other children and young people, usually victims or potential victims, were safeguarded.

(5) Effective management oversight of vulnerability had been achieved in 68% of community cases. Occasionally vulnerability plans had not been updated to reflect significant changes. In these cases management oversight had not always identified this gap.

(6) Sourcing suitable accommodation had proved difficult in some cases, there being no clear pathway to a placement prior to release from custody.

OVERALL SCORE for quality of Delivery and Review of Interventions work: 81%

COMMENTARY on Delivery and Review of Interventions as a whole:

Halton and Warrington YOT had designed a range of interventions to address reoffending behaviour. The inspection noted, in particular, the good use of Police Community Support Officers, to support children and young people, to monitor behaviours in the community and to reduce vulnerability.

Although interventions had been adapted to meet individual needs and agencies had worked well to deliver a range of services, the plans underpinning this work were unspecific and lacked coordination. Given the case management model developed and used by the YOT, clear coordinated, objective-focused planning was critical to ensure effective intervention. The Head of Service had already identified some areas of concern and appropriate work had already begun, prior to the inspection, to address them.

Given the continued support from partners, and the development of the operational management team, the prospects for the continued effective delivery of interventions, was very encouraging.

3. OUTCOMES

3.1 Achievement of Outcomes:	
General Criterion: *Outcomes are achieved in relation to RoH, LoR and Safeguarding.*	
Score: ***59%***	***Comment:*** ***MODERATE improvement required***

Strengths:

(1) *RoH to others* had been effectively managed in 78% of cases.

(2) 69% of children and young people had complied with the requirements of the sentence, due, in no small part, to the efforts made by staff to engage and support them.

(3) From the sample inspected we found that there had been a reduction in the frequency of offending in 52% of cases and a reduction in its seriousness in 55% of cases.

(4) The factors linked to reoffending had been reduced in 54% of cases; notably, thinking and behaviour, motivation to change, attitudes to offending and ETE had improved.

(5) There had been a reduction in risk factors linked to safeguarding in almost half of cases assessed.

Areas for improvement:

(1) *RoH to others* had been reduced in 45% of relevant cases. However, tracking changes to risk levels had been difficult given the limitations of the IT system. The lack of work to keep victims safe also impacted on this figure.

(2) Enforcement action had been taken sufficiently well in only two of the 20 (10%) cases where a child or young person had not complied with the requirements of the order. Key factors included a lack of recognition of the potential implications of the child or young person's disengagement, and a number of cases where numerous absences were deemed to be acceptable rather than, in our view, unacceptable.

3.2 Sustaining outcomes:	
General Criterion: *Outcomes are sustained in relation to RoH, LoR and Safeguarding.*	
Score: ***80%***	***Comment:*** ***MINIMUM improvement required***

Strengths:

(1) Halton and Warrington YOT paid good attention to sustaining outcomes, once achieved, through the use of community-based interventions and careful consideration of the sequencing of interventions. Full attention had been paid to community integration issues in 73% of the custody sample and 80% of the community sample.

(2) Action had been taken to pursue appropriate ETE opportunities for children and young people. This area of work had been given a high priority and performance against national standards had been reached and maintained.

Areas for improvement:

(1) Not all of the sustainable outcomes had been supported through ongoing plans, in particular we noted that the lack of integration of YOT plans to Looked After Children's care plans.

(2) There had been some issues with the sustainability of accommodation for some children and young people.

