An inspection of youth offending services in

Surrey

HM Inspectorate of Probation

AUGUST 2019
This inspection was led by HM Inspector Maria Jerram, supported by a team of inspectors, as well as staff from our operations and research teams. The Head of Youth Offending Team Inspections, responsible for this inspection programme, is Alan MacDonald. We would like to thank all those who helped plan and took part in the inspection; without their help and cooperation, the inspection would not have been possible.

Please note that throughout the report the names in the practice examples have been changed to protect the individual’s identity.

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Foreword

We have given Surrey youth offending service (YOS) an overall rating of ‘Inadequate’. This places it in the bottom 10 per cent of youth offending services we have inspected to date and indicates the need for very substantial improvement. The inspection found that there are many areas where practice is poor. The needs of children and young people involved in, or at risk of, offending are not understood properly or responded to at a strategic, operational or practice level. We were concerned that the delivery of specialist youth offending services in Surrey had not been adequately prioritised for some time. Over the past twelve months, children’s services, including the staff who now form the YOS, have been through a large-scale restructure. The restructure, which was aimed at addressing concerns raised by Ofsted in May 2018 in relation to children’s services, concluded five weeks prior to our inspection, and new processes were still being established at the time of the inspection.

We found that staff are motivated to deliver good-quality services and they engage well with children and families. There are some pockets of good practice, particularly in the work delivered to support desistance. However, we were not satisfied that staff had the level of knowledge, experience or understanding required to respond to issues of safety and wellbeing and risk of harm to others. Work to ensure the safety of children and young people and to manage any risk of harm to others was inadequate. The interim head of the YOS recognised the practice deficits when they took up the post in November 2018, but there have been delays in addressing them, largely due to the restructure.

The Management Board has relied heavily on national key performance indicators to assess the effectiveness of service delivery, and the low level of first-time entrants to the criminal justice system in Surrey does not, in this case, indicate a high-performing service. There are few mechanisms in place to assess the suitability of resources or the quality of practice. Multiple assessment tools and systems are used across the service. Consequently, it has proved impossible to provide the Board with the right type and level of data to help members understand the needs of children and young people known to the service. Where needs are identified, they are not always responded to. Too many children are not receiving their legal entitlement to education and the reasons for this are not understood. Health provision is insufficient and there are gaps in available services and long waiting lists for appointments. Overall, we found that agencies and services need to be better coordinated in the delivery of interventions if they are to be effective.

Senior leaders have recognised the need for improvement and Board arrangements have been reviewed to sharpen the focus on understanding the quality of service delivery. The Board has also recruited new members, and there is a commitment to using the findings from this inspection to help drive future improvements.

Justin Russell
Chief Inspector of Probation
Overall findings

Overall, the quality of youth offending services in Surrey is rated as: **Inadequate.** This rating has been determined by inspecting the youth offending services in three domains of their work. The findings in those domains are described below.

### Organisational delivery

The Surrey YOS Management Board has relied too heavily on national key performance indicators to assess the effectiveness of service delivery, and operational management oversight of practice has been weak. The governance and leadership of this service have therefore been rated as inadequate and substantial improvements are required. The Board has insufficient knowledge of the quality of the service it delivers or of the children and staff involved with it. The services provided require improvement, with health provision particularly poor. Management oversight of caseworkers is not good enough, assessment processes are confused and there are no quality assurance systems in place.

Our key findings about organisational delivery were as follows:

- At strategic and operational levels, partnership arrangements do not facilitate the delivery of effective practice.
- The Management Board has not scrutinised the delivery of youth justice services well enough, and few mechanisms are in place to ensure the quality of service delivery.
- The interim service manager and senior leaders understand that there are deficits in practice and are committed to improvement.
- Almost 40 per cent of children subject to court orders are not receiving their legal entitlement to education. Access to child and adolescent mental health services (CAMHS) can take up to 16 weeks. There is no speech and language provision or any specialist service to assist young people over 16 who are not in education, training or employment.
- There has been an over-reliance on national key performance indicators in assessing the effectiveness of practice and there is a lack of strategic understanding about the profile of youth offending in Surrey.
- There are multiple assessment tools being used, which does not support the assessment and analysis of safety and wellbeing and risk of harm to others.
- Three data recording systems are being used, which has an impact on information-sharing and on the capacity to produce the datasets required to monitor service delivery.
- Quality assurance processes and management information are not used to steer the direction and operational priorities of the service effectively.
The detailed analysis of a sample of cases and interviews with case workers found the supervision of children sentenced by the courts to be inadequate on three out of four of our key standards. In half of the cases we looked at, other agencies and professionals were not involved in planning when they should have been or in reviewing how the children or young people were progressing during their sentence.

Our key findings about court disposals were as follows:

- Staff are able to complete assessments of desistance to a high standard, planning takes sufficient account of the child or young person’s strengths and protective factors, and staff develop and maintain an effective working relationship with the child or young person and their parents/carers.
- Assessments do not clearly identify and analyse risks to the safety and wellbeing of the child or young person. Inspectors agreed with the risk classification of the case worker in less than half of the cases we inspected.
- Insufficient attention is given to the needs and wishes of victim/s and to providing opportunities for restorative justice in all aspects of domain two work.
- There is a lack of coordination and information-sharing between agencies, which detracts from work to manage safety and wellbeing and risk of harm. In over half of the cases we looked at, other agencies were not involved in the planning process when it would have been appropriate.
- Planning does not set out the necessary controls and interventions to promote the safety and wellbeing of the child or young person. There was evidence of contingency planning in only three out of twenty-three cases we looked at.
- Children and young people and their parents/carers are not always meaningfully involved in reviewing their progress and engagement.
- Management oversight is ineffective in too many cases. It lacks challenge and does not have an impact on the quality of work delivered.

Although Surrey has a low rate of first-time entrants (FTE), we found practice in relation to out-of-court disposals to be of serious concern. Assessments were particularly weak in relation to keeping the child safe and keeping other people safe. Service delivery to support the safety of the child or young person also required improvement.

Our key findings about out-of-court disposals were as follows:

- Planning to support desistance is done well in most cases and children and young people and their parents/carers are meaningfully involved in their assessment.
• Joint decision-making between the YOS and the police is effective in only 53 per cent of cases. There is no limit on the number of out-of-court disposals a young person can receive in Surrey, and it was surprising to see that the gravity of the offence was not considered in determining whether to impose an out-of-court disposal.

• Interventions delivered do not always promote the safety and wellbeing of the child or young person. Just 13 per cent of assessments sufficiently analysed how to keep the child or young person safe.

• Assessments do not identify and analyse risk of harm to others or risks to the safety and wellbeing of the child or young person. Less than half of assessments included sufficient assessment of the child or young person’s offending behaviour.

• The suitability and effectiveness of current joint decision-making processes and assessment tools require review.

• Management oversight was effective in only a third of cases.
Service: Surrey youth offending service
Fieldwork started: June 2019

**Overall rating**

**Inadequate**

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<td>1. Organisational delivery</td>
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<td>1.1 Governance and leadership</td>
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<td>1.2 Staff</td>
<td>Inadequate</td>
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<td>1.3 Partnerships and services</td>
<td>Requires improvement</td>
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<td>1.4 Information and facilities</td>
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<td>2.2 Planning</td>
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<td>2.3 Implementation and delivery</td>
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<td>2.4 Reviewing</td>
<td>Inadequate</td>
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<td>3. Out-of-court disposals</td>
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<td>3.1 Assessment</td>
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<td>3.2 Planning</td>
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<td>3.3 Implementation and delivery</td>
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<td>3.4 Joint working</td>
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Recommendations

As a result of our inspection findings, we have made nine recommendations that we believe, if implemented, will have a positive impact on the quality of youth offending services in Surrey. This will improve the lives of the children in contact with youth offending services, and better protect the public.

