

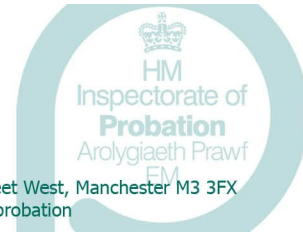


# Inspection of Youth Offending Work

Arolygiad o Waith Troseddu Ieuencid

## HM Inspectorate of Probation

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<i>To:</i>	Stuart Ashley, Chair of the Isle of Wight Youth Offending Team Management Board
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<i>From:</i>	Alan MacDonald, Assistant Chief Inspector (Youth Justice)
<i>Publication date:</i>	11 May 2016

## Report of Short Quality Screening (SQS) of youth offending work in the Isle of Wight

The inspection was conducted from 04-07 April 2016 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 17 cases of children and young people who had recently offended and were supervised by the Isle of Wight Youth Offending Team (YOT). Wherever possible, 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 the Isle of Wight was 46.0%. This was better than the previous year but worse than the England and Wales average of 38.0%.

Overall, we found that the YOT Management Board, YOT manager and staff were working hard to deliver good quality services to the children and young people of the Isle of Wight. There was good engagement with children and young people and good assessments of reoffending factors, including recognition of diversity issues. The assessment and planning for the management of vulnerability and the risk of harm posed to others needed to improve.

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<sup>1</sup> The reoffending rate that was available during the fieldwork was published January 2016, and was based on binary reoffending rates after 12 months for the April 2013 – March 2014 cohort. Source: Ministry of Justice.

## **Commentary on the inspection in the Isle of Wight:**

### **1. Reducing reoffending**

- 1.1. The majority of assessments of children and young people were detailed and considered, and more recent assessments showed the impact of improvement work by the YOT. The use of an end summary including positive factors and work to do was particularly useful. Reviews had not been carried out, either at all or well enough in nearly half of the cases inspected.
- 1.2. Referral order reports to panels were all of a good enough quality. We inspected nine pre-sentence reports, which were also of a good enough quality, although the analysis of vulnerability and the risk of harm posed to others needed to improve.
- 1.3. In three out of four custodial cases the planning was judged to be sufficient. Planning in the community was considered good enough in just under two-thirds of cases. This was mainly due to a lack of attention to family and personal relationships, and emotional and mental health. In addition, it was not always clear what interventions were planned or how they would be delivered. Plans did not take account of diversity issues in 8 out of 13 relevant cases, and 7 had not been reviewed well enough or at all.
- 1.4. Where children and young people had made progress it was generally in education, training and employment and in addressing their misuse of alcohol. There was less evidence of progress in other areas, particularly emotional and mental health, living arrangements and attitudes to offending. Case managers had tried to make sure that positive progress was sustainable following the end of the sentence.

### **2. Protecting the public**

- 2.1. The assessment of the risk of harm that the child or young person posed was considered sufficient in over half of the cases. Where it was not good enough, this was mainly because not enough attention had been given to actual/potential victims or because relevant offences had not been taken into account. Under two-thirds of risk assessments had been reviewed well enough; 2 out of 13 had not been reviewed at all.
- 2.2. Planning to manage the risk of harm to others was done well enough in three out of four custodial cases. In the community, however, the proportion was far less; two-thirds of risk management plans were judged to be insufficient. Of those, two cases had no risk management plans and two were not carried out soon enough. Plans had not been reviewed at all or well enough in six cases.
- 2.3. Overall, however, the YOT had done enough to keep to a minimum the risk of harm posed by the child or young person in most of the cases we inspected. Where this was not the case, it was because the assessment or planning had not been carried out well enough.

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

- 3.1. The assessment of vulnerability was judged to be insufficient in over half of the cases. This was mainly due to a failure to take into account relevant behaviour or information from other agencies. Nearly half of the assessments were not reviewed at all or well enough.
- 3.2. Planning to manage vulnerability was also judged to be insufficient in two-thirds of cases, although the proportion was better in the custodial environment where three out of four were done well enough. Timeliness and a lack of contingency planning were features of

those cases deemed insufficient. Vulnerability management plans were either not reviewed at all or well enough in six cases.

- 3.3. The YOT had done as much as possible to keep the child or young person safe in 10 out of 16 cases. Where this was not the case, it was due to deficiencies in assessment or planning.
- 3.4. Case managers had paid sufficient attention to the health and well-being of children and young people in nearly half of the cases. The areas where this was less satisfactory included emotional and mental health, substance misuse and living arrangements.

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

- 4.1. Efforts were made to engage children and young people in both the assessment and planning of their supervision. Case managers had identified diversity factors at an early stage in most cases and worked throughout the order to engage the child or young person.
- 4.2. Despite that, in nearly half of the cases, children and young people did not fully comply with their order. In three of those cases, we judged that the YOT response was not sufficient.

#### **Operational management**

We found evidence that quality assurance processes had made a positive difference in YOT work. In nearly half of the relevant cases, however, oversight of the work to manage the risk of harm posed or the vulnerability of the child or young person was not judged to have been effective. Where this was the case, it was largely due to deficiencies in the assessment and planning not being recognised. We were told that countersigning arrangements, although efficient, did not always produce useful feedback.

Case managers understood the principles of effective practice and the local policies and procedures that they were working to. They felt that managers were knowledgeable and accessible and that there was a conduit to the YOT Management Board through the YOT manager. Training and practice development was high on the agenda and we were told that morale was good.

#### **Key strengths**

- A committed, positive and enthusiastic group of staff who made considerable efforts to understand and tailor their work to the individual needs of the children and young people they supervised.
- The assessment of reoffending factors.
- The engagement of children and young people.

#### **Areas requiring improvement**

- The timeliness and quality of assessment of vulnerability and the risk of harm posed to others.
- Information to courts.
- Planning, particularly to manage vulnerability and risk of harm to others.

We are grateful for the support that we received from staff in the YOT to facilitate and engage with this inspection. Please pass on our thanks, and make sure 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 Jane Attwood. She can be contacted at [jane.attwood@hmiprobation.gsi.gov.uk](mailto:jane.attwood@hmiprobation.gsi.gov.uk) or on 07973 614573.

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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.justiceinspectorates.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.