



Inspection of
Youth
Offending

Archwilio Rhaglen Troseddwyr Ifanc



Arolygiad ar y Cyd Cyfiawnder Troseddol

To get the best results:

A joint inspection of Offending Behaviour,
Health and Education, Training &
Employment Interventions in Youth
Offending work in England and Wales

**An Inspection by HMI Probation, the
Care Quality Commission, Estyn,
Healthcare Inspectorate Wales and
Ofsted**

ISBN: 978-1-84099-461-2

2011

Acknowledgements

We are grateful to Youth Offending Teams in Wolverhampton, Barnet, Newcastle upon Tyne, Cumbria, Somerset and Flintshire and other partners that worked with them for their assistance with this inspection. Their willingness to engage with the inspection process ensured that we were able to gather the material we needed.

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Foreword

This thematic inspection is one of several which, with the Core Case Inspections, form the three year Inspection of Youth Offending programme coordinated by HMI Probation. The team for this inspection included inspectors from HMI Probation, the Care Quality Commission, Estyn, the Healthcare Inspectorate Wales and Ofsted – inspectorates that have a direct interest in the subject matter.

The inspectors visited six Youth Offending Teams and examined individual cases where thinking and behaviour or attitudes to offending, health and education, training and employment issues had been identified as being linked to offending. We spoke with young people about their experiences of the services they had received and also with practitioners and managers, along with representatives from partner agencies.

We found that strategically, both nationally and locally, not enough attention was being given to the planning, delivery and evaluation of interventions that tackle offending behaviour. Youth Offending Teams need to access and make more use of information about 'What Works' in making interventions more effective. We found that although YOTs sometimes achieved some success in practice they were often not clear themselves how they had achieved this. Better understanding of the information and research would enable them to achieve better results in future.

In particular, we found that thorough assessments that address offending behaviour, health and education, training & employment were often being done, but these did not always lead to clear planning and delivery of the right interventions with the right individuals in the right way at the right time. Better case planning was needed, as was training and development for practitioners.

Therefore, although it was pleasing to note many examples of good practice, there were aspects that still required improvement by managers as well as by practitioners, and we have made recommendations accordingly.

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June 2011

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Key Findings

1. Good assessments of the Likelihood of Reoffending were being completed at the start of supervision. These regularly identified relevant offending behaviour, health and education, training & employment issues. The assessments were underpinned by high levels of involvement with young people. However, few plans adequately integrated all the necessary elements of work being undertaken with the young person.
2. Many positive examples were found of support being offered to young people, by case managers and health and education, training & employment workers, to promote their engagement in interventions.
3. The majority of offending behaviour interventions had been delivered on a one-to-one basis. However, few of these interventions specified the target groups they were aimed at, or were clear about the specific issues they would address. Similarly, few plans had outlined the intensity of the interventions and the delivery of two-thirds of the work was unlikely to produce the desired results.
4. A range of health interventions had been used to meet the diverse needs of young people. These were largely being delivered as required.
5. The range of education, training & employment provision, especially alternative provision, varied greatly.
6. Disappointingly, two-thirds of young people had missed offending behaviour sessions and only half had completed the interventions.
7. For the majority of Youth Offending Teams (YOTs), national guidance did not aid local planning and implementation of offending behaviour interventions. We did not find any examples of a systematic analysis of YOT offending behaviour intervention needs. YOT Management Boards had limited oversight of local interventions planning and implementation arrangements were underdeveloped. Many YOT staff reported that they felt they needed more training on the underpinning skills and knowledge associated with offending behaviour interventions.
8. In health matters, we found varying degrees to which local strategic leaders had used national policies and guidance. Variations existed in the resourcing of health interventions and this meant that the delivery of a range of such interventions could be restricted or sporadic. On the other hand, education, training & employment interventions were adequately resourced.
9. We found little use being made of individual and aggregated outcome data to improve services. YOTs were not clear about how offending behaviour interventions had influenced the behaviour of young people. Good individual health outcomes were seen in some YOTs, but this information was not examined in a systematic way. There were some positive examples of YOTs monitoring and following up attendance and progress of young people on education, training & employment placements, but the use of education, training & employment data to inform managers where improvements needed to be made varied considerably.
10. Reoffending data was positive for many YOTs but managers and practitioners were unclear about how what they were doing was contributing to this progress. This begged the questions, what is it that was working, for whom and in what circumstances?

Recommendations

The Department for Education, the Department of Health, the Welsh Assembly Government, the Ministry of Justice and the Youth Justice Board should ensure that:

- YOTs have adequate information to support local decision-making on implementing, delivering and evaluating effective offending behaviour, health and education, training & employment interventions.

Youth Offending Team Management Boards should ensure that:

- their YOT analyses how much of each intervention is needed locally, and delivers those interventions
- capacity planning and implementation arrangements support interventions delivery
- they specify the outcome measures used to quantify progress made through their offending behaviour, health and education, training & employment interventions
- interventions are evaluated, and the results are used to inform improvements in service developments.

Youth Offending Team Managers, provider trusts, health managers and Local Authorities should ensure that:

- YOT staff have relevant training and support to enable them to deliver interventions in the ways in which they were intended
- intervention planning, where appropriate, integrates offending behaviour, health and education, training & employment issues.

1. This inspection in context

1.1 As YOTs concluded their first 12 or more years in operation, it was timely to consider the development of the interventions they provided for young people who have offended. In particular, this inspection focused on the quality of interventions that address offending behaviour, health and education, training and employment (ETE) issues. This section offers an overview of the development of YOTs and a summary of the key effective practice principles that we would expect to influence the development of offending behaviour, health and ETE interventions.

The development of YOTs

1.2 The Audit Commission Report, *Misspent Youth...: Young People and Crime* published in 1996, opened the way for the introduction of YOTs. The report examined the disproportionate amount of offending being committed by young people under 18, and proposed major changes to the youth justice system.

1.3 The subsequent legislation – the Crime and Disorder Act 1998, clarified that the aim of the youth justice system was to ‘prevent offending by children and young persons’ (s.37(1)). It established the national Youth Justice Board (YJB) to oversee the work being done locally in over 150 YOTs across England and Wales. YOTs brought together a range of local agencies including social services, education, police, probation, health, drugs and alcohol misuse and, in some cases, housing officers, both strategically and operationally. At the time of this inspection, every local authority in England and Wales had a YOT.

1.4 The YJB stated that its vision ‘is of an effective youth justice system, where:

- o more offenders are caught, held to account for their actions, and stop offending
- o children and young people receive the support they need to lead crime-free lives
- o victims are better supported
- o the public has more confidence in the youth justice system’.

1.5 While the Government, at the time of the inspection, had announced its intention to abolish the YJB and transfer its functions to the Ministry of Justice, the timing of this had not been confirmed and abolition was subject to parliamentary approval.

1.6 For young people who have offended and are subject to supervision, YOTs undertake a detailed assessment of the young person and their circumstances. This explores the reason(s) why they have offended and identifies what needs to be done to make them less likely to reoffend. A national assessment tool (Asset) provides a structure to examine a range of issues. This includes the young person’s risk of causing harm to themselves and others, their level of vulnerability, and their Likelihood of Reoffending (LoR). Asset covers criminal history, ETE, health, family, accommodation and living environment, along with the young person’s attitudes, motivation, thinking skills and behaviour.

- 1.7 There is often a range of factors that make a young person more likely to offend. Through the creation of multi-disciplinary teams, backed up by broad partnership arrangements, YOTs were designed to be able to provide a comprehensive programme of interventions to address the range of factors that are linked to offending, and thus help to make reoffending less likely.

Effective Practice Principles

- 1.8 There have been many sources of contemporary academic, research and practice based thinking that have influenced the delivery of interventions in the criminal justice system. Some of these ideas have been youth justice specific and others have focused on interventions in the adult context. We have drawn together a range of effective practice concepts to frame this inspection and it is arguable that some of the terminology used in this report would be in more common usage in the adult criminal justice arena. However, the concepts can be applied to interventions for both young people and adults. The glossary at the end of this report gives further explanation of the practice terminology used in the report.
- 1.9 Many models of practice are available to inform practitioners work with young people who have offended. Organisational support, staff qualities, familial and wider social context matters can all come to bear on the work. McNeill et al¹ offer a helpful overview of the broader developments in the theory, practice and staff qualities associated with effective work with young people. In particular, although it is useful to see desistance from offending as a 'journey' by each individual, well-designed interventions delivered effectively can contribute to those 'journeys'. In this inspection we focused on the key effective practice principles outlined in the YJB's *Key Elements of Effective Practice* (KEEP) documents, their suite of *Case Management Guidance* (issued in 2009) and the National Offender Management Service (NOMS) 'What Works' fact sheets. Key concepts from these sources are outlined in the paragraphs that follow.
- 1.10 Research has shown that successful interventions must do several things. They must target the right people, focus on the right things and be delivered in ways that are most likely to secure participation in order to reduce reoffending. To be effective, interventions should address the issues of: 'Risk', 'Need' and 'Responsivity'. Studies have found that interventions that do not address these concerns may slightly increase reoffending rates.² Other large-scale studies indicate that these principles apply to female offenders³, young offenders⁴, and to sexual offenders⁵.

¹ McNeill, F., Raynor P. and Trotter, C. (eds.) (2010), *Offender Supervision New directions in theory, research and practice*, Willan Publishing, Cullompton, Chapter 26

² Andrews, D.A., Zinger I., Hoge R.D., Bonta J., Gendreau P., & Cullen F.T. (1990). 'Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis', *Criminology*, Vol. 28, Issue 3 August pp. 369-404

³ Dowden, C. & Andrews, D. A. (1999), 'What Works for Female Offenders: A Meta-Analytic Review', *Crime and Delinquency*, 45 (4), 438–452, Sage Publications, London

⁴ Lipsey M.W. (1995). 'What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents?' In J. McGuire (Ed.) *What Works: Reducing Reoffending: Guidelines from Research and Practice*, Chichester, West Sussex, John Wiley & Sons

⁵ Lösel F. & Schmucker M. (2005), 'The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis', *Journal of Experimental Criminology*, 1, 117-146, Springer Publishing Company

1.11 Thus, in the context of this inspection, we were exploring the extent to which offending behaviour interventions could demonstrate the following characteristics.

- **'Risk principle'**: *Matching of the intensity of the interventions to the Likelihood of Reoffending (LoR)*. It is argued that offenders posing higher LoR should receive more intensive interventions. There have been many studies testing this risk principle, and these have tended to suggest that interventions are more successful in reducing reoffending with higher LoR offenders than with others. Indeed, these services had no discernable impact on the reconviction rates of those whose LoR was too low for the intervention provided. On the other hand, a large-scale study on the 'treatment' impact of probation programmes (i.e. work with adults) in England and Wales found that those who had an LoR that was too high for the planned intervention were more likely to drop out of their programmes. Therefore, matching of young people to interventions should be for those with a 'high LoR', but not too high.
- **'Needs principle'**: *Offending behaviour interventions are more likely to be effective if they focus on those aspects of a young person's life that have been shown to be linked to their offending*. They include: having friends involved in crime, poor parental supervision and little attachment to family, antisocial attitudes, ETE difficulties, poor personal/social skills, impulsiveness and low levels of self-control. Asset can be used to highlight those areas of work that need to be addressed with young people and we were looking for the interventions to focus on factors that directly linked to offending behaviour.
- **'Responsivity principle'**: This tells us that interventions should take into account people's different learning styles, personality, level of motivation and personal experiences, etc. The selection of a suitable intervention should be informed by the assessment process and take into account age, maturity, educational ability, gender and the cultural needs of the young person. A key finding from evaluation studies is that lower rates of reoffending are found mainly for those who fully complete interventions. Non-completers are consistently reconvicted at a significantly higher rate than completers or comparison untreated groups.