The Youth Offending Service Manager should:

1. review all current out-of-court and post-court cases and take necessary action to ensure that children and young people are safe, and that appropriate plans are in place to manage any risk of harm to others
2. commission training to develop staff skills and knowledge in key areas of practice specific to working with children and young people in the youth justice system
3. ensure all staff receive regular support from a manager with knowledge of youth justice work and that management oversight is consistent, effective and makes a difference to the quality of work
4. use suitable assessment tools, accurately assess the risk to a child or young person’s safety and wellbeing and risk of harm to others in all cases, and make sure that all risks are reviewed appropriately and managed effectively
5. develop victim and restorative justice processes to meet the needs of potential and actual victims, and ensure that opportunities for restorative justice are considered in every relevant case
6. review the out-of-court disposal processes, and make sure that tools used for assessment, planning and decision-making enable full consideration of safety and wellbeing and risk of harm to others.

The Director of Children’s Services should:

7. make sure that all children and young people receive their statutory entitlement to education and have access to high-quality education and training services that are matched to their needs and interests
8. make sure that assessment tools, appropriate systems and procedures are in place to obtain the data and information needed to analyse service delivery and track improvements
9. ensure that Board members scrutinise the delivery of youth justice services, including out-of-court work, challenge each other, and advocate for children and young people in their own services.
Introduction

Youth Offending Teams (YOTs) supervise 10–18-year-olds who have been sentenced by a court, or who have come to the attention of the police because of their offending behaviour but have not been charged – instead, they were dealt with out of court. HMI Probation inspects both these aspects of youth offending services.

YOTs are statutory partnerships, and they are multi-disciplinary, to deal with the needs of the whole child. They are required to have staff from local authority social care and education services, the police, the National Probation Service (NPS) and local health services. Most YOTs are based within local authorities; however, this can vary.

YOT work is governed and shaped by a range of legislation and guidance specific to the youth justice sector (such as the National Standards for Youth Justice) or else applicable across the criminal justice sector (for example Multi-Agency Public Protection Arrangements guidance). The Youth Justice Board for England and Wales (YJB) provides some funding to YOTs. It also monitors their performance and issues guidance to them about how things are to be done.

Since May 2019, Surrey Targeted Youth Support (TYS) service has taken over the statutory functions of the YOS. Prior to this, youth offending work was delivered by Surrey Family Services. The TYS teams are split into four geographical quadrants to deliver services across Surrey’s 11 district councils. Case workers hold both youth justice and Early Help cases. The TYS teams include senior targeted youth support workers, youth support social workers and youth support practitioners. There is also a safeguarding adolescents team, which includes social workers who work with more complex social care cases alongside the TYS workers.

Surrey YOS has an exceptionally low rate of first-time entrants to the criminal justice system. This is due to its focus on diversion work and the use of out-of-court disposals, although inspectors had concerns about the high gravity level of some of the offences for which children were dealt with by a community resolution. The rate of children and young people in Surrey who are sentenced to custody is lower than the national average. Re-offending rates are in line with the rest of England and Wales. Over the past 12 months, there has been a rise in knife crime and increased concerns about child criminal exploitation.

The role of HM Inspectorate of Probation

Her Majesty’s Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales. We provide assurance on the effectiveness of work with adults and children who have offended to implement orders of the court, reduce reoffending, protect the public and safeguard the vulnerable. We inspect these services and publish inspection reports. We highlight good and poor practice, and use our data and information to encourage good-quality services. We are independent of government, and speak independently.

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1 The Crime and Disorder Act 1998 set out the arrangements for local YOTs and partnership working.
HM Inspectorate of Probation standards

The standards against which we inspect are based on established models and frameworks, which are grounded in evidence, learning and experience. These standards are designed to drive improvements in the quality of work with people who have offended.  

2 HM Inspectorate’s standards are available here: https://www.justiceinspectorates.gov.uk/hmiprobation/about-our-work/our-standards-and-ratings/
**Contextual facts**

**First time entrant rate per 100,000**
- Surrey YOS: 99
- Average for England and Wales: 248

**Reoffending rates**
- Surrey YOS: 40.5%
- Average for England and Wales: 40.1%

**Caseload information**

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<th>Age</th>
<th>Surrey</th>
<th>National average</th>
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<tbody>
<tr>
<td>10-14</td>
<td>15%</td>
<td>24%</td>
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<tr>
<td>15-17</td>
<td>85%</td>
<td>76%</td>
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<th>White</th>
<th>Black and minority ethnic</th>
<th>Not known</th>
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<tr>
<td>Surrey</td>
<td>67%</td>
<td>14%</td>
<td>19%</td>
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<tr>
<td>National average</td>
<td>71%</td>
<td>26%</td>
<td>4%</td>
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<tr>
<th>Gender</th>
<th>Surrey</th>
<th>National average</th>
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<tbody>
<tr>
<td>Male</td>
<td>84%</td>
<td>84%</td>
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<tr>
<td>Female</td>
<td>16%</td>
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**Population information**
- Total population of Surrey (2018): 1,185,321
- Total youth population of Surrey (2017): 111,582
- Total black and minority ethnic youth population: 12,806

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1. Organisational delivery

Organisations that are well led and well managed are more likely to achieve their aims. We inspect against four standards.

### 1.1 Governance and leadership

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The governance and leadership of the YOT supports and promotes the delivery of a high-quality, personalised and responsive service for all children and young people.

We have rated governance and leadership as inadequate. Substantial improvements are required to ensure the delivery of safe and effective services to children and young people involved in, or at risk of, offending. The Board has relied too heavily on performance against key national indicators for reassurance that services are effective. There has been a focus on performance outcomes and there are few mechanisms in place to ensure the quality of service delivery. The Board has access to limited data reports; these cover children and young people who have received court or out-of-court disposals, but do not consider the distinct needs of these two groups. Consequently, the Board has insufficient knowledge of the children and young people, staff performance and the quality of service delivery. It has not been possible for the Board to determine if the current structure or staffing are sufficient to deliver effective youth justice services.

A Children’s Policing and Justice Partnership Board was established in May 2018 and oversees the delivery of youth justice work. The Board, which meets quarterly, has been jointly chaired by the Assistant Chief Constable of Police and the Director of Safeguarding & Family Resilience since September 2018. The Board chairs recognised that attendance and commitment from Board members needed to improve, and they have revised the terms of reference and held an induction day for members. A job description has been devised for each Board member, outlining what is expected of them in their role. A Board workplan, which focuses on workforce development and service improvement, has recently been devised.

The Board includes all statutory and some non-statutory members. Attendance by some members has been sporadic; for example, there has been limited attendance from the NPS representative over the past 12 months. This has meant that the long-term challenge of recruiting to the vacant part-time probation officer post has not been addressed at a strategic level.

The Board has strategic links to other partnership boards, such as the Surrey Safeguarding Children Board and the Community Safety Partnership Board. The Assistant Director for Safer Communities is leading on joint work between the Community Safety Partnership and police to address child criminal exploitation. The significance of this issue for children and young people in the youth justice system is becoming better understood because of this work. Multi-agency meetings have been established to discuss children who are particularly vulnerable and put safety plans in place.

Until very recently, the education representative on the Board has not been of a sufficiently senior level. This is concerning, as only 61 per cent of children and young people subject to statutory court orders are receiving their legal entitlement to
education. In addition, over half of the youth justice cohort have been identified as having special educational needs, and the Board does not know if they are receiving adequate provision.

There is limited input from health services into the YOS. There are long waiting lists for children and young people who require mental health support. Access to CAMHS can take up to 16 weeks. There is no speech and language therapy provision despite national research clearly identifying the significance of these issues for young people involved in the youth justice system. Over the past two years, youth offending services have seen an increase in health funding through the National Health Service England (NHSE) health and justice pathway stream. Surrey has not had any dialogue with the NHSE regional commissioners and has not benefited directly from this resource.

In 2018, the youth justice service manager left and an interim manager was appointed. She immediately undertook a ‘health check’ of the service, which highlighted significant and longstanding issues in relation to the quality of practice, processes and systems. This was shared with senior leaders and an action plan was put in place outlining both immediate and longer-term objectives. While we recognise the impact of the recent restructure, we are not satisfied that sufficient progress has been made or that adequate resources are currently in place to achieve the required improvements.