OVERALL SCORE for quality of Outcomes work: 66%

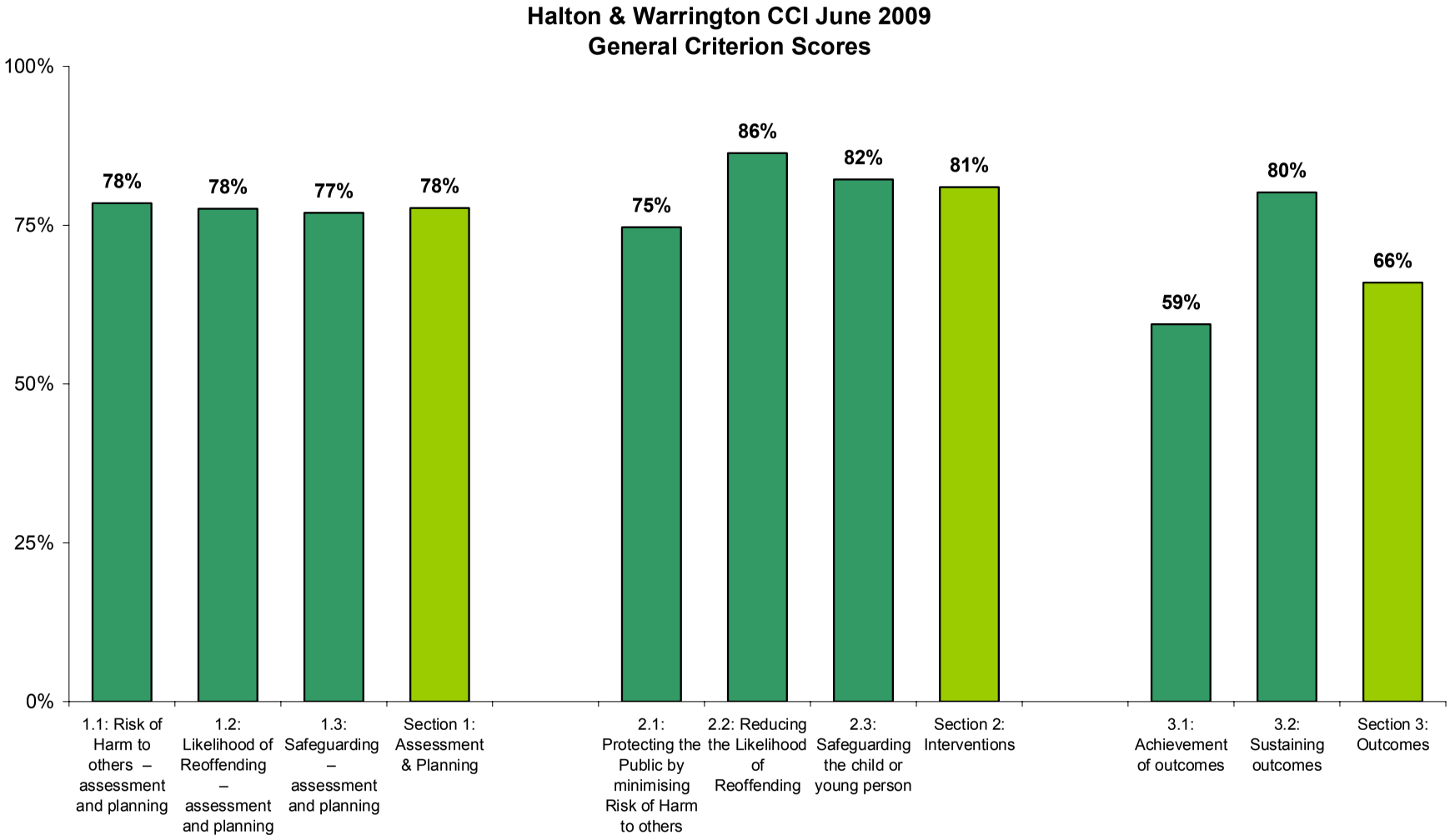
COMMENTARY on Outcomes as a whole:

It was very positive to note that within Halton and Warrington consideration had been given to sustaining work with children and young people once the order had finished.

In terms of outcomes, we saw some good individual efforts with children and young people who were difficult to engage, resulting in positive changes. However, the lack of outcome-focused objectives at the planning stages presented difficulties for staff when reviewing and identifying change. A sharper focus on planning needed to be provided to clarify, both for the staff and children and young people themselves, what they are working towards.

There were no significantly different outcomes for the children and young people from Halton or Warrington. It was noticeable that staff within the YOT worked with partners from both authorities to achieve and maintain sustainable outcomes.

