

<i>To:</i>	Andy Dempsey, Chair of St Helens YOS Management Board
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<i>From:</i>	Helen Mercer, Assistant Chief Inspector (Youth Justice)
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## Report of Short Quality Screening (SQS) of youth offending work in St Helens

The inspection was conducted from 15–17 June 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 recently offended and were supervised by St Helens Youth Offending Service (YOS). In all cases this was undertaken in conjunction with the allocated case manager, thereby offering a learning opportunity for staff.

### Summary

The published reoffending rate<sup>1</sup> for St Helens was 46.2%. This was 3% worse than the previous year and worse than the England and Wales average of 36.1%.

Overall, we found that the quality of work with children and young people in St Helens YOS was good, and had improved since the last inspection in 2009. Staff had gathered information and analysed the vulnerabilities, offending needs and risks that individuals pose to others and had engaged very well with children, young people and their parents/carers. Despite much good quality work, the YOS faced challenges in trying to reduce reoffending, including the impact of dealing with the complex needs of most of the children and young people. The YOS were responsive to the welfare needs of children and young people with these often becoming the priority. Children and young people in the YOS needed further support from a range of partner agencies, to enable YOS staff to focus on specific direct offending behaviour work.

### Commentary on the inspection in St Helens:

#### 1. Reducing reoffending

- 1.1. There was a good use of information to assess the likelihood of reoffending. Attention to how any barriers to engagement or diversity issues needed to be responded to was particularly good, as was the use of parents'/carers' views of the factors relating to

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

offending. In many of the cases we inspected, the most frequent offending issues that needed to be addressed were family relationships, poor emotional health and how children and young people understood themselves and others. In a number of cases children and young people were drawn to people who offered them attention, which in turn left them susceptible to criminal and sexual exploitation. It was positive to find that case managers usually understood this, although it was not always evidenced in the record of assessment (Asset).

- 1.2. The quality of pre-sentence and panel reports was good, providing a balanced and accurate view of offending, risk of harm to others and vulnerability.
- 1.3. St Helens YOS had developed and were using 'Our Change Plan' to set out how work to address offending behaviour would be carried out. These plans were very easy for the child or young person to understand and use. The case managers' excellent understanding of individual children and young people ensured that the plan was tailored and meaningful. Parents/carers were always well supported to be involved in planning.
- 1.4. Planning and support for the emotional health needs of children and young people was not always obvious, despite the need for this being key in a number of cases.
- 1.5. As cases progressed records often showed that case managers were responding to crisis and were involved in work that could have been undertaken by supporting partner agencies, including children's social care, emotional health services and education. This had the effect of diverting attention and focus from work aimed at reducing reoffending. Just over half of the reviews of offending were good enough, compared with just over three-quarters of the reviews of safeguarding and vulnerability.

## **2. Protecting the public**

- 2.1. There was an accurate assessment of the risk of harm posed by children and young people in two-thirds of all cases. Case managers understood the need to use information about risky behaviour as well as convictions. There were some inconsistencies in the classification of risk, but actions to manage and reduce risk were taken and were usually appropriate to the case.
- 2.2. Where known, risk to victims was well considered and responded to, including any risk of harm to siblings, parents/carers and vulnerable victims.
- 2.3. All of the case managers we spoke to had a good understanding of policies and procedures in place to manage risk of harm to others, and a number said that they were able to talk to managers and colleagues when they needed advice or support.
- 2.4. A plan to manage risk of harm had been drawn up in all cases when needed and these were good enough in 7 of 11 cases. The YOS were using plans that included actions to address both the risk of harm to others and vulnerability to the child or young person. However, the differences between the two were not always explicitly drawn out, and as a result the planned response became unclear.
- 2.5. The risk management meetings were effective in identifying and sharing risk or harm information, but had not ensured that plans specified the actions that each agency should take to effectively manage risk of harm to others or vulnerability.

## **3. Protecting the child or young person**

- 3.1. All of the children and young people in the cases we looked at were vulnerable.
- 3.2. Case managers had made a sufficient assessment of safeguarding and vulnerability in all of the cases, although in two cases, the resulting classification was too low.

