Inspection of Youth Offending Work
Arolygiad o Waith Troseddu Ieuenctid

HM Inspectorate of Probation
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Mr William Dixon, Vice Chair of Darlington YOS Management Board
Darlington Youth Offending Service and lead elected member for crime

19th December 2012

Dear William Dixon,

Report of Short Quality Screening (SQS) of youth offending work in Darlington

This report outlines the findings of the recent SQS inspection, conducted during 26th-28th November 2012. We carried this out as part of our programme of inspection of youth offending work. This report will be published on the HMI Probation website. A copy will be provided to Ofsted to inform their inspections, and to the Youth Justice Board (YJB).

Context

As an independent inspectorate, HMI Probation provides assurance to Ministers and the public on the effectiveness of work with those who have offended or are likely to offend, promotes continuous improvement by the organisations that we inspect and contributes to the effectiveness of the criminal justice system.

Good quality assessment and planning at the start of a sentence is critical to increasing the likelihood of positive outcomes. The purpose of the SQS inspection is to assess the quality and effectiveness of casework with children and young people who have offended, at the start of a sample of 14 recent cases supervised by the Youth Offending Team. Wherever possible this is undertaken in conjunction with the allocated case manager, thereby increasing the effectiveness as a learning opportunity for staff.

We gather evidence against the SQS criteria, which are available on the HMI Probation website - http://www.justice.gov.uk/about/hmi-probation.

Summary

We saw some very competent work in most areas, including case managers who were really keen and creative. However, the YOS were not quite as good at making sure that the child or young person was protected, and management checking arrangements were not good enough at making sure the safeguarding work was always done properly.

Commentary on the inspection in Darlington:

1. Reducing the likelihood of reoffending

1.1. We look to see if the first assessment, looking at why this child or young person has offended, was done properly. In over three-quarters of the 14 cases we considered it was really good, but where it was not good enough, this was because the evidence was unclear or the YOS did not spot vulnerability and diversity factors relating to offending or care arrangements.

1.2. We saw five cases with pre-sentence reports (PSRs) and all but one was good, which was helped by local managers checking them thoroughly. One report was not quite good enough because it contained too much irrelevant information and did not pay sufficient attention to the use of custody or the vulnerability of the child or young person concerned.

1.3. The assessments and plans in the 12 cases which had been going long enough, had almost all been reviewed properly.

1.4. The YOS was very good at planning. All 14 cases had the right plans for the work they needed to do to make children and young people less likely to offend again. This included four cases where the child or young person was in custody. We thought this was because the YOS was very keen to make sure staff did this correctly. The managers had put in place a system of joint meetings to make plans called Multi-Agency Sentence Planning Meetings (APIS) which also included the child or young person and parent/carer. They had also come up with a good system to plan ahead, to make sure the right interventions were delivered in a timely manner by the people who had the skills to do it. Sometimes this was by staff from Darlington YOS, but on other occasions it was jointly with staff from other YOS, which is likely to be an efficient use of resources.

2. Protecting the public

2.1. We think that the YOS is very good at protecting the public by making a clear and thorough assessment of the child or young person's risk of harm to others. We found that, in all but one case, including the ones with PSRs, the assessments they did were good and were properly reviewed when the time came. Just one was not good enough, as it did not make clear the nature and level of risk of harm posed by the child or young person.

2.2. To make sure the public is protected the YOS puts plans in place using the information from the assessment. We found that this had been done well enough in seven of the ten cases where a risk of harm had been identified, including three of the four cases where the child or young person was in custody. In the other three cases, the YOS had either not made a risk management plan, looked at victims' issues enough or did not make it clear what they were going to do.

2.3. Eight of the plans to protect the public were reviewed properly, but the other four were not, because the reviews did not ensure that the plans were changed to take account of any changes.

2.4. The YOS should also protect specific victims from risk of harm by the child or young person who offended. Eight cases we looked at had victims that could be identified by the YOS, but in three cases we thought that the risk of harm to the victims was not managed well enough. This was because the plans were not quite good enough, or the victims were not included in the assessment.

3. Protecting the child or young person

3.1. Many children and young people who offend also have risks to themselves, which we call vulnerability or safeguarding needs. The YOS needs to consider these and make plans to help to support the children and young people.

3.2. In the 14 cases in the sample we looked at, we found clear and thorough assessments of vulnerability and safeguarding in nine, including the cases with PSRs. In the other five cases, they were not good enough either because the first assessment of vulnerability was not quite good enough, or the YOS did not identify the vulnerability properly and they

did not use all the information they could from other agencies. While we were looking at cases we saw a lot of assessments and plans that had too much old or irrelevant information. The staff had not taken out what was no longer relevant and their managers had not told them to take it out either.

3.3. As with risk of harm, it is important for the YOS to plan ahead to support the child or young person. Thirteen children and young people in the sample had vulnerability or safeguarding needs, but we thought that only five cases had enough planning in place to deal with them. In five cases there was no vulnerability management plan at all. In the other three cases, the plans were not good enough because they were not clear, did not plan ahead for when things went wrong or deal with planning for care arrangements or did not use the information they got from the assessment. Of the four cases where the child or young person was in custody, one had no vulnerability management plan at all and another had a plan that was not good enough.

3.4. Except for one case, the assessments were mostly reviewed well enough. But the YOS was not as good at reviewing the plans they made. These were either not on time, or were not quite good enough or had not had enough changes made in the light of new information.