Appendix 1a: Summary



Appendix 1b: Breakdown of Scores by Local Authority Area

CCI General Score Card	H & W	Halton	Warrington
1.1: Risk of Harm to others (RoH) – assessment and planning	78%	83%	75%
1.2: Likelihood of Reoffending – assessment and planning	78%	76%	79%
1.3: Safeguarding – assessment and planning	77%	82%	74%
Section 1: Assessment & Planning	78%	79%	77%
2.1: Protecting the Public by minimising Risk of Harm to others	75%	81%	70%
2.2: Reducing the Likelihood of Reoffending	86%	87%	86%
2.3: Safeguarding the child or young person	82%	86%	80%
Section 2: Interventions	81%	84%	79%
3.1: Achievement of outcomes	59%	61%	58%
3.2: Sustainability of outcomes	80%	82%	78%
Section 3: Outcomes	66%	69%	64%
Safeguarding Thread Score	79%	85%	76%
Risk of Harm Thread Score	76%	80%	72%
Likelihood of Reoffending Thread Score	78%	77%	79%

Appendix 2: Contextual information

Area

Halton and Warrington YOT was located in the North-West region of England.

The two areas had populations of 118,208 (Halton) and 191,080 (Warrington) as measured in the Census 2001, of which 12% (Halton) and 10.7% (Warrington) were aged ten to 17 years old. This was slightly higher than the average for England/ Wales, which was 10.4%.

The population of Halton and Warrington was predominantly white British (Halton: 98.8% and Warrington: 97.9%). The population with a black and minority ethnic heritage (Halton: 1.2% and Warrington: 2.1%) was below the average for England/ Wales of 8.7%.

Reported offences for which children and young people aged ten to 17 years old received a pre-court disposal or a court disposal in 2008/ 2009, at 40 per 1,000, were below the average for England/ Wales of 46.

YOT

The YOT boundaries were within those of the Cheshire police and probation areas. The St Helens and Halton PCT and the Warrington PCT covered the area.

The YOT was managed by the Operational Director Safeguarding at Warrington Borough Council.

The YOT Management Board was chaired by the Director of Children's Services from Halton Borough Council. All statutory partners attended regularly.

The YOT Headquarters was in Halton Lea, a district of Runcorn, Cheshire. The operational work of the YOT was based in a variety of locations across Halton and Warrington. ISSP was provided by a team of workers from the YOT.