We found that communication between leaders and staff was not effective. Most staff do not understand the role and function of the Board, many do not feel they are updated on strategic issues, and more than a third do not understand the vision or plan for the service. In our meetings with staff and managers, they were not clear on management roles and responsibilities or how they might escalate concerns effectively. Some staff and managers we spoke to had raised concerns two years ago about the suitability of assessment tools being used in the service, but their views were not taken into account.

### 1.2 Staff

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<td>Staff within the YOT are empowered to deliver a high-quality, personalised and responsive service for all children and young people.</td>
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Inspectors concluded that workloads were manageable to enable staff to deliver personalised and responsive services to meet the needs of children and young people. However, management supervision of practice was inadequate and the recent restructure had adversely affected staff morale.

At the time of inspection, the restructure had not long concluded and this had a knock-on effect in several areas. The new structure has seen a reduction in the number of posts in the service and there are still several vacancies. However, staff feel that this has not impacted on their workload. Work is allocated on a geographical basis across the TYS quadrant teams, and case managers hold both youth justice and Early Help cases.

Some experienced youth justice staff left the service through retirement and voluntary redundancy as part of the restructure, which has resulted in some loss of expertise. For most staff, the restructure has not affected their position or role; however, some staff have been regraded to a lower grade. This had impacted on
their morale. The management team should recognise the implications of this and support all staff accordingly. Other staff felt optimistic about the new service design. They recognised that the process of change has been challenging, but they are hopeful that new processes and systems will create stability and clarity, which they feel has been lacking for some time.

The cases inspected were not always allocated to staff who are appropriately skilled or experienced in youth justice work or in managing complex, high-risk cases. In the inspected cases, it was evident that staff develop meaningful relationships with children and young people and understand how to engage with them to support desistance. However, we found that their skills in understanding, analysing and working with risk issues were limited.

In Surrey, the community resolution interventions that are delivered by the YOS are called youth restorative interventions (YRI). Some of these cases are allocated to police officers to undertake assessments and deliver interventions. Their work is overseen by a police sergeant, who countersigns the Early Help assessments they complete. We did not assess this to be best practice or to be in line with the Youth Justice Board’s guidance. If an assessment completed by a police officer indicates any safety and wellbeing concerns, the case is referred to the Multi-Agency Safeguarding Hub (MASH), and it will then be allocated to a YOS worker. In these circumstances, this results in an unnecessary delay to interventions being delivered.

Staff report that they receive regular supervision, and they find managers to be approachable and supportive. There is group supervision in one quadrant, but this is not replicated in each area. Not all staff have an up-to-date appraisal due to the restructure and the lack of certainty about roles. Almost every case manager we spoke to felt that they had received effective management oversight of their work in relation to the cases we inspected. However, we assessed it to be ineffective in 67 per cent of out-of-court disposal cases and in 54 per cent of court disposal cases. Management oversight lacked rigour and challenge: it did not offer clear direction, actions were not followed up, and there was no evidence that cases were escalated appropriately.

Due to the integrated model of working, managers have responsibility for the oversight of Early Help work as well as youth justice. Most managers have experience of youth justice work but not necessarily at a managerial level. There is a central function team which has youth justice practice leads who are available to consult with practitioners on youth justice matters, for example pre-sentence report writing or working with a high-risk case. These arrangements depend heavily on staff knowing when they need support and trusting that they will seek it – this is not sufficiently robust to ensure effective management oversight of work.

All staff, including partnership staff, can access training through the children’s services academy, which was launched earlier this year. There has been a partnership training day on criminal exploitation and an away day to look at problem-solving in communities. Magistrates and Referral Order Panel members have undertaken joint training focused on issues such as criminal exploitation. All practitioners have completed three days of restorative practice training. This training also included social workers, foster parents and staff working in the local children’s homes. Various agencies have delivered training sessions across the partnership and staff have found this helpful. However, the service training plan that is in place does

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8 Youth Justice Board. (2014). The role of the YOT Police Officer.
not reflect the complexity of the role of staff delivering youth justice services or the current level of practice. AssetPlus training had been booked for July and staff completing assessments in the interim had an AssetPlus champion to support them through the process. We were, however, concerned that at the time of the inspection some staff were completing AssetPlus without having completed a programme of individual training. Additionally, practitioners had not yet received adequate risk assessment training. Overall, there is lack of organisational understanding about the skills and support that staff need to deliver youth justice work.

We found good support in place for Referral Order Panel volunteers. The service used to run regular meetings for all panel members but these appear to have stopped. Reinstating the meetings could provide further support to this group. Panel members receive regular training and were recently briefed by Catch 22 on the drug interventions that it provides. They were also trained in the changes to the referral order guidance that were made recently.

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<th>1.3 Partnerships and services</th>
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<td>A comprehensive range of high-quality services is in place, enabling personalised and responsive provision for all children and young people.</td>
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Good-quality reports are used to analyse rates and patterns of offending. However, due to the use of various assessment tools and recording systems across the service, it is not possible to capture accurate data relating to desistance needs, safety and wellbeing and risk of harm. The YOS cannot accurately assess the suitability or effectiveness of the services it is delivering. Based on the information that is available – for example, in relation to education status, involvement with children’s social care and special educational needs – we found indications that there is a vulnerable cohort of YOS children with a high level of need.

From the data we requested during fieldwork, evidence suggests some over-representation of black and minority ethnic children and young people subject to statutory court orders; we were not made aware that this was a focus of attention for the service. There has been a recent increase in children known to the service from the Gypsy, Roma and Traveller communities and it has been recognised that this requires further analysis.

The YOS does not have seconded police officers, but there are officers allocated to the out-of-court work, and the decision-making panel is well supported. Staff report good working relationships with police colleagues and can contact them for information, which is readily supplied. There is a neighbourhood police officer allocated to each of the 11 districts across Surrey, and they share information with the YOS staff about individual young people and community tensions. There are no clear processes in place for daily intelligence-sharing or the routine supply of information for assessments to support the risk management of cases.

Health provision is poor. There is no access to speech, language and communication services for children and young people, and most staff did not appreciate the importance of these services for those involved in the justice system. One member of staff told us that they had supported a young person to access speech and language support through his GP after a need was identified. There are four primary health workers working across the YOS, but some case managers were not aware of this.
Access to CAMHS can take up to 16 weeks; children and young people receiving out-of-court disposals will have completed their interventions before they could be supported to attend an appointment. Managers informed us that staff can access support for children via the 'Safe Haven', an adolescent community mental health provision. There is a service in each quadrant and access to support is swift. A newly established forensic CAMHS can offer support and guidance to staff working with complex cases, and we were made aware of an example where it had been very effective in supporting a highly vulnerable child who required urgent help.

The Surrey Assessment Consultation Therapy (ACT) team works in conjunction with YOS staff to assess and deliver interventions in cases involving harmful sexualised behaviour; this arrangement supports best practice. There is no communication between the custody Liaison and Diversion team and the YOS. This means that any assessment undertaken at the police station is not shared with the YOS, which may be working with the child. Catch 22 delivers substance misuse services to children and young people who are receiving YRIIs and statutory interventions; however, referrals are low in number.

The service has two education leads who undertake checks on all young people entering the system and liaise with the special educational needs and admissions teams where required. They work primarily with children of school age. There are no specialist services available to assist young people over 16 who are out of education or without training or employment. The YOS workers offer them support to find suitable provision. Exceptionally, there is a provision for post-16 young people in the North-West Quadrant called 'Leap', which is a ready-for-work programme. The YOS education leads attend the recently re-established high-risk meetings to consider the educational needs of the children discussed there.

All practitioners are expected to contact the victim to offer them a service. They are supported in this role by an experienced restorative justice officer in the central team. Should the victim want to meet the young person, then the expectation is that the practitioner works with both parties, which could result in a conflict of interest. We found that there was limited involvement of victims in the post-court cases we inspected. No recent analysis or consultation have been undertaken with victims to ascertain whether their needs and wishes are met under this arrangement.