4. Ensuring that the sentence is served

4.1. We think that all YOTs should help children and young people to complete their sentence successfully. This includes getting to know what they consider will stop them offending. Throughout their contact all YOTs need to make sure that they engage with the children and young people and their parents/carers. Engagement should continue throughout the assessment, planning and review stages, and also include by being reliable and consistent when they deliver the work. Darlington YOS staff were very good at this.

4.2. We were pleased to find that staff were excellent at connecting with the child or young person (and their parent/carer) all the way through the case. This included teaching the child or young person how to use a musical instrument to utilise constructively their spare time, or making sure that they still kept in contact by visits and telephone calls to them, even when one was moved to Scotland.

4.3. The YOS was good at identifying the things that may make it more difficult for the child or young person to finish their order, such as diversity factors or barriers to engagement. They were also good at planning what to do about those things. The assessments and plans were good enough in all but two cases in the sample, which meant that one PSR also did not deal with it properly. The things they missed were either the child or young person's learning style or speech, language and communication needs. We felt that the YOS was good at planning, because only one plan did not identify a way of dealing with the barriers to engagement.

4.4. We were very pleased to note that the YOS almost always identified the health and well-being issues which would stop the young person working well with the YOS. Enough help was given in all but 1 out of 11 cases with health and well being issues.

4.5. In almost all of the cases we looked at, the children and young people complied with their sentence either fully, or fully after a rocky start and the YOS always did the right thing to deal with that.

Operational management

We interviewed five case managers and one senior practitioner and five gave us their views about how the YOS worked and what it was like to work there. Staff felt that they understood what the YOS wanted them to do and why it was important. They felt that the YOS gave them enough

training for their current jobs. All the case managers felt that their line managers had, and used enough, their skills and knowledge to help them improve the quality of their work. The case managers also felt that they received the right sort of helpful supervision from their line managers. Almost all felt that the managers kept an eye on their work for risk of harm to others and safeguarding.

Almost all the staff we talked to understood the guidance for effective working, local policies and procedures for managing risk of harm and safeguarding and vulnerability. All staff understood the local policies and procedures for supporting effective engagement to make sure they connected with the children and young people. They all understood the rules for dealing with children and young people who were not complying with their order.

It is really important that managers check work thoroughly, to make sure that where risk or vulnerability exists in a case, it is properly managed. This can be through discussion between a case manager and their line manager, a wider meeting with other YOS staff or with staff from other teams, or by making sure that they always carefully check the work done. We looked to see that managers had checked the work of staff and thought about risk of harm to others, vulnerability and safeguarding. There were lots of times when managers had given advice, or done proper checks. The YOS was particularly good at making sure the PSRs were good.

Risk of harm work in four cases had not been checked properly, which meant that the assessment and/or plan were not good enough. In six cases, safeguarding and vulnerability work had also not been checked thoroughly, leading to poor planning and the YOS not making another organisation do the work it should be doing.

Outstanding strengths

The following were particular strengths:

- The YOS staff were excellent at, and tried really hard to maintain engagement with the children and young people (and their parents/carers). They knew the children and young people's current problems really well and worked hard to help them progress through their orders.
- Case managers were clever in making up ways to connect with the children and young people. For example, in one case a young person had a poor history of compliance. The case manager involved him and his mother in assessing the case and found out that he wanted to join the army. So the YOS held a big meeting and planned, with him, to work on him not reoffending as well as improving his fitness and finding out how to join the Army. He had Attention Deficit Hyperactivity Disorder (ADHD) so they planned to work in short bursts during gym sessions. An ex-army soldier was involved and they both joined the young person at the gym. This helped him to get fit and ready to join the army and also worked on improving his problem solving, making better choices and thinking. The plan was reviewed at his mother's house, with other staff from the YOS and a charity working with those who offend, him and his mother. This was a positive meeting for the young person and the joined-up approach helped him to join the army, and made it less likely that he would break the law again.
- YOS managers made sure that the case managers had the right tools to be able to engage with the child or young person and help them finish their sentence. The joint meeting system tries to make sure that the child or young person and their parents/carers were joined in meetings by representatives from other agencies such as education, child services and health, to share what they know. This means that everyone connected with the child or young person is familiar with the plans to help them and understands their role in this process.
- Another tool helps staff plan all the interventions they are going to deliver to the child or young person. Sometimes these are sessions the YOS staff provide themselves, which are always kept up to date. Some are delivered together with staff from another YOT.

Areas requiring improvement

The most significant areas for improvement were:

i. the assessment of vulnerability and/or safeguarding and planning to address those needs,

ii. that reviews ensure that the information in Core Assets and plans, especially regarding safeguarding/vulnerability, are focused and responsive, ensuring that plans change where appropriate,

iii. the attention given to victims and potential victims, during the assessment and planning stages,

iv. management oversight of the review process, particularly with regard to safeguarding and vulnerability

We strongly recommend that you focus your post-inspection improvement work on those particular aspects of practice.

We are grateful for the support that we received from staff in the YOS to facilitate and engage with this inspection. Please pass on our thanks, and ensure that they are made fully aware of these inspection findings.

If you have any further questions about the inspection please contact the lead inspector, who was Caroline Nicklin. She can be contacted on 07766 290969 or by email at caroline.nicklin@hmiprobation.gsi.gov.uk.

Yours sincerely,

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HM Assistant Chief Inspector of Probation

Copy to:
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YJB link staff with HMI Probation
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