YJB Performance Data

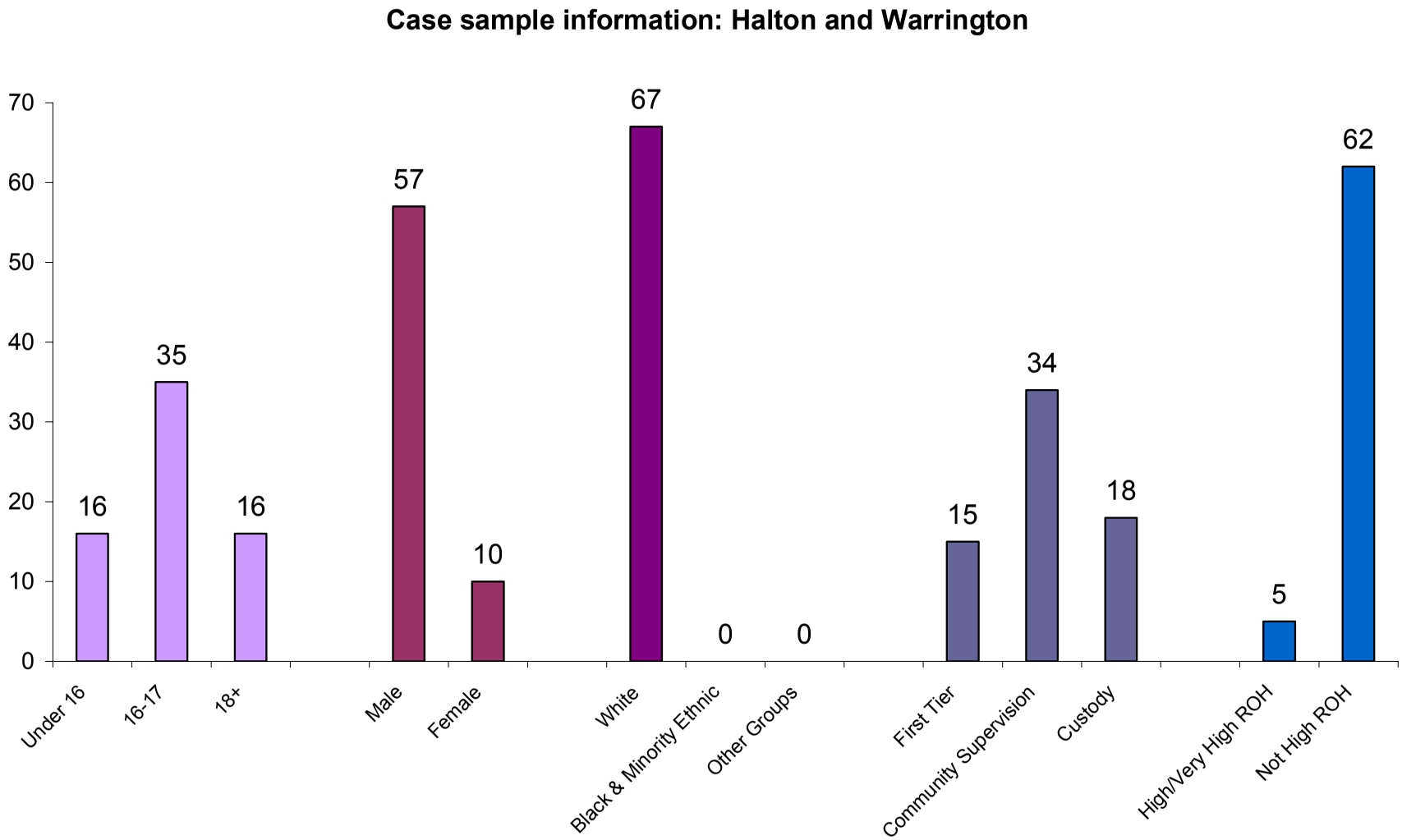
The YJB summary of national indicators available at the time of the inspection was for the period April 2008 to March 2009.

Halton and Warrington's performance on ensuring children and young people known to the YOT were in suitable education, training or employment was 77%. This was worse than in the previous year, but above the England average of 72.4%.

Performance on ensuring suitable accommodation by the end of the sentence was 99.5%. This was an improvement on the previous year and better than the England average of 95.3%.

The "Reoffending rate after 9 months" was 78%, better than the England average of 85%.(See Glossary).

Appendix 3a: Inspection data chart



Appendix 3b: Inspection data

Fieldwork for this inspection was undertaken in June 2009.

The inspection consisted of:

- examination of practice in a sample of cases, normally in conjunction with the case manager or other representative
- evidence in advance
- questionnaire responses from children and young people, and victims.

We have also seen YJB performance data and assessments relating to this YOT.

Appendix 4: Role of HMI Probation and Code of Practice

Information on the Role of HMI Probation and Code of Practice can be found on our website:

http://www.inspectorates.justice.gov.uk/hmiprobation

The Inspectorate is a public body. Anyone wishing to comment on an inspection, a report or any other matter falling within its remit should write to:

HM Chief Inspector of Probation
2nd Floor, Ashley House
2 Monck Street
London, SW1P 2BQ

