

**Decision Maker:** Children and Young People Portfolio Holder

**Date:** For Pre-Decision Scrutiny by the Children and Young People PDS Committee on 20 March 2012

**Decision Type:** Non-Urgent Executive Non-Key

**Title:** **YOUTH OFFENDING TEAM: CORE CASE INSPECTION OF YOUTH OFFENDING WORK BY HER MAJESTY'S INSPECTORATE OF PROBATION**

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**Chief Officer:** Gillian Pearson, Director of Children and Young People Services

**Ward:** Boroughwide

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1. Reason for report

- 1.1 The Youth Offending Team was subject to a full Core Case Inspection by Her Majesty's Inspectorate Probation (HMIP) in November 2011. The HMIP described the findings as 'very creditable' with minimum improvement required to bring casework to a sufficiently high quality in respect of the YOTs Safeguarding and Public Protection practice.
- 1.2 This report summarises the key findings and recommendations arising from the Inspection. The full report and a draft improvement plan addressing the recommendations are included as an appendix to the Report.
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2. **RECOMMENDATION(S)**

- (i) **The Children and Young People Policy Development and Scrutiny Committee is asked to receive, consider and comment on the outcomes from the Core Case Inspection of the Bromley YOT undertaken in November 2011 together with the draft improvement plan for implementation of recommendations arising from the Inspection.**
- (ii) **The Children and Young People Portfolio Holder is asked to consider the inspection outcomes and approve the draft improvement plan for Bromley Youth Offending Team Service.**

## Corporate Policy

1. Policy Status: Existing Policy: Youth Crime Action Plan (2008), Youth Justice Performance Planning Framework, Building a Better Bromley, Community Safety Strategy, Children and Young People's Strategy
  2. BBB Priority: Children and Young People
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## Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Recurring Cost: YOT Budget
  3. Budget head/performance centre: YOT Budget
  4. Total current budget for this head: The 2011/12 budget for the YOT is £1.052m net of income and contributions, £1.357m gross.
  5. Source of funding: Statutory Partners and Youth Justice Board
- 

## Staff

1. Number of staff (current and additional): The staffing establishment is 30.3 WTE, including seconded staff.
  2. If from existing staff resources, number of staff hours:
- 

## Legal

1. Legal Requirement: Statutory Requirement: Crime and Disorder Act 1998, Youth Justice and Criminal Evidence Act 1999, Criminal Court (Sentencing) Act 2000, Criminal Justice Act 2003, Children Act 1989, 2004, and the Criminal Justice and Immigration Act 2008.
  2. Call-in: Applicable
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
- 

## Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

### 3. COMMENTARY

- 3.1 Her Majesty's Inspectorate of Probation is undertaking a programme of Core Case Inspections of all Youth Offending Teams in England and Wales over a three-year period starting in April 2009.
- 3.2 The primary purpose of the inspection is to assess the quality of practice in relation to three general criterion; assessment and sentence planning, delivery and review of interventions and outcomes. Assessment entails close examination of a selected sample of at least 38 cases. These are reviewed by a team of inspectors and assessors who then conduct interviews with YOT staff in charge of these cases, to discuss the case in more depth and to show where to find supporting evidence in the record. As part of the inspection process the HMIP also survey the views of children and young people supervised by the YOT.
- 3.3 The inspection seeks to establish how often each aspect of casework is judged to be done to a sufficiently high standard. Casework is then scored on the basis of the level of improvement required to bring them to that standard. The HMIP apply a four scale improvement framework as follows:

Frequency with which Casework Meets HMIP Standard	Descriptor
75% and over	Minimum improvement required
60-74%	Moderate improvement required
45-59%	Substantial improvement required
44% and below	Drastic improvement required

- 3.4 Bromley's YOT has been awarded the best possible score of **Minimum Improvement required for two out of the three criterion** and **Moderate Improvement (bordering on Minimum) for the third**. Inspectors also made comment that they noted a significant improvement in practice standards and the quality of the service on offer since their 2007 and 2008 inspections (DCYP08038). The report, along with a draft improvement plan responding to recommendations made by the Inspectors, is attached as **Appendices 1 and 2**. Detailed commentary on each of the three inspection criterion can be found in the Report. Performance against each of the three general inspection criterion is summarised below:

