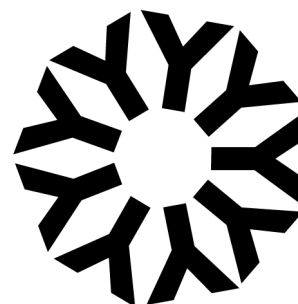


*Estyn  
Healthcare Commission  
Healthcare Inspectorate Wales  
HM Inspectorate of Constabulary  
HM Inspectorate of Prisons  
HM Inspectorate of Probation  
Office for Standards in Education  
Social Services Inspectorate for Wales*



# Joint Inspection of Youth Offending Teams of England and Wales

Reinspection Report on:  
Blackpool  
Youth Offending Team

ISBN: 978-1-84099-171-0

2008

## Foreword

The inspection of Blackpool YOT, conducted in November 2005 and January 2006, under phase three of the YOT inspection programme, revealed a service that was working in a challenging local environment. In the 12 months prior to the inspection the team had been transferred to the Children and Young People's Directorate and had undergone several reorganisations. There were a number of areas of concern and a reinspection was therefore carried out in April 2008, focusing on the recommendations made in the original report.

It was disappointing to note that very few of the recommendations had been achieved in the two years since the original inspection. There had been a big rise in reported crime levels for children and young people to more than double the national average.

Efforts had been made in some areas and there had been help from the Youth Justice Board to restructure both the Management Board and the YOT. The impact of the work carried out in the six months prior to the reinspection had yet to show results, however. A newly appointed YOT Manager was due to take up post in May 2008.

Against this background, temporary operational managers and staff had clearly worked hard to continue to deliver a service in difficult circumstances and, as in the original inspection, we found that members of the staff team continued to be a committed and valuable resource for the YOT and the wider local authority.

*Andrew Bridges*  
*HM Chief Inspector of Probation*

*June 2008*

Fieldwork for this inspection was undertaken in April 2008.
---

## Acknowledgements

We would like to thank all the staff from the YOT, members of its Executive and partner organisations for their assistance in ensuring the smooth running of this reinspection.

<i>Lead Inspector</i>	<i>Jane Attwood HM Inspectorate of Probation</i>
<i>Inspectors</i>	<i>Steve Blackburn HM Inspectorate of Constabulary, Rose Burgess HM Inspectorate of Probation, Margaret Dexter Healthcare Commission, Phil Whittaker Office for Standards in Education</i>
<i>Practice Assessor</i>	<i>Stephen Hubbard HM Inspectorate of Probation</i>
<i>Support Staff</i>	<i>Kate Hurn HM Inspectorate of Probation</i>
<i>Publications Team</i>	<i>Deborah Hewitt, Zach Rathore</i>
<i>Programme Manager</i>	<i>Julie Fox HM Inspectorate of Probation</i>

## Contents

	Page
Glossary	4
Introduction	5
Next steps	5
Key findings	6
RECOMMENDATIONS - Action by:	8
The Chair of the Steering Group	8
The Chair of the Steering Group and CAMHS	11
The YOT Manager	13
The Social Care Division of the Children and Young People's Department	19
The Social Care Division of the Children and Young People's Department and CAMHS	20
The Lancashire Probation Area	21
Lancashire Police	22
Appendix 1: Contextual information	23
Appendix 2: Inspection data	24
Appendix 3: Key statistics	25
Appendix 4: Joint inspection arrangements	26
Appendix 5: Role of HMI Probation and code of practice	26

## Glossary

ACPC	Area Child Protection Committee
Asset	Assessment tool developed by the Youth Justice Board
CAMHS	Children and Adolescent Mental Health Services
CRB	Criminal Records Bureau
DTO	Detention and training order
E2E	Entry to Employment
Estyn	HM Inspectorate for Education and Training in Wales
ETE	Employment, training and education
GRIP	Group Interventions Programme
HM	Her Majesty's
HMI Probation	HM Inspectorate of Probation
KPI	Key Performance Indicator
MAPPA	Multi-Agency Public Protection Arrangements
National standards	National standards for youth justice services
Ofsted	Office for Standards in Education
PACE	Police and Criminal Evidence Act 1984
PCT	Primary Care Trust
PRU	Pupil Referral Unit
PSR	Pre-sentence report
RoH	Risk of Harm
SLA	Service Level Agreement
SMB	Strategic Management Board (to oversee the Multi-Agency Public Protection Arrangements)
YJB	Youth Justice Board
YOI	Young Offender Institution
YOT	Youth Offending Team

## Introduction

The joint YOT inspection programme commenced in September 2003 and is the first full inspection to examine the work of YOTs. The programme is being implemented in four phases, and will cover all 157 YOTs in England and Wales over a five year cycle.