1.12 Other elements of effective practice include:

- **'Treatment integrity'**: *Interventions being delivered as they were designed to be delivered* are an important characteristic of success. Good monitoring systems and staff training can help to ensure that interventions are delivered as intended.
- **'A collaborative approach'**: A review of studies which looked at the relationship between facilitator characteristics and reoffending⁶ found that the most successful services were delivered by facilitators with good relationship skills, who themselves demonstrated appropriate thinking and behaviour, reinforced learning, and disapproved of pro-criminal thinking or behaviour.
- **'Cognitive-behavioural interventions'**: A number of large studies have indicated that some of the most successful forms of intervention are those that

⁶ Andrews D.A. & Bonta J. (2006). *The Psychology of Criminal Conduct* (4th Edition). Newark, NJ, Anderson Publishing Company

utilise a variety of techniques and use a *cognitive-behavioural* approach⁷ &⁸. An important part of cognitive-behavioural work is learning and practising new ways of thinking and behaving. In one of the largest studies to date reported, across custody and community, an average of 25% less recidivism among offenders who had completed such programmes was noted, compared to those who had not. In cognitive skills work, participants learn about the influence of thinking on their behaviour and emotions, and are helped to develop better problem-solving and interpersonal skills. By learning how to consider the consequences of different courses of action, participants can develop new ways of thinking and behaving. It is argued that this in turn can help them to be less impulsive, better at making decisions and less likely to commit further offences. Impulsivity, poor decision-making, not thinking about the consequences of actions, and learning to consider other people's perspectives are all important 'treatment' targets. A review of 225 studies found that interventions reduced reoffending when they focused on negative emotions, anti-social attitudes, self-control, family factors and pro-social support⁹. Although cognitive-behaviour work can be effective with many cases, it is still appropriate to use other approaches to meet the specific needs of individual young people. For example, health, education, training & employment or other specialist help can also be effective.

- 1.13 The 2008 *Offending Behaviour Programmes Source document* offered us definitions of '*interventions*' and of '*programmes*'. An *intervention* was defined as a structured service, or series of actions, that aims to achieve change over time. It was focused upon a single issue or set of closely related issues, for example education or substance misuse. A *programme* was a structured set of interventions that, together, aim to address a range of issues over time and across which progress is monitored and reviewed.
- 1.14 The YJB KEEP source documents outline the consensus from studies on engaging young people. They point to the importance of offending behaviour interventions being appropriate to the individual, addressing cognitive skills issues, addressing several aspects of the young person's behaviour or life, have a reparation element, are delivered as intended, are of sufficient duration and offer continuity of contact.
- 1.15 We used the concepts outlined above to frame the criteria and evidence gathering for this inspection. The sample of cases we considered centred on young people who had been sentenced to community or custodial penalties. They were subject to 'enhanced' or 'intensive' levels of supervision¹⁰, because they were assessed as being particularly likely to reoffend. Thinking and behaviour, attitudes to offending, ETE or health issues had been identified as factors that were linked to their offending. By focusing on this group of young people, we targeted the inspection on those for whom we expected to see the most developed ranges of interventions.

⁷ Pearson F.S., Lipton D.S., Cleland, C.M. & Yee, D.S. (2002). The Effects of Behavioural/Cognitive-Behavioural Programs on Recidivism. *Crime and Delinquency*, 48 (3), 476-496, Sage Publications

⁸ Wilson, D.B., Bouffard, L.A. & MacKenzie, D.L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Journal of Criminal Justice and Behavior*, 32 (2), 172-204.

⁹ Dowden, C. (1998). A meta-analytic examination of the risk, need and responsivity principles and their importance within the rehabilitation debate. Unpublished master's thesis. Psychology Department, Carleton University, Ottawa.

¹⁰ As based on the Scaled Approach

2. Assessment and Planning

General Criterion:

What we expected to see:

- There are clear systems for assessing suitability and referring to interventions.

- 2.1 In all of the YOTs visited, managers had a focus on ensuring that assessments had been done on time and had been checked for quality. We found that almost all of the cases had an Asset assessment completed at the start of supervision. All but a few of these had accurately identified the LoR issues that applied to the particular young person. Over three-quarters of the initial assessments had identified health needs in the case, and almost all had identified ETE needs of some sort.
- 2.2 To give some context for this inspection, we considered the cumulative data from the Core Case Inspection (CCI) programme thus far. This data was derived from the 3,808 cases from the completed inspections in four English regions and Wales. Whilst the CCI sample included a broader range of young people than the more intensively supervised group considered in this inspection, many of the findings from CCI echoed the themes found in this inspection. For example, as with the CCI data, two-thirds of initial assessments had identified emotional and mental health and substance misuse issues as being relevant to offending behaviour. Over half of the cases had an identified physical health need. These findings were remarkably consistent between black and minority ethnic groups and white groups, males and females and young people with and without disabilities.
- 2.3 Staff had accurately identified thinking and behaviour and attitudes to offending as being offending related factors. Almost all of the cases had marked these issues as factors that had contributed to the young person's LoR. We found that decisions on the prioritisation of these factors were accurate in over three-quarters of cases. It was pleasing to note that in Flintshire a case manager had called on specialist assistance from a charity with the assessment of LoR and *Risk of Harm to others (RoH)* in a case involving a young person who had been convicted of a serious sexual offence.

A useful interventions matrix had been developed in Newcastle upon Tyne. This mapped interventions to possible offences and included interventions that addressed mental health, physical health and emotional health, literacy, drugs/alcohol and anger management.

- 2.4 All but two of the cases had identified a need for an intervention to address thinking and behaviour and attitudes to offending. This included addressing issues such as: consequential thinking skills, problem solving skills, self-management skills and having the ability to consider other people's (including victim's) perspectives.

2.5 Four YOTs had produced directories of interventions. These varied in their content and presentation, e.g. in one YOT it was linked to Asset to make it easy for practitioners to identify resources relevant to specific offending-related factors. Many staff, particularly those new to the organisation, said they found these directories helpful as they could have otherwise have spent a considerable amount of time trying to track down information on local resources. In another YOT the staff said the directory, and the associated induction process for young people, was helpful, as it clarified the YOT's approach to addressing offending behaviour issues. In this sense, directories and induction arrangements acted as a useful form of briefing for staff.

A very useful 'rights and responsibilities' induction pack was completed by young people in Somerset. This helped them to understand the nature of the interventions being provided.

2.6 Almost all of the practitioners said they were fully, or partly, aware of the full range of offending behaviour interventions available to young people in their organisation.

"They got me off drugs and got me a college place; I'm completely different now, they helped me really sort my life out"

2.7 The plans of work for the young people indicated that the majority of offending behaviour interventions (almost two-thirds) would be delivered by the case manager on a one-to-one basis. A small number were to be delivered by a case manager working jointly with a colleague. One-third of the interventions were planned to be delivered by a third party. This was often in the form of group work which could be delivered by other YOT staff, or by an external agency. These arrangements were not consistent between the YOTs we visited. Some placed more emphasis on using structured interventions, offered on a group work basis, but the majority focused on one-to-one provision by case managers.

2.8 Some of the YOTs inspected were able to demonstrate a reasonably high level of understanding by case managers of the health interventions available for young people. YOT staff made good use of the services offered by health practitioners. Where there were regular meetings between case managers and health staff, this had contributed to a better level of knowledge. However, many YOT case managers were not sufficiently aware of the range and nature of health interventions being offered and made inappropriate referrals to specialist health practitioners.

Case managers in Barnet had adopted a holistic approach to the management of young people's health issues. They identified, for example, erratic eating habits and subsequently provided practical advice on diet, routine and healthy lifestyles, while also researching best practice on the NHS websites. Advice had also been given to one young person on managing epileptic fits, as his younger sister suffered from the condition and he wanted to know how to help her.

- 2.9 Nationally validated assessment tools were used to ensure consistency in referring for emotional and mental health interventions. However, differing criteria for referral to health practitioners within YOTs were not always understood by case managers. This could be more problematic for dual diagnosis cases. Referrals for substance misuse interventions used more variable processes, although the referrals tended to be more accurate and appropriate.
- 2.10 Asset scores for physical health were often inaccurate. In some cases where there had been excessive use of alcohol and drugs, and a direct link with the young person's offending behaviour, physical health was scored as '0'. There was some dip sampling of the low scoring Assets which had not resulted in health referrals in order to check accuracy.

Prior to recommissioning the substance misuse and alcohol services for Barnet, the Substance Misuse Commissioner consulted with service users, partner agencies, the voluntary sector and the public. Following the period of consultation it was decided that the interventions should aim to: re-engage young people with education, reduce offending, reduce substance misuse and enhance involvement with their family and wider community. This enabled a clear service specification to be developed to meet the needs of vulnerable young people.

- 2.11 There was limited involvement by health workers in the creation of intervention plans, vulnerability management plans and Asset reviews, even where there had been significant health aspects in the case. Asset reviews often undervalued the impact of health interventions.

Jane took part in a comprehensive assessment process which included self-assessment work, a learning styles questionnaire, a health assessment and consideration of the cycle of change. Individual work was undertaken by the health practitioner to complement the offending behaviour work by the case manager. Further group work was introduced by the health practitioner and a co-worker from DASH (the drugs, alcohol and sexual health service). Jane fully participated and made a very useful contribution to the group work. This resulted, from Jane's suggestion, in a drop-in service being established to offer ongoing support to those in need of the service. There were no further offences and Jane was undertaking a vocational course at college in a different area, in order to meet different friends. The Positive Choices programme was used in this case and additional family work was undertaken. Jane had a clear understanding of the intervention and had used the support to cut down considerably on her alcohol intake.

- 2.12 Although good working arrangements existed between case managers and specialist YOT health workers, there was on occasion a lack of knowledge of working practices between the two component parts. For example, health staff in one YOT were not sufficiently conversant with the youth rehabilitation order (YRO). Some health practitioners who had received training on YROs were able to acknowledge that they didn't understand a lot of the information that had been delivered. Equally, some case managers were not fully aware of the detail of some

of the health interventions on offer in their YOTs. The gaps in knowledge covered a range of health aspects including, mental health awareness, substance misuse and Attention Deficit Hyperactivity Disorder (ADHD).

- 2.13 The level of information about health interventions available within YOTs varied and there was sometimes a lack of appropriate information about health interventions for those with literacy difficulties. Some YOTs had comprehensive information including leaflets, fact sheets, DVDs and posters, whilst others had limited information. In general, more information was available for substance misuse and physical health than for emotional and mental health services. Good information, that demonstrated the links between health issues, LoR and RoH, was seen. This included work with sexual health, first aid work, harm reduction, health and safety information and interventions which related to motoring offences involving alcohol and drugs.
- 2.14 The information available to case managers and young people on ETE provision was generally good. Connexions and Careers Wales were generally effective and were particularly good when a specialist advisor was linked directly to the YOT, as in Barnet and Wolverhampton. In those YOTs a senior manager from Connexions was also on the YOT Strategic Management Board.
- 2.15 There was an understanding among case managers of the importance of participation in ETE by young people as a protective factor in reducing the LoR. Some YOTs carried out an initial assessment of literacy and numeracy levels and used this information to inform the type and level of ETE intervention that would best suit the young person. However, in some areas, there was insufficient provision of literacy and numeracy courses to meet the needs of the young people.

A parent in Somerset said "I am so glad the YOT are here, they do a great job, I have seen the positive change in my son and don't know where we would have been if we had not had the support of the YOT".

- 2.16 Two-thirds of the cases had evidence that, at an early stage, diversity issues, potential discriminatory factors and other individual needs had been assessed. Steps taken to minimise the impact of these issues were found in over three-quarters of cases. There was good communication of the issues to others involved in the work with the young people. In general, attention had been given to assessing and addressing their individual needs.
- 2.17 Despite some good examples of learning needs having been assessed and interventions having been adapted accordingly, formal assessments of learning difficulties were not always undertaken. Two different learning styles questionnaires had been introduced in Somerset to meet the needs of different age groups. In some instances, 'strengths and difficulties' and 'life events' questionnaires were used to good effect by health practitioners to inform integrated action plans and to identify relevant diversity factors.
- 2.18 The skills in identifying some diversity factors, e.g. speech and language needs, did vary according to the experience and background of individual workers. We were pleased to note that in Flintshire, case managers and substance misuse workers were able to offer their service using the Welsh language.

Paul was 14 years old and subject to a three month referral order. He had come to the attention of the YOT as a result of a criminal damage offence. Initial assessments indicated that Paul had a Statement of Special Educational Need. This was explored to gauge the methods of work that would be best for him. Due to his short attention span, sessions were tailored to meet Paul's needs. His parents were involved in the process and they were provided with materials to support the sessions completed by Paul and his case manager. An example of this was the information from 'Gangs and Your Child'. This approach proved to be helpful in developing a relationship with Paul's parents. It supported them in addressing his offending behaviour. The approach was also used by Paul's parents with his siblings, and they knew that the case manager was available to offer advice and guidance if they felt this was necessary.

