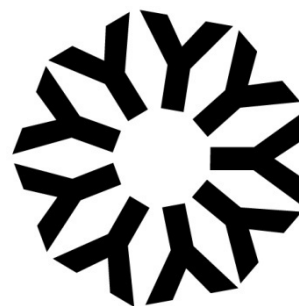


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# Joint Inspection of Youth Offending Teams of England and Wales

Reinspection Report on:  
North East Lincolnshire  
Youth Offending Service

ISBN: 978-1-84099-181-9

2008

## Foreword

The inspection carried out in 2006/2007 detailed the scale and depth of the improvements required to deliver a proper service to children and young people who offend. Inspection findings were fully accepted by senior managers and this set a positive tone for the work that has followed. The determination of managers, staff and key partners to transform the service was evident and a foundation for an effective service has now been laid.

An explicit focus on the children's agenda has promoted the needs of children and young people within the local authority and partner agencies, although the contribution of the Youth Offending Service to the reduction of anti-social behaviour has still to be fully developed. We saw progress against most recommendations and recognition by managers and staff that some of the changes were not yet established with more to do on outstanding issues. Most importantly, we saw evidence of improved outcomes in some areas of service and positive trends in many areas of performance. The efforts and achievements made by all involved have been significant, but the improvement agenda remains.

*Andrew Bridges*  
*HM Chief Inspector of Probation*

*September 2008*

Fieldwork for this inspection was undertaken in June 2008.
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## Acknowledgements

We would like to thank all the staff from the Youth Offending Service, members of its Management Board and partner organisations for their assistance in ensuring the smooth running of this reinspection.

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## Glossary

ASAP	Assessment and Planning Meeting
ASDAN	Awards Scheme Development and Accreditation Network
Asset	Assessment tool developed by the Youth Justice Board
CAMHS	Children and Adolescent Mental Health Services
CDRP	Crime and Disorder Reduction Partnership
CEO	Chief Executive Officer
Change4Children	Strategic Board for children's services
DTO	Detention and Training Order
EPQA	Effective Practice Quality Assurance
Estyn	HM Inspectorate for Education and Training in Wales
ETE	Employment, Training and Education
HM	Her Majesty's
HMI Probation	HM Inspectorate of Probation
ISSP	Intensive Supervision and Surveillance Programme
IT	Information Technology
KPI	Key Performance Indicator
LAA	Local Area Agreement
LSCB	Local Safeguarding Children Board
LSP	Local Strategic Partnership
MAPPA	Multi-Agency Public Protection Arrangements
National Standards	National Standards for Youth Justice Services
NEST	North-East Substance Team
Ofsted	Office for Standards in Education, Children's Services and Skills
PCEP	Professional Certificate in Effective Practice
PNC	Police National Computer
PSR	Pre-sentence Report
RoH	Risk of Harm
RoSH	Risk of Serious Harm
SLA	Service Level Agreement
SMART	Specific, Measurable, Achievable, Realistic and Time-bounded
STD	Sexually Transmitted Disease
YCB	Youth Crime Board
YJB	Youth Justice Board
YOIS	Youth Offending Information System
YOS	Youth Offending Service
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 has been implemented in four phases, and will cover all 157 YOTs in England and Wales over a five year cycle.

The initial inspection of the North East Lincolnshire YOS, conducted in December 2006 and January 2007 during the third phase of the programme, revealed a range of shortcomings. We therefore decided to conduct a reinspection in June 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 HM Inspectorate of Probation at:

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

## **Key findings**

### ***Management and partnership arrangements***

- ◇ Although not formally evaluated to date, a review of governance arrangements had taken place and the YOS had completed a fundamental restructuring exercise aimed at creating an organisation that was fit for purpose. A new management team had been brought in and a process of staff selection had resulted in a large number of new staff being appointed.
- ◇ There was an enthusiasm and commitment from council members, officers and staff to ensure that the momentum for change and improvement was not lost.
- ◇ The YOS was represented at local authority strategic meetings and the needs of children and young people who had offended were visible in relevant plans. However, the YOS was not yet well integrated into the Crime and Disorder Reduction Partnership.
- ◇ The Youth Crime Board had not driven diversity across the organisation. Although an Equality Action Plan had been agreed and good practice existed, diversity issues were not readily considered.
- ◇ It was evident throughout the organisation that a new performance culture was being established.
- ◇ Significant progress had been achieved in education provision for children and young people aged 16 and under. However, the Youth Crime Board had not sufficiently prioritised post-16 employment, training and education.
- ◇ A comprehensive training plan, which included volunteers, had been developed to meet the needs of the YOS. Local authority supervision and appraisal procedures had been implemented.

### ***Work in the courts***

- ◇ Work on the reduction of custodial sentences and secure remands had taken place with magistrates and staff, but had not yet resulted in narrowing the gap between targets and performance.