Performance against each of the three general inspection criterion:	
CCI Scorecard	Frequency with which Casework Meets HMIP Standard
<b>Section 1: Assessment &amp; Planning</b>	<b>79%</b>
1.1: Risk of Harm to others – assessment and planning	81%
1.2: Likelihood of Reoffending – assessment and planning	78%
1.3: Safeguarding – assessment and planning	79%
<b>Section 2: Interventions</b>	<b>81%</b>
2.1: Protecting the Public by minimising Risk of Harm to others	77%
2.2: Reducing the Likelihood of Reoffending	86%
2.3: Safeguarding the child or young person	80%
<b>Section 3: Outcomes</b>	<b>73%</b>
3.1: Achievement of outcomes	67%
3.2: Sustaining outcomes	90%

3.5 Overall, the Inspector judged these to be a very creditable set of findings. With specific respect to the Safeguarding and Public Protection aspects the Inspector judged that the Safeguarding aspects of the work were done well enough 81% of the time. With the Public Protection aspects, work to keep to a minimum each individual's *Risk of Harm to others* was done well enough 75% of the time, and the work to make each individual less likely to reoffend was done well enough 82% of the time. These figures are shown below in the context of findings from Wales and English regions inspected to date and with those other London Boroughs who have been subject to the same inspection.

	Performance for YOTs in Wales and the English regions that have been inspected to date			Performance for Bromley YOT
	Lowest	Highest	Average	
<b>'Safeguarding' work</b> <i>(action to protect the young person)</i>	37%	91%	68%	<b>81%</b>
<b>'Risk of Harm to others' work</b> <i>(action to protect the public)</i>	36%	85%	63%	<b>75%</b>
<b>'Likelihood of Reoffending' work</b> <i>(individual less likely to reoffend)</i>	43%	87%	71%	<b>82%</b>

	'Safeguarding' work	'Risk of Harm to others' work	'Likelihood of Reoffending' work
<b>National Average</b>	68%	63%	71%
<b>Bromley</b>	<b>81%</b>	<b>75%</b>	<b>82%</b>
<b>Havering</b>	58%	54%	69%
<b>Islington</b>	47%	53%	55%
<b>Merton</b>	53%	46%	62%
<b>Enfield</b>	75%	66%	73%
<b>Hounslow</b>	51%	47%	66%
<b>Tower Hamlets &amp; City of London</b>	64%	49%	71%
<b>Barking &amp; Dagenham</b>	75%	65%	86%
<b>Hillingdon</b>	52%	47%	63%
<b>Kingston</b>	71%	75%	73%
<b>Brent</b>	65%	59%	62%

3.6 The Inspector also noted that since the last inspection in 2008 (DCYP08075), the Youth Offending Team has developed a more experienced, knowledgeable staff group, and has improved systems for assessment, planning and interventions. The team, which had historically dealt with a prevalence of low level offending, has adapted its approach to deal with an increased and increasing incidence of violence-related crime. In this context, while more work was needed to improve some processes linked to managing *Risk of Harm to Others* and to Safeguarding, the Inspection Team found that performance was generally good with a number of examples of notable practice.

### 3.7 Recommendations for Improvement

The Inspector recommends that changes are made to ensure that, in a higher proportion of cases:

- (i) a good quality assessment and plan, using ASSET (ASSET is the abbreviation for the Youth Justice Board assessment tool), is completed when the case starts;
- (ii) specifically, a good quality assessment of the individual's vulnerability and *Risk of Harm to others* is completed at the start, as appropriate to the specific case;
- (iii) management oversight is effective in ensuring the quality of assessment and plans to manage vulnerability or *Risk of Harm to others*, and ensures that planned actions are delivered;
- (iv) sufficient attention is given to the safety of victims throughout the course of the sentence;
- (v) there is appropriate review of assessments and, as applicable, plans following receipt of important new information, intelligence and reports of harmful behaviour or the commission of new offences;
- (vi) assessments and plans in custodial cases should reflect and, as appropriate to the specific case, address the Likelihood of Reoffending, *Risk of Harm to others* and vulnerability in the community as well as in custody.