- 2.19 Efforts had been made to make sure that young people understood the nature of their health interventions and the boundaries which existed, e.g. in relation to the relevance of health engagement to potential breach proceedings. The views of young people were often collected via *What do YOU think?* self-assessment forms and they were usually asked to complete consent forms and agreements in the initial stages of engagement. Unfortunately, this information infrequently led to changes or adaptations to the intervention plan.
- 2.20 One young person interviewed was able to talk about the key health aspects within his YOT programme as anger management, smoking cessation, reassurance about low weight concerns and counselling. Another young person was more pragmatic when he stated that the Youth Offending Service (YOS) was poorly named since he didn't consider it a 'service' when it was mandatory, although he added that he "*knew what to do and what the consequences would be if he didn't*". He indicated that the substance misuse worker "*listened and gave advice so I didn't feel that I was being told what to do*". Yet another young person stated that they hadn't wanted to hear about the educational reasons for giving up drinking since he "*knew all the statistics*" but a concentration on healthy living and support in taking up football led to a dramatic change in his attitudes and behaviour. Some innovative actions had been undertaken to support young people's understanding e.g. pictorially illustrated intervention plans for substance misuse helped young people understand the nature of their health intervention in Wolverhampton.

One young person from Somerset, with a myriad of issues, and severe problems with substance misuse, was supported well by the substance misuse worker. The worker pressed for appropriate allocation to social care and positively used the support of a family friend. Improved partnership working led to a leaving care plan and agreed detoxification.

- 2.21 The assessment of suitability for health interventions by case managers within YOTs was inconsistent. The extent to which referrals were made on the basis of Asset scores also varied. Health referrals commonly followed a score of two or above for the emotional and mental health section, although higher thresholds also existed. The picture for substance misuse was more confused, with examples ranging from all young people receiving an initial specialist assessment, to those

scoring one (or, in other areas, two and above) leading to a referral and specialist assessment. For physical health, the situation could be even more confusing, given the number of views offered in terms of how a physical health need might or might not be linked to offending behaviour.

- 2.22 Where broad based health assessments were employed in YOTs, this had, on occasion, led to too high a volume of referrals being made to limited health resources. There were, nevertheless, many examples where needs had been well assessed and had led to appropriate referrals both to 'in-house' specialist health practitioners and also to universal health services, including Child and Adolescent Mental Health Services (CAMHS), youth work and substance misuse services.
- 2.23 Some YOT health practitioners had created their own referral forms which reduced inappropriate referrals. Referrals had also improved where training had been delivered to case managers and where there was regular attendance by health staff at team meetings.
- 2.24 Virtually all young people interviewed stated that they were fully involved with their health assessments and that this had included consent forms and an information exchange agreement. Over three-quarters of the young people, and almost all parents/carers, had contributed to the initial case assessment. This helped them to understand the purpose of the planned interventions, and the expectations on the involvement and behaviour of the young person.

"They are much better than my previous YOT. Here, they are really trying to help me. They have helped me with my drugs use and that has worked. They are also helping me to get a job. I always thought that YOTs could not help me to stay out of trouble but now I think I can stay out of trouble".

- 2.25 Many positive examples were found of support being offered to young people by health workers to increase their involvement in initial assessments and engagement – this included flexible meeting times and locations, together with the use of texting to remind young people of appointment times. Transport difficulties were eased by home visits and through providing lifts in appropriate circumstances. A strong emphasis on building positive relationships between health practitioners and young people was illustrated in cases where young people initially lacked motivation but latterly engaged well in a programme. High levels of support were also provided by YOT health staff in relation to engagement with external health services and in mobilising other agencies to address key vulnerability concerns.

The substance misuse Commissioner in Barnet interrogated outcome data sent to the National Drugs Treatment Management System and identified issues which included referrals not being completed appropriately with, for example, the client consent box not being ticked despite the child or young person agreeing to intervention. In partnership with the YOS, all referrals were subsequently reviewed to ensure that young people requiring Tier 3 interventions accessed them. This exercise also revealed disparities in Asset scores and the level of interventions being provided. For example one case saw a young person attracting a substance misuse Asset score of 0, although he was receiving Tier 3 interventions. In another case the young person had received an Asset score of 0 for substance misuse whilst they were using crack cocaine.

- 2.26 Young people were generally well informed about their ETE options and commitments. There were many positive examples of YOT and Connexions and Careers Wales staff supporting young people in preparation for their ETE placement. This involved, for example, accompanying them to college interviews and ensuring they were aware of travel arrangements and other details of their placement. Support was also good during the placement, and in some instances, Wolverhampton for example, this support continued after the end of the order. The young people interviewed were very positive about the support they gained from ETE and Connexions and Careers Wales staff.
- 2.27 In a few instances, written materials did not consider fully the young people's levels of literacy.
- 2.28 Few of the offending behaviour interventions being considered at the assessment and planning stage specified who they were aimed at. Only one-third of practitioners said they were aware of suitability and eligibility criteria for the interventions they had planned to use. Group work provision was generally clearer on these issues. However, given that the majority of interventions were to be delivered on a one-to-one basis, it was no surprise when we found that over two-thirds of the interventions provided did not have evidence of any such criteria in operation. As a consequence, few of the interventions were clear about the specific issues that would be addressed. Less than one-quarter of case managers were able to identify what, specifically, the planned intervention aimed to achieve with the young person.
- 2.29 The quality of target setting in relation to ETE issues was variable across the YOTs visited. Whilst some targets were set and reviewed frequently, so as to monitor progress, this was not always the case.
- 2.30 Despite the absence of clear information on the focus of interventions, we were able to form a view about the likely issues to be addressed. It appeared that consequential thinking skills would be addressed in two-thirds of the interventions, problem solving skills in one-quarter and a similar number would address perspective taking issues.
- 2.31 Few plans adequately integrated all the necessary elements of work being undertaken with the young person. In the majority of cases, insufficient attention had been given to clarifying what elements of the supervision programme would happen in what order. In Somerset we saw a clear focus on using cycle of change concepts and motivational interviewing. This assisted case managers to effectively plan for the sequencing of the planned interventions for individual cases.
- 2.32 Over two-thirds of plans had insufficient detail on the content of the proposed offending behaviour intervention. Similarly, few plans had addressed the required duration and intensity of those interventions. This limited the extent to which young people could be informed about what the intervention aimed to cover, its duration and intensity and how it meshed with other aspects of supervision.
- 2.33 In two YOTs the templates used for recording plans of work in referral order cases proved limiting. They did not enable case managers to adequately convey the plan of work in those cases.
- 2.34 The contribution of Restorative Justice (RJ) work to the efforts to address offending behaviour issues was not clear in many cases. This was surprising as the services provided were often directly linked to issues such as consequential

thinking and victim's perspectives. RJ work featured in the majority of the cases we inspected and more could have been done, at the case planning stage, to capture the contribution of RJ work to tackling offending behaviour.

Summary

Strengths

- Asset was being completed at the start of supervision and accurately identified the LoR issues that applied to young people.
- There was evidence that workers had taken time to get to know the young people, understood their needs and aspirations, and were engaging well with them.
- Sufficient attention had been given to assessing and addressing the specific individual needs, including diversity issues, potential discriminatory factors, of young people.
- Efforts had been made to make sure that young people understood the nature of their health interventions and were well informed about their ETE options and commitments.
- There was a good understanding among case managers of the importance of participation in ETE as a protective factor in reducing the LoR.

Areas for improvement

- Few of the offending behaviour interventions specified eligibility and suitability criteria and few were clear about what the planned interventions aimed to achieve.
- The assessment of suitability of health interventions was inconsistent.
- Few plans adequately integrated all the necessary elements of work being undertaken with the young person.
- A number of YOT workers were not sufficiently aware of the range and nature of health interventions being offered.
- Detailed assessments of learning difficulties were not undertaken often enough.

3. Delivering interventions

General Criterion:

What we expected to see:

- Interventions are delivered to reduce LoR, *RoH* and Safeguarding concerns

- 3.1 The inspection considered the extent to which workers promoted and sustained the engagement of the young people in the interventions offered. We found that over three-quarters of offending behaviour interventions were started as planned. Two-thirds of the cases demonstrated that efforts had been made to adequately prepare the young person for those interventions. More than three-quarters showed that work had been done to sustain their engagement.
- 3.2 In almost the entire sample, case managers maintained their contact with the young person whilst they were engaged in offending behaviour interventions. This was unsurprising, given that almost two-thirds were delivered by case managers. In over three-quarters of the cases it was evident that case managers had actively supported and encouraged the young people to participate in the intervention. However, only half of the cases showed that those efforts had been maintained until the completion of the intervention.
- 3.3 There was evidence in all of the YOTs visited that workers had taken time to get to know the young people and understand their needs and aspirations. There was also a good understanding, among case managers, of the importance of ETE in reducing the LoR. Many examples of young people engaging well in ETE, and of maintaining commitment, were observed.
- 3.4 A varied range of interventions had been used by health workers to meet the diverse needs of this vulnerable group of young people. However, services were sometimes limited in relation to the skills and experience of the relevant health workers on site. In some YOTs too much effort was applied to dealing with issues in house, rather than looking for appropriate interventions outside the YOT. Good links did exist, in a number of YOTs, between health practitioners and community health services. Examples included, 'one stop' shops such as Base 25 in Wolverhampton and specific community health services such as the '331' centre for counselling and 'Be U 21' for sexual health in Barnet.
- 3.5 Health interventions were largely being delivered as planned, even where the targets were limited through involvement with crisis work. They were child-centred. However, they were not sufficiently integrated with offending behaviour work. Where there were integrated action plans in YOTs, health interventions were more likely to have been delivered as expected. It was acknowledged by some operational managers that there could have been differences between overall and specialist delivery plans, and that there was, on occasion, a lack of clarity between staff about boundaries.

In Flintshire, young people were supported in joining a local gym, a football team and other positive activities, as part of the service offered by the Activities Coordinator/Duke of Edinburgh worker in the Youth Justice Service. This, combined with the interventions of health staff, made a crucial difference in reducing substance misuse and encouraging young people to continue with their treatment sessions.

- 3.6 Sessions on health had usefully been provided to parenting groups by health workers in some YOTs and meetings had also taken place with parents at referral order panels. In other YOTs, involvement with parents/carers had not been considered sufficiently.
- 3.7 There were some significant inconsistencies when referring on high needs health cases for specialist support in relevant cases, both because of the nature of the criteria attached to mainstream referrals and also because of a lack of available resources, e.g. in relation to 'Tier 4' services.
- 3.8 Given that there was a general lack of clarity about the planned content of offending behaviour interventions, it was unsurprising to find that only half of those interventions demonstrated a structured approach to addressing the offending-related needs of the young person. In just over one-quarter of cases (these tended to be the group based interventions) the sessions were delivered as planned. For those cases where the work did not follow the planned course, it was often because the young people had failed to attend, or because of unplanned drift from the work. We found this in the majority of one-to-one interventions. It was often due to workers changing tack to address a crisis event for the young person, and not subsequently being able to re-establish a focus on the planned offending-related work.
- 3.9 Most of the offending behaviour work we saw was broadly aimed at challenging offending behaviour and promoting victim awareness. However, it often lacked clear aims and objectives. Seldom did it provide opportunities for the young people to practise skills and pro-social behaviour.
- 3.10 We found that only one-third of the offending behaviour work was of sufficient duration and intensity to be likely to produce sustainable changes in thinking and behaviour.
- 3.11 Many YOTs used the old YJB key performance indicators (KPIs) to ensure that health and education referrals and interventions were carried out in a timely fashion. Additional operating standards had been helpfully introduced by some YOTs. These included the expectation, for example in Newcastle upon Tyne, that at least 80% of service users left substance misuse treatment in an agreed and planned way. 'Fast track' referral agreements for CAMHS existed with some YOTs, to ensure timely treatment with this vulnerable group.
- 3.12 The limited evidence of joint partnership planning with health interventions and direct work on offending behaviour often had an impact on the duration of a health intervention. With a lack of clear expectations from the outset. Expectations were not always clear in intervention plans and capacity issues could mean that health involvement could be limited.

- 3.13 Interventions targeting thinking skills were adapted to respond to the diversity needs of the young people. We found that the offending behaviour interventions had been delivered in appropriately flexible ways, in over three-quarters of cases.
- 3.14 Good efforts were made by health workers to promote and sustain engagement with young people and this was particularly noticeable in rural areas. One area analysed engagement and completion in relation to health input and found that initial engagement was good but that there was a significant drop-off after three or four sessions. Further work was being undertaken to clarify the reasons for the change. In one area, where the rates of engagement in health interventions were examined by operational managers, it was found that the YOT performed substantially better than mainstream health services. The health workers in that YOT were described as *“flexible, consistent and persistent”*. Issues identified by young people, which were seen to negatively affect engagement, included transport difficulties and the duplication of substance misuse work from Young Offender Institutions. One young person disengaged from a health intervention because of concerns about a suspected breach of confidentiality, although there was evidence that the reasons for disclosing information had been discussed in advance and were related to specific Safeguarding concerns.