Appendix 5: Glossary

ASB/ ASBO	Antisocial behaviour/ Antisocial Behaviour Order
Asset	A structured assessment tool based on research and developed by the Youth Justice Board looking at the young person's offence, personal circumstances, attitudes and beliefs which have contributed to their offending behaviour
CAF	Common Assessment Framework: A standardised assessment of a child or young person's needs, and of how those needs can be met. It is undertaken by the lead professional in a case, with contributions from all others involved with that individual
CAMHS	Child and Adolescent Mental Health Services: part of the National Health Service, providing specialist mental health and behavioural services to children and young people up to at least 16 years of age
Careworks	One of the two electronic case management systems for youth offending work currently in use in England and Wales. See also YOIS+
CRB	Criminal Records Bureau
DTO	Detention and Training Order, a custodial sentence for the young
Estyn	HM Inspectorate for Education and Training in Wales
ETE	Employment, training and education. Work to improve an individual's learning, and to increase their employment prospects
FTE	Full-time equivalent
HM	Her Majesty's
HMIC	HM Inspectorate of Constabulary
HMI Prisons	HM Inspectorate of Prisons
HMI Probation	HM Inspectorate of Probation
Interventions; *constructive* and *restrictive* interventions	Work with an individual that is designed to change their offending behaviour and/ or to support public protection. A *constructive* intervention is where the primary purpose is to reduce Likelihood of Reoffending. A *restrictive* intervention is where the primary purpose is to keep to a minimum the individual's *Risk of Harm to others*. Example: with a sex offender, a *constructive intervention* might be to put them through an accredited sex offender programme; a *restrictive intervention* (to minimise their *Risk of Harm*) might be to monitor regularly and meticulously their accommodation, their employment and the places they frequent, imposing and enforcing clear restrictions as appropriate to each case. NB. Both types of intervention are important
ISSP	Intensive Supervision and Surveillance Programme – this intervention is attached to the start of some orders and licences and provides initially at least 25 hours programme contact including a substantial proportion of employment, training and education
IT	Information technology
LoR	Likelihood of Reoffending. See also *constructive* Interventions
LSC	Learning and Skills Council
LSCB	Local Safeguarding Children Board – set up in each local authority (as a result of the Children Act 2004) to coordinate and ensure the effectiveness of the multi-agency work to safeguard and promote the welfare of children in that locality.

MAPPA	Multi-Agency Public Protection Arrangements: where probation, police, prison and other agencies work together locally to manage offenders who pose a higher *Risk of Harm to others.*
Ofsted	Office for Standards in Education, Children's Services and Skills – the Inspectorate for those services in England (not Wales, for which see Estyn)
PCT	Primary Care Trust
PPO	'Prolific and other Priority Offender' – designated offenders, adult or young, who receive extra attention from the Criminal Justice System agencies
Pre-CAF	This is a simple 'Request for Service' in those instances when a Common Assessment Framework may not be required. It can be used for requesting one or two additional services, e.g. health, social care or educational
PSR	Pre-sentence report – for a court
"Reoffending rate after 9 months"	A measure used by the Youth Justice Board. It indicates how many further offences are recorded as having been committed in a 9-month period by individuals under current supervision of the relevant YOT, and it can be either more or less than 100%. "110%" would therefore mean that exactly 110 further offences have been counted as having been committed 'per 100 individuals under supervision' in that period. The quoted national average rate for England in early 2009 was 85%
RMP	Risk management plan. A plan to minimise the individual's *RoH*
RoH	*Risk of Harm to others.* See also *restrictive* Interventions
'RoH work', or 'Risk of Harm work'	This is the term generally used by HMI Probation to describe work to protect the public, primarily using *restrictive interventions,* to keep to a minimum the individual's opportunity to behave in a way that is a *Risk of Harm to others*
RoSH	'Risk of Serious Harm', a term used in Asset. HMI Probation prefers not to use this term as it does not help to clarify the distinction between the *probability* of an event occurring and the *impact/ severity* of the event. The term *Risk of Serious Harm* only incorporates 'serious' impact, whereas using *'Risk of Harm'* enables the necessary attention to be given to those offenders for whom lower *impact/ severity* harmful behaviour is *probable*
SIFA	Screening Interview for Adolescents (Youth Justice Board approved mental health screening tool for specialist workers)
SQIFA	Screening Questionnaire Interview for Adolescents (Youth Justice Board approved mental health screening tool for YOT workers)
VMP	Vulnerability management plan. A plan to safeguard the well-being of the individual under supervision
YJB	Youth Justice Board for England and Wales
YOI	Young Offenders Institution. A Prison Service institution for young people remanded in custody or sentenced to custody
YOIS+	Youth Offending Information System: One of the two electronic case management systems for youth offending work currently in use in England and Wales. See also Careworks.
YOS/ T	Youth Offending Service/ Team