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

- ◇ The system now adopted for final warnings was in line with Youth Justice Board guidance.
- ◇ There was an absence of an accurate quality benchmark for the production of pre-sentence reports.
- ◇ A number of deficiencies remained in relation to case assessment and planning.

- ◇ The introduction of Assessment and Planning meetings was a positive development that held the potential for improvements in the quality of assessments and planning, and the delivery of interventions.
- ◇ Key strategies (health, education, parenting and accommodation) laid the foundation for improved outcomes for children and young people. The participation strategy remained substantially undeveloped.
- ◇ Due to the delay in the development of parenting support work, the YOS was not meeting targets in this area of work.
- ◇ There had been significant investment in Children and Adolescent Mental Health Services, with a more comprehensive service now being provided and waiting times having decreased.

#### ***Work with children and young people subject to DTOs***

- ◇ The YOS had made provision for the continuity of case management for custodial cases, although not all cases were yet managed within the new structure.

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

- ◇ The recommendation on victims and restorative justice in the original inspection report was not fully met, largely because of the delay in the appointment of the victim worker.

## Sharing good practice

### Management and leadership

#### General criterion: 1.1.

An innovative data monitoring tool had been produced by the employment, training and education team. Implementation of the process led to better management information collation and provision of up-to-date performance data for the operational and management groups on a monthly basis. This system was supplementing the information entered onto the Youth Offending Information System and included the child or young person's current placement, needs analysis, education key stage results and attendance. There were plans to include literacy and numeracy assessment details and learning outcomes.

### Work with children and young people who have offended

#### General criterion: 3.2.1.

Simon was subject to a community order. He was diagnosed as dyslexic and was anxious about this. The case manager used a home visit to discuss his 'About me' questionnaire, something he would have struggled to cope with in normal circumstances. Using tact and sensitivity, the case manager asked Simon's grandmother, with whom he had a good relationship, to help him complete the form whilst the case manager spoke with his mother in another part of the house. This helped to ensure that Simon was able to make his views known with the minimum of embarrassment. In subsequent supervision sessions the case manager adapted the method of delivery of 'Teen Talk' to ensure that Simon was able to participate.

**Work with  
parents/carers**

**General criterion:  
3.3.1.**

The case of Martin, a 15 year old boy sentenced to a detention and training order, was characterised by conflict between him and his mother. During the sentence, the case manager referred Martin's mother to a parenting support group called Kids like Kane. His mother worked out different ways of managing Martin and reported much less conflict with him following his release from custody. For instance, Martin acted as the mediator in a dispute between family members. The case manager kept in regular contact with the parenting project and Martin's mother to monitor progress in an effort to help ensure effective resettlement for her son.

## RECOMMENDATIONS - Action by:

### The Chair of the Management Board

#### Recommendation

**The Chair of the Management Board 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 inspection improvement plan was produced within required timescales. It was comprehensive and lead responsibilities were clearly assigned.
- ◇ The staff we interviewed were extremely positive and enthusiastic about the changes that had taken place since the previous inspection.

#### Recommendation

**The Chair of the Management Board should ensure that** the effectiveness of the new governance and operational management arrangements is evaluated.

- ◇ A root and branch review of governance arrangements had taken place with the aim of establishing the YOS firmly within the local authority and clearly differentiating strategic and operational activities. There was an enthusiasm and commitment from council members and officers to ensure that the momentum for change and improvement was not lost after the reinspection.
- ◇ The scrutiny panel looking at the Joint Area Review and Enhanced Youth Inspection action plans also monitored the Youth Crime Plan. A select committee on youth crime was being set up to examine YOS performance in respect of both the youth crime and children's agendas.
- ◇ The YOS was represented at local authority strategic meetings (LSP, Change4Children Board and Safer Communities Board) by the co-chairs of the YCB. The link to the CEO was via line management of the head of children's services. Plans gave the YOS appropriate lead responsibilities and greater visibility, for example LAA, Children and Young People's Plan 2007-2010. Youth issues were embedded in the police divisional plan and linked to YOS priorities.
- ◇ After an extended period of clarifying the respective roles of the YCB and the Operations Board, terms of reference had been agreed in January 2008. The YCB worked at a strategic level predominantly on

YOS business and had begun to delegate work appropriately. Generally, there was good involvement by partners, some new, at both levels resulting in some positive outcomes for children and young people. The strategic contribution to the management of the YOS made by Humberside Probation Area was notably lower than that of other partners.

### Outstanding issues

- ◇ There had been no formal evaluation of the new governance arrangements, only an informal one. Whilst looking promising, arrangements were still very new and had not had time to be fully embedded in the overall local structure or at operational level, for example the health sub-group.
- ◇ Although plans were in hand to have regular meetings with the relevant member and personnel involved in both the youth crime and the children's agenda, the YOS was not yet well integrated into the CDRP. YCB members recognised that the prevention agenda was the next priority area to be tackled.