Good efforts were made by Barnet staff to encourage attendance for health interventions through careful engagement with the young people and their families, together with agreed timings, reminder texts and using accessible and safe locations.

- 3.15 Transitions to adult health services were frequently described by YOT health practitioners as problematic, despite efforts being made to minimise potential issues.

In Wolverhampton one young person, who had previously self-harmed, had all YOT health personnel involved in her case. This included substance misuse workers, a nurse and CAMHS staff. The young person had a child on the child protection register who was moving towards adoption, and this invoked elements of bereavement for her. She also had learning difficulties, alcohol misuse issues, and had experienced domestic violence. Good communication between staff had taken place, to assess risk factors and agree priorities. All health workers worked together with the case manager, whilst also including the young person in all aspects of interventions. The work was completed successfully and, although the young person was over the age of 18, involvement with her was maintained pending transition to adult services.

- 3.16 We found that there was effective general communication between relevant staff, the young people and their parents/carers, in respect of interventions addressing offending behaviour issues. Practitioners rated the quality of communication between themselves and those providing interventions as sufficiently good in almost all of the cases. Ongoing joint work between case managers and others providing offending behaviour interventions was evident in over three-quarters of cases. Practitioners reported that they received enough information about the

progress of the young people whilst they were participating in offending behaviour interventions.

In Flintshire, Ian was aged 15 and was subject to a referral order of six months after he had attacked a teacher at school. He was also displaying problematic behaviour at home. The intervention offered by the YOT focused on thinking and behaviour issues. It used DVDs, and various work sheets, to help retain his engagement. RJ work was a core part of the package. Good liaison with, and support of, Ian's parents helped to prevent Ian becoming homeless, and enabled the interventions to commence as planned. The thinking and behaviour work was complemented by other work, e.g. ETE input. This resulted in a comprehensive package of work with Ian and he responded well to this.

- 3.17 Communication and engagement between young people and ETE workers was a key strength in all YOTs inspected. The detailed understanding that YOT staff and Connexions and Careers Wales workers had of the issues facing the young people was impressive.

"The nurse has gone over her responsibility and gone the extra mile - they never gave up on her". (Mother of one young person interviewed in Flintshire).

- 3.18 There was a good level of flexibility demonstrated by health workers within the YOTs to encourage engagement and attendance by young people. This degree of flexibility was not as common within linked mainstream services. Young people were overwhelmingly positive in their assessments of the encouragement they were given by both health workers and their case managers. In one YOT, for example, they indicated that the staff were both respectful and well-mannered towards them and that *"they understand you"* and *"they are just brilliant"*.
- 3.19 Session recording, particularly for one-to-one offending behaviour sessions, was not of a high standard. Few sessions had clear, timely and sufficient recording of the work that had been done with the young person. This made it difficult for practitioners to keep track of the issues that had been covered during the sessions and to assess the extent to which the work had impacted on the young person. Often there was a seemingly sporadic delivery of one-to-one offending behaviour sessions and the work was regularly under-recorded or got mixed up with other aspects of the service being delivered. The recording indicated inconsistent and individualised approaches by case managers to delivering offending behaviour sessions, and there was often a stop/start feel to the work. Many practitioners said they would welcome specific practice guidance on session recording and on balancing participation in offending behaviour sessions with responding to the periodic crisis events that occur for some young people.

In Newcastle upon Tyne one case manager had developed the use of session logs to record what she intended to do in each offending behaviour session, what she achieved and the areas of work remaining. At the end of each session the case manager formulated the plan for the next session. The young person received a copy of the outline and the case managers organised the materials for the next session. This was a structured and productive way of organising the sessions and helped the case manager to avoid drift from the planned work.

- 3.20 A variety of practices existed in YOTs for recording health information and sharing appropriate information. Recording practices ranged from the health practitioner gathering and inputting information into shared electronic recording tools, to duplicating information between separate health and YOT files. Best practice examples demonstrated a default position where there was openness and information exchanged in the multi-disciplinary team, unless there were clear reasons to maintain confidentiality. This contrasted with examples of health information being kept confidential unless there were specific aspects which needed to be shared, e.g. in relation to Safeguarding. There were good examples of caseworkers being willing and enthusiastic about liaising with their partners in health.

A 15 year old under the care of Barnet Council had complex needs due to her chaotic lifestyle, her alcoholic father and the death of her mother. She reported fearing for her safety at her local care home and she was transferred to a more appropriate home in Walthamstow. Whilst under the care of Barnet YOS she received a regular intervention from the CAMHS psychologist to address her mental well-being and her self-harming behaviour (cutting her arms and face). The psychologist worked closely with the case worker to identify signs of escalating self-harm and management techniques (asking about visible injuries and allowing the girl to flick elastic bands on her wrist as opposed to cutting herself) to complement the therapeutic sessions.

- 3.21 There were examples of insufficient detail in the sharing of health information and this meant that health matters had little impact on case reviews and assessments of outcomes. For some, there was not a good shared understanding about what constituted confidential information. One worker also said "*getting CAMHS to listen can be problematic*". Other problems centred on transitions to adult health services. The handover of cases to Probation was described in one area as akin to completing a 'tick-box form'.
- 3.22 Some excellent links had been established between YOT health practitioners and secure environments, with a good level of information exchange.

For one young person in Wolverhampton the extent of their drinking alcohol, combined with memory issues, enuresis and epilepsy, constituted a high degree of vulnerability. Health workers met and constructed an integrated action plan for the young person. This was linked to the offending behaviour work. Good progress was made and the enuresis was eased through specific support. Attendance at a memory clinic was facilitated and obtaining a support worker helped with the memory issues. The epilepsy was also supported medically.

- 3.23 In some areas, YOTs had successfully placed young people of school age in provision usually designed for those aged over 16 years. For example, in Somerset pre-16 year olds had been successfully placed on engineering, leisure and tourism, health and social care, construction and animal care courses with the support of a local college. The young people spent some time in college on vocational courses, some time on work placements and some time in school. This varied and an individually designed programme approach had proved successful.
- 3.24 In all of the YOTs visited, case managers reported that they valued working in a child centred team and the opportunities for supportive multi-agency work with the young people. They also reported enjoying good multi-agency and partnership work cultures in their YOTs. Most staff felt there was a strong commitment by staff to working together. In Somerset, an example of this in practice involved a YOT where the offending behaviour thread of work saw the case manager and the parenting worker, along with the young person's parents/carers, working to ensure they were reinforcing consistent messages to the young person.

In Somerset a service from the family and parenting team was in place with the family of Jack. The work focused on assessing and implementing appropriate skills based strategies, to support work on his sexual offences as well as helping to establish positive parenting skills to underpin their contribution to the work. The parenting worker continued with joint work with Jack's case manager on offending behaviour, with CAMHS on family therapy work and with separate parenting sessions. Joint work with other practitioners enabled the different sessions to be constructively linked together, and provided for a cohesive programme from Jack's perspective. The 'Triple P Positive Parenting Programme' was used with Jack's parents. This was a ten week programme and was based on cognitive-behavioural therapy principles. This work linked with Jack's offending behaviour sessions. It covered the family context, and both parents engaged well with the programme content. It helped the parents to identify their strengths and abilities in managing Jack's problem behaviour.

- 3.25 In four YOTs, staff said that the YJB led development of Asset and case planning documents, national standards and the framework provided by the YRO and the Scaled Approach gave a clear frame of reference for their work with young people who had offended. Case managers also identified other helpful resources, e.g. KEEP documents and the Professional Certificate in Effective Practice. However, national sources of practice guidance e.g. published research and the extensive practice guidance contained in the YJB *Case Management Guidance* documents were not being used to inform the day-to-day delivery of offending behaviour interventions. We found limited evidence of either national or local practice guidance informing case managers' approaches to delivering offending behaviour work.
- 3.26 A major barrier to placing young people in appropriate ETE provision was the inflexibility of start dates in some colleges of further education. Few colleges offered start dates other than in September each year. A small number did offer January start dates. This meant young people had to wait too long to access college places.

- 3.27 A lot of YOTs received good support from Pupil Referral Units (PRUs), many of whom worked flexibly with some very challenging young people. In Wolverhampton, the YOT carried out preventative work with young people in the local PRU. However, in other areas PRUs were oversubscribed and this meant some young people had to wait too long for placements.
- 3.28 We found that one-to-one work showed little attention to 'treatment integrity'. There were lots of ad hoc approaches to delivering offending behaviour interventions. Only half of the staff interviewed said they felt confident to deliver offending behaviour interventions. Almost half said they did not have adequate access to materials for this work and almost two-thirds said they had not had sufficient training. In all of the YOTs visited staff said they felt there was a need for more training on the theoretical underpinning of offending behaviour work on how to deliver such interventions successfully and on core skills associated with the work, e.g. cycle of change and motivational interviewing work.
- 3.29 The delivery of offending behaviour interventions was not generally supported by quality assurance mechanisms. Few staff said that their delivery of interventions had been reviewed by a quality assurance process. Where this had occurred, it had been for sessions being delivered on a group work basis. Many practitioners were not convinced that discussion of the delivery of structured offending behaviour interventions, in routine supervision sessions, was enough to ensure the quality of this work.
- 3.30 The range of ETE provision, especially 'alternative' provision, varied greatly. In some areas there was little suitable provision, especially for those aged under 16. Provision in these areas consisted of mainstream schools, access to a PRU or being educated 'at home'. These types of provision had not previously worked for a significant proportion of young people in contact with the YOT.

A particularly innovative and successful partnership was one between Newcastle upon Tyne YOT and the University of Northumbria. Selected University criminology students received training in child protection, Safeguarding and youth justice and then worked as mentors alongside young people to help them with the journey through their order. Engagement with the scheme was voluntary for the young people. The university students received support from YOT workers and monthly supervision from professionals within the university. A key element of the scheme's success was the careful matching of young people with the students. Strong relationships developed as young people found it helpful to be able to work with people of roughly the same age, and to participate in activities that were negotiated jointly. The students benefited from an excellent opportunity to experience firsthand, the operations of the youth justice system. Contact was often maintained after the end of the young person's order. To date no young person on the scheme had breached their order.

- 3.31 In some YOTs there were delays in placing young people with ETE service providers, especially where the range of provision was limited.

One young person commented *"If I hadn't been on this course, I don't know what would have happened to me"*.

- 3.32 There was a wide range of approaches to delivering ETE interventions. Some YOTs were providers, whilst some just commissioned provision. Understandably this led to little commonality amongst the YOTs inspected. All YOTs were dependent on the ETE provision that was available in the local area, especially with regard to alternative provision. In many areas this was limited. In some areas young people who had offended were not seen as a priority for ETE placements. In other areas, provision consisted solely of trying to place the child or young person back into school (which had failed previously), or into a PRU.

In Newcastle upon Tyne, there was an innovative and successful 'Bridging Course' that enabled the child or young person to experience vocational studies whilst improving their key skills of literacy and numeracy. This was funded jointly by the local authority, the college and the YOT. Progression from this course to mainstream college courses was good.

- 3.33 Over three-quarters of cases had evidence of timely Asset reviews, including reviews at the end of the interventions. In only one-fifth of the relevant cases had an Asset been reviewed following a significant change in the circumstances of the child or young person. Assets had been reviewed after most offending behaviour interventions, but few were informed by what had happened during the intervention.
- 3.34 In one YOT we found evidence that case managers were not being involved in, or following up, offending behaviour work undertaken with young people whilst they were in custody. In another, we found that the case manager had not sufficiently followed up on work done by a young person who had accessed an external fire safety course.
- 3.35 Line management was clear and provided good support for ETE in all cases. In Cumbria, for example, managers performed frequent reviews of the quality of Asset completion by staff. Supervision arrangements worked well and were valued by staff.
- 3.36 Efforts were made to ensure that cancellations of health sessions by practitioners were rare. Plenty of examples were found of health workers going above and beyond the call of duty to support young people. One young person indicated that every effort had been made by the substance misuse worker to encourage attendance, with some agreed concessions being made to allow more flexible appointment times. While health practitioners had made good efforts to avoid cancellations, they remained clear about their responsibilities to inform case managers where the young person had not attended as required. Tension existed in some YOTs because of the distinction between the voluntary nature of substance misuse interventions and the statutory expectations of a court order.
- 3.37 Diversity needs were being considered in health interventions in the majority of YOT areas visited. This included home visits to avoid territorial aspects, the use of universal outreach facilities to provide sexual health support, requests having been made to vary conditions of curfew to account for religious views and sensitivity being shown towards different ethnic backgrounds and cultures. In Newcastle upon Tyne, the Ethnic Minority Training and Education Project worked alongside the YOT to provide an integrated resettlement service. This included family support, substance misuse and a mental health service. Many YOTs were

able to describe positively the sensitivity displayed in relation to ethnicity and other diverse needs, including speech, language and learning issues.