3.8 To implement these changes, an Improvement Plan is required by HMI within four weeks of publication. Work is in progress on the production of the Plan. A draft is included as an Appendix 2 to this report.

3.9 The outcomes from this inspection acknowledge the improvements and impact achieved through Bromley's previous Inspection Improvement Plan. This excellent result is attributable to the effectiveness of our cross-portfolio strategy, partnership arrangements and to the leadership of the YOT Manager and the application of the staff team to the task of ongoing service improvement.

3.10 A draft report was forwarded to officers on **19 December 2011** for the usual technical accuracy checks and the final report is to be published on **7 March 2012**.

### 3.11 Care Quality Commission (CQC) Inspection

Members of the CYP PDS are asked to note that the CQC undertook an inspection of the Bromley PCT contribution to the YOT at the same time as that undertaken by HMIP. The outcome of that inspection (**Appendix 3**) has been advised to the PCT and has been reported to the YOT Executive Board meeting of 19 January 2012. YOT management are working to support their colleagues within the PCT to implement the recommendations of that Inspection.

## 4. POLICY IMPLICATIONS

4.1 All matters in this report contribute to the priorities identified in Building a Better Bromley Community Strategy: 2020 Vision, the CYP Portfolio Plan for 2011-12, and Bromley's Community Safety Strategy.

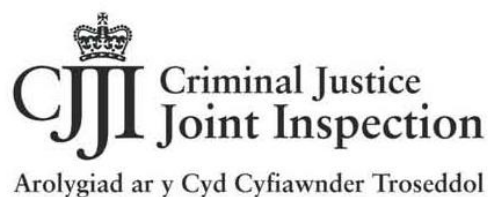
## 5. LEGAL IMPLICATIONS

- 5.1 The HMI Probation Core Case Inspection Report and Improvement Plan will inform and support the Council in meeting its statutory duty under the Crime and Disorder Act 1998 and Criminal Justice and Immigration Act 2008 on local authorities to ensure the provision of local youth justice services.
- 5.2 The Ministry of Justice Green Paper 'Breaking the Cycle of Offending': Effective Punishment, Rehabilitation and Sentencing of Offenders, sets out the likely direction of Criminal Justice Services for Young People. The consequent legislation will be that Courts, Youth Offending Teams and Children's Services provide robust and comprehensive support to young people within the Youth Justice System. In October 2011, Central Government announced the intention to maintain Youth Offending Teams. A review of Youth Justice National Standards is anticipated in April 2012.

## 6. PERSONNEL IMPLICATIONS

- 6.1 A structural reorganisation of the YOT will be complete with effect from 1 April 2012. This will enable the YOT to maintain its service improvement and to have the flexibility to respond to future changes in policy and Central Government grant support.

<b>Non-Applicable Sections:</b>	Financial Implications
Background Documents: (Access via Contact Officer)	DCYP08038 - Youth Offending Team (YOT): Re-Inspection Outcome by Her Majesty's Inspectorate (HMI) Probation DCYP08075 - Youth Offending Team Re-inspection – Action Plan



# Core Case Inspection of youth offending work in England and Wales

Report on youth offending  
work in:

**Bromley**

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## Foreword

This Core Case Inspection of youth offending work in Bromley took place as part of the Inspection of Youth Offending programme. We have examined a representative sample of youth offending cases from the area, and have judged how often the Public Protection and the Safeguarding aspects of the work were done to a sufficiently high level of quality.

We judged that the Safeguarding aspects of the work were done well enough 81% of the time. With the Public Protection aspects, work to keep to a minimum each individual's *Risk of Harm to others* was done well enough 75% of the time, and the work to make each individual less likely to reoffend was done well enough 82% of the time. A more detailed analysis of our findings is provided in the main body of this report, and summarised in a table in Appendix 1. These figures can be viewed in the context of our findings from Wales and the regions of England inspected so far – see the Table below.