The initial inspection of the Blackpool YOT, conducted in November 2005 and January 2006 during the third phase of the programme, revealed a range of shortcomings in the work of the YOT. We therefore decided to conduct a reinspection in March/April 2008 focusing on the recommendations contained in the initial report.

## Next steps

The report will be submitted to the Lord Chancellor, as the Secretary of State responsible for youth justice, with simultaneous copies to the Education and Health Secretaries. A copy will be sent to the Youth Justice Board. Copies will also be made available to the press and placed on the website of HMI Probation at:

<http://www.inspectorates.justice.gov.uk/hmiprobation>

## Key findings

### Management

- ◆ The Steering Group had been reconvened as a Management Board and a new constitution and terms of reference had been established in November 2007. The temporary YOT Manager and the Youth Justice Board had facilitated input to help to establish the way forward, and members of the Management Board reported feeling better equipped. The necessary detailed scrutiny of performance had not been established, although performance reporting had commenced.
- ◆ There had been little progress on the inclusion of the needs of minority ethnic communities in strategic decision making. A lead member for diversity had been identified and he had secured agreement for the Policing Division's Independent Advisory Board's involvement, but this had been held back until the new YOT Manager had taken up post.
- ◆ Regular supervision of staff had been re-established.
- ◆ Of concern was the position with Criminal Records Bureau checks. There remained two police officers, working on a partnership basis with the YOT, who had not been subjected to this check, nor had any equivalent alternative procedure been recorded.
- ◆ Whilst a partnership agreement had been drawn up between the YOT, council and the Primary Care Trust, setting out plans for an open referral process, the mental health provision to children and young people who had offended in Blackpool remained poor as the agreement had not yet taken effect.

### Work in the courts

- ◆ Little work had been done until very recently to address the recommendation to improve links to the courts. Youth Justice Board data on the use of remand for the nine months to December 2007 showed an increase of 126% on the same period last year. The remand provision for girls and young women, which had been recognised as inadequate in 2005, showed no improvement.
- ◆ Pre-sentence reports showed some progress in the key areas of assessment of Risk of Harm and the distinction between Risk of Harm and likelihood of reoffending. We were also pleased to see that none had been completed without interviewing the child or young person. There continued to be shortcomings, however, and overall the number judged to be of sufficient quality had declined.

### ***Work with children and young people in the community***

- ◆ Negotiations had been carried out with the Youth Justice Board to transfer the Group Interventions Programme into the Integrated Youth Services, thus moving to a joint agency approach. This was implemented during the week of the inspection. The Group Interventions Programme panel had previously been disbanded and there was concern that work with children and young people at risk of offending was not targeted appropriately.
- ◆ There were some improvements in the timeliness and quality of Assets; however, they were marginal. There was significant work still to be done to improve planning and review, and of particular concern was the reduction in the number of cases where action had been taken to safeguard children and young people. Home visits, identified as an area for improvement in the original report, had declined significantly to an unacceptable level.

### ***Work with children and young people subject to detention and training orders***

- ◆ We saw examples of significant commitment by YOT staff to helping children and young people obtain mainstream services to which they were entitled but were finding it difficult to access.
- ◆ A draft protocol for safeguarding children and young people in custody had been produced but had yet to be finalised and implemented. Significant improvement was needed in the services offered to children and young people in custody by Blackpool Children and Young People's Department.

### ***Victims and restorative justice***

- ◆ The victim and reparation team had only been formed four months prior to the inspection, and therefore its work was not reflected in the case sample where there was little evidence of victim participation of any sort.
- ◆ Whilst systems had been put in place, the obtaining of timely information from the police remained problematic.

## RECOMMENDATIONS - Action by:

### The Chair of the Steering Group

#### Recommendation

**The Chair of the Steering Group should ensure that** an action plan is devised to address the following recommendations and forwarded to the lead inspector within three months of the publication of this report.