### Recommendation

**The Chair of the Management Board should ensure that** the Board oversees the implementation of a documented action plan which brings together the work that has already been commissioned, that identified in the fundamental review of service and the action plan referred to above.

- ◇ The YOS inspection improvement plan was regularly challenged by the Change4Children Executive Board, the Safer Communities Board and also North East Lincolnshire Council's Improvement Board, chaired by the CEO. Implementation of the plan and the service review was the responsibility of the YCB who held the Operations Board to account for ensuring actions were completed.
- ◇ The previous CEO had taken a clear interest in the YOS and issues were taken to the LSP. The acting CEO was aware of a number of outstanding actions such as slow progress on specific staffing issues, getting the right premises for the YOS and the accommodation needs of children and young people in contact with the YOS.

### Recommendation

**The Chair of the Management Board should ensure that** the diversity strategy is produced and implemented within a defined timescale.

- ◇ The YOS had developed an Equality Action Plan with a designated manager responsible for leading implementation and it was linked into work on diversity issues at regional level.

- ◇ At practice level, both the assessments of diversity needs and plans the made to meet them was good and had improved significantly since the original inspection. Tools such as a diversity checklist and learning-styles questionnaires had been provided to YOS workers for use in case assessment.

### Outstanding issues

- ◇ The YCB had not driven diversity across the organisation and no specific work had been done to analyse data with regard to making strategic or operational decisions. There was little evidence of diversity issues being readily considered at management level.
- ◇ Case files contained a checklist about diversity factors, but it was not consistently used to inform the delivery of interventions, for example references to literacy difficulties had not been followed through.

### Recommendation

**The Chair of the Management Board should ensure that** data is collected to assist with strategic planning and the management of performance improvement.

- ◇ The whole council had made strenuous efforts to improve data collection and analysis. It had received 'notable practice' recognition from the Audit Commission and had worked hard to convince staff that data was important and a key tool to help achieve improvements. Similar processes had been adopted in the YOS and had set a standard for key partners.
- ◇ Work had taken place on the national data set with meetings across all services to determine definitions. Baseline data was being developed and sample tracking, for example on reoffending data, had begun.
- ◇ Councillors had more knowledge to challenge data and interrogate it than previously. As a result of the being seen as a failing council in the past, the scrutiny role had been strengthened and this extended to youth crime figures.
- ◇ The YJB had provided structured support to the YOS following the original inspection, including training on performance management for the YCB and the new operational management team. It was evident throughout the organisation that performance information was used by the YOS to target efforts at team as well as individual practitioner levels and a new culture was being established.
- ◇ YCB members were confident that the data now produced was more reliable as systems were in place for operational managers to follow up anomalies and to manage accurate data input. Performance and exception reports were presented at every meeting, having been scrutinised first at the Operations Board and the performance clinic chaired by the head of service. There was evidence that this information was robustly reviewed.

- ◇ YJB performance data was now considered to be far more accurate and reflective of the YOS' actual performance than it was two years ago. Outturn figures for 2007/2008 showed the achievement of level 2 (where level 5 is the highest) on overall performance. Within this, there was significant variation between the level 4 score on national standard compliance (which showed significant improvement in all four quarters in 2007/2008) and level 1 performance against KPI and EPQA measures. However, the annual figures did not reflect some of the most recent improvements which showed higher performance especially on mental health and substance misuse EPQA scores as well as ETE and accommodation KPIs.
- ◇ At team level, health data was being increasingly used by managers and practitioners to improve practice and outcomes, for example an audit conducted by the new interim health workers and an analysis of data carried out by the substance misuse manager had led to different working practices. There was a strong and shared desire to extend this practice further.

### Outstanding issues

- ◇ The local authority was still at a relatively early stage in developing its data for the borough and, apart from the national data set information, it was not clear how YOS data analysis would form part of this process.

### Recommendation

**The Chair of the Management Board should ensure that** needs are accurately assessed and resources are provided to meet them, including that of partner contributions.

- ◇ The YOS had undertaken a fundamental restructuring exercise aimed at creating an organisation that was fit for purpose. A new management team had been brought in and a process of staff selection had resulted in a large proportion of new staff being appointed. Restructuring was concluded in January 2008 and was subject to adjustments based on close monitoring.
- ◇ A specific needs assessment had not taken place, but additional resources had been provided by the local authority, police and probation.
- ◇ There was no indication of current capacity issues within the YOS. Interim arrangements had been put in place to cover an unexpected absence by the health worker.

### Outstanding issues

- ◇ Children and young people's needs had not been systematically aggregated to produce a profile that could assist with strategic planning, service specification and the allocation of resources.

### Recommendation

**The Chair of the Management Board should ensure that** the high level of secure remands and custodial sentences is reduced.