Since our last inspection in 2008 the Youth Offending Team had restructured, and had a more experienced, knowledgeable staff group, and improved systems for assessment, planning and interventions. The team, which had historically dealt with a prevalence of low level offending, had adapted its approach to deal with a higher incidence of violence-related crime. In this context, while more work was needed to improve processes linked to managing *Risk of Harm to others* and Safeguarding, we found that performance was generally good with a number of examples of notable practice.

Overall, we consider this a very creditable set of findings.

*Liz Calderbank*

*HM Chief Inspector of Probation  
March 2012*

	Scores from Wales and the English regions that have been inspected to date			Scores for Bromley
	Lowest	Highest	Average	
<b>'Safeguarding' work</b> <i>(action to protect the young person)</i>	37%	91%	68%	<b>81%</b>
<b>'Risk of Harm to others' work</b> <i>(action to protect the public)</i>	36%	85%	63%	<b>75%</b>
<b>'Likelihood of Reoffending' work</b> <i>(individual less likely to reoffend)</i>	43%	87%	71%	<b>82%</b>

## **Acknowledgements**

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

*Lead Inspector*

*Vivienne Clarke*

*Practice Assessor*

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*Local Assessor*

*Helen Anthony*

*Support Staff*

*Zoe Bailey; Andrew Trickett*

*Publications Team*

*Alex Pentecost; Christopher Reeves*

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## Scoring and Summary Table

This report provides percentage scores for each of the 'practice criteria' essentially indicating how often each aspect of work met the level of quality we were looking for. In these inspections we focus principally on the *Public Protection* and *Safeguarding* aspects of the work in each case sample. Accordingly, we are able to provide a score that represents how often the *Public Protection* and *Safeguarding* aspects of the cases we assessed met the level of quality we were looking for, which we summarise here<sup>1</sup>. We also provide a headline 'Comment' by each score, to indicate whether we consider that this aspect of work now requires either **MINIMUM, MODERATE, SUBSTANTIAL** or **DRASTIC** improvement in the immediate future.

### Safeguarding score:

This score indicates the percentage of *Safeguarding* work that we judged to have met a sufficiently high level of quality. This score is significant in helping us to decide whether an early further inspection is needed.

<b>Score:</b> <b>81%</b>	<b>Comment:</b> <b>Minimum improvement required</b>
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### Public Protection – Risk of Harm score:

This score indicates the percentage of *Risk of Harm* work that we judged to have met a sufficiently high level of quality. This score is significant in helping us to decide whether an early further inspection is needed.

<b>Score:</b> <b>75%</b>	<b>Comment:</b> <b>Minimum improvement required</b>
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### Public Protection - Likelihood of Reoffending score:

This score indicates the percentage of *Likelihood of Reoffending* work that we judged to have met a sufficiently high level of quality.

<b>Score:</b> <b>82%</b>	<b>Comment:</b> <b>Minimum improvement required</b>
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We advise readers of reports not to attempt close comparisons of scores between individual areas. Such comparisons are not necessarily valid as the sizes of samples vary slightly, as does the profile of cases included in each area's sample. We believe the scoring is best seen as a headline summary of what we have found in an individual area, and providing a focus for future improvement work within that area. Overall our inspection findings provide the 'best available' means of measuring, for example, how often each individual's *Risk of Harm to others* is being kept to a minimum. It is never possible to eliminate completely *Risk of Harm* to the public, and a catastrophic event can happen anywhere at any time – nevertheless a 'high' *RoH* score in one inspected location indicates that it is less likely to happen there than in a location where there has been a 'low' *RoH* inspection score. In particular, a high *RoH* score indicates that usually practitioners are 'doing all they reasonably can' to minimise such risks to the public, in our judgement, even though there can never be a guarantee of success in every single case.