- ◇ The report was published in April 2006. With the assistance of Blackpool Council Internal Audit, an action plan was produced by the YOT and agreed with the lead inspector by October 2006. The delay of three months was due to negotiations with the YOT Manager over the content of the plan.

#### Outstanding issue

- ◇ The action plan showed a number of recommendations as having been achieved where they had not.

#### Recommendation

**The Chair of the Steering Group should ensure that** action is taken to fully implement the findings of the review of the group's role and purpose.

- ◇ The first meeting of the new Management Board took place in March 2007, 12 months after the publication of the report. In July 2007, the YJB was asked to assist the YOT to review the function and membership of the Management Board in order to improve governance and set its vision.
- ◇ A whole YOT Recovery Plan was subsequently agreed in October 2007 following a review of the original action plan. A YJB facilitated workshop in November 2007 established a new Management Board constitution with terms of reference. There were changes in the membership of the Management Board, including the Chair.
- ◇ Comprehensive presentations to the Management Board by both the YJB and the temporary YOT Manager about the purpose of a YOT, the role of a Management Board, the relationship with the YJB and the current KPIs and available data were delivered towards the end of 2007. As a result, Management Board members reported feeling more confident that they could provide direction and support to the YOT and demand accountability.
- ◇ Evidence of the success of these new arrangements had yet to emerge.

### Outstanding issue

- ◇ The 2007/2008 Youth Justice Plan did not accurately reflect the governance arrangements.

#### Recommendation

**The Chair of the Steering Group should ensure that** it monitors and scrutinises full performance data.

- ◇ Performance data had been presented to the Management Board in a number of different formats.
- ◇ The Chair was confident that, following input from both the YJB and the temporary YOT Manager, the Management Board was now equipped to scrutinise performance in detail.

### Outstanding issue

- ◇ The final format for the presentation of performance data had yet to be determined. This decision was to be taken at a planned Management Board development meeting, which had been delayed pending the arrival of the new YOT Manager. Significant data, such as the reported crime levels for children and young people across the area, had not been presented and there was little evidence of detailed scrutiny of the data which had been provided.

#### Recommendation

**The Chair of the Steering Group should ensure that** proactive account is taken of the needs and concerns of minority ethnic communities in strategic decisions.

- ◇ The police member of the Board, who had joined the Management Board in September 2007, had been asked to lead on diversity. It had been planned to discuss this at a Management Board development day but this had not taken place.

### Outstanding issue

- ◇ There was no evidence that this recommendation had been implemented.

#### Recommendation

**The Chair of the Steering Group should ensure that** protocols and SLAs are reviewed and updated.

- ◇ A number of SLAs and protocols were signed in the week of the inspection or immediately following it.

### Outstanding issues

- ◆ There were some SLAs that were still out of date or in draft form, including those with CAMHS and Lancashire Probation Area.
- ◆ It was unclear whether the document relating to final warnings (dated 2000) described internal procedures or was an agreement with the police.

#### Recommendation

**The Chair of the Steering Group should ensure that** a signed information sharing protocol is established.

- ◆ The Children and Young People's Strategic Partnership had produced an 'Overarching Generic Data Sharing Protocol' in 2005, on which the YOT relied. It was considered unnecessary to have this signed by the partners as the implementation was minuted.
- ◆ Arrangements for data sharing with the fire service were covered separately, as were those with the probation area, which were contained in the draft agreement.

### Outstanding issue

- ◆ A review of the Children's Trust in March 2007 had identified that the Trust had no information sharing protocol and that this should be reviewed.

#### Recommendation

**The Chair of the Steering Group should ensure that** all staff in the partner agencies used by the YOT are CRB checked.

- ◆ In the main, the new SLAs included clear reference to which agency had responsibility for ensuring that staff were CRB checked.

### Outstanding issue

- ◆ There were two members of Lancashire Police, who worked with the YOT, who were not CRB checked. It was unclear, from the recently signed partnership agreement, who had responsibility for CRB checks on police staff.

## The Chair of the Steering Group and CAMHS

### Recommendation

**The Chair of the Steering Group and CAMHS should ensure that** immediate action is taken to make sure that mental health provision is improved so that children and young people's mental health needs are met in a timely manner.