- ◇ In order to impact on secure remand decisions, the YOS had appointed a bail information worker who completed assessments of all children and young people at risk of custody prior to their appearance in court. An ISSP bail package was proposed to the court where a custodial remand was likely.
- ◇ Children's services had done an analysis of 11 children and young people who had been subject to custodial remands. This identified that some were well known to the service having been the subject of numerous previous referrals. At the time of the inspection, work was in progress to identify specific follow-up actions.
- ◇ PSRs written on children and young people at risk of custody were subject to quality assurance processes. In cases where a custodial sentence had been passed, the ASAP meeting considered each case in order to derive learning.
- ◇ The YOS Manager had participated in a training event for magistrates on the use of bail and custody.

### Outstanding issues

- ◇ Work on the reduction of custodial sentences and secure remands had not yet resulted in narrowing the gap between targets and performance.

### Recommendation

**The Chair of the Management Board should ensure that** more specific (SMART) educational targets are included in the YOS plan.

- ◇ Four key ETE targets were included in the improvement and action plan which had led to significant improvements for children and young people aged 16 and under.
- ◇ Pre-16 ETE issues had been raised as priorities at the YCB and Operations Board.

### Recommendation

**The Chair of the Management Board should ensure that** the local authority (children's services) delivers at least 25 hours of educational provision for the vast majority of children and young people of compulsory school age involved in the YOS and that the effect of the exclusion policy on children and young people who have offended is reviewed.

- ◇ A new, recently developed, data monitoring tool was contributing to overall improvements in ETE progress for the pre-16 age group.

- ◆ Significant progress had been made in relation to pre-16 performance since the last inspection; analysis indicated that on average 89% of children and young people were receiving 25 plus hours over the first three quarters of the year. Performance was stronger in the later part of the year and in the two most recent quarters, performance had exceeded the 90% target.
- ◆ Permanent exclusions had reduced across the authority during the period since the original inspection, largely as a result of the implementation of the fair access policy.

### Outstanding issues

- ◆ The long-term funding and continuity of educational packages/ alternative provision was not sufficiently secure as monies did not automatically follow the child or young person.

#### Recommendation

**The Chair of the Management Board should ensure that** strategies are devised and appropriate funding is ensured so as to increase the range and variety of educational packages for children and young people in contact with the YOS, in order to cater for their diverse needs.

- ◆ The range and duration of educational packages/alternative provision had increased; pupil referral unit places had also increased thereby broadening access to provision.

#### Recommendation

**The Chair of the Management Board should ensure that** work-based learning, training and further education opportunities for children and young people aged over 16 are increased and that clearer targets are included in the local authority 14-19 strategy.

- ◆ A new contract had recently been signed with Barnardo's to provide practical work-based learning for children and young people on ISSP.
- ◆ There had been some progress overall in relation to post-16 ETE performance; over the last three quarters the average of children and young people in a 16+ placement was 52.6%.
- ◆ A review of the allocation of Connexions resources had been undertaken in the spring of 2007, which had resulted in an overall increase of resources to the YOS. Preventative work had specifically been included and a personal adviser was allocated to the YOS (0.2 full-time equivalent) to facilitate universal access to careers information advice and guidance. A system was in place for the allocation of a personal adviser to a child or young person three weeks prior to the completion of their order to assist with the transition into community ETE services.

### **Outstanding issues**

- ◆ The YCB had not sufficiently prioritised post-16 ETE issues and insufficient additional resource had been allocated to positively affect underperformance. Over 47% of children and young people who had offended were unemployed at end of their order and were not identified as a priority group.
- ◆ There remained insufficient practical opportunities for children and young people in work-based learning, training and further education. Too many children and young people who had offended did not have even level 1 attainment, which meant that the vast majority of colleges and training providers would not accept them. There was no young apprenticeship provision in North East Lincolnshire.

## The YOS Manager

### Recommendation

**The YOS Manager should ensure that** timescales are set for the completion of outstanding contracts, protocols and SLAs and that the work is concluded.

- ◆ The YOS management team had worked closely with the council's Service Integration Team to increase its knowledge and understanding of contracts, protocols and SLAs and the context in which they should be used. This had helped the team to develop core documentation which formed the basis of protocols with all key partners, a contract for the delivery of parenting support services and SLAs with the Education Welfare Service, the Integrated Young Person's Support Service and NEST.

### Recommendation

**The YOS Manager should ensure that** policies and procedures are established across the YOS.

- ◆ All existing YOS policies and procedures had been reviewed and, where appropriate, were being progressed through the council's policy development framework or were sent out for consultation. Newly developed documents included seven strategies, one overarching policy statement, 12 procedures, ten protocols and four sets of guidance, together with supporting documentation. Priority had been given to the implementation of RoH procedures.
- ◆ Policies and procedures had been made available to staff on the intranet system.

### Outstanding issues

- ◆ Some staff, especially those new to the YOS, were not fully aware of policies and procedures.