<sup>1</sup> An explanation of how the scores are calculated can be found in Appendix 5

## **Recommendations for improvement**

(primary responsibility is indicated in brackets)

Changes are necessary to ensure that, in a higher proportion of cases:

- (1) a good quality assessment and plan, using Asset, is completed when the case starts (YOT Manager)
- (2) specifically, a good quality assessment of the individual's vulnerability and *Risk of Harm to others* is completed at the start, as appropriate to the specific case (YOT Manager)
- (3) management oversight is effective in ensuring the quality of assessment and plans to manage vulnerability or *Risk of Harm to others*, and ensures that planned actions are delivered (YOT Manager)
- (4) sufficient attention is given to the safety of victims throughout the course of the sentence (YOT Manager)
- (5) there is appropriate review of assessments and, as applicable, plans following receipt of important new information, intelligence and reports of harmful behaviour or the commission of new offences (YOT Manager)
- (6) assessments and plans in custodial cases should reflect and, as appropriate to the specific case, address the Likelihood of Reoffending, *Risk of Harm to others* and vulnerability in the community as well as in custody (YOT Manager).

## **Next steps**

An improvement plan addressing the recommendations should be submitted to HM Inspectorate of Probation four weeks after the publication of this inspection report. Once finalised, the plan will be forwarded to the Youth Justice Board to monitor its implementation.

## Making a difference

Here are some examples of Bromley YOT work that impressed us.

### Assessment and Sentence Planning

#### General Criterion: 1.2

Eddy's case manager ensured she considered his individual needs when organising the reparation requirement on his order. Eddy was a young person with challenging behaviour and a negative attitude towards people in authority. He had a statement of special educational needs, and was unable to concentrate for long. The case manager found a short, practical first aid course, which would keep Eddy interested and limit the need for reading and writing. Eddy was able to engage with the course and responded well to the method of delivery. His completion certificate was his first formal acknowledgement of achievement. This increased his self-esteem and his confidence to engage positively with those supervising his order, ultimately promoting his ability to successfully complete his sentence.

### Delivery and Review of Interventions

#### General Criterion: 2.3

Chris was a former gang member who, as a result of distancing himself from this lifestyle, was vulnerable to attack from current members. Consulting regularly with relevant specialists and agencies, his ISS worker and case manager worked effectively to protect Chris. They continuously risk assessed his ISS activities, changing arrangements to address risks as they arose. They liaised closely with Chris' college about risks presented through his attendance there, and ensured Chris' visits to the YOT were carefully coordinated to avoid other children and young people linked to his former gang affiliation. The threat also extended to Chris' family. The YOT workers helped find alternative accommodation and made a referral to children's social care services to assess the risks posed to Chris' sibling. This consistent level of support helped to ensure Chris was able and felt safe enough to continue to comply with his order.

### Outcomes

#### General Criterion: 3.1

Having suffered two bereavements fairly recently, Adrian was a vulnerable young offender. He had not complied well with previous orders and had not engaged effectively with ETE. After a good start on this order, his compliance dipped. His ISS worker and case manager worked together effectively. They felt enforcement action would not help improve Adrian's engagement and, having consulted a range of relevant agencies, deferred breach proceedings. They continued to actively encourage Adrian's compliance and referred him to the YOT Clinical Nurse Specialist for support with his bereavement. As a result, Adrian's compliance improved and he went on to secure full-time work, lessening his propensity to offend.

All names have been altered.

## Service users' perspective

### Children and young people

Ten children and young people completed a questionnaire for the inspection.

- ◇ All the children and young people who responded to the survey knew why they had to attend the YOT and felt that the YOT worker had made it very, or quite, easy to understand how he/she could help them. One respondent added that the YOT worker: "...explained other ways to think, eg thinking about the future instead of the past and helped me realise there[']s] alot more to life [and] it[']s] never too late to change [your] life around".
- ◇ All recalled being told by the YOT what would happen when they visited, and felt the YOT staff completely, or mostly, listened to what they said.
- ◇ Nine (90%) felt that the YOT team was completely, or mostly, interested in helping them and took action to deal with things they needed help with.
- ◇ Eight respondents (80%) remembered completing a *What do YOU think?* self-assessment form.
- ◇ Eight children or young people knew what a supervision or sentence plan was, recalled a YOT worker discussing their plan with them and reported that they had been given a copy. Only half (five) said their plan or referral order contract had been reviewed.
- ◇ One respondent stated that there had been something in their life that had made them feel afraid during the period of contact with the YOT but that the YOT had helped a lot with this issue.
- ◇ The majority of respondents said the YOT had helped them with their education, training or getting a job. Seven (70%), stated that they had been helped to understand their offending, while half felt the YOT had helped them make better decisions. Four felt the YOT had assisted them in issues around family/relationships and/or drug misuse. One child or young person explained: "*My organisational skills have improved as [I] have kept on point with my [appointments] and also had help at home with family life*".
- ◇ Eight reported that their lives had improved since seeing the YOT; seven stated things were better with their education or work prospects; and four felt their health had improved. All respondents thought they were less likely to offend.
- ◇ On a scale of zero to ten (ten being completely satisfied), nine respondents (90%) reported satisfaction levels with the YOT of seven or over.