- ◇ In August 2007 the YOT produced a job description for an 'emotional mental health' post and a worker took up position on 4 February 2008. There was no specification in place detailing the boundaries of the work.
- ◇ At a meeting at the end of February, it had been agreed that clinical support and supervision would be provided by CAMHS; however, this was not due to be formalised until 1 May 2008. In the meantime, 'peer supervision' was to be provided but this had not taken place.
- ◇ The Assistant Director for Health (Commissioning) had been the health representative on the Management Board for the past four months. She had been asked to review the linking of the emotional mental health post into CAMHS. This was to be delayed pending the arrival of the new CAMHS manager.
- ◇ There were continuing difficulties with access to the CAMHS for children and young people known to the YOT. The referral pathway for assessment was through General Practitioners. Evidence from YJB performance data for the period April to December 2007 showed no cases being referred. There was no fast-track agreement in place, between the YOT and the PCT, to meet the five or 15 day YJB performance targets. The YJB approved mental health screening and assessment tools were not being routinely used. Of considerable concern was the drop in referrals where there was evidence of need. From case files examined, the number of referrals made was 58% compared with 91% in the original inspection.
- ◇ Due to her previous role and contacts, the emotional mental health worker had been able to obtain mental health services for children and young people aged 16–18 years from the community mental health team; this was an adult service.
- ◇ Tier 3 interventions were available through a private agency from September 2007 to March 2008.
- ◇ An update, provided for the inspection, on the position of mental health provision to children and young people, identified future areas of work. Although it singled out specific groups of children and young people, it made no reference to work with those who had offended.

### **Outstanding issue**

- ◆ The support to the emotional mental health worker was not in place and the mental health services for children and young people who had offended remained wholly inadequate.

## The YOT Manager

### Recommendation

**The YOT Manager should ensure that** risk policies are reviewed and updated, assessment and management of risk is improved and strategic and operational links to MAPPA are strengthened.

- ◆ There were operational links with probation and there had been attendance at MAPPA meetings.

### Outstanding issues

- ◆ The YOT risk policy remained in a draft form that had been produced in January 2007. It was predicated on a team structure that no longer existed. A memo had been sent to staff a week before the inspection advising them of the areas in which practice should deviate from the policy. A recently appointed operational manager had been tasked with reviewing and updating the policy.
- ◆ Links to the Lancashire MAPPA SMB were yet to be fully established. A formal request to join the Board had been submitted in December 2007; however, there had been no YOT attendance at the meeting held in February 2008.
- ◆ The assessment and management of RoH to others had improved, although there was still work to do. Of the cases inspected, where indicators had been identified and a Risk of Serious Harm assessment should have been carried out, 73% had. This was an improvement on the original inspection where the figure was 33%.
- ◆ Of the remaining cases, 31% had indicators that had not been identified. Again, this was an improvement on the original inspection where the figure was 43%, but still of concern.
- ◆ Management oversight of RoH to others had improved significantly, with 80% of relevant cases referred to, and monitored by, a manager.

### Recommendation

**The YOT Manager should ensure that** regular supervision of staff is re-established and the new induction procedure is fully implemented.

- ◆ Of the staff who responded to our questionnaire, all were being supervised regularly. An electronic induction pack had been created for new staff and its delivery was overseen by the administrative supervisor. The induction process was linked to supervision.

### Outstanding issue

- ◆ The YOT supervision policy was in draft and was dated April 2006.

### Recommendation

**The YOT Manager should ensure that** a system exists to make sure that all staff are trained to the appropriate level in child protection and safeguarding issues.

- ◆ The inclusion of child protection training had been incorporated into the induction procedure. Level 1 was to be undertaken by the end of three months and Level 2 by the end of six months. This was monitored through the normal supervision and appraisal system.

### Outstanding issue

- ◆ The position amongst the current staff was unclear, as training records did not include all the staff.

### Recommendation

**The YOT Manager should ensure that** the credibility of alternatives to remands and custodial sentences is re-established through improved strategic links to both the youth and Crown Courts.

- ◆ The temporary YOT Manager and an operational manager had attended the meeting of the youth court panel of magistrates in February 2008, just prior to the reinspection. A 'wide-ranging and useful discussion' was reported in the minutes. A YOT operations manager was attending the Youth Court User Group.

### Outstanding issues

- ◆ In May 2007, the Clerk to the Justices on the Management Board had expressed concern at the decline in the level of service provided by the YOT. The SLA with the court remained undated and unreviewed. A Lancashire wide agreement was being pursued.
- ◆ YJB data on the use of remand for the nine months to December 2007 showed an increase of 126% on the same period last year. The remand provision for girls and young women had been recognised as inadequate in 2005 and the YOT had proposed to monitor the position. This had not been carried out and there had been no improvement in the situation.
- ◆ There had been no work done to establish links with the Crown Court.