The YOS is allocated one seconded probation officer post. For the past 12 months, there has only been one part-time worker in post and there have been issues with recruiting to fill the vacancy. At the time of the inspection, we were informed by the head of Surrey NPS that this should be resolved imminently.

In terms of interventions, some quadrants have access to specific projects, but this is not equitable across the county. For example, Sliding Doors is a 12-week programme for girls that focuses on healthy relationships. It is delivered in one area, but there is nothing to meet this need in other localities. There was evidence that the YOS is using intensive supervision and surveillance (ISS) as a proposal for an alternative to custody. Staff, however, reported that it was not offered routinely as a sentencing option due to the availability of resources. Managers should ensure that all staff are aware of the options that are available when making proposals to the court.
There are a range of policies in place, most are up to date and staff know where to access them. The out-of-court disposal guidance has not been revised since 2016 and does not consider the findings and recommendations from the HMI Probation thematic inspection report on out-of-court work in youth offending teams.

Staff deliver a lot of their work with children and young people in community buildings. They felt that these were suitable child-friendly environments where they could undertake meaningful work. There were no concerns raised about any safety risks to either staff or children and young people.

The different systems in place for recording information and assessments are complicated. Case notes are recorded in several places, which can lead to an incomplete picture of the child or young person and any concerns about their safety and wellbeing or risk of harm to others. Three systems are used to record work: CareerVision, SafetyNet and the Early Help Module (EHM). Assessments and interventions delivered by police officers are not recorded on the YOT database; this information is stored on a separate police system called SafetyNet. YOS staff have restricted access to the SafetyNet system and cannot always view information on previous interventions if they are working with a child or young person who has previously worked with the police. Police officers have recently started to complete Early Help assessments to address this issue and reduce the number of systems being used.

The data presented on out-of-court disposals showed that very few children posed either a high risk of harm or faced high risks regarding their own safety and wellbeing, despite the fact that the Early Help assessments do not routinely look at these levels of risk. The police have not been able to provide offending profiles for 10–17-year-olds in recent years due to a change in their system. There is a lack of strategic understanding about the profile of offending in the county, with a focus instead on performance outcomes and decriminalisation.

Surrey County Council approached the Youth Justice Board to request an opt-out from the use of the mandated AssetPlus assessment tool and this was agreed in September 2016. This resulted from the service’s commitment to integrated working with Early Help and a view that children who have been involved in offending should not be seen to be different. This decision has meant that there is no means of extracting the data needed to understand the profiles and needs of children and young people. The interim head of service raised this as a concern and a decision was made to reverse the decision. The use of AssetPlus was reinstated in January this year. In total, there are five assessment tools being used across the service and, other than AssetPlus, most do not sufficiently support the assessment of risk of harm or safety and wellbeing.

There is limited evidence that analysis, evidence or learning are used systematically to drive improvements at any level. There are no established quality assurance systems in place. The service was part of the HMI Probation thematic inspection on out-of-court disposals in 2017. Inspectors gave direct feedback to managers.
Regarding the lack of suitability of the assessment tools being used at that time but this was not taken on board.

Views of children and young people have been sought, but this has not been consistent and has not been used to improve service delivery. There is no reliable up-to-date analysis of victim satisfaction.

Summary

Strengths:

- A health check of the organisation has been completed and senior managers are aware of the need for substantial improvement.
- There are new Management Board arrangements and Board members are keen to improve services.
- Staff are committed and motivated to deliver quality services.
- The service will be using the AssetPlus system for statutory work and this will enable it to produce more detailed reports to understand the needs of children and young people and assess the quality of service delivery.

Areas for improvement:

- The Management Board has not scrutinised the delivery of youth justice services well enough to assess the quality of service delivery.
- There are multiple assessment tools being used, which does not support the assessment and analysis of safety and wellbeing and risk of harm to others.
- There has been an over-reliance on national key performance indicators in assessing the effectiveness of practice.
- Three data recording systems are being used, which impacts on information-sharing and on the capacity to produce the datasets required to monitor service delivery.
- Quality assurance and management information are not used to steer the direction and operational priorities of the service effectively.
- At strategic and operational levels, partnership arrangements do not facilitate the delivery of effective practice.
2. Court disposals

Work with children and young people sentenced by the courts will be more effective if it is well targeted, planned and implemented. In our inspections, we look at a sample of cases. In each of those cases, we inspect against four standards.

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<tr>
<th>2.1 Assessment</th>
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<tr>
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Although YOS scored strongly for analysing factors supporting a child or young person’s desistance from offending, practice was much weaker when assessing how to keep the young person safe or in analysing factors to keep other people safe. Overall, we assessed assessment for court disposals as inadequate.

We inspected 24 cases where children and young people were subject to statutory court orders and, in most cases, we found factors affecting desistance were assessed well. Case managers paid attention to the individual circumstances of children and young people, diversity factors and any barriers that might restrict their positive engagement with interventions. Staff engaged well with young people to establish their strengths and identify positive factors which could be built upon. Children, young people and their parents/carers were involved in the assessment process in most cases and their views were considered.

An inspector noted:

“The AssetPlus assessment was sufficient in assessing a wide range of desistance factors, including alcohol misuse, emotional wellbeing, family history, physical health and anger issues. Strengths were also highlighted in the young person’s willingness to engage and her support from family”.

In the cases we looked at, the children or young people had a high level of need and faced multiple challenges. The key issues identified as impacting on their progress were: substance misuse, education, lifestyle, living arrangements and emotional wellbeing. In a quarter of cases, the child or young person had been subject to a child protection plan or Section 47 enquiry at some point during their court order. The significance of this had not always been considered in the assessment. In part, this was because case managers had not included other agencies in the assessment process or accessed assessments that had been completed by other professionals. In many cases, we found that staff accepted what they were told by young people and information was not verified or triangulated. Gaps in knowledge meant that the risks to the safety and wellbeing of children were not properly understood and there was no effective analysis of how to keep them safe. Case managers had a restricted understanding of safeguarding; the focus was limited to immediate and obvious risks, which meant that concerns were not explored. There was a lack of curiosity and caution in many cases where further information and analysis were required.
An inspector noted:

“The assessment of safety and wellbeing was based only on risk of self-harm. Yet the case manager indicated that the young person was at risk of criminal exploitation from unknown adults. He had committed the offence with adults, who were not caught or convicted, and the case manager noted that the young person was easily influenced. Alongside this, he had experienced domestic abuse and his father had committed a violent offence. These factors were not sufficiently considered in the assessment of safety and wellbeing”.

We found that there was a significant under-estimation of risk to the safety and wellbeing of children and young people. In less than half of cases, assessments considered how to promote the safety and wellbeing of children and young people. We agreed with the risk classification in less than half of the cases we inspected.

We agreed with the assessed level of risk of harm to others in just under two-thirds of cases. Risk assessments were informed by information held by other agencies in just under two-thirds of cases. In some cases, young people had received several out-of-court disposals prior to a receiving a court order and insufficient account was taken of any pattern of offending. In most cases, there was a lack of analysis and consideration was not given to how risk would be reduced and managed to keep other people safe. Assessment gave sufficient attention to the needs and wishes of the victim(s), and explored opportunities for restorative justice in just 58 per cent of cases.

An inspector noted:

“The risk of harm [to others] was assessed as low, which was not balanced or defensible. The young person had been involved in a number of assaults in 2016 for which several YRIs were the outcome. There was also a subsequent youth conditional caution for grievous bodily harm. These violent offences were not considered in the current assessment of risk”.

### 2.2 Planning

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As with assessment, there was good evidence of planning that supported a child or young person’s desistance. However, the scores for planning that focused on keeping children safe and members of the public safe were considerably weaker. We assessed planning to be inadequate.

In most cases, plans set out objectives that were matched with desistance needs identified in assessments. The specific circumstances of children and young people were routinely considered in the planning process and plans focused on developing their strengths and skills. Children and young people were involved in the planning process and there was a focus on making this meaningful to them. Planning was proportionate to the sentence in all but one case.
An inspector noted:

“Planning focused on supporting the young person to set up a bank account and work towards his CSCS [Construction Skills Certification Scheme] card. During his sentence, he was working with his family members on a casual basis but was regularly working full time. The case manager built upon this area of desistance to help him to develop his employment further”.

