

<i>To:</i>	Jake Morgan, Chair of Carmarthenshire Youth Offending and Prevention Service Management Board
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<i>From:</i>	Helen Mercer, Director (Youth Justice)
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Report of Short Quality Screening (SQS) of youth offending work in Carmarthenshire

The inspection was conducted from 16th-18th February 2015 as part of our programme of inspection of youth offending work. This report is published on the HMI Probation website. A copy will be provided to partner inspectorates to inform their inspections, and to the Youth Justice Board (YJB).

Context

The aim of the youth justice system is to prevent offending by children and young people. Good quality assessment and planning at the start of a sentence is critical to increasing the likelihood of positive outcomes. We examined 14 cases of children and young people who had offended recently and were supervised by Carmarthenshire Youth Offending and Prevention Service (YOPS). Wherever possible this was undertaken in conjunction with the allocated case manager, thereby offering a learning opportunity for staff.

Summary

The published reoffending rate¹ for Carmarthenshire was 39.7%. This was worse than the previous year's rate of 38.1% and worse than the England and Wales average of 36.1%. We found that managers were working hard to understand the reasons for this and had invested in specialist training and services to help reduce future offending. The cases that we inspected included a number of children and young people that presented a risk of harm to the public whilst also being vulnerable themselves. Overall, this had been managed well and we were impressed by the commitment of staff and managers to their work and the community that they serve.

Commentary on the inspection in Carmarthenshire

1. Reducing reoffending

- 1.1. We look to see if the assessment of why the child or young person had offended is good enough and found that it was in all cases. Care had been taken to understand the reasons for offending and what may help reduce future offending. Checks with other agencies such as schools and children's social services had helped to provide a full picture of the child or young person's circumstances.

¹ Published January 2015 based on binary reoffending rates after 12 months for the April 2012 – March 2013 cohort.
Source: Ministry of Justice

- 1.2. Pre-sentence reports (PSRs) were prepared in nine cases. All were found to be of good quality, recognising both the harm caused by the child or young person and their own level of vulnerability. The same applied to referral order panel reports. In one case an inspector noted: *"Excellent pre-sentence report which was well-informed and included a significant amount of information from other agencies which have been working with the family, such as the Education Travellers Service, a clinical psychologist and social worker, as well as in-depth discussions with the young person and his family."*
- 1.3. Following on from the assessment, we look to see if there is a plan of work to help reduce future offending. Appropriate plans were in place in both custodial cases in the sample and in all but one community case. Children and young people were helped to complete a simple document called 'my change plan' which addressed the work that needed to be done, in their own words. This helped them to understand what was required of them and made it more likely that they would benefit from the work undertaken.
- 1.4. There had been a thorough and timely review of both the assessment and plan in all but one case.

2. Protecting the public

- 2.1. Carmarthenshire YOPS had worked hard to develop case managers' practice with children and young people who posed a risk of harm to others. We found detailed assessments addressing past offending and relevant behaviour as well as the impact upon victims. With only one exception, appropriate plans had been put in place to protect the public and cases had been reviewed as required, for example when the child or young person's circumstances had changed.
- 2.2. Five cases in the sample were deemed to pose a high risk of serious harm to others at some point during their supervision. Four of these were being managed by more than one agency under local Multi-Agency Public Protection Arrangements. This joint approach to public protection had enhanced the quality of work in these cases.
- 2.3. Five of the cases in the sample had committed offences or displayed behaviour which had resulted in sexual harm to others. These cases were co-worked by a male and female case manager which provided a helpful gender balance and opportunity to plan and agree jointly the work to be undertaken. Case managers had attended appropriate training, along with child protection social workers, to enable them to assess and deliver work in this specialist area of practice. Additional supervision was provided by a clinical psychologist from the Therapeutic Intervention Service for Sexually Harmful Behaviour and this helped to promote consistency and develop staff confidence and skills. In one such case an inspector noted: *"It was pleasing to see regular discussion with the clinical psychologist regarding the best way forward in terms of which sessions would likely be most effective and in what sequence."*
- 2.4. The risk of harm to known and potential victims had been managed effectively in 11 out of 12 relevant cases. Overall, we found that management oversight, including the internal risk management panel, had been effective in ensuring the quality of work to protect the public in all but one case.

3. Protecting the child or young person

- 3.1. Carmarthenshire YOPS was working with a small group of children and young people with increasingly complex safeguarding needs. We found that the initial assessment had taken account of the individual's vulnerability and safety in all cases. We found evidence of good work with children's social services and this included social workers' attendance at a custodial planning meeting and YOPS staff attendance and contribution to Child Protection

case conferences. We saw more than one example where the YOPS case manager had made an appropriate referral to children's social services to undertake a specialist child protection assessment. Changes in the child or young person's safeguarding needs were captured appropriately through a review of the assessment.

- 3.2. Suitable plans to manage safeguarding and vulnerability issues were put in place at the start of court orders in only four out of nine relevant cases. This was surprising given the high quality of practice noted elsewhere and had not always been picked up by managers. We found that while case managers had often identified the child or young person's emotional and mental health needs, plans were not always in place to address these. This may be a consequence of having a specialist mental health practitioner for only one day per week and, therefore, being less prominent when practitioners are drafting plans. Encouragingly, we found that the child or young person's emotional and mental health needs were recognised better when the case manager came to review the plan.

4. Ensuring that the sentence is served

- 4.1. We were pleased to see that case managers had involved fully the child or young person and, where appropriate, their parents/carers in the assessment of their needs and plan to tackle their offending. Consideration had been given to the health and well-being of the child or young person and how this may affect their ability to complete the sentence. In most cases, the child or young person's diverse needs had been identified and plans put in place to help them to complete their sentence.
- 4.2. The YOPS covered a large rural area and workers were able to provide the right balance between home visiting and office appointments, both at their own premises and within other community resources. Home visits helped case managers to understand families' circumstances and gain the support of parents/cares for the work being undertaken. As a result, children and young people within our sample had complied fully with their sentence without the need to return them to court.
- 4.3. When inspecting in Wales we expect to see evidence of active and timely screening of the Welsh/English language preference of the child or young person. We were pleased to see that this had been recorded at the first point of contact with YOPS staff. However, it was not always clear whether or not this then resulted in the child or young person being given the option of working with a Welsh-speaking case manager and there was no specific policy governing this. Carmarthenshire YOPS have Welsh-speaking case managers to enable them to respond when the need arises and we saw a good example of such a match within the inspection sample.

Operational management

We interviewed five case managers and two senior practitioners with case holding responsibility. All felt that they received appropriate supervision and were supported in their work. All but one commented that their managers had the skills and knowledge to assess the quality of their work and to help them to improve. We found that all case managers understood the principles of effective practice and were familiar with local policies and procedures, for example to protect the public and safeguarding children and young people.

All staff interviewed as part of this inspection considered that their training and skills development needs to deliver interventions had been met. The majority also felt that their future development needs had been addressed in full.

Carmarthenshire YOPS had invested in securing training for staff working with complex cases. In addition to the specialist work with children and young people who display sexually harmful behaviour, Carmarthenshire YOPS is part of an Enhanced Case Management approach to complex

cases, jointly funded by the Welsh Government and the YJB. Led by a psychologist, a team of practitioners is supported, over time, to guide children and young people towards changing their behaviour and moving on from offending. Three case managers had been trained in this approach and one case in our sample, although at an early stage, demonstrated the benefits of this way of working.

With one exception, case managers felt that management oversight of public protection and safeguarding work had been effective. However, as noted in paragraph 3.2 above, we found that plans to safeguard children and young people required greater scrutiny in a few cases.

Key strengths

- The support provided by the Therapeutic Intervention Service for Sexually Harmful Behaviour both through clinical supervision to staff and their contribution to the assessment and management of cases.
- Good quality initial assessments of children and young people, which provide a firm foundation for work to reduce future offending.

Areas requiring improvement

- Staff and managers should ensure that sufficient plans are in place at the start of a court order to address safeguarding and vulnerability, in particular identified emotional and mental health needs.

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

If you have any further questions about the inspection please contact the lead inspector, who was Helen Davies. Helen can be contacted at helen.davies@hmiprobation.gsi.gov.uk or on 07919 490420.

Copy to:

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Lead Elected Member for Children's Services	<i>Cllr Keith Davies</i>
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Note 1: As an independent inspectorate, HMI Probation provides assurance to Ministers and the public on the effectiveness of work with those who have offended or are likely to offend, promotes continuous improvement by the organisations that we inspect and contributes to the effectiveness of the criminal justice system.

Note 2: We gather evidence against the SQS criteria, which are available on the HMI Probation website - <http://www.justiceinspectors.gov.uk/hmiprobation>.

Note 3: To request a paper copy of this report, please contact HMI Probation Communications at communications@hmiprobation.gsi.gov.uk or on 0161 240 5336.