- 3.38 Health staff in YOTs tended to be well qualified, skilled and experienced, and demonstrated real commitment and enthusiasm for their work. Sometimes the skills were focused in discrete areas, according to the training and background of the health practitioners. This affected the range of interventions being offered. Nevertheless, good efforts had been made by YOT health practitioners to train and develop further skills while in post. This had included, for example, Safeguarding training, additional forensic training, auricular acupuncture and work on smoking cessation programmes. The young people interviewed underlined the abundant skills demonstrated by health practitioners.

A 'journal club' had been proposed by a clinical nurse within the Barnet Young Persons Substance Misuse Service. This was intended to be held every month and provide a forum for clinicians to discuss emerging substance misuse trends (e.g. new drugs on the market, the signs, symptoms and treatments available) in order to develop a more responsive, progressive and informed service.

- 3.39 Although there was not an overwhelming sense of YOTs having promoted well-being and a healthy lifestyle generally, there were certainly good examples of targeted individual interventions. One aspect which was noticeable in this inspection was the number of times where the promotion of physical health, as a protective factor, had made a real difference to the young person's self-confidence and self-esteem, and ultimately contributed to a reduction in their LoR.

Flintshire offered a range of programmes, including some which specifically included health elements, e.g. The 'Choose2Change' programme. This was a 12 week group work intervention targeting young people who had issues of violent and aggressive behaviour within the family or personal relationships. Also on offer was the 'Feel Good' programme. This addressed anger related issues and conflict management.

Summary

Strengths

- Most young people started offending behaviour interventions as planned.
- Health interventions were largely delivered as planned and were child-centred.
- Some excellent links had been established between YOT health practitioners and secure environments.
- There was a good degree of encouragement demonstrated by YOT workers in trying to maintain young people's compliance with interventions.
- Communication and engagement between young people and ETE workers were key strengths.
- Young people in many YOTs were able to describe positively the sensitivity displayed in relation to ethnicity and other diversity needs including speech, language and learning issues.

Areas for improvement

- Half of the offending behaviour interventions could demonstrate a structured approach to addressing the offending-related needs of the young person.
- Only one-third of the offending behaviour work was of sufficient duration and intensity to be likely to produce sustainable changes in thinking and behaviour.
- Of the staff interviewed only half said they felt confident to deliver quality offending behaviour interventions.
- There was limited evidence of joint partnership planning in relation to health interventions and direct work on offending behaviour, although most staff working in YOTs felt that there was a strong commitment by staff to working together.
- The range of ETE provision, especially alternative provision, varied greatly.
- There was limited evidence of national and local practice guidance informing case manager's approaches to delivering effective offending behaviour work.

4. Outcomes

General Criterion:

What we expected to see:

- Interventions achieve demonstrable progress against factors linked to offending.

- 4.1 Systematic use of data relating to offending behaviour interventions had not been developed in any of the YOTs we visited. We found little use being made of individual and aggregated outcome data from these interventions. At the individual case level, practitioners were not capturing such information routinely. Neither they, nor their organisations, were making use of such data to evaluate and improve services.

A young person in Cumbria was encouraged to complete an Asset *What do YOU think?* self-assessment. Comparisons were made with that and the Asset completed by the case manager. The differences between the two assessments, the results of a learning styles assessment and an assessment of the young person's position on the cycle of change, were analysed. This helped to focus the content of subsequent work undertaken using a structured intervention - 'Clued-Up'. Progress was self-assessed by the young person. A further Asset self-assessment was completed by the young person at the conclusion of the intervention. The assessments were all recorded on Microsoft Excel and the young person could see the changes over time visually represented on a graph.

One young person from Flintshire said *"When I left school I didn't have a clue what to do or how to get some qualifications and I was getting into trouble. I have come here and they have helped me to get on a good track. It has helped me a lot. I would give them 10 out of 10"*.

- 4.2 In general, case managers and their organisations were not clear about how offending interventions had influenced the young people's behaviour. Our findings echoed those of the recent National Audit Office (NAO) report¹¹ which suggested that practitioners in the youth justice system did not know which interventions had had the most impact on reducing reoffending. There had been little research published in this area by the YJB or NOMS since 2006 (NAO p36). In the report summary the NAO suggested that, with the prospect of resources reducing in the future, the youth justice system was not well placed in knowing how cuts in specific activities would impact upon the outcomes achieved with young people (NAO p8).

¹¹ Ministry of Justice: *The youth justice system in England and Wales: Reducing offending by young people*, National Audit Office, Report by the Comptroller and Auditor General, HC 663, Session 2010-2011, 10 December 2011

4.3 In this inspection we found that where there had been progress against factors linked to offending, this was being reflected in Asset reviews. In almost three-quarters of the cases Asset scores had improved. We judged that there had been clear evidence of such progress in half of the cases. NAO data offered some support for this finding (NAO p31). It cited that the proportion of young people who reoffended fell to 37% in 2008, from 40% cent in 2000, and the number of further offences recorded by those young people fell by one-quarter.

"If it weren't for YOT I'd be in bed now - or possibly in prison".

4.4 However, the NAO (NAO p31) argued that, despite the clear reduction in the overall volume of offences committed, there appeared to be little improvement in the reoffending rates for young people who were subject to intensive community sentences (this was the target group considered in this inspection). The available data suggested there was a high likelihood that many of these young people would reoffend within a year. Although there had been a slight improvement in the rate of reoffending by young people leaving custody, compared with those receiving serious community sentences, neither group showed sustained reductions in reoffending rates compared with the rates that existed in 2000.

4.5 In all of the YOTs visited, first time entrant¹² data was positive and showed a steady decline in the number of young people entering into the criminal justice system each year. This was the case for data generated by the YOTs, and via the Police National Computer (PNC). Table one below provides the performance data in respect of first time entrants.

Table one – number of first time entrants in England

	YOT data					PNC data				
	2009/10	2008/09	2007/08	2006/07	2005/06	2009/10	2008/09	2007/08	2006/07	2005/06
Barnet	222	288	226	444	485	267	316	343	430	323
Cumbria	671	854	953	940	1189	675	848	1138	1158	1230
Newcastle upon Tyne	459	751	776	990	860	454	709	692	853	715
Somerset	474	626	818	856	708	443	607	831	975	846
Wolverhampton	260	385	428	380	503	268	433	496	507	575
All England	52,372	68,084	82,852	88,873	91,904	57,291	74,588	94,361	10,4232	101,440

and in Wales

	YOT data					PNC data				
	2009/10	2008/09	2007/08	2006/07	2005/06	2009/10	2008/09	2007/08	2006/07	2005/06
Flintshire	105	173	122	219	205	171	259	295	257	235
All Wales	3773	4706	4702	4819	5,425	4096	5198	5642	5819	5,600

Source: Final YOT Data Summary April - September 2010 for YOTs in England and Wales figures for NI111 (England) and WJYI 1 (Wales) first time entrants

¹² First time entrants counts the number of young people given their first pre-court (e.g. reprimand or final warning) or court disposal and thus is counted as entering the youth justice system

4.6 Reductions in reoffending rates were more varied for the YOTs visited, with some showing clear progress and others having less impact. The national data for England and Wales showed that, on the whole, YOTs were impacting positively on LoR issues for many young people. Table two outlines this information.

Table two – reoffending rates for YOTs in England

	2010 Reoffending figures			2010 vs. 2005	
	Jan - Mar 2010 Cohort	Number of reoffences within 3 months	Frequency rate after 3 months	Frequency rate within 3 months for 2005 cohort	Performance change from 2005 baseline after 3 months
Barnet	90	20	0.22	0.23	-1.8%
Cumbria	377	79	0.21	0.58	-64.1%
Newcastle upon Tyne	238	149	0.63	0.54	16.8%
Somerset	225	100	0.44	0.44	0.6%
Wolverhampton	127	34	0.27	0.26	4.2%
All England	24799	8102	0.33	0.37	-12.1%

and in Wales

	2010 Reoffending figures			2010 vs. 2005	
	Jan - Mar 2010 Cohort	Number of reoffences within 3 months	Frequency rate after 3 months	Frequency rate within 3 months for 2005 cohort	Performance change from 2005 baseline after 3 months
Flintshire	52	25	0.48	0.45	7.3%
All Wales	1509	657	0.41	0.46	-10.7%

Source: Final YOT Data Summary April-September 2010 for YOTs in England and Wales figures for NI19 (England) and WJYI 2 (Wales) reoffending rates

4.7 These trends were consistent with the patterns identified in the HMI Probation CCI data. Cumulative data from the CCI inspections showed that young people were making progress against a range of factors linked to offending. Of note were the findings that almost half of the relevant cases showed progress against thinking and behaviour issues. This was largely consistent across age, ethnicity, disability status and gender. However, for one group of young people there was a striking difference. Looked After Children (LAC) showed progress against thinking and behaviour in only 39% of cases. For non-LAC children the figure was 48%. Progress against ETE needs was found in almost half of the relevant cases from the CCI sample, with consistency noted across all the above groupings. Progress in substance misuse had been found in 40% of relevant cases. This ranged from 28% for black and minority ethnic young people, to young women, where progress was noted in 46% of cases.

In Cumbria one young person said *"Sometimes I don't get into trouble because I think my YOT worker will give me a bollocking"*.

4.8 Interestingly, the consensus among practitioners was that the specific offending behaviour issues for those young people who continued to offend were not being picked up in the aggregate reoffending data at the local level. Many practitioners suggested that the data for those that continued to offend was obscured by

positive results for those with fewer criminal convictions. This mirrored the NAO conclusions on this topic. Many practitioners reported to us their impression that early interventions with young people who had just entered the criminal justice system were, relatively, more effective than work with those young people who were more prolific offenders. For them, the 'nip in the bud' approach seemed to be fruitful.

- 4.9 Practitioners reported their sense that more systematic and structured offending behaviour interventions, in conjunction with other services, could usefully be used to tackle the offending for those young people who had a more entrenched pattern of offending. This was an interesting finding, given the limitations in the quality of delivery of offending behaviour interventions identified earlier in this report. The evidence from this inspection suggested that many YOT staff were assisting young people to make positive progress against factors linked to offending, but that this was not clearly linked to the quality of the specific offending behaviour interventions on offer. This begged the questions, what is it that was working, for whom, in what circumstances?

In Somerset a young person who had been on an apprenticeship and had been helped to find this by the YOT said *"I am glad I came here, they really helped me"*.

- 4.10 Good individual health outcomes were evidenced within some YOTs but generally this information was neither aggregated nor examined in a systematic way. Monitoring was often limited to an awareness of the numbers referred, assessed and receiving services. There were, nevertheless, a few examples where health outcomes were being used and audited, with planning grids based on health data being used to inform practice. One YOT Strategic Management Board received useful feedback from a health review which also included specific case examples.

One young person in Flintshire, who had abused alcohol since his early teens, was also using cannabis whilst on medication for ADHD. As a result of this he had become depressed and taken two overdoses. He was placed on a referral order after an assault while under the influence of alcohol. He was not in education or employment when referred to the YOT. His case manager, specialist nurse and drugs and alcohol worker all persisted in attempting to engage with him and finally succeeded. With the help of the Activities Coordinator for the team, his case manager helped him to join a football team and use the local gym. After concerted efforts from all, he stopped abusing alcohol and cannabis and had embarked on a Sports Science Course at the local college and was doing well. He managed his ADHD himself and was no longer considered to be at risk of offending.

- 4.11 Outcomes from a court diversion scheme in Wolverhampton were being reported on by a University, and outcome tools were being used sporadically with the treatment outcome profiles (TOPS) data. One YOT accepted that there had been no analysis of value for money in relation to health interventions, and that there were only indications that the service 'seems to be working well' from the lack of complaints, good service feedback and good service user feedback. With a few YOTs, there was better baseline monitoring within CAMHS and with their linked

health practitioners in the YOT. This included the use of evaluation sheets, questionnaires and additional data. With one YOT, senior managers were keen to compare more rigorous results with hospital and custody admission data, in order to demonstrate cost savings which, although ambitious, did reinforce the growing acceptance of the need for effective data analysis to underline the value of health interventions.