### Recommendation

**The YOS Manager should ensure that** the local authority requirements on staff supervision and appraisal are fully implemented.

- ◆ All staff had a named supervisor and from January 2008 received formal supervision on a monthly basis, which was logged and signed for. Standard agendas were used and covered supervision of practice, personal and professional development and clear agreements for action. Appraisals had been introduced.
- ◆ The staff we interviewed were positive about the quality of line management, supervision and appraisal and thought that the systems for accountability were effective.

- ◇ Volunteers received supervision as did seconded staff, for example health workers and police received supervision from their home agency. Rigorous and shared supervision arrangements introduced with the YOS health worker had helped to identify specific issues and concerns which had then been acted upon.
- ◇ Case files contained a record of supervision, detailing the actions required in respect of the case.

### Recommendation

**The YOS Manager should ensure that** a YOS training and development plan is finalised and fully implemented.

- ◇ A comprehensive training plan had been developed to meet the individual and collective needs of the team. RoH, safeguarding, diversity and Asset had been prioritised and all workers had received YOIS training. All staff were receiving Common Induction Standards training using North East Lincolnshire Change4Children guidance and workbooks. A programme of in-house workshops covering practice issues offered a different style of professional development for areas such as substance misuse or performance management. Staff reported that overall their training needs were being met.
- ◇ Seven members of staff were undertaking the YJB PCEP and one manager was enrolled on the YJB operational management course.
- ◇ Health workers linking with the YOS were well trained and very experienced in working with children and young people. They were also afforded opportunities for further training within their host organisation.
- ◇ Good training had been provided to YOS workers by NEST in order to help with identifying substance misuse needs.

### Outstanding issues

- ◇ More recent recruits had not received training on RoH and were not functioning confidently in this crucial area of work.
- ◇ It was acknowledged by health managers that YOS workers needed further input from health in relation to the identification of possible mental health needs.

### Recommendation

**The YOS Manager should ensure that** a quality improvement programme is put in place for the production of PSRs, which includes robust gate-keeping systems.

- ◇ PSR procedures had been re-written in March 2008 and required all reports to be quality assured by an operational manager.
- ◇ The sample of reports inspected showed that there had been a marked improvement in the quality of PSRs against a very low

baseline at the time of the original inspection. All had been completed within required timescales, were based on Asset and included both relevant sources of information and an interview with the child or young person. Other strong features were the assessment of maturity and clear proposals commensurate with the seriousness of the offence, with a high take-up of proposals (78%) by the court. 90% of sample reports were free from discriminatory language and stereotypes, 82% were verified and factually accurate, and a large proportion (80%) were readily understandable to the child or young person. Assessment of safeguarding and diversity was good.

### Outstanding issues

- ◆ There was an absence of an accurate quality benchmark for the production of PSRs and only 45% of the PSRs we saw were judged to be sufficient. Reports contained superfluous detail and the offence analysis section was often weak with too much emphasis given to factual accounts of the offence taken from prosecution documents. There was a lack of clarity about the role and purpose of the PSR amongst staff, for example, comments about whether a child or young person 'agreed' with the prosecution case. Grammar and spelling were not always good and there was an overuse of jargon. Impact on victims was not adequately covered. Significantly, safeguarding issues, vulnerability, likelihood of reoffending and RoH were not addressed well. The quality of management oversight and gate-keeping of PSRs was insufficient and it was apparent that some of the managers were inexperienced in this area of work.

### Recommendation

**The YOS Manager should ensure that** a quality improvement programme is put in place to address deficiencies in the quality of assessments, including RoH, supervision planning and review.

- ◆ ASAP, a new monitoring and quality assurance process had been introduced and met on a weekly basis. Chaired by an operations manager and attended by the case worker and relevant partner agencies, the meeting was used to review initial assessments and intervention plans. Dates for completion of tasks and reviews were set and recorded.
- ◆ Generally, initial assessments were timely (70%) and of good quality (71%) with a very high proportion of children and young people and parents/carers involved at this stage. Each case file contained a chronology detailing the key events in the child or young person's history of contact with the criminal justice system. This provided a useful overview to help inform assessments.
- ◆ Timely completion of initial intervention plans took place in all cases. 88% of Assets had been reviewed at the required intervals and were used to inform supervision planning, although a number did not

contain sufficient evidence to justify the subsequent improvement in scores.

- ◇ Classification of RoH was accurate in 80% of cases and resource allocation was consistent with assessments. There was a close fit between planned interventions and the assessed RoH.

### Outstanding issues

- ◇ A number of deficiencies remained in relation to case assessment and planning. Children and young people were not sufficiently involved in their own assessments and the level of involvement was lower than that at the time of the previous inspection. Full RoSH assessments had not been completed in all relevant cases. Asset scoring in relation to health issues was not sufficiently accurate or consistent. The quality of intervention plans in terms of content and clear objectives was poor.

#### Recommendation

**The YOS Manager should ensure that** a timescale is set for the full implementation of the RoH and safeguarding procedures.

- ◇ Procedures for the assessment and management of RoH had been drafted in March 2008. Training for existing staff had been prioritised and for new staff copies of the procedures had been included in the YOS induction pack. The ASAP process provided the forum for management oversight of Assets and intervention plans, and to guide decision making and practice. Frequency of contact, reviews and involvement of other agencies were agreed at the meeting.

### Outstanding issues

- ◇ RoH policy and procedures were new and training for some staff was very recent and not well understood. A number of staff were not familiar with the MAPPA processes. In all three relevant cases, vulnerability issues had been identified but not addressed.
- ◇ The YOS was still working to the safeguarding procedures that had been in place at the time of the previous inspection, although the LSCB had initiated a review to which the YOS had contributed. We found that liaison with social care services had not happened in seven out of eleven relevant cases.

#### Recommendation

**The YOS Manager should ensure that** staff are fully supported in the delivery of structured interventions.

- ◇ A range of structured interventions was available to case managers including some delivered by partner agencies. Materials covered individual offending behaviour work, victim awareness and parenting. There were good examples in health provision of structured interventions, particularly lower level joint work in relation to sexual

health and substance misuse. ASAP meetings were used to select interventions appropriate to the case.

- ◇ The YOS was finalising arrangements for the intervention package for ISSP cases and a menu of sessions from the Humber Mentoring Project.

#### Recommendation

**The YOS Manager should ensure that** there is full engagement in the ISSP consortium arrangements with North Lincolnshire so as to ensure that YOS requirements are met.

- ◇ Following a review of the ISSP consortium arrangements, the YOS was in the process of disaggregating resources and planning to deliver ISSP provision locally.

#### Recommendation

**The YOS Manager should ensure that** the health strategy is prioritised and implemented.

- ◇ The YOS and health partners had a clear understanding of the Government's expectations in relation to the health contribution to the YOS.
- ◇ The Health Strategy, based on national guidance and published in March 2008, was clear, specific and comprehensive. The respective roles and responsibilities of the YOS and the health workers were well outlined and accurate. The strategy had also been shared with partners and workers.
- ◇ The acceptance of the Health Strategy was quickly followed by a sound implementation plan, which was being steered by a health task group. The plan was sequential with clear responsibilities and realistic time targets. Even though there had been only two meetings of the implementation group so far, the plan had already been updated to include an additional relevant action.
- ◇ A strong and shared view of governance existed, which included meaningful performance targets with qualitative elements.
- ◇ A SLA now existed between the YOS and NEST, which was straightforward and easily understood. A thorough protocol had been developed between the YOS and CAMHS.
- ◇ The achievement on health KPIs was now very good with all targets being met. Although the percentage of children and young people being screened for substance misuse needs had not reached 100%, significant progress had been made in the second half of 2007/2008 to 81.25% in October to December 2007 and most recently to 93% in January to March 2008 (YJB data).

- ◇ Swift contingency plans had been put in place to meet the unplanned absence of the YOS health worker.
- ◇ The sexual health review had been completed. This provided a focus for the YOS health workers and their work with children and young people who had offended, for example improved access to STD clinics.
- ◇ Clear arrangements existed between the Operations Board and the NEST Board. There was evidence that substance misuse services used specific data and exit questionnaires to assess value for money.

#### Recommendation

**The YOS Manager should ensure that** a protocol is agreed between the YOS, police and residential homes for dealing with incidents in residential homes.

- ◇ Since the inception of the protocol in March 2008 there had been no children and young people from residential homes entering the criminal justice system and being referred to the YOS.

#### Recommendation

**The YOS Manager should ensure that** responsibility is allocated to a manager for ETE and accommodation issues.

- ◇ A dedicated operational manager held lead responsibility for ETE across the YOS and for coordinating the ETE team. This had led to significant improvements at pre-16, less so at post-16.
- ◇ Accommodation outcomes for children and young people were good with strong performance against the KPI, reaching an average of 88.3% for the year ended March 2008 against a target of 95%.

#### Recommendation

**The YOS Manager should ensure that** literacy and numeracy assessments are completed in all cases and that the results are used to inform SMART targets in individual (educational) learning plans.

- ◇ There was evidence on case files of literacy and numeracy assessments having taken place. Individual learning plans and learning-styles questionnaires were completed on all new cases.

#### Recommendation

**The YOS Manager should ensure that** the participation strategy is comprehensive and used to inform service delivery.

- ◇ There was evidence that the development of an allotment project was influenced by the involvement of children and young people and that

feedback had been used to inform practice in substance misuse services.

### Outstanding issues

- ◆ The participation strategy remained substantially undeveloped.

#### Recommendation

**The YOS Manager should ensure that** staff are assisted in the full understanding of parenting support work and that resources are applied to meet need and the implementation of Parenting Orders.

- ◆ The local authority commissioner of parenting services sat on the Operations Board and the YOS parenting strategy was developed to complement North East Lincolnshire's overarching strategy which set out the knowledge, skills and training required by practitioners. YOS guidance had also been developed.
- ◆ All staff had received training on the parenting procedures and used a specialist assessment tool. Parents/carers also completed a self assessment.
- ◆ Under contract, Kids like Kane offered a range of parenting options for individuals and groups, and had sufficient capacity to deliver interventions across the YOS. Case managers were informed about the progress of interventions. A senior parenting practitioner was employed within Safer Communities; she and staff from the Family Intervention Project (which delivered intensive parenting support to targeted families) were able to transfer information into YOIS.
- ◆ At the time of the inspection there were 22 active interventions with Kids like Kane and the court had made parenting orders in two out of three proposals in the previous six months. Home visits had increased since the last inspection and there was evidence that YOS workers were good at keeping parents/carers informed of the progress of their child's supervision.

### Outstanding issues

- ◆ Due to delay in the development of parenting support work, the YOS was not yet meeting targets in this area of work.

#### Recommendation

**The YOS Manager should ensure that** the operational management of custodial sentences supports the needs of children and young people and the continuity of case management.

- ◆ The YOS had made provision for the continuity of case management in custodial cases. Although not all cases were yet managed within the new structure, the continuity was apparent in most of the cases we inspected.

### Outstanding issues

- ◆ There were separate case records on YOIS for the custodial and licence periods of DTOs. This approach was unusual and tended to emphasise the two parts of the sentence rather than seeing it as a whole.

### Recommendation

**The YOS Manager should ensure that** the early work on victims and restorative justice is embedded in YOS activity.

- ◆ The victim worker came into post on 16 January 2008. Details of victims were obtained from court sheets or from the juvenile liaison officer at the police station. All victims, including those where the child or young person had received a final warning, were contacted. Appointments were included in the initial letter. If the victim did not require a service then they were advised to let the YOS know. Corporate victims were contacted by phone in the first instance as opposed to by letter.
- ◆ In her first six months, the victim worker had had contact with 180 victims, four of whom had attended the youth offender panel. There was evidence that victims' views were increasingly used to inform reparation activities.
- ◆ Protocols were in place with probation for victim contact to take place in relevant custodial cases.
- ◆ All staff in the YOS had had one day of restorative justice training and victim work was reinforced through the ASAP process to ensure that it was integrated into the intervention plan.
- ◆ The victim worker was trained in restorative justice and had carried out shuttle mediation. She delivered victim awareness work with children and young people on statutory orders. Feedback on these sessions was obtained and used to inform future practice.
- ◆ The range of reparation activities had expanded and children and young people were able to work towards an ASDAN when completing their reparation. In the cases we inspected, all orders had started within the required timescales.

### Outstanding issues

- ◆ The recommendation on victims and restorative justice was not fully met, largely because of the delay in the appointment of the victim worker.

## Humberside Police

### Recommendation

**Humberside Police should ensure that** final warnings are delivered according to the YJB Key Elements of Effective Practice and meet YJB National Standards.

- ◇ Following a policy decision by the police to implement an interim system (which improved performance in relation to first-time entrants into the criminal justice system) a new final warning protocol that adhered closely to the YJB recommended model was introduced in February 2008. The implementation of the new arrangements was supported by a training programme.
- ◇ With lower case loads, the police officers now had the opportunity to work with children and young people who had received a reprimand.

### Recommendation

**Humberside Police should ensure that** children and young people are dealt with consistently within the criminal justice system and are not unnecessarily criminalised.

- ◇ Since December 2007 final warnings had reduced by 50% and staff reported that since 12 February 2008 cases coming into the YOS were receiving appropriate disposals. The YOS now received the details of all children and young people who had received a reprimand.
- ◇ In January 2008 an additional full-time officer was provided to the YOS to deliver final warning intervention programmes.

### Recommendation

**Humberside Police should ensure that** the police staff within the YOS are supervised and supported through the Basic Command Unit and provided with the appropriate IT to perform their role.

- ◇ The two police officers received regular supervision from both the police and the YOS. They stated that their training needs were met.
- ◇ An annual appraisal was completed jointly by the YOS and the police.
- ◇ One of the police officers was about to receive PNC training.

### Outstanding issues

- ◇ The police officers still did not have a PNC terminal or a networked computer within the YOS. Money had been made available to pay for this, however, the police were not prepared to install it in the short term due to the fact that new premises for the YOS were being sought.

## Partner organisations

### Recommendation

**The Doncaster and South Humberside NHS Trust should ensure that** its contribution meets the recommended 5.8% level of funding.