## Victims

Three questionnaires were completed by victims of offending by children and young people.

- ◆ All three respondents reported that the YOT explained what service they could offer.
- ◆ One respondent said they were totally satisfied, and another somewhat satisfied, with the service offered by the YOT.
- ◆ Two of the three respondents felt they had not had the opportunity to talk about their worries relating to the offence or the person who had committed the offence, and the same number stated that the YOT had not paid attention to their safety in regards, for example, to the child or young person who had committed the offence against them.
- ◆ Only one felt his or her individual needs had been taken into account and none felt they had benefited from any work done by the child or young person who committed the offence.



## 1. ASSESSMENT AND SENTENCE PLANNING

**OVERALL SCORE: 79%**

### 1.1 Risk of Harm to others (RoH):

**General Criterion:**

*The assessment of RoH is comprehensive, accurate and timely, takes victims' issues into account and uses Asset and other relevant assessment tools. Plans are in place to manage RoH.*

**Score:**

**81%**

**Comment:**

**MINIMUM improvement required**

**Strengths:**

- (1) An Asset RoSH screening was completed in nearly all cases inspected, 95% of which were completed on time. We agreed with the *RoH* classification in 83% of the sample.
- (2) A full RoSH analysis was completed for 96% of appropriate cases and 93% were on time.
- (3) In most instances (81%), the *RoH* assessment drew adequately on all appropriate information available, including from other agencies and from victims.
- (4) An RMP was completed in 96% of relevant cases and in a timely fashion 91% of the time.
- (5) There was evidence in four of the five cases, for which there was no need to have an RMP, that the need to plan for *RoH* issues was recognised and acted upon.
- (6) Details of *RoH* assessment and management were appropriately communicated to all relevant staff and agencies in 21 out of 25 applicable cases. There were, for example, cases in which the YOT had worked closely with education providers to share information around *RoH*, and manage or reduce the potential for future harm.

**Areas for improvement:**

- (1) The RoSH assessment was of insufficient quality in 36% of cases. In half of these, the risk to victims was not fully considered.

- (2) Of the 23 cases for which we would have expected to have seen an RMP, nine (39%) had not been completed to sufficient quality. In most of these (seven), the planned response to identified *RoH* was unclear or inadequate and in four, it was not made clear who was going to undertake tasks identified. Some RMPs were more a narrative about the case than a plan.
- (3) In almost half the cases (48%) management oversight of the RMP had not been effective.
- (4) Effective management oversight of the *RoH* assessment was evident in 55% of cases.

## 1.2 Likelihood of Reoffending:

### **General Criterion:**

*The assessment of the LoR is comprehensive, accurate and timely and uses Asset and other relevant assessment tools. Plans are in place to reduce LoR.*

### **Score:**

**78%**

### **Comment:**

**MINIMUM improvement required**

### **Strengths:**

- (1) An initial assessment of LoR was completed in all cases, and on time in 97% of cases.
- (2) There was active engagement to carry out the initial assessment with the child or young person, and their parents/carers in 92% and 86% of cases, respectively. In many of the instances where parents/carers had not been actively engaged, case managers had consciously and reasonably made the decision not to do so.
- (3) The case manager had assessed the learning style of the child or young person in almost three-quarters of cases. A *What do YOU think?* questionnaire had also informed 84% of assessments.
- (4) There was evidence that contact with or previous assessments from other agencies had informed the assessment of LoR in a large number of relevant cases.
- (5) The initial assessment was reviewed at appropriate intervals in 33 of the 38 cases (87%) inspected.
- (6) Every case had a custodial sentence plan, a community intervention plan or a referral order contract as appropriate. Custodial plans were all completed on time as were 95% of community intervention plans and referral order contracts. 90% of plans were appropriately reviewed in custody, and 86% in the community.