### Recommendation

**The YOT Manager should ensure that** PSR quality is improved, particularly with reference to assessment of risk.

- ◆ Of particular concern in the original inspection was the practice of completing reports without interviewing the child or young person. We were pleased to see that interviews had taken place for all the reports in the reinspection and that they were all based on Asset.

- ◆ The distinction between RoH and likelihood of reoffending had improved to sufficient in 75%, from 53%, and the number of reports that were considered sufficiently understandable to children and young people had improved from 41% to 75%.

### Outstanding issues

- ◆ The assessment of RoH had improved from sufficient in 24% to 63% of PSRs inspected. This figure was still of concern. The analysis of the offence was considered insufficient in 63% (previously 57%). The assessment of maturity and attention to vulnerability had both deteriorated and the quality of the assessment of safeguarding was sufficient in only 50% of reports seen. There had been a slight increase in the number judged to be of insufficient overall quality.
- ◆ The format of reports did not comply with the national standard in half of the cases inspected.

#### Recommendation

**The YOT Manager should ensure that** information on the number of children and young people held in custody overnight is used proactively so that they are not held unnecessarily and that the PACE bed is deployed effectively.

### Outstanding issues

- ◆ The original, approved action plan proposed a process of routine monitoring of individual children and young people who had been held overnight, alongside data monitoring through local criminal justice meetings and the Steering Group.
- ◆ There was no evidence of any monitoring of individual children and young people held in cells overnight or a system to do so. Whilst a system had been established by the police to provide an 'audit trail' of those children and young people, this information had not been shared with other agencies at either the local criminal justice agencies' meeting or the Management Board.
- ◆ The holding of Looked After Children in cells overnight and the provision of PACE beds for girls and young women had both been recognised as issues; there was no evidence that either had been improved. The resolution of the provision of a PACE bed had been left in the hands of the YOT, which was waiting to appoint an accommodation officer to pursue this.

#### Recommendation

**The YOT Manager should ensure that** Assets are completed to an acceptable quality, used to inform planning, reviewed in line with the national standard and used to evaluate outcomes for children and young people.

- ◇ There had been some improvements in assessment and case management.
- ◇ Timeliness of completion of Asset had improved, from 41% considered sufficient to 57%; those considered to be of sufficient quality had improved from 36% to 48%.

### Outstanding issues

- ◇ The consideration of individual need had declined from 79% considered sufficient to 55%. Contact with parents/carers to inform the assessment, and during the course of the order, was not routinely taking place and the education provider had not been contacted to inform Asset in 41% of cases, although the latter was an improvement on the original figure of 67%.
- ◇ The timeliness of intervention plans had deteriorated and their quality had improved only marginally and was still unacceptable; reviews were still not taking place routinely.
- ◇ Of concern was the reduction in the number of cases where action had been taken to safeguard children and young people, from 100% to 45%. Where it had been taken, it was considered appropriate in only 29% compared with 86% in the original inspection. Additionally, home visits made in accordance with the national standard had dropped from 63% to 29%.

#### Recommendation

**The YOT Manager should ensure that** YJB timescales for the delivery of final warning programmes and referral panels are met.

### Outstanding issues

- ◇ The delivery of final warning assessments and interventions had not improved. Of the cases inspected, none of the assessments had been carried out within YJB timescales. Details of those warned were faxed to the YOT but often did not arrive for several days or weeks. The networked computer within the YOT had not been functional for several months, which had compounded the problem, with the police officer being unable to access a range of systems necessary for him to operate effectively. There was no evidence that the KPI, showing this position, had been discussed by the Management Board.
- ◇ The number of youth offender panel meetings within YJB timescales had declined from 56% to 40%.

#### Recommendation

**The YOT Manager should ensure that** partnerships with providers of education and training are further developed and basic skills assessments are carried out on children and young people where necessary.