- 3.3. When we spoke to case managers they told us what actions they were taking to protect children and young people. Examples included working with care home staff for children who were looked after and doing work with children and young people about staying safe in relationships.
- 3.4. We saw some good and detailed work being done by case managers to keep children and young people safe, but given their levels of need, the complex families they came from (and some previous involvement of other agencies) we were sometimes left wondering why children's social care had not taken the lead in this work. For example in one case we noted that: "*Peter<sup>2</sup> a 17 year old had been using cannabis since he was 9 years old, he had a number of convictions for the supply of drugs which he did partly to fund his own use. Following an overdose he made a significant disclosure to his case manager, who he had a very good relationship with. It was imperative that his family responded to Peter in a way that supported him, and that he did not face rejection as he had done before. With Peter's permission, the case manager held a meeting with key family members and told them how to manage the situation, not to tell others about the disclosure and then gave them a written reminder of what they should and should not do.*" While Peter's best interests were supported, joint work might have enabled the YOS case worker to focus solely on him, with children's social care delivering support to the family.
- 3.5. Assessment and planning for the vulnerabilities of children and young people in custody was good.
- 3.6. When children and young people are vulnerable, reviews are an important way of identifying changes and of adapting plans to respond to any new issues. When we interviewed staff they were able to tell us about changes and what they had done in response, demonstrating both a good awareness of what was happening to children and young people and a rapid response to changes in order to keep them safe. Unfortunately, plans and planning forums did not always reflect these changes or the work that had been done or, indeed, identify clear actions for other agencies.

#### **4. Ensuring that the sentence is served**

- 4.1. This was the strongest area of practice for the YOS. We expect to see that children and young people are given help and support to complete their sentences, that their families and carers are integral to the work, and that if they struggle or will not comply that there is an appropriate response. St Helens YOS achieved all of this.
- 4.2. The efforts made at the start of the sentence to understand and identify the individual needs of the child or young person resulted in case managers adapting how they worked to suit learning styles, communication difficulties and differing levels of maturity. In all but one case the engagement of the child or young person was maintained or improved.
- 4.3. When children or young people did not comply, the YOS held meetings with them to resolve any issues. This was working and we saw that all but one individual complied with the sentence.
- 4.4. A member of staff had set up a resource library of offending behaviour work and interventions which were then cross referenced to learning style. This provided a system where case managers could quickly identify suitable interventions.

#### **Operational management**

We found that case managers understood the principles of effective practice and could apply them, knew about local policies and procedures and knew how their work contributed to the

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<sup>2</sup> Name changed to protect the identity of the child or young person

strategic aims of the YOS. All case managers felt that the person who supervised their work had the skills to effectively support them, and that they received appropriate and effective supervision. A number of case managers commented that when looking at how to improve the service, the YOS manager actively sought out their views and suggestions.

As in other YOS areas, the offending needs of St Helens children and young people who are sentenced have become more complex, and the YOS is seeing more entrenched criminal behaviour from the children and young people with whom it works. The YOS management team and the YOS Management Board Chair have a very clear understanding of the real difficulties they face to begin to reduce reoffending and the knowledge that many of these children and young people require a multi-agency response. It was positive to see the commitment to their children and young people and that they had had plans in place to further integrate the work of the YOS with mainstream services.

### **Key strengths**

- Good quality pre-sentence and panel reports to inform sentencing, with initial assessments of the individual needs of children and young people leading to a tailored approach to work.
- Parents/carers are fully involved in assessment and planning, and are seen as being a central support to the child or young person.
- Assessments of vulnerability were accurate and informally reviewed at each contact; leading to prompt responses to changes in welfare and safeguarding needs.
- Planning to reduce reoffending was good, and clear to children and young people.
- Case managers had developed good relationships with children and young people and this had supported good compliance.

### **Areas requiring improvement**

- The Management Board should consider how each partner agency can best support the complex needs of children, young people and their families and in enabling the YOS to have better focus on work to protect the public and reduce reoffending.
- Management oversight should ensure that plans to manage both risk of harm to others and vulnerability provide clear direction for all involved in the case.
- The emotional health needs of children and young people are clearly identified, assessed and met including the provision of specialist services.

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

If you have any further questions about the inspection please contact the lead inspector, who was Yvonne McGuckian. She can be contacted at [Yvonne.McGuckian@hmiprobation.gsi.gov.uk](mailto:Yvonne.McGuckian@hmiprobation.gsi.gov.uk) or on 07973 295475.

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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](mailto:communications@hmiprobation.gsi.gov.uk) or on 0161 240 5336.