- (7) YOT workers were always actively and meaningfully involved throughout the custodial planning process.
- (8) All community intervention plans and referral order contracts focused on achievable change and the majority set relevant goals (78%) within realistic timescales (84%). We saw several examples where case managers worked thoughtfully and imaginatively to ensure intervention plans were personalised to maximise the potential for the children and young people to engage with the work being proposed.
- (9) Community plans and contracts addressed the following issues in the majority of appropriate cases: ETE (88%); lifestyle (77%); substance misuse (85%); physical health (100%); emotional/mental health (84%); thinking and behaviour (100%); and attitudes to offending (91%). They took account of identified diversity needs in 79% of relevant cases.
- (10) A range of relevant agencies, such as children's social care services (91% of relevant cases); education and training providers (91%); physical health services (100%); emotional/mental health services (83%); and accommodation services (89%) were actively and meaningfully involved in the planning process throughout the sentence.

***Areas for improvement:***

- (1) In 15 cases inspected (39%), the LoR assessment was not of sufficient quality. Two-thirds of these (ten) contained unclear and/or insufficient evidence and seven failed to identify offending-related vulnerability issues.
- (2) Only 50% of cases requiring a custodial sentence plan sufficiently addressed factors linked to offending behaviour. 25% addressed issues involving living arrangements, while 33% addressed lifestyle and another 33%, emotional/mental health. Of the five cases where diversity needs were identified, two were addressed.
- (3) Less than one-third of the objectives within the custodial sentence plans took account of Safeguarding work (29%) or victims' issues (25%). A similar proportion prioritised objectives according to *RoH* (40%), sequenced them according to offending-related need (40%) and/or were sensitive to diversity issues (43%). We found in a small number of custodial cases that sentence plans were drafted by the secure establishment rather than being guided by the YOT or information contained in the RMP or VMP. Interventions were often driven by the limited range of custodial programmes available, over which the YOT had no control.
- (4) Family and personal relationships were addressed in a child or young person's community intervention plan/referral order contract in 48% of relevant cases. There was scope, in a number of cases, to improve the relationship between the children and young people and their parents/carers in order to reduce their LoR, which was not exploited. We found a number of cases involving children and young people who were in contact, or initiating contact, with family members and/or partners, about whom the case manager knew nothing or very little. In these instances, the case manager had failed to take steps to find out enough about these relationships and their impact on the child or young person.

### 1.3 Safeguarding:

**General Criterion:**

*The assessment of Safeguarding needs is comprehensive, accurate and timely and uses Asset and other relevant assessment tools. Plans are in place to manage Safeguarding and reduce vulnerability.*

**Score:**

**79%**

**Comment:**

**MINIMUM improvement required**

**Strengths:**

- (1) An Asset vulnerability screening was completed in 37 out of 38 cases (97%) inspected. It was completed on time in 95%, and to a sufficient quality in 75% of cases. Safeguarding needs were reviewed as appropriate in 82% of cases in our sample.
- (2) A VMP was completed in 22 cases (92% of appropriate cases) and each was completed in a timely fashion.
- (3) The secure establishment was made aware of vulnerability issues prior to, or at the point of, sentence in eight out of the relevant nine cases (89%).
- (4) There were copies of documents, such as care, pathway or protection plans on file in 95% of relevant cases.
- (5) In 17 of the relevant 20 cases (85%), there was evidence a contribution was being made (eg, through the CAF) to other assessments and plans, to safeguard the child or young person.

**Areas for improvement:**

- (1) Nine (38%) of the twenty-four cases meriting a VMP had not been completed to a sufficient quality. In over half of these the planned responses set out in the documents were inadequate or unclear. The VMP did not contribute to and inform interventions in 27%, and/or other plans in 36%, of cases inspected.
- (2) In relevant cases, management oversight of vulnerability assessments was effective in only 56% of cases.