- ◇ Progress in both these areas overall was insufficient, although there had been some notable success in specific areas. Of the cases inspected, the number of those who had been engaged in post-16 further education or training had improved from 20% in the original inspection to 67%.
- ◇ Following the appointment of a new education officer during January 2008, things had started to improve. Better relationships had been established with a wide variety of partners. New practices and procedures had been set up, which had led to more relevant and up-to-date information being contained in PSRs and Asset.
- ◇ The education officer was compiling a database of every child and young person's educational history with the intention of ensuring that all had been assessed for basic skills.
- ◇ Within the education diversity service, more places were available at the PRU, and some children and young people had been able to access alternative specialist provision. The local college had increased its foundation and construction provision and one of the largest training providers had been running a pre-E2E course up to December 2007.

### Outstanding issues

- ◇ Too few children and young people who had offended were utilising the available provision and there remained insufficient suitable placements of appropriate length at both pre- and post-16.
- ◇ Despite some good work by individual officers and case managers, to improve partnerships and increase the range and suitability of ETE placements, the situation remained that to December 2007, fewer children and young people were receiving an ETE placement of 25+ hours than during the initial inspection in January 2006.

### Recommendation

**The YOT Manager should ensure that** victim participation is improved and systems for contact with victims of children and young people who have received custodial sentences of 12 months or more for a violent or sexual offence are formalised.

- ◇ A victim and reparation team had been established at the end of 2007 and systems to contact and engage victims were in place.
- ◇ The draft protocol with probation incorporated a system for contact with those victims of children and young people who had received custodial sentences of 12 months or more for violent or sexual offences.

### **Outstanding issue**

- ◆ Obtaining timely information from the police remained problematic, and of the cases inspected there was little evidence of victim participation of any sort.

## The Social Care Division of the Children and Young People's Department

### Recommendation

**The Social Care Division of the Children and Young People's Department should ensure that** ACPC guidelines regarding work with children and young people who are the subject of DTOs are reviewed.

- ◆ The routine closure of cases following the imposition of a DTO had caused concern during the initial inspection. The section of the Child Protection Procedures covering this practice was removed in March 2007.

### Outstanding issues

- ◆ A revised set of procedures had been planned for October 2007, and guidance for joint working between YOT and social care staff, consistent with the National Children's Bureau research (2006), *Tell them not to forget about us*, was to have been completed by June 2006.
- ◆ A draft protocol for safeguarding children and young people in custody had been produced and was to be finalised in May 2008.
- ◆ A visit to HM YOI Lancaster Farms was planned by the Executive Director of Children's Services and the Assistant Director of Targeted Services for 28 April 2008 to improve their understanding of the issues faced by children and young people in custody.
- ◆ From the small number of DTO cases inspected, it was evident that significant improvement was still needed in the services offered to children and young people in custody by Blackpool Children and Young People's Department.

## The Social Care Division of the Children and Young People's Department and CAMHS

### Recommendation

**The Social Care Division of the Children and Young People's Department and CAMHS should ensure that** there is both representation and the provision of full, up-to-date information on children and young people to GRIP panels.

### Outstanding issue

- ◇ From 1 April 2008, the prevention service was to transfer to the council's Integrated Youth Service. The temporary YOT Manager was concerned that transfer of the service would be hampered by the decision to discontinue the GRIP panel and its Steering Group. There were plans for three locality panels in the future, and an increasing use of the Common Assessment Framework (with multi-agency meetings that involved parents/carers).

## The Lancashire Probation Area

### Recommendation

**The Lancashire Probation Area should ensure that** there is provision of suitable placements to vulnerable children and young people carrying out unpaid work.

- ◇ Although there were no specific placements available to children and young people, Lancashire Probation Area had introduced a risk assessment form for under 18s made subject to unpaid work, and this area of work had been included in the draft protocol. Attention to vulnerability was included within the assessment form.

## Lancashire Police

### Recommendation

**Lancashire Police should ensure that** victims' details are provided to the YOT in accordance with Home Office/YJB guidance.

### Outstanding issue

- ◆ The timely provision of victims' details to the YOT remained to be implemented.

## **Appendix 1: Contextual information**

### **Area**

Blackpool YOT was located in Lancashire in the North West of England and, as a single YOT, covered the Blackpool local authority area.

The area had a population of 142,283 as measured in the Census 2001, 9.8% of which were aged 10-17 years old. This was similar to the average for England and Wales, which was 10.4%.

The population of Blackpool was predominantly White British (96.5). The population with a black and minority ethnic heritage (1.6%) was significantly below the average for England and Wales of 8.7%.