In Newcastle upon Tyne one parent said "He would have continued to be in trouble and would have been in jail if it had not been for the YOT". She added that she "could not believe the change she had seen in her son. He was on a mechanics course and had work experience in a garage. The boss at the garage thought he was doing well and had given him extra work".

- 4.12 There were some examples of health data being collected on individuals. It was more likely that outcome measures were being used in substance misuse work, than in physical, emotional and mental health work. Nevertheless, some recent progress had been made in developing more widespread measures in a number of YOTs. Flintshire Youth Justice Service (YJS) had begun to collect useful evaluations from their educational programme relating to substance misuse and the YJS nurse was also using satisfaction ratings from one-to-one work.
- 4.13 Limited feedback on health services had been gathered from service users, to both demonstrate effectiveness and to inform practice. This was unfortunate given the useful and complimentary information obtained through our interviews with young people and their parents/carers.

"Probably them not giving up on me" (answer given by one young person to question about what helped him achieve positive change).

- 4.14 Individual health outcomes were often not linked to the work on offending behaviour. Nevertheless, progress was starting to be made in many areas, in systematically evaluating the completion of specific health-related programmes and in beginning to link that work more specifically to offending behaviour.

One young person evaluated his progress by saying, "I am a completely different person since coming to this YOT – no drugs or trouble" while many other young people had similar positive feedback about their participation in health interventions and their relationships with health practitioners. In two particular cases in Wales, where offending behaviour was closely linked to alcohol and substance misuse, the YOT nurse and substance misuse staff worked closely together with the case managers. Through their persistence, they enabled both young people to control their drinking and drug abuse and to make significant progress against their offending. One young person demonstrated the changes in his outlook by saying that he was now doing well at College and indicated that he felt better "being praised" and was much more positive and he added poignantly that, "I like being me now – and some time ago, I didn't like being me".

- 4.15 Evidence of progress was seen in individual cases where health practitioner involvement helped to reduce *RoH* and Safeguarding concerns, particularly in

relation to substance misuse cases. Good outcomes were demonstrated by the mental health diversion scheme being used in Wolverhampton, where successful health interventions eased concerns about Safeguarding and *RoH* prior to sentencing. The work of the CAMHS psychologist in Barnet was also seen as integral, both by case workers and managers, to the management and reduction of *RoH*, both to individuals concerned and to the wider community. Some parents were able to describe dramatic improvements in concerns about LoR, *RoH* and Safeguarding in relation to their children.

- 4.16 The contribution from health practitioners to the case objectives was not generally reflected in Asset reviews. There were differing views about why this was the case, with either the health practitioners not offering information about progress, or case managers not using the information provided by health practitioners. Where positive progress was linked to protective factors, such as the healthy use of constructive activities, this was less likely to be reflected in the Asset. Despite this we found examples of the promotion of physical health as a protective factor, making a real difference to young people's self-confidence and contributing to a reduction in their offending behaviour.

In Flintshire a young person was placed on a referral order after an assault whilst under the influence of alcohol. She described herself as being an alcoholic at that time. She was also misusing cannabis and self-harming. After a long period of not succeeding, the specialist nurse and substance misuse worker managed to engage with the young person, after an incident when she had frightened herself by vomiting blood. The specialist nurse liaised with her GP and he prescribed medication for her to help with cravings as she came off alcohol. She also worked with her on healthy lifestyles, anger management and sexual health. A parenting worker engaged with the parents, both of whom had mental health problems and were unable to support their daughter at the time. The case manager introduced the young person to a project involving the local fire service. This was very successful and the young person was subsequently offered an administration job. She completed a Business and Community Course at the local college. She no longer abused alcohol, her general and mental health had improved greatly and she was no longer considered to be at risk of offending.

- 4.17 The use of ETE data to inform managers where improvements needed to be made varied considerably. In Newcastle upon Tyne and Somerset, data was clear and managers analysed reports frequently to inform decision making. For example, in Somerset, clear data was available immediately on the relatively small number of young people who were not carrying out the requisite number of ETE hours and this was used to inform actions. In Newcastle upon Tyne, data on young people's levels of literacy and numeracy were used well to inform ETE choices.

In Flintshire one young person said "They don't treat you like a kid, they talk to you straight". And "I did a course to help me get off drugs and that worked, then they helped me to get a college place and I have just started work. It's all coming together just at the right time. They are sound".

- 4.18 Two-thirds of the young people had missed at least one offending behaviour session and only half completed all the sessions. Appropriate enforcement action was taken in over two-thirds of those cases.
- 4.19 Offending behaviour interventions had a limited impact on *RoH* and Safeguarding concerns. Only one-fifth of the relevant cases were able to show some progress on those issues as a result of the offending behaviour work that had been undertaken.
- 4.20 There were some positive examples of YOTs monitoring and following up attendance and progress of young people on ETE placements. The ability to do this though was dependent on providers. Some ETE providers furnished the YOT with detailed, timely and useful information about the young person's progress, e.g. Newcastle upon Tyne College and Trinity Training in Wolverhampton.

Another young person in Flintshire said "You should have seen me this time last year, I didn't care, I would get drunk and I would get into fights all the time. The way I was heading, I would have been in custody by now. Since I have come to the YOT I don't drink, I haven't been in trouble for ages and I am at college and everyone has noticed that I have changed. The YOT have completely turned my life around and now I have a future. I would give them 10 out of 10, and so would my mum!"

Summary

Strengths

- There are data sources that suggest that YOTs are having a positive impact on LoR issues.
- Where there had been progress against factors linked to offending this was being reflected in Asset reviews.
- Progress was being made in some areas, in systematically evaluating the completion of specific health-related programmes, and in beginning to link that work to offending behaviour.
- There were some positive examples of YOTs monitoring and following up attendance and progress of young people on ETE placements.

Areas for improvement

- Systematic use of data relating to offending behaviour interventions had not been developed in any of the YOTs we visited. Little use was being made of individual and aggregated outcome data to evaluate and improve services.
- Case managers and their organisations were not clear about how offending interventions had influenced young people's behaviour.
- Many young people had missed offending behaviour sessions and only half had completed these interventions.
- The contribution from health practitioners to the case objectives was not generally reflected in Asset reviews.
- The use of ETE data to inform managers where improvements needed to be made varied considerably.

5. Leadership and Management

General Criterion:

What we expected to see:

There is effective national and local leadership in relation to the provision of interventions targeting thinking skills, ETE and health. There is adequate operational management to ensure effective delivery of interventions targeting thinking skills, ETE and health.

- 5.1 Each of the YOTs visited had some examples of national guidance being used to inform their approach to the delivery of offending behaviour interventions. This included the use of inspection reports, KEEPs documents, specific intervention packages e.g. knife crime interventions and the early cognitive-behavioural therapy pilots offered by the YJB. However, for the majority of YOTs, national guidance was somewhat remote in supporting the delivery of interventions at the local level. All of the YOTs indicated they would welcome greater provision of guidance on a number of issues. This included:
- an ongoing overview and evaluation of available 'off the shelf' offending behaviour interventions
 - criteria for choosing such resources
 - the implementation of offending behaviour interventions
 - making use of outcome data at case and organisational levels
 - providing sufficient intensity of interventions; whilst balancing this with service user engagement issues.
- 5.2 The YJB had a workforce development strategy¹³ which had been in operation since 2003. This had evolved to underpin YOT's responses to changes in the legislation and national standards requirements impacting on the supervision of young people. Part of the strategy involved designing and making available a range of training and practice support facilities to YOT staff. Core aspects of these facilities had clear relevance to the local delivery of interventions that addressed offending behaviour, health and ETE issues. However, in this inspection we did not find evidence to show that the YJB workforce development strategy had made a significant contribution to the interventions that were being delivered.
- 5.3 The NAO (NAO p36) found that the YJB had worked hard to improve processes in the youth justice system, but had not produced enough research in recent years into what works to reduce reoffending. The volume of research commissioned into effectiveness had declined and there was insufficient evidence-based guidance on how to address offending behaviour. They argued that the YJB could offer vital support to YOTs, by identifying and sharing best practice, but had spent less than 0.5% of its overall budget on research in recent years.

¹³ More details can be obtained from the YJB website: WORKFORCE DEVELOPMENT STRATEGY - A strategic framework for 2008-11. YJB (2008) ISBN: 978 1 906139 54 4 located at <http://yjbpublications.justice.gov.uk/>

- 5.4 In all of the YOTs we found that YOT Management Boards had limited oversight of the local offending behaviour interventions agenda. We did not find any examples of a systematic analysis of YOT offending behaviour intervention needs being reported to the Board. Nor was it clear how Boards would help to ensure that YOTs would have stable and sustainable access to relevant offending behaviour interventions. This was something of a surprise, given the specific responsibility and expertise of YOTs for addressing offending behaviour issues for young people.
- 5.5 For most YOTs, planning for offending behaviour interventions was undertaken by YOT Managers and practitioners. The approaches used varied and there was a range of factors that drove local developments. We noted a key strength in that YOT Managers were focusing on the specific needs of the local communities they served. Local approaches to offending behaviour interventions were often driven by responses to local circumstances. This could be through simply making use of the opportunities afforded through partnership work, or building on the skills and interests of staff at the local level, or responding to an identified offending concern, e.g. increasing car crime in a locality leading to a car crime intervention.
- 5.6 In health matters, we found varying degrees to which use was being made by local strategic leaders of national policies and guidance. Examples of such documents included:
- *Healthy Children, Safer Communities: A strategy to promote the health and well-being of children and young people in contact with the youth justice system (2009)*
 - *Transforming Communities: Local partnerships making a difference (2006)*
 - National Institute of Clinical Excellence Guidance
 - the YJB KEEPs documents
 - the review of health contributions to YOTs *ACTIONS SPEAK LOUDER: A second review of healthcare in the community for young people who offend (2009)*.

The last joint review by the Healthcare Commission and HMI Probation was the document most frequently cited as being useful. In some YOTs, this information had been used to produce a health action plan, or to review health services, in order to meet agreed expectations. There was also evidence of health plans being closely aligned with local young people's plans. Health workers in YOTs were well versed in some of the guidance issued by the YJB. They were less clear about the nature of the guidance from the Department of Health and the Ministry of Justice. In one area, there was a distinct lack of ownership and leadership for the health contribution to the YOT. In another area, there was limited awareness of national policies and guidance by health managers and staff.

In Somerset Ken said "if I had not been coming to the YOT I would not be in the positive position I am now. I am back at college and I am less likely to get into trouble in the future, they have really helped me".

- 5.7 We found good partnership working in all six of the YOTs. Internal and external partnerships were strong and there was, on the whole, positive engagement by partner agencies in the work of the YOT. These relationships enabled YOTs to

access a broad range of core and specialist services, and underpinned good partnership working between professionals working in YOTs.

- 5.8 Where health services had engagement and representation on YOT Management Boards, there was more likely to be clear leadership in identifying needs and delivering health interventions. They also benefited from maintaining an awareness of the changing needs of this vulnerable group, e.g. in the ever-changing world of substance misuse.

The Barnet Substance Misuse Commissioner identified that young people were not being provided with the menu of treatment interventions, to enable them and clinicians to choose the most appropriate services. Therefore, it was identified that there needed to be a central gatekeeping system to assess and refer the young people to the right services. This was intended to ensure that services became outcome focused and addressed priority groups such as young people who offended, potential young offenders, young people with mental health needs and Looked After Children.

- 5.9 Where health staff had local health connections, e.g. a CAMHS worker based in a YOT who was line managed within CAMHS, this had been helpful in developing 'fast track' referral arrangements to universal health services. Where there were examples of problems with partnership working, strategic managers within YOTs were aware of the issues and were working towards addressing them.

In Wolverhampton one mother said when asked if the YOT could do anything to improve their service *"you can't improve on perfection"*.

- 5.10 The YOTs recognised the importance of partnerships in the provision of ETE services. Whilst there were some variations in the management structures and in ways of working across the YOTs visited, partnership work was a key strength in all of the YOTs visited. In some YOTs, the partnerships were formalised and protocols had been drawn up.
- 5.11 Many ETE partnerships were founded on individual relationships between professionals, and many of these were highly effective. For example, in Barnet, a YOT manager attended the Local Authority's Pupil Placement Panel, where each young person's ETE needs were discussed individually. YOT staff worked effectively with education welfare officers and attended preventing exclusion meetings in mainstream schools. This led to good pre-16 engagement rates. In Wolverhampton, multi-agency meetings were held frequently to discuss Not in Education, Employment or Training (NEET) rates and to plan ETE placements. In Newcastle upon Tyne, the ETE manager attended the secondary head teachers' forum. A main strength of provision in Flintshire was the YJS's partnerships with a variety of agencies and statutory bodies.
- 5.12 The existence of protocols or service level agreements did not always lead to improved outcomes for young people. In some YOTs, the formal protocols with schools, colleges and local authorities were not being adhered to.
- 5.13 Variations existed in relation to the resourcing of health interventions and little work had been undertaken on the primary identification of health needs for the young people being served by the YOT. Assumptions had been made about the

sufficiency of resources for the delivery of health interventions within YOTs, with a lack of a waiting list often being seen as a prime indicator. In some YOTs there were capacity issues which meant that the delivery of a range of interventions could be restricted or sporadic. In some areas, the health interventions on offer within YOTs were supplemented by other universal services and by short-term funding, e.g. mental health diversion schemes. In some YOTs there were significant concerns about the future commissioning of health resources to YOTs, given the range of pressures on trust arrangements and varying degrees of dependence on grant funding.

- 5.14 ETE interventions within YOTs were adequately resourced, although the uncertainty around future funding was unsettling for a number of YOTs. There were some good examples of organisations jointly funding provision. In other YOTs the issue of which organisation would fund the various aspects of ETE provision was problematic and presented a significant barrier.

In Newcastle upon Tyne, the Lead Advisor for Alternative Curriculum worked with a named person in each school in the area on behalf of the YOT in order to locate suitable school or PRU places. This Single Point Of Contact (SPOC) within the local authority was invaluable to the YOT. There were also examples of strategic interventions by this SPOC post holder leading to significant improvements in provision.

- 5.15 The majority of YOTs had commissioned 'off the shelf' interventions or resources, and their associated training. Wolverhampton YOT had commissioned a range of offence specific, six session offending behaviour interventions. Another YOT had put the emphasis on developing programmes in-house. In all of the YOTs, staff reported that they felt they were offered support and encouragement in generating innovative practice ideas. However, many staff reported that this had led to inconsistencies in service delivery and some uncertainty about choosing between the various interventions that were on offer.
- 5.16 In all six YOTs interventions implementation arrangements were underdeveloped. Examples of the sorts of things that were often lacking were:

- clarifying the intervention's targeting criteria (e.g. who was the intervention aimed at?)
- capacity management arrangements (e.g. how many places should be provided?)
- skills development of interventions providers (e.g. did the staff delivering the interventions have the skills to do so?)
- associated case manager work (e.g. what was the role of case managers in reinforcing the work being done?)
- quality assurance processes to support group or one to one provision
- managing staff workload issues (e.g. did staff have enough time to plan, deliver and review these interventions properly?)
- interventions recording guidance
- interventions evaluation processes (e.g. what outcomes were being realised?).

- 5.17 Staff, in four of the YOTs, were not clear about the overall approach within their YOT to addressing offending behaviour issues with young people. In some YOTs the processes for getting the views of staff on which types of interventions should be on offer by the YOT, and how they should be delivered, were underdeveloped. In discussion with individual staff it was clear that many had a personal sense of how to approach this work. Unfortunately, this often led to individualised approaches being taken and young people receiving inconsistent services.
- 5.18 Many staff had basic questions about the interventions on offer. In particular there were concerns over the required intensity of interventions and clarifying what could realistically be achieved with the young people. Many practitioners felt that making interventions more intensive would lead to higher interventions attrition rates.
- 5.19 Staff in all six YOTs reported that they felt they needed more training on the underpinning theory and models of change associated with the offending behaviour interventions on offer in their locality. In addition they would welcome more training on specific intervention packages and associated skills e.g. group work skills. One YOT had linked its workforce development agenda to the local authority strategic workforce development. This was with a view to ensuring that the YOT would have access to training resources to underpin its ability to deliver the right interventions in the right way.

As part of an overall strategy on workforce development the YJB had introduced the Youth Justice Interactive Learning Space (YJILS). This was developed as a web-based youth justice 'college', in a partnership between the YJB and the Open University. It was designed to enable courses to take account of each learner's requirements. The online approach extended the range of learning opportunities for all who worked in the youth justice system. It was available to all YOTs. The YJILS offered youth justice practitioners access to online learning resources including, course materials and a chat room where practitioners could exchange information and various assessment tools. It contained a number of 'lecture rooms', offering access to a range of professional development programmes. There were eight areas of professional development resources. These were: restorative justice, ETE, substance misuse, parenting, mental health, young people who sexually abuse, offending behaviour programmes and accommodation. The Offending Behaviour Resource contained material on The Legal and Policy Context, Principles of Effective Practice, Risk and Assessment, Developing and Delivering, Promising Approaches, Monitoring and Reviewing, Evaluating Practice and a knowledge and learning check. Each of the professional development courses was web-based and could be studied in a way that suited a practitioner's individual rate of learning and circumstances. The YJILS provided a flexible structure which could be tailored to the needs of individual practitioners and managers. It allowed mapping across the entire youth justice qualification framework and joined up with other Open University courses, for example the Professional Certificate in Effective Practice and the Foundation Degree in Youth Justice (England and Wales).

- 5.20 There was good oversight of the work of YOT health workers. This included line management arrangements within the YOT and clinical supervision from a clinical

psychologist, a child and family service or through CAMHS. In some instances, notably Wolverhampton, the relevant Primary Care Trust (PCT) was strongly supportive of the principle and practice of integrated working within a YOT. Not all health workers in YOTs received clinical supervision. Supervision was sometimes disproportionately focused on assessments, as opposed to the appropriateness of interventions and progress. In one area, the physical health nurse had no line management within the YOT itself. In another area, the degree of support offered was supplemented by weekly team meetings which were attended by case managers, secondary workers and health staff. These provided opportunities for case discussions, and regular health panel meetings took place to discuss new referrals and follow up on existing cases that were causing concern. The health practitioner in Cumbria was line managed by a YOS Operations Manager, but also received independent clinical supervision, together with the offer of advice, guidance and support, from both the health team leader and the YOS practice development officer.

Summary

Strengths

- Local approaches to offending behaviour interventions were driven by responses to local circumstances.
- All the YOTs indicated they would welcome further central guidance and support on a number of issues relating to offending behaviour interventions.
- Where health services had engagement and representation on YOT Management Boards, there was more likely to have been clear leadership in identifying needs and delivering health interventions.
- All of the YOTs recognised the importance of partnerships in the provision of health and ETE services and partnership work was a key strength.

Areas for improvement

- National guidance did not sufficiently support the local delivery of offending behaviour interventions.
- YOT Management Boards had limited oversight of the local offending behaviour interventions agenda. Systematic analyses of offending behaviour intervention needs were not being reported to the Boards.
- Many staff had basic questions about the interventions on offer. In particular there were concerns over intensity.
- Staff reported that they felt they needed more training on the underpinning knowledge and skills associated with offending behaviour interventions.
- There were resource and capacity issues in some YOTs which meant that the delivery of offending behaviour, health and ETE interventions could be restricted.

Appendix 1: Glossary

ADHD	Attention Deficit Hyperactivity Disorder is a condition that makes it hard for affected children to control their behaviour and pay attention. It is sometimes referred to as ADD (attention deficit disorder)
Alternative Provision	<p>Education outside of school, when it is arranged by local authorities or schools, is called alternative provision. It can range from pupil referral units (PRUs) and further education colleges to voluntary- or private-sector projects.</p> <p>'Alternative provision', 'alternative education' and 'alternative education provision' are all ways to describe provision for pupils outside mainstream and special school. This provision can include the following:</p> <ul style="list-style-type: none">• Provision directly managed by local authorities.• Pupil referral units (PRUs). These are a type of school that are established and run by local authorities specifically for pupils who cannot attend a mainstream or special school. All PRUs have a Teacher in Charge, similar to a mainstream school's headteacher, and a management committee, which acts like a school's governing body. From 1 February 2008, all PRUs must have a management committee that is established according to regulations and guidance.• local authority provision run by their pupil referral services, such as hospital schools, hospital and home teaching services, tuition centres, e-learning centres, boarding schools and others — these are sometimes registered as PRUs in their own right. <p>Provision which is brokered or arranged by a local authority, school or group of schools, such as placements in further education colleges, extended work experience, projects provided by the voluntary or private sector, or through multi-agency initiatives (such as the Youth Service)</p>
Asset	Asset is a structured assessment tool used by YOTs in England and Wales on all young people who have offended or who come into contact with the criminal justice system. It aims to look at the young person's offence or offences and identify a multitude of factors or circumstances – ranging from lack of educational attainment to mental health problems – which may have contributed to such behaviour. The information gathered from Asset can be used to inform court reports so that appropriate intervention programmes can be drawn up. It will also highlight any particular needs or difficulties the young person has, so that these may be addressed. Asset can help to measure changes in needs and risk of reoffending over time. Each section is scored on a scale between 0-4 where 4 is a significant factor contributing to offending behaviour
CAMHS	Child and Adolescent Mental Health Services: part of the National Health Service, providing specialist mental health and behavioural services to young people up to at least 16 years of age
CCI	Core Case Inspection: HM Inspectorate of Probation's inspection programme for Youth Offending Teams in England and Wales
Cognitive-behavioural	The YJB KEEP document - Offending Behaviour Programmes source

document argues that there are two fundamental ways to change a young person's behaviour; by changing the individual or by changing the environment in which he/she operates (or both). It also highlights that the most important cause of the criminality of some young people who offend is their individual characteristics, while for others it is their environment. Cognitive-behavioural therapy is based on the idea that if you can change the individual, you can also change his/her behaviour. More specifically, if you can change the way an individual perceives and thinks about the social settings he/she encounters and his/her actions, you can change his/her behaviour. This prevention model implies that cognition is important for behaviour and that short-term interventions can change young people's cognition in a way that significantly impacts on their offending behaviour.

Theory and main programme content

Cognitive-behavioural therapy has arisen from advances in our understanding about the role of internal cognition in the expression of external behaviours. Cognitive science and neuropsychology have progressed rapidly in the past three decades, bringing a new awareness of how the ways in which individuals think and feel influences how they respond to the settings in which they take part. This has changed thinking in the field of criminology and the study of crime causation, as it extends the causal chain from environmental influences to internal influences via attention and perception, and suggests that successfully influencing these elements can have a significant and lasting impact on how individuals choose to act. One of the strengths of cognitive-behavioural therapy is its firm foundation in an empirically-supported causal model of delinquency. Cognitive-behavioural therapy is constructed around the notion that cognition affects behaviour, and that individuals have the capacity to monitor and adapt their ways of thinking, which can change how they perceive the settings they take part in, thereby changing how they respond to those settings – in other words, their behaviour (including their offending behaviour). Some criminologists extend this theory to suggest that offenders may think and feel differently than non-offenders, and this difference in cognition may be causally linked to their offending behaviour. Although there are many different types of cognitive-behavioural interventions, these interventions generally aim to correct deficient, dysfunctional or distorted cognition, which may bolster offending behaviour by teaching new cognitive skills, such as self-monitoring, self-awareness, interpersonal perception, knowledge and consideration of behavioural alternatives, moral reasoning and effective decision-making, which increase awareness of the link between thought processes and maladaptive behaviours, and strengthen an individual's ability to actively alter those processes in a positive direction.

Cognitive-behavioural interventions can affect many different areas of cognition and behaviour, as they may target, for example, emotional characteristics of behaviour, decision-making processes or the application of cognitive activity to behaviour. Some of the areas commonly addressed in cognitive-behavioural therapy are the following:

anger management

Anger management interventions may be considered a subset of general coping skills. These interventions address an individual's ability to respond effectively to stressful situations by teaching techniques for recognising elements which elicit maladaptive emotional and behavioural responses, as well as techniques that reduce the expression of these responses and help the individual to exhibit self-control.

behaviour modification

Behaviour modification interventions arise from social learning theories, and use reward and punishment contingencies to reinforce or reduce particular behaviours. Behaviour contracts fall under this category of cognitive behavioural intervention.

cognitive restructuring

Cognitive restructuring interventions address cognitive distortions that lead to errors in perception, and therefore response, to different settings. These interventions target individuals' ability to recognise and modify cognitive distortions or dysfunctional thought processes that lead to maladaptive behaviours.

cognitive skills training:

Cognitive skills-training interventions focus on enhancing individuals' general reasoning and decision-making skills in order to reduce impulsivity, increase the consideration of alternative solutions, and influence an individual's action choices.

moral reasoning:

Moral reasoning interventions are designed to improve individuals' ability to reason about what is right or wrong to do in different situations and to enhance their awareness of the moral implications of their actions.

relapse prevention

Relapse prevention programmes stress awareness of the settings and situations associated with an individual's offending behaviour, and target that individual's interaction and engagement with those settings and situations to reduce the opportunity for relapse.

social skills training

Social skills training interventions address interpersonal issues such as an individual's ability to interpret and respond to the behaviour of others. These interventions address how individuals perceive interpersonal social cues, such as how others think and feel. They teach interpersonal problem-solving skills and address how individuals deal with interpersonal conflict and peer pressure by promoting pro-social coping behaviours and communication skills.

victim impact

Victim impact interventions stress awareness and consideration of the impact of maladaptive behaviours on others. Consequently, this genre of cognitive behavioural interventions overlaps with mediational and restorative justice interventions

Child Protection Register	Every local authority has a duty to protect children from significant harm. The child protection register is a confidential list of names of children who are believed to be at risk of significant harm. This may be physical abuse, emotional abuse, sexual abuse or neglect. The register is maintained within the social services department. Every local authority is required to hold a child protection register. If a registered child moves out of the area information is passed on to the new local authority area
Connexions/Careers Wales	<p>The Connexions¹⁴ service was established in 2001 with the aim of providing a comprehensive service to meet young people's needs for information, advice and support. Through multi-agency working, Connexions provided high-quality, impartial, information, advice and guidance (including careers advice and guidance), together with access to personal-development opportunities to help remove barriers to learning and progression and ensure young people made a smooth transition to adulthood and working life. Connexions was designed to help all young people aged 13-19 and those aged up to 24 with a learning difficulty or disability. However, there was a particular focus on those at risk of not being in education, employment or training or of being socially excluded.</p> <p>Careers Wales is the national careers guidance and information service for young people and adults. Careers Wales provides services for people of all ages requiring careers information and advice and for employers/businesses requiring help and advice on recruitment, training, employee development, skills and qualifications</p>
CQC	Care Quality Commission: the independent regulator of health and social care in England
Dual diagnosis	used in health services to describe people with mental health problems, who also misuse drugs or alcohol
DTO	The Detention and Training Order sentences a young person to custody. It can be given to 12-17 year olds. The length of the sentence can be between four months and two years. The first half of the sentence is spent in custody while the second half is spent in the community under the supervision of the YOT
Estyn	The office of Her Majesty's Inspectorate for Education and Training in Wales. It is an independent inspection service, led by Her Majesty's Chief Inspector of Education and Training in Wales
ETE	Education, Training and Employment
Every Child Matters	Sub title to the Children Act 2004
First Time Entrant	This is defined as young people (aged 10–17) who receive their first substantive outcome following the commission of an offence (a reprimand, a final warning, or a court disposal for those who go directly to court without a reprimand or final warning)
HIW	Healthcare Inspectorate Wales is the independent inspectorate and regulator of all healthcare in Wales
HM	Her Majesty's

¹⁴ Connexions are a national organisation until April 2012 when their services will be reabsorbed back into local authorities.

HMI Probation	HM Inspectorate of Probation
Intervention dosage, intensity and 'treatment integrity'	Delivering the requirement intervention or programme content, over the required time period and in the way it was intended
KEEP documents	See additional reading
LAC	Looked After Children are those provided with services and resources where they are unable to live either temporarily or permanently, with their birth family. The service provides these young people with the emotional, educational and physical care they require
LoR	Likelihood of Reoffending
NOMS	The National Offender Management Service is an executive agency of the Ministry of Justice, bringing together the headquarters of the Probation Service and HM Prison Service to enable more effective delivery of services. NOMS is responsible for commissioning and delivering adult offender management services, in custody and in the community, in England and Wales. It manages a mixed economy of providers
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	An NHS primary care trust is part of the National Health Service. In England PCTs provide some primary and community services or commission them from other providers, and are involved in commissioning secondary care. The recent Department of Health White Paper – <i>Equity and excellence: Liberating the NHS</i> Cm 7881 (2010) - described significant structural changes to the NHS. Among the changes announced, PCTs are to be wholly abolished by 2013 with GPs assuming the commissioning responsibilities they formerly held. The public health aspects of PCT business will be taken on by local councils
PRU	In England and Wales, a Pupil Referral Unit (Pupil Reintegration Unit in some areas) is a centre for children who are not able to attend a mainstream or special school. Each local education authority has a duty to make arrangements for the provision of education in or out of school for <i>all</i> children of compulsory school age. If children may not receive suitable education for any period for reasons such as illness or exclusion from school, these arrangements can be made through Pupil Referral Units - which in England are a mixture of public units and privately managed companies and public units in Wales
RJ	Restorative Justice: victims of a crime can be offered the chance to take part in a restorative justice process operated by their local YOT. This provides the opportunity for those directly affected by an offence – victim, offender and members of the community – to communicate and agree how to deal with the offence and its consequences. Restorative processes typically result in the offender making practical amends (reparation) to repair the harm. This may also include the offender making an apology, verbally or in writing, to the victim
RoH	<i>Risk of Harm to others</i>

Safeguarding	Overseen by the 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
Scaled Approach	<p>Evidence suggests that interventions are more effective when their level and intensity is matched to an assessed Likelihood of Reoffending, and when they are focused on the risk factors most closely associated with a young person's offending. The focus of the Scaled Approach is to tailor interventions to the individual, based on their assessed likelihood of reoffending and risk of serious harm. The Scaled Approach was devised to enable YOTs to use assessments of risk as a basis for their work. It is used when a young person is on a referral order, a YRO or during the community element of a custodial sentence.</p> <p>Under the Scaled Approach practitioners determine the Likelihood of Reoffending and Risk of Serious Harm to others. This, alongside professional judgement, helps to establish which intervention level a young person needs: standard, enhanced, or intensive. The intervention level determines the minimum statutory contact a young person will have with the YOT or other assigned professionals</p>
YJB	The Youth Justice Board for England and Wales oversees the work being done in all 150+ YOTs across England and Wales. It will cease to function as a non-departmental public body during 2011-12, and its functions will be transferred into the Ministry of Justice
YOT/YOS/YJS	Youth Offending Team (YOT) is used synonymously for ease throughout this report to indicate youth offending teams, youth offending services and youth justice services as set up under the Crime and Disorder Act 1998. YOTs are multi-disciplinary teams which include as a minimum a seconded police officer, probation officer, a social worker, health and education workers
YRO	The youth rehabilitation order is a generic community sentence with a number of requirements for young people who offend. It combines one or more sentences into one generic sentence. It is the standard community sentence used for the majority of young people who offend.

Appendix 2: Inspection Methodology

Inspection team and areas

The inspection team consisted of inspectors from HMI Probation, the CQC, HIW, Ofsted and ESTYN. In addition to two one day visits to test the methodology, five areas were identified in England and one in Wales to visit. The choice of these sites depended on several factors but we wanted to consider interventions in a range of settings, taking into account the locality. We therefore chose a mix of urban and rural areas and mixed ethnicity.

Evidence in advance

Each of the YOTs inspected was asked to supply some evidence in advance and to complete a short questionnaire. We also sent this to all YOTs in England and Wales to gather some initial information to help us to focus the lines of enquiry to be undertaken in the inspection fieldwork.

Case sample

We asked each of the six areas to identify all the cases which had had a score of three or four in the initial Asset assessment, for factors including thinking and behaviour, attitudes to offending, health and ETE. All cases that were being supervised in the community and subject to YROs, referral orders or on release from DTOs and were subject to enhanced or intensive levels of supervision were requested. These were all cases that had commenced in the period between 6 and 12 months prior to the fieldwork. We then selected 12 cases for our inspection sample. The sample was further adjusted to reflect, as far as possible, the mixed ethnicity and gender profile in the overall case load.

We interviewed, wherever possible, the young person's case manager. A case assessment tool was designed to collect evidence about the quality of assessment, planning, delivery and review of interventions and the achievement of outcomes on these cases. To ensure that we covered particular elements in this inspection, we included a reasonable sample of young women, Looked After Children and young people from black and minority ethnic communities. The final sample of cases inspected was made up of 73% boys and young men and 27% girls and young women. The race and ethnic sample was 21% young people from the black and minority ethnic community and 79% white.

Inspection interviews

Managers, senior staff and front line practitioners primarily from youth offending, ETE and health services were interviewed together with young people and their parents/carers to gain insights from their experiences.

Feedback

Each individual interviewed as part of this inspection was also asked to complete a feedback sheet at the conclusion of the inspection with those being sent to a central point for collation by HMI Probation. Fourteen responses were received with two-thirds of these being provided by case managers and the remainder involving health and substance misuse workers, YOT Management Board members and others outside the YOT. The vast majority were clear about the purpose of the inspection. All respondents indicated that discussions with the inspectors were undertaken in a professional, impartial and courteous manner and all those who received individual feedback found it to be helpful. All of the respondents indicated that sufficient attention had been paid by us to race equality and wider diversity issues.

Appendix 3: Additional Reading

YJB KEEP documents:

Assessment, Planning Interventions and Supervision

Source document © YJB 2008 <http://yjbpublications.justice.gov.uk/>

Education, Training and Employment

Source document Author: EdComs, London © YJB 2008

<http://yjbpublications.justice.gov.uk/>

Engaging Young People who Offend

Source document Authors: Paul Mason and David Prior, University of Birmingham © YJB 2008 <http://yjbpublications.justice.gov.uk/>

Mental Health

Source document Authors: Amanda E. Perry, Simon Gilbody, Johanna Akers and Kate Light. © YJB 2008 <http://yjbpublications.justice.gov.uk/>

Offending Behaviour Programmes

Source document Authors: Per-Olof Wikström and Kyle Treiber © YJB 2008 <http://yjbpublications.justice.gov.uk/>

Substance Misuse

Source document Authors: Jill Britton and Finola Farrant © YJB 2008 <http://yjbpublications.justice.gov.uk/>

Healthy Children, Safer Communities: A strategy to promote the health and well-being of children and young people in contact with the youth justice system

Authors: Department of Health, Department for Children, Schools and Families, Ministry of Justice, Home Office. Published date: 08 December 2009

ACTIONS SPEAK LOUDER: A second review of healthcare in the community for young people who offend

© February 2009 Commission for Healthcare Audit and Inspection and HMI Probation ISBN: 978-1-84562-214-5.

Ministry of Justice: The youth justice system in England and Wales: Reducing offending by young people.

National Audit Office, Report by the Comptroller and Auditor General. HC 663. Session 2010–2011, 10 December 2010.

Transforming Communities: Local partnerships making a difference (2006)

www.dh.gov.uk

National Institute of Clinical Excellence Guidance

www.NICE.org.uk

McDonagh D., Taylor K., Blanchette K (2002) Correctional adaptation of Dialectical Behaviour Therapy (DBT) for federally sentenced women, *Forum on Corrections Research*, Vol. 14, issue 2, pp 36-39.

G Alan Marlatt and Donovan M (2005) *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviours* (Second Edition) Guildford Press Ltd, New York.

Trupin E W, Stewart D G, Beach B and Boesky L, (2002), Effectiveness of a Dialectical Behaviour Therapy Program for Incarcerated Female Juvenile Offenders, *Child and Adolescent Mental Health*, Vol. 7, No.3 pp.121-127.

Appendix 4: Role of the Inspectorates and Code of Practice

HMI Probation

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

<http://www.justice.gov.uk/inspectorates/hmi-probation>

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*

Care Quality Commission

Information on the Role of the Care Quality Commission and Code of Practice can be found on our website:

<http://www.cqc.org.uk/>

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:

*Chief Executive
Finsbury Tower, 103-105 Bunhill Row
London, EC1Y 8TG*

ESTYN The independent inspectorate of education and training in Wales

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

<http://www.estyn.gov.uk/>

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 Education and Training in Wales - Estyn
Anchor Court, Keen Road
Cardiff, CF24 5JW*

Healthcare Inspectorate of Wales

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

<http://www.hiw.org.uk/>

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:

*Chief Executive
Bevan House, Caerphilly Business Park, Van Road
Caerphilly, CF83 3ED*

OFSTED

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

<http://www.ofsted.gov.uk/>

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 Schools in England
Royal Exchange Buildings, St Ann's Square
Manchester, M2 7LA*