In over half of cases, we found that other professionals and agencies were not involved in the planning process when it would have been appropriate. There was insufficient alignment with other plans, such as child protection or care plans. Plans did not specify the actions that would be taken to prioritise safety and wellbeing. There was a lack of contingency planning outlining what would need to be done should circumstances change or if there was an increase in concern. Overall, we found that plans appropriately focused on keeping children and young people safe in a third of cases.

An inspector highlighted this example of how a young person’s home circumstances and family dynamics had not been identified properly:

“The potential exploitation of the young person by his father and previously by another family member were not considered, even though his dad openly admitted the offence would not have happened if he had not been involved. His father was the co-defendant during the theft offence and was in possession of a knife. The plan did not outline what would be done to address any risk to the safety and wellbeing of the young person”.

In just over half of cases, plans to manage risk of harm to others did not include other professionals or agencies. Overall, planning did not effectively promote the safety of other people – this was a focus in less than a third of inspected cases. Issues involving potential and actual victims were addressed in the same small proportion of inspected cases. Plans did not outline actions that would be taken to prioritise the safety of others and there was evidence of contingency planning in only three out of twenty-two cases.

An inspector noted:

“Planning did not focus on keeping other people safe. The young person had been involved in offences that included violence against others and aggravated vehicle taking. However, planning did not consider how any pattern of offending might have an impact on the safety of others and how this might be addressed”.
2.3 Implementation and delivery

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<th>Requires improvement</th>
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<tr>
<td>High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child or young person.</td>
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The results for implementation and delivery were better than for assessment and planning. There was a strong score for delivering services to promote desistance and a good score for delivering services that effectively supported the safety of the child or young person. However, practice was less strong in delivering services to keep other people safe and, overall, we judged implementation and planning as requiring improvement.

We found that staff were motivated in their work with children and young people and they were skilled at engaging them; this was evident in the interventions they delivered to support desistance. Staff understood the children and young people they worked with. They considered their needs and paid attention to their motivation and capacity to change. In almost every case, case managers developed and maintained relationships with the child or young person and their parent/carer to support young people to develop and progress. Support was offered to encourage compliance and appropriate enforcement action was taken in most cases when this could not be achieved.

**Good practice example**

Jakub is a 17-year-old European male who was made subject to a referral order for an offence of assault. He has a previous offence of assault against his teacher and possession of a weapon. Jakub had moved to the UK at an early age when he was unable to speak English. He experienced abuse and witnessed domestic violence against his mother and sisters. He had been excluded from school. His case manager supported him with a college application and advocated on his behalf. Throughout the intervention he was actively engaged and the case manager also involved both his mother (via an interpreter) and his older sister. His father left the family home soon after the referral order was made and he and his mother and sister were given the opportunity to speak about their experience of violence and abuse. There were regular meetings between the case manager and college to monitor Jakub’s behaviour and any risk concerns. There was whole-family support offered in this case, including arrangements being made for his mother to have English language lessons. Jakub is now in full-time employment and is more settled and stable in his family environment.

The implementation and delivery of services effectively supported the safety of the child or young person in 70 per cent of cases. In just over two-thirds of cases, interventions involved other organisations in keeping the child or young person safe and delivery was well coordinated.

Interventions to address risk of harm and keep people safe require improvement. We found that delivered services were sufficient to manage and minimise risk of harm in 57 per cent of cases. Insufficient attention was paid to the protection of actual and potential victims in too many cases. In a third of cases, we found that not all relevant agencies were involved in the delivery of services to manage risk when they
should have been and this undermined the quality and effectiveness of risk management work.

An inspector noted the following:

“Risk of harm to his girlfriend is not adequately managed and monitored. He discloses controlling behaviour and issues with anger and aggression. Work around coercive control is carried out on the final session of his order but this should have started sooner. There should have been direct liaison with his girlfriend’s social worker to monitor the level of his controlling behaviour and the impact on her”.

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<th>2.4 Reviewing</th>
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Reviewing of progress is well-informed, analytical and personalised, actively involving the child or young person and their parents/carers.

Reviewing to keep children and young people safe was inadequate. In half of inspected cases, reviews did not identify and respond to changes in factors related to safety and wellbeing. In over half of cases, there was no communication with relevant agencies and professionals to find out how the child or young person was progressing in other areas, such as education or health. Reviewing led to the necessary adjustments in the ongoing plan of work to promote the safety and wellbeing of the child or young person in only 44 per cent of cases. Assessments did not reflect the child or young person’s current circumstances and plans were not responsive to them. Progress was not measured against the previous assessments and plans, so it was not possible to see if there had been a reduction in risks to safety and wellbeing.

Reviews did not routinely analyse the impact of interventions and therefore did not consider whether adaptations to the plan of work were required. Important opportunities to reflect with the young person on any progress they had made were missed. Overall, we found that reviewing supported desistance in 67 per cent of cases.

**Poor practice example**

In one inspected case, a member of staff completed an assessment and pre-sentence report without meeting the young person, as he did not attend the appointments that were offered to him. The level of concern about his safety and wellbeing was reported as low when there was evidence to suggest this was not the case. When the young person was sentenced to custody, a review was not carried out, despite this notable change in circumstances. The plan recorded on the system throughout his order related to the young person being in the community. When he got into fights in custody, no reviews took place. His case was transferred to probation without an accurate assessment ever being completed.
A written review of risk of harm was completed in 64 per cent of cases. Reviewing led to necessary adjustments in the ongoing plan of work to manage and minimise the risk of harm to others in two-thirds of cases. Opportunities to include children, young people and their parents/carers in the reviewing process were missed. This happened in only half of the cases we inspected. In addition, reviewing did not include input from other agencies involved in managing the risk of harm in over half of the cases inspected.

Summary

**Strengths:**
- Staff compete assessments of desistance to a high standard.
- Planning takes sufficient account of the child or young person’s strengths and protective factors.
- Staff develop and maintain an effective working relationship with the child or young person and their parents/carers.
- Personal circumstances and diversity needs are considered in all aspects of work with children and young people.

**Areas for improvement:**
- Assessments do not clearly identify and analyse risks to the safety and wellbeing of the child or young person.
- Insufficient attention is given to the needs and wishes of the victim/s and to providing opportunities for restorative justice.
- Work with other agencies to manage safety and wellbeing and risk of harm lacks coordination.
- Planning does not set out the necessary controls and interventions to promote the safety and wellbeing of the child or young person.
- Children and young people and their parents/carers are not always meaningfully involved in reviewing their progress and engagement.
- Management oversight is ineffective in too many cases. It lacks challenge and does not influence the quality of work delivered.
3. Out-of-court disposals

Work with children and young people receiving out-of-court disposals will be more effective if it is well targeted, planned and implemented. In our inspections, we look at a sample of cases. In each of those cases, we inspect against four standards.

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<th>3.1 Assessment</th>
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Scores for all aspects of out-of-court disposal assessments were disappointing, with the scores for assessing the safety of children and the wider public being particularly weak. We therefore rated assessment for out-of-court disposal cases as inadequate.

We found there to be several processes in place for the assessment of out-of-court disposals in Surrey. The decision to impose an out-of-court disposal was not always based on a written assessment. In some cases, decisions were determined by information that had been gathered from various databases for consideration by the joint decision-making panel. The panel consists of a YOS manager and a police representative.

In some cases, if the offence was drug-related, a Catch 22 assessment was completed that did not pay attention to desistance factors, risk of harm or safety and wellbeing concerns. The five-step tool that was used in some cases focused on capturing the young person’s thoughts and feelings about the offence and their level of remorse, and involved limited analysis. This tool focused only on the single offence that was being considered for the out-of-court disposal and did not take into account any other behaviours or past interventions. Other assessment tools were also used, including the Early Help assessment. At the panel meeting, a decision was made as to whether the case would be allocated to a youth justice worker or a police officer to complete an assessment. We found that the quality of assessments completed varied considerably.

We found that less than half of the assessments included a sufficient assessment of the child or young person’s offending behaviour. There was a lack of analysis and consideration of patterns of offending, attitudes and motivation to change. There was a focus on the singular incident of offending rather than the longer-term issues that may have impacted on thinking and behaviour. There was less focus on diversity needs in out-of-court assessments, and the development of strengths and protective factors was not prioritised. In over half of the cases, there was no exploration of the barriers facing young people accessing the services and the help they needed to move on in their lives. In most of the cases that we looked at, the views of children and young people had been sought, but in many cases, this was due to them having to agree to the out-of-court disposal rather than them being meaningfully involved in the assessment process. Overall, we found that assessments sufficiently analysed how to support the desistance of the child in just over half of cases.
An inspector noted:

“It is difficult to determine what the key offence factors were in this case, as there is no assessment. There was no understanding of why the offence was committed, the child’s motivation, her family background, consideration of her exposure to domestic violence and the involvement of older family members in the offence”. In this case, no consideration was given to the fact that this child had until very recently been subject to a child in need plan. There was no communication between the case manager and children’s social care when she was arrested for shoplifting in the company of an older male.

We were concerned to find that assessments sufficiently analysed how to keep the child or young person safe in just 13 per cent of cases. In some instances, it was difficult for inspectors to establish if there were safety and wellbeing concerns, as the information in assessments was so limited. In cases where assessments were completed, the level of concern was under-estimated.

Information from available sources of information – including any other assessments that had been completed and other evidence of behaviour by the child or young person – was not routinely used to inform assessments of risk of harm to others. This led to significant gaps in understanding of what was happening in other areas of the lives of children and young people and what might be impacting on any risk they may pose to others. In most cases, assessments did not have a classified level of risk of harm to others; in cases where a risk level was recorded, we felt it was often under-estimated. Assessments lacked analysis of any risk of harm to others posed by the child or young person, including identifying who might be at risk and the nature of that risk.

An inspector noted:

“The assessment to keep others safe did not give details of the young person’s actions in the offence and offered no real understanding of risk. While he was assessed as low risk based on information held by the police who were case managing, there was limited evidence on the case file to support this. The young person and his co-accused had been involved in an assault, yet there was no clear assessment of his propensity to cause further harm or how to keep others safe”.

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<th>3.2 Planning</th>
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Planning to support desistance scored strongly and there was a good score for planning that focused on keeping others safe. However, plans did not focus sufficiently on keeping children and young people safe and therefore this section was rated as requiring improvement.

Although assessments were not thorough and detailed enough, we found that there was a plan in place for most children and young people. In most cases, these plans addressed desistance needs. There was a focus on diversity issues and, in
three-quarters of cases, plans demonstrated how protective factors would be developed. The maturity and capacity of children and young people were considered and planning involved children, young people and their parents/carers. Overall, planning focused on desistance in 87 per cent of cases.

An inspector noted:

“The YRI plan clearly focused on generic victim work, offending behaviour sessions and knife crime. This was backed up by a robust family plan that addressed schooling, emotional wellbeing and family work. This is a good example of genuine multi-agency planning."

Planning concentrated sufficiently on keeping children and young people safe in only half of the cases we inspected. In a quarter of cases, the effectiveness of planning was undermined by a lack of communication with other agencies and professionals. Contingency planning was inadequate. There was little evidence of what would happen should there be a change in circumstances or increased concerns relating to the safety of a child.

An inspector noted:

“The plan includes longer-term planning around early help following the completion of the YRI. However, this does not specifically focus on the factors linked to safety and wellbeing, including strategies to manage and monitor risks the young person is exposed to in the home”.

We identified that a proportion of inspected cases required planning to keep other people safe; this work was completed sufficiently in just over two-thirds of cases. In the majority of these cases, planning included work to manage any risk to actual and potential victims. Overall, the implementation and delivery of services effectively supported the safety of other people in 67 per cent of relevant cases.

An inspector noted:

“Overall, the YRI plan addresses factors around use of weapons and there is evidence of planning to secure an alternative education provision. Whilst achieving these objectives would assist in managing risk of harm, there is no single plan recognising the potential for risk of harm and how this would be managed”.

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<th>3.3 Implementation and delivery</th>
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<tr>
<td>High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child or young person.</td>
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The results for implementation and delivery in out-of-court cases had good scores for desistance and keeping others safe, but insufficient attention had been given to ensuring that the services delivered supported the safety of the child or young person. Implementation and delivery of out-of-court disposal work were rated as requiring improvement.

In almost three-quarters of cases, we found that the services delivered were those most likely to support desistance. Sufficient attention was given to sequencing
interventions to make sure that they could be delivered within the available timescales. Service delivery reflected the diversity and wider familial and social context of the child or young person, involving parents/carers or significant others in almost all cases. Staff developed and maintained an effective working relationship with the child or young person and their parents/carers in almost all cases and they routinely encouraged and enabled compliance with the work of the YOT. Services delivered promoted opportunities for community integration, including access to mainstream services in all but three cases. Services delivered were proportionate to the type of out-of-court disposal in most cases and the child or young person’s desistance was supported in just under three-quarters of cases.

Service delivery supported the safety and wellbeing of children and young people in just half of the cases we inspected. Services were not coordinated in too many cases and this compromised the safety of children. Young people are often resistant to the support they need to address the complex issues linked to their wellbeing and offending, and it is critical that case managers receive appropriate guidance and support on how to address this. We found that on too many occasions appropriate action was not taken by case managers and this was not picked up by managers.

An inspector noted:

“Safety and wellbeing issues around the family home and environment are not monitored and risk is not managed. The police notify the case manager of ongoing incidents of domestic abuse but there is no communication with probation and children’s services to share information and consider safeguarding. The case manager recognised safety and wellbeing as an issue and identified a longer-term plan for the young person to work with Early Help once their out-of-court disposal ended; however, immediate concerns were overlooked. There was also a lack of challenge around the social care decision to step down the case to Early Help when the family would not engage”.

The implementation and delivery of services supported the safety of other people effectively in 67 per cent of cases. Sufficient attention was given to the protection of actual and potential victims in two-thirds of cases, which assisted in the management of risk.

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<th>3.4 Joint working</th>
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<td>Joint working with the police supports the delivery of high-quality, personalised and coordinated services.</td>
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The procedures for out-of-court disposals were inconsistent. In some cases, an assessment was undertaken to inform decision-making but this did not happen in others. The rationale for this was not clear. The established joint decision-making panel consisted of a YOS manager and a police officer. In cases where an assessment had not been completed prior to the panel, the manager and police officer used information collated from various sources to inform decision-making. The recommendations made by the YOS were sufficiently well-informed, analytical and personalised to the child or young person in just over half of the cases we assessed.
Once a decision was made that an out-of-court disposal was suitable, if there had been no prior offending behaviour, some cases were allocated to a police officer to complete an Early Help assessment and deliver interventions. In other cases, the assessments were completed by a YOS worker who delivered the interventions.

All the out-of-court disposals in the inspection sample were YRIs. In most cases, appropriate consent forms were signed by children and young people and their parents/carers to ensure they were aware of the consequences of accepting an out-of-court disposal. In two-thirds of cases, the rationale for joint disposal decisions was appropriate and clearly recorded.

There is no identified limit on the number of YRIs that a child or young person can receive in Surrey. The gravity of the offence is not considered in determining whether to impose an out-of-court disposal. All offences other than indictable offences are considered. We expected to see a clear framework and up-to-date guidance to support the decision-making process. However, the guidance document had not been reviewed since 2016 and does not consider HMI Probation’s thematic report on out-of-court disposals.

Summary

Strengths:

- Planning to support desistance is done well.
- In most cases, children and young people and their parents/carers are meaningfully involved in their assessment.

Areas for improvement:

- Joint decision-making between the YOS and the police was effective in only 53 per cent of cases inspected.
- Assessments do not identify and analyse risk of harm to others or risks to the safety and wellbeing of the child or young person.
- The suitability and effectiveness of current joint decision-making processes and assessment tools require review.
- Interventions promoted the safety and wellbeing of the child or young person in less than half of the cases inspected.
- Management oversight was effective in only a third of cases.
Annex 1 – Methodology

The inspection methodology is summarised below, linked to the three domains within our standards framework. Our focus was upon obtaining evidence against the standards, key questions and prompts within the framework.