### **COMMENTARY on Assessment and Sentence Planning as a whole:**

Bromley YOT had seen a rise in the complexity of cases it managed. 42% of the cases we assessed involved violent offending. Positive steps had been taken to develop the knowledge and skills of the YOT team to effectively manage this change. The YOT had also introduced a number of improvements to *RoH* and Safeguarding procedures and practices, many of which had been implemented successfully. Nevertheless, we found a small number of cases where the assessment and planning of *RoH* and vulnerability were poor.

In some instances, managers had countersigned assessments and plans without having sufficiently analysed the link between the Asset RoSH analysis and RMP, or vulnerability screening and VMP, in order to ensure measures in these plans were appropriate and adequate. We saw cases where there were serious omissions in the RoSH analysis and RMP, pertaining to, for instance, previous behaviour, including issues relating to domestic violence, and sexual assault. In some cases, the vulnerability screening was limited to recording 'no evidence of concern' when there was evidence to suggest otherwise. For example, where a child or young person had attempted suicide and/or self-harmed in the past, or was, or had been, vulnerable to a range of threats with the potential to impact on their offending behaviour. Some case managers tended to be overly cautious when assessing *RoH* posed by children and young people, recording *RoH* as 'medium' rather than the correct 'low'. As a result, we saw RMPs which were drafted unnecessarily. As such, it was difficult to identify measures to control *RoH* and Safeguarding and the RMPs became, essentially, intervention plans.

## 2. DELIVERY AND REVIEW OF INTERVENTIONS

**OVERALL SCORE: 81%**

### 2.1 Protecting the public by minimising Risk of Harm to others (RoH):

**General Criterion:**

*All reasonable actions have been taken to protect the public by keeping to a minimum the child or young person's RoH.*

**Score:**

**77%**

**Comment:**

**MINIMUM improvement required**

**Strengths:**

- (1) *RoH* was reviewed thoroughly in line with the required timescales in the majority of cases inspected (82%).
- (2) Changes in *RoH* or other acute factors were identified swiftly in 13 out of the relevant 16 cases where changes occurred (81%).
- (3) Appropriate resources were allocated according to the *RoH* throughout the sentence in 87% of relevant cases, with specific interventions to manage *RoH* during the custodial phase being delivered as planned in 89% of relevant cases and in the community in 87% of relevant cases.
- (4) Case managers and other relevant staff contributed effectively to multi-agency meetings in the community in every case, and in custody in 78% of cases. They made purposeful home visits during the sentence in 86% of cases which merited these.
- (5) We found there was effective management oversight of *RoH* in custody in nine of the ten custodial cases in our sample.

**Areas for improvement:**

- (1) There was a significant change that could give rise to concern in 20 of the cases inspected. *RoH* had not been reviewed thoroughly in nine (45%) of these. In most instances (seven) there was no review of *RoH* at all after the significant change.
- (2) High priority was given to victim safety throughout the sentence in only 15 of the 23 cases (65%) where victim safety issues were identified. In two cases,

for instance, there were no measures to protect the victim of an offence from re-victimisation despite the fact that both parties attended the same educational institution.

- (3) Specific interventions to manage *RoH* during the custodial phase were reviewed following significant change in only one of the three cases where it was necessary to do so.
- (4) There was effective management oversight of *RoH* in the community during the delivery of the order in only 54% of relevant cases (14 of the 26 cases presenting *RoH* issues).

## 2.2 Reducing the Likelihood of Reoffending:

### **General Criterion:**

*The case manager coordinates and facilitates the structured delivery of all elements of the intervention plan.*

### **Score:**

**86%**

### **Comment:**

**MINIMUM improvement required**

### **Strengths:**

- (1) Interventions, delivered by the YOT and external agencies in the community were of good quality and designed to reduce the LoR in 80% of the cases inspected. They were implemented in line with the intervention plan in 78% of cases and sequenced appropriately in 71%.
- (2) In most instances, interventions delivered in the community took into account the individual needs of the child or young person: 89% took account of learning style and 83% diversity considerations.
- (3) The YOT staff were appropriately involved in the review of interventions in custody in nine of the ten relevant cases.
- (4) Appropriate resