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| <i>To:</i> | Alan Stubbersfield, Chair of Wokingham Youth Offending Service Management Board |
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| <i>From:</i> | Alan MacDonald, Assistant Chief Inspector (Youth Justice) |
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Report of Short Quality Screening (SQS) of youth offending work in Wokingham

The inspection was conducted from 18-20 July 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 eight cases of children and young people who had recently offended and were supervised by Wokingham Youth Offending Service (YOS). Wherever possible, this was undertaken in conjunction with the allocated case manager, thereby offering a learning opportunity for staff. The published reoffending rate¹ for Wokingham was 30.5% compared to 37.8% for England and Wales.

Summary

Overall, Wokingham YOS were undertaking highly effective work with children and young people. Case managers were skilled, experienced and motivated to support children and young people to achieve positive outcomes. Management oversight was constructive, using effective quality assurance mechanisms to support professional development and enhance assessments. The focus on diversity factors and barriers to engagement was a particular strength that led to good compliance. Assessments of children and young people were thorough and intervention plans were personalised appropriately. Work with partners was effective where specialist input was being provided. The YOS had impressive workbooks in place that were used to undertake consistent inductions and to deliver offence-focused interventions. Initial referral order panel reports required development to include sufficient information about risk of harm and vulnerability. The frequency of referral order panels was limited.

Commentary on the inspection in Wokingham:

1. Reducing reoffending

- 1.1. The pre-sentence reports we saw contained all the required information. Detailed accounts were provided of why children and young people offended. The focus on

¹ The reoffending rate that was available during the fieldwork was published April 2016, and was based on binary reoffending rates after 12 months for the July 2013 - June 2014 cohort. Source: Ministry of Justice.

diversity factors and barriers to engagement were well covered in reports. Good quality initial assessments strengthened early engagement, making sure that the work was meaningful and appropriate from the outset.

- 1.2. Assessments were timely and analytical. Staff identified factors linked to offending in all cases and had a good understanding of how to help reduce the likelihood of reoffending. The YOS were using workbooks with all children and young people. These were designed to support them to understand what was expected of them. They set out the work that needed to be undertaken, and helped individuals to identify goals for the future.
- 1.3. Planning was outcome focused with a range of goals being set for completion throughout the order. The views of children and young people and their parents/carers were clearly taken in to account. Their voice was seen as being an important factor, not only by case managers, but also by the members of the referral order panels.
- 1.4. YOS staff were committed to working with children and young people, in particular, they had a strong approach to making sure that both offending related and victim awareness work was completed. The delivery of these interventions helped educate children and young people on the impact of their offending and worked on developing alternatives to offending behaviour. One inspector found: *"There was no evidence of any further offending. Returning an order back to court for consideration for early revocation on the grounds of good progress was applied for and successful. The young person has gained full time employment as a carpenter. He has distanced himself from negative peer groups and has more positive family relationships in the home"*.

2. Protecting the public

- 2.1. In all inspected cases, there was sufficient understanding and explanation of the risk of harm. We found that assessments of risk of harm and likelihood of reoffending were clear and contained a detailed analysis of relevant factors. Within pre-sentence reports and initial referral order panel reports, we found good examples of protective factors being identified.
- 2.2. Wokingham YOS carried out regular risk forum meetings that were attended by a range of partners and others involved in working with the case. Case managers described this process as being constructive and resulted in assessments being based on information from a range of agencies.
- 2.3. Assessments of risk of harm were reviewed appropriately when required. These contained up to date information, including concerns about the case and any development made. The inclusion of new information led to accurate reviews. In some cases, there were illustrations of how risk of harm had been reduced which had been carefully analysed and verified using various sources of information. One inspector found; *"The YOS have engaged the young person in a range of offending behaviour and victim awareness sessions, which indicated that he has developed an increased understanding of triggers to his offending and the impact on victims (seen in a letter written to the victim). His engagement and development of positive factors were good indicators of his level of Risk of Serious Harm and likelihood of reoffending being effectively managed. The case reviews at the risk forums are a good indicator of how progress is being evidenced and analysed within assessments"*.
- 2.4. Where there was an identifiable victim, we found the risk of harm was being effectively managed. Planning to manage risks to victims was good in all relevant cases. Case managers spoke positively about the interventions available from the victim worker. We saw high levels of victim awareness work being carried out.

3. Protecting the child or young person

- 3.1. Assessments and planning of safeguarding and vulnerability factors was done well in most cases. The skills and experience of staff strengthened the management of safeguarding concerns. This was seen through the referrals being made, and effective liaison with children's services. Responses from children's services were appropriate and acted upon by case managers.
- 3.2. We found that risk of harm and vulnerability issues were not explained sufficiently within initial referral panel reports. Referral panel members wanted children and young people to identify their own areas of work, and what they thought were linked to their risk of harm, and likelihood of offending. Wokingham YOS discussed relevant cases with vulnerability concerns at the risk forum meetings. Contributions from partners were useful and made sure case managers were kept up to date with any information they held.
- 3.3. We found that case managers valued the expertise of partners and utilised their services. In particular, referrals to the nurse were carried out in all cases for a medical assessment and to outline the health recommendations. We found good work was being carried out to address physical health and substance misuse.
- 3.4. The YOT used the 'Signs of Safety' approach, which enhanced assessments, planning and reviews. We saw a multi-agency approach considering what was working well in the case, what needed to be worked upon and who would undertake the work. We found, from the case discussions, that partners also responded positively to this approach.

4. Making sure the sentence is served

- 4.1. The level of compliance by children and young people was excellent. We saw creative work being carried out in all cases which promoted engagement. All the children and young people had complied fully with their orders and there was no reoffending or instances of returning orders to court for non-compliance.
- 4.2. The availability of referral order panels were limited to one day per week, which did not delay commencements in Wokingham. In one inspected case, however, this resulted in the young person not being able to attend due to illness. The panel meeting was not rearranged and went ahead without the young person's contribution. The quality of interaction between panel members, children and young people and others is critical to an effective panel; if young people are not attending the effectiveness can be compromised.
- 4.3. The early recognition of potential barriers and obstacles to engagement was effective. The use of available resources made sure children and young people received intervention and support tailored to their own individual needs. Case managers used assessments from the nurse to identify any barriers related to health and well-being. The response to diversity was well embedded, where commitments to work/education and religion were taken in to account when planning appointments.
- 4.4. Wokingham YOS worked hard with children and young people to secure their positive compliance. There were good examples of case managers being flexible but also outlining the boundaries of expected levels of compliance and engagement. The use of compliance panels was highly effective. Where these were used, we saw an improvement in compliance. The relationships between the workers and children and young people were open, respectful and valued. This provided an environment where offending behaviour could be freely discussed, challenged appropriately, and where children and young people learnt to make better decisions and choices.

- 4.5. Exit planning was undertaken well in all relevant cases and was effective in making sure ongoing support was provided when the order had finished, to help individuals desist from offending.

Operational management

Case managers welcomed the support and guidance from their line manager. They had access to training opportunities and were provided with the skills for the job. Staff felt local policies and procedures had been well written and provided them with confidence to undertake their role. They were complementary about the quality assurance process and felt they were able to engage in professional discussions about management recommendations. In all cases, we saw a consistent level of management oversight and examples where quality assurance had made a difference. We did not, however, see examples of how quality assurance outcomes were recorded against individual cases. The YOS manager had devised a number of guidance policies for the staff. We found these to be very clear and well written. The policies set out standards and expectations for staff and managers, which we found to be transparent. The consistent implementation of these was in part, due to the contribution from the YOS manager.

Key strengths

- Pre-sentence reports were concise, analytical and of high quality.
- Assessments and reviews of offending and risk of harm were thorough and linked to planning work.
- The availability of resources was beneficial to tailoring support and intervention plans.
- Work to maximise compliance and engagement was highly effective.
- The focus on diversity factors and barriers to engagement was excellent and was a regular theme through the order.
- The offence-focused work and victim awareness were being addressed throughout the order.
- The views of children and young people and their parents/carers were taken seriously and incorporated within the supervision and intervention process.
- Case managers were highly committed and experienced, management and leadership was strong and partners had a positive presence in the team.

Areas requiring improvement

- Factors linked to risk of harm and vulnerability should be included in initial referral order panel reports.
- The availability of referral order panels should be increased to maximise attendance by all parties.
- Management oversight could be strengthened by quality assurance feedback being recorded against case records.

We are grateful for the support that we received from staff in the Wokingham Youth Offending Service 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 Simi Badachha. She can be contacted at Simi.Badachha@hmiprobation.gsi.gov.uk or on 07979 690596.

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| Lead Elected Member for Crime | <i>Barrie Patman</i> |
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| Chair of Local Safeguarding Children Board | <i>Fran Gosling Thomas</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.