**Domain one: organisational delivery**

The youth offending service submitted evidence in advance and the Chief Executive and Board Chair delivered a presentation covering the following areas:

- How do organisational delivery arrangements in this area make sure that the work of your YOS is as effective as it can be, and that the life chances of children and young people who have offended are improved?
- What are your priorities for further improving these arrangements?

During the main fieldwork phase, we surveyed 19 case managers, asking them about their experiences of training, development, management supervision and leadership. Various meetings and focus groups were then held, allowing us to triangulate evidence and information. In total, we conducted 13 meetings.

**Domain two: court disposals**

We completed case assessments over a one-week period, examining case files and interviewing case managers. Sixty per cent of the cases selected were those of children and young people who had received court disposals six to nine months earlier, enabling us to examine work in relation to assessing, planning, implementing and reviewing. Where necessary, interviews with other people significantly involved in the case also took place.

We examined 24 post-court cases. The sample size was set to achieve a confidence level of 80 per cent (with a margin of error of 5), and we ensured that the ratios in relation to gender, sentence or disposal type, risk of serious harm, and risk to safety and wellbeing classifications matched those in the eligible population.

**Domain three: out-of-court disposals**

We completed case assessments over a one-week period, examining case files and interviewing case managers. Forty per cent of cases selected were those of children and young people who had received out-of-court disposals three to five months earlier. This enabled us to examine work in relation to assessing, planning, implementing and joint working. Where necessary, interviews with other people significantly involved in the case also took place.

We examined 15 out-of-court disposals. The sample size was set to achieve a confidence level of 80 per cent (with a margin of error of 5), and we ensured that the ratios in relation to gender, sentence or disposal type, risk of serious harm, and risk to safety and wellbeing classifications matched those in the eligible population.
**Annex 2 – Inspection results**

In this inspection, we conducted a detailed examination of a sample of 24 post court cases and 15 out-of-court disposals. In each of those cases, we inspect against four standards: assessment, planning, implementation/delivery and reviewing. Within each standard, inspectors answer a number of key questions about different aspects of quality, including whether there was sufficient analysis of the factors related to offending; the extent to which young offenders were involved in assessment and planning; and whether enough was done to assess the level of risk of harm posed – and to manage that risk.

To score an ‘Outstanding’ rating for the sections on court disposals or out-of-court disposals, 80 per cent or more of the cases we analyse have to be assessed as sufficient. If between 65 per cent and 79 per cent are judged to be sufficient, then the rating is ‘Good’ and if between 50 per cent and 64 per cent are judged to be sufficient, then a rating of ‘Requires improvement’ is applied. Finally, if less than 50 per cent are sufficient, then we rate this as 'Inadequate'.

The rating at the standard level is aligned to the lowest banding at the key question level, recognising that each key question is an integral part of the standard. Therefore, if we rate three key questions as ‘Good’ and one as ‘Inadequate’, the overall rating for that standard is ‘Inadequate’.

<table>
<thead>
<tr>
<th>Lowest banding (key question level)</th>
<th>Rating (standard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minority: &lt;50%</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Too few: 50-64%</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Reasonable majority: 65-79%</td>
<td>Good</td>
</tr>
<tr>
<td>Large majority: 80%+</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

Additional scoring rules are used to generate the overall YOT rating. Each of the 12 standards are scored on a 0–3 scale in which ‘Inadequate’ = 0; ‘Requires improvement’ = 1; ‘Good’ = 2; and ‘Outstanding’ = 3. Adding these scores produces a total score ranging from 0-36, which is banded to produce the overall rating, as follows:

- 0-6 = ‘Inadequate’
- 7-18 = ‘Requires improvement’
- 19-30 = ‘Good’
- 31-36 = ‘Outstanding’.
1. Organisational delivery

### Standards and key questions

<table>
<thead>
<tr>
<th>1.1. Governance and leadership</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>The governance and leadership of the YOS supports and promotes the delivery of a high-quality, personalised and responsive service for all children and young people.</td>
<td></td>
</tr>
</tbody>
</table>

1.1.1. Is there a clear local vision and strategy for the delivery of a high-quality, personalised and responsive service for all children and young people?

1.1.2. Do the partnership arrangements actively support effective service delivery?

1.1.3. Does the leadership of the YOS support effective service delivery?

<table>
<thead>
<tr>
<th>1.2. Staff</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff within the YOS are empowered to deliver a high-quality, personalised and responsive service for all children and young people.</td>
<td></td>
</tr>
</tbody>
</table>

1.2.1. Do staffing and workload levels support the delivery of a high-quality, personalised and responsive service for all children and young people?

1.2.2. Do the skills of YOS staff support the delivery of a high-quality, personalised and responsive service for all children and young people?

1.2.3. Does the oversight of work support high-quality delivery and professional development?

1.2.4. Are arrangements for learning and development comprehensive and responsive?

<table>
<thead>
<tr>
<th>1.3. Partnerships and services</th>
<th>Requires improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A comprehensive range of high-quality services is in place, enabling personalised and responsive provision for all children and young people.</td>
<td></td>
</tr>
</tbody>
</table>

1.3.1. Is there a sufficiently comprehensive and up-to-date analysis of the profile of children and young people, to ensure that the YOS can deliver well-targeted services?

1.3.2. Does the YOS partnership have access to the volume, range and quality of services and interventions to meet the needs of all children and young people?
1.3.3. Are arrangements with statutory partners, providers and other agencies established, maintained and used effectively to deliver high-quality services?

**1.4. Information and facilities**

Timely and relevant information is available and appropriate facilities are in place to support a high-quality, personalised and responsive approach for all children and young people.

1.4.1. Are the necessary policies and guidance in place to enable staff to deliver a quality service, meeting the needs of all children and young people?

1.4.2. Does the YOS’s delivery environment(s) meet the needs of all children and young people and enable staff to deliver a quality service?

1.4.3. Do the information and communication technology (ICT) systems enable staff to deliver a quality service, meeting the needs of all children and young people?

1.4.4. Is analysis, evidence and learning used effectively to drive improvement?

**2. Court disposals**

<table>
<thead>
<tr>
<th>Standards and key questions</th>
<th>Rating and % yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1. Assessment</strong></td>
<td>Inadequate</td>
</tr>
<tr>
<td>Assessment is well-informed, analytical and personalised, actively involving the child or young person and their parents/carers.</td>
<td></td>
</tr>
<tr>
<td>2.1.1. Does assessment sufficiently analyse how to support the child or young person’s desistance?</td>
<td>83%</td>
</tr>
<tr>
<td>2.1.2. Does assessment sufficiently analyse how to keep the child or young person safe?</td>
<td>46%</td>
</tr>
<tr>
<td>2.1.3. Does assessment sufficiently analyse how to keep other people safe?</td>
<td>42%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2.2. Planning</strong></th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning is well-informed, holistic and personalised, actively involving the child or young person and their parents/carers.</td>
<td></td>
</tr>
</tbody>
</table>
2.2.1. Does planning focus sufficiently on supporting the child or young person’s desistance? 83%

2.2.2. Does planning focus sufficiently on keeping the child or young person safe? 33%

2.2.3. Does planning focus sufficiently on keeping other people safe? 27%

2.3. Implementation and delivery
High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child or young person.

2.3.1. Does the implementation and delivery of services effectively support the child or young person’s desistance? 83%

2.3.2. Does the implementation and delivery of services effectively support the safety of the child or young person? 70%

2.3.3. Does the implementation and delivery of services effectively support the safety of other people? 57%

2.4. Reviewing
Reviewing of progress is well-informed, analytical and personalised, actively involving the child or young person and their parents/carers.

2.4.1. Does reviewing focus sufficiently on supporting the child or young person’s desistance? 67%

2.4.2. Does reviewing focus sufficiently on keeping the child or young person safe? 33%

2.4.3. Does reviewing focus sufficiently on keeping other people safe? 36%

3. Out-of-court disposals

3.1. Assessment
Assessment is well-informed, analytical and personalised, actively involving the child or young person and their parents/carers.

Inadequate
### 3.1. Inspection of youth offending service

<table>
<thead>
<tr>
<th>Question</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does assessment sufficiently analyse how to support the child or young person’s desistance?</td>
<td>53%</td>
</tr>
<tr>
<td>Does assessment sufficiently analyse how to keep the child or young person safe?</td>
<td>13%</td>
</tr>
<tr>
<td>Does assessment sufficiently analyse how to keep other people safe?</td>
<td>27%</td>
</tr>
</tbody>
</table>

### 3.2. Planning

Planning is well-informed, holistic and personalised, actively involving the child or young person and their parents/carers.

<table>
<thead>
<tr>
<th>Question</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does planning focus sufficiently on supporting the child or young person’s desistance?</td>
<td>87%</td>
</tr>
<tr>
<td>Does planning focus sufficiently on keeping the child or young person safe?</td>
<td>50%</td>
</tr>
<tr>
<td>Does planning focus sufficiently on keeping other people safe?</td>
<td>67%</td>
</tr>
</tbody>
</table>

### 3.3. Implementation and delivery

High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child or young person.

<table>
<thead>
<tr>
<th>Question</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does service delivery support the child or young person’s desistance?</td>
<td>73%</td>
</tr>
<tr>
<td>Does service delivery effectively support the safety of the child or young person?</td>
<td>42%</td>
</tr>
<tr>
<td>Does service delivery effectively support the safety of other people?</td>
<td>67%</td>
</tr>
</tbody>
</table>

### 3.4. Joint working

Joint working with the police supports the delivery of high-quality, personalised and coordinated services.

<table>
<thead>
<tr>
<th>Question</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the YOT’s recommendations sufficiently well-informed, analytical and personalised to the child or young person, supporting joint decision-making?</td>
<td>53%</td>
</tr>
<tr>
<td>Does the YOT work effectively with the police in implementing the out-of-court disposal?</td>
<td>No youth caution or youth conditional caution cases so this question is not applicable.</td>
</tr>
</tbody>
</table>
### Annex 3 – Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AssetPlus</strong></td>
<td>Assessment and planning framework tool developed by the Youth Justice Board for work with children and young people who have offended, or are at risk of offending, that reflects current research and understanding of what works with children.</td>
</tr>
<tr>
<td><strong>Community resolution/youth restorative intervention (YRI)</strong></td>
<td>Used in low-level, often first-time, offences where there is informal agreement, often also involving the victim, about how the offence should be resolved. Community Resolution is a generic term, in practice many different local terms are used to mean the same thing.</td>
</tr>
<tr>
<td><strong>Court disposals</strong></td>
<td>The sentence imposed by the court. Examples of youth court disposals are referral orders, youth rehabilitation orders and detention and training orders.</td>
</tr>
<tr>
<td><strong>CP</strong></td>
<td>Child Protection: Work to make sure that all reasonable action has been taken to keep to a minimum the risk of a child experiencing significant harm.</td>
</tr>
<tr>
<td><strong>Desistance</strong></td>
<td>The cessation of offending or other antisocial behaviour.</td>
</tr>
<tr>
<td><strong>Enforcement</strong></td>
<td>Action taken by a case manager in response to a child or young person’s failure to comply with the actions specified as part of a community sentence or licence. Enforcement can be punitive or motivational.</td>
</tr>
<tr>
<td><strong>ETE</strong></td>
<td>Education, training and employment: work to improve learning, and to increase future employment prospects.</td>
</tr>
<tr>
<td><strong>FTE</strong></td>
<td>First-time entrants: A child or young person who receives a statutory criminal justice outcome (youth caution, youth conditional caution or conviction) for the first time.</td>
</tr>
<tr>
<td><strong>Gravity Matrix</strong></td>
<td>The ACPO Youth Gravity Matrix provides most offences with a score of 1, 2, 3 or 4 depending on their seriousness. The score may be raised or lowered by one level according to aggravating and mitigating factors which are set out in the Matrix. The ACPO Gravity Matrix is used to determine whether children should be considered for out-of-court disposals.</td>
</tr>
<tr>
<td><strong>HMIP</strong></td>
<td>Her Majesty’s Inspectorate of Probation.</td>
</tr>
<tr>
<td><strong>Indictable offences</strong></td>
<td>More serious criminal charges are called indictable offences. An indictable offence is an offence where the defendant has the right to trial by jury.</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Out-of-court disposal</strong></td>
<td>The resolution of a normally low-level offence, where it is not in the public interest to prosecute, through a community resolution, youth caution or youth conditional caution</td>
</tr>
<tr>
<td><strong>Personalised</strong></td>
<td>A personalised approach is one in which services are tailored to meet the needs of individuals, giving people as much choice and control as possible over the support they receive. We use this term to include diversity factors.</td>
</tr>
<tr>
<td><strong>Risk of Serious Harm</strong></td>
<td>Risk of Serious Harm (ROSH) is a term used in AssetPlus. All cases are classified as presenting either a low/medium/high/very high risk of serious harm to others. HMI Probation uses this term when referring to the classification system, but uses the broader term risk of harm when referring to the analysis which should take place in order to determine the classification level. This helps to clarify the distinction between the probability of an event occurring and the impact/severity of the event. The term Risk of Serious Harm only incorporates ‘serious’ impact, whereas using ‘risk of harm’ enables the necessary attention to be given to those young offenders for whom lower impact/severity harmful behaviour is probable.</td>
</tr>
<tr>
<td><strong>RO</strong></td>
<td>Referral Order: A restorative Court Order which can be imposed when the child or young person appearing before the Court pleads guilty, and whereby the threshold does not meet a Youth Rehabilitation Order.</td>
</tr>
<tr>
<td><strong>Safeguarding</strong></td>
<td>A wider term than child protection and involves promoting a child or young person’s health and development and ensuring that their overall welfare needs are met.</td>
</tr>
<tr>
<td><strong>Safety and Wellbeing</strong></td>
<td>AssetPlus replaced the assessment of vulnerability with a holistic outlook of a child or young person’s safety and wellbeing concerns. It is defined as “...those outcomes where the young person’s safety and wellbeing may be compromised through their own behaviour, personal circumstances or because of the acts/omissions of others” (AssetPlus Guidance, 2016).</td>
</tr>
<tr>
<td><strong>Section 47 enquiry</strong></td>
<td>A Section 47 enquiry means that children’s social care must carry out an investigation when they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to</td>
</tr>
</tbody>
</table>
suffer, significant harm. The aim is to decide whether any action should be taken to safeguard the child.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>YC</td>
<td>Youth caution: A caution accepted by a child following admission to an offence where it is not considered to be in the public interest to prosecute the offender.</td>
</tr>
<tr>
<td>YCC</td>
<td>Youth conditional caution: As for a youth caution, but with conditions attached that the child is required to comply with for up to the next three months. Non-compliance may result in the child being prosecuted for the original offence.</td>
</tr>
<tr>
<td>YOT/YOS</td>
<td>Youth offending team is the term used in the <em>Crime and Disorder Act 1998</em> to describe a multi-agency team that aims to reduce youth offending. YOTs are known locally by many titles, such as youth justice service (YJS), youth offending service (YOS), and other generic titles that may illustrate their wider role in the local area in delivering services for children.</td>
</tr>
<tr>
<td>YOT Management Board</td>
<td>The YOT Management Board holds the YOT to account to ensure it achieves the primary aim of preventing offending by children and young people.</td>
</tr>
<tr>
<td>YRO</td>
<td>Youth rehabilitation order: Overarching community sentence to which the court applies requirements (e.g. supervision requirement, unpaid work etc).</td>
</tr>
<tr>
<td>Youth Justice Board (YJB)</td>
<td>Government body responsible for monitoring and advising ministers on the effectiveness of the youth justice system. Providers of grants and guidance to the youth offending teams.</td>
</tr>
</tbody>
</table>