- ◇ The contribution to the overall YOS budget from health now exceeded the recommended level of funding and the capacity to identify and meet health needs had been improved by this.
- ◇ Health workers and their managers demonstrated a very positive and committed attitude to improving services to, and integration with, the YOS. The YOS and health workers were using universal services and signposting well to increase the likelihood that needs were fully met.
- ◇ There was efficient use of resources to meet substance misuse needs with YOS workers managing Tier 1 interventions following training and NEST meeting other needs.
- ◇ Temporary health workers had only been in post for a week, but had already conducted a partial audit which identified the significant health conditions affecting children and young people. Essential assessment and consent forms had been created.

### Recommendation

**Humberside Probation Area should ensure that** it meets its responsibilities in relation to resources for the YOS.

- ◇ Humberside Probation Area had given agreement about the flexible use of the seconded probation officer. The YOS had been using this post to support new operational managers and provide advice in the area of risk management including MAPPA. In addition to case management, the officer had held responsibility for staff supervision and some services to the court.
- ◇ Agreement had been reached regarding financial contributions to the YOS for the 2007-2010 financial years.

### Recommendation

**The Doncaster and South Humberside NHS Trust should ensure that** the mental health needs of children and young people are met.

- ◇ Approved screening tools for mental health needs were now being used comprehensively with children and young people involved with the YOS.
- ◇ Holistic assessments had been carried out by the YOS health worker covering physical health, mental health and emotional well-being as

well as substance misuse. This general aspiration had, however, suffered in the absence of the health worker.

- ◇ There had been significant investment in CAMHS with a Tier 2 service now being provided and waiting times having decreased.
- ◇ A post had been identified to carry out a comprehensive audit of mental health needs to ensure that those needs would be met. A second series of interviews was arranged for the recruitment of a psychologist to this post.

### **Outstanding issues**

- ◇ YOS workers had insufficient input on health issues in their induction or subsequent training to ensure that health needs were considered and identified, particularly on mental health issues.
- ◇ Although scoping for general health needs had begun, this was not yet completed and it was not certain whether existing resources were sufficient and well targeted.
- ◇ It was acknowledged by managers that more work could be done by health in relation to prevention, for example, the initial audit by the health worker demonstrated how useful a smoking cessation group and chlamydia screening could be.
- ◇ A general information-sharing protocol between health and YOS staff had yet to be formally agreed, although a template existed in March 2008.

## **Appendix 1: Contextual information**

### **Area**

North East Lincolnshire YOS was located in the Yorkshire & Humber region and, as a single YOS, covered the North East Lincolnshire Council authority.

The area had a population of 157,979 as measured in the Census 2001, 11.9% of which were aged 10-17 years old. This was higher than the average for England/Wales, which was 10.4%.

The population of North East Lincolnshire was predominantly White British (98.6%). The population with a black and minority ethnic heritage (1.4%) was significantly below the average for England/Wales of 8.7%.

Reported crime levels for children and young people aged 10-17 years old across the area at 98.2 per 1,000, were significantly above the average for England/Wales of 53.

The proportion of Looked After Children aged ten and over sanctioned for an offence committed whilst Looked After was 8% in South Gloucestershire which was below the English average of 9%.

### **YOS**

The YOS boundaries were co-terminus with those of Humberside Probation Area and Humberside Police and North East Lincolnshire Primary Care Trust covered the county.

The YOS had 38 staff and 40 volunteers; 63% of staff were female and 0% had a black or minority ethnic heritage.

The work of the YOS was based in one main office located in Grimsby covering North East Lincolnshire and Grimsby Youth and Crown Courts. ISSP provision was delivered through the North Lincolnshire Consortium.

### **YJB Performance data**

The YJB summary of overall YOS performance available at the time of the reinspection for the period to March 2008 gave North East Lincolnshire YOS a score of 2 on a scale where 5 is the maximum. This was below the national and regional performance and below that of comparable YOS'.

## Appendix 2: Inspection data

Fieldwork for this reinspection was undertaken in June 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:
  - six prevention files
  - six final warnings
  - six first tier penalties (referral orders, reparation orders)
  - eight community sentences
  - six custodial cases
  - six PSRs
- ◇ 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
	<b>% of cases</b>				
Initial assessment completed in accordance with National Standards requirements: – timeliness	70	73	79	41 – 100	100%
– adequate quality	71	34	68	7 - 64	
Full RoH to others completed on relevant cases	63	67	62	0 - 100	
Evidence of management oversight in RoH cases	50 (2 cases)	100 (1 case)	79	0 – 100	
Judgements about acceptability/ unacceptability of absences are appropriate	93	70	74	40 – 100	
Breach/recall action has taken place, if required, within the National Standards timescale	88	40	56	0 – 100	
Evidence of any criminal activity during the course of the order	38	33	30	6 – 48	
Appropriate action has been taken if a child or young person is considered vulnerable to harm from self and others	0	100	82	40 - 100	
<b>Number of cases inspected</b>	<b>28</b>	<b>30</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:

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