Reported crime levels for children and young people aged 10-17 years old across the area, at 126 per 1,000, were much greater than the average for England and Wales of 54.

The proportion of Looked After Children aged ten and over sanctioned for an offence committed whilst Looked After was 18% in Blackpool, which was double the average for England and Wales of 9%.

### **YOS**

The YOT was located within the Lancashire Probation and Police Areas. Blackpool PCT covered the Blackpool local authority area.

The Youth Justice Plan 2007/2008 showed that the YOT had 122 staff and 50 volunteers. 71% of staff were female and 6% had a black or minority ethnic heritage.

The work of the YOT was based in one main office located in Blackpool.

### **YJB Performance data**

The YJB summary of overall YOT performance available at the time of the inspection for the period to December 2007 gave Blackpool YOT a score of 1 on a scale where 5 was the maximum. This was below the national and regional performance and below that of comparable YOTs.

## Appendix 2: Inspection data

Fieldwork for this reinspection was undertaken in March/April 2008.

The inspection consisted of:

- ◇ evidence in advance
- ◇ examination of YJB performance data and assessments
- ◇ examination of practice in a sample of cases, normally in conjunction with the case manager or other representative, as follows:
  - 5 prevention files
  - 6 final warnings
  - 7 first tier penalties (referral orders, reparation orders)
  - 8 community sentences
  - 5 custodial cases
- ◇ meetings with staff, managers and partners.

### Appendix 3: Key statistics

Key statistic	Reinspection scores	Original inspection score	Average for phase three YOTs	Range for phase three YOTs	YJB targets <sup>(1)</sup>
	<b>% of cases</b>				
Initial assessment completed in accordance with national standards requirements: – timeliness	57	41	79	41 – 100	100%
– adequate quality	48	36	68	7 – 64	
Full Risk of Harm to others completed on relevant cases	73	33	62	0 – 100	
Evidence of management oversight in Risk of Harm cases	80	0	79	0 – 100	
Judgements about acceptability/unacceptability of absences are appropriate	50	80	74	40 – 100	
Breach/recall action has taken place, if required, within the national standards timescale	56	0	56	0 – 100	
Evidence of any criminal activity during the course of the order	32	27	30	6 – 48	
Appropriate action has been taken if a child or young person is considered vulnerable to harm from self and others.	45	100	82	40 – 100	
<b>Number of cases inspected</b>	<b>26</b>	<b>24</b>			

## Appendix 4: Joint inspection arrangements

The joint YOT inspection programme began in September 2003 and is the first full inspection programme to examine the work of the YOTs. It has been implemented over four phases, covering all YOTs in England and Wales over a five year period. From September 2005, the findings in England have contributed to the Joint Area Reviews of children's services (led by Ofsted) and the Corporate Assessment of local authority services (led by the Audit Commission)

## Appendix 5: Role of HMI Probation and code of practice

HMI Probation is an independent Inspectorate, funded by the Ministry of Justice and reporting directly to the Secretary of State. Our purpose is to:

- report to the Secretary of State on the effectiveness of work with individual offenders, children and young people aimed at reducing reoffending and protecting the public, whoever undertakes this work under the auspices of the National Offender Management Service or the Youth Justice Board
- report on the effectiveness of the arrangements for this work, working with other Inspectorates as necessary
- contribute to improved performance by the organisations whose work we inspect
- contribute to sound policy and effective service delivery, especially in public protection, by providing advice and disseminating good practice, based on inspection findings, to Ministers, officials, managers and practitioners
- promote actively race equality and wider diversity issues, especially in the organisations whose work we inspect
- contribute to the overall effectiveness of the criminal justice system, particularly through joint work with other inspectorates.

HMI Probation aims to achieve its purpose and to meet the Government's principles for inspection in the public sector by:

- working in an honest, professional, fair and polite way
- reporting and publishing inspection findings and recommendations for improvement in good time and to a good standard
- promoting race equality and wider attention to diversity in all aspects of our work, including within our own employment practices and organisational processes
- for the organisations whose work we are inspecting, keeping to a minimum the amount of extra work arising as a result of the inspection process.

The Inspectorate is a public body. Anyone wishing to comment on an inspection, a report or any other matter falling within its remit should write to:

*HM Chief Inspector of Probation  
2nd Floor, Ashley House  
2 Monck Street  
London, SW1P 2BQ*

<http://www.inspectorates.justice.gov.uk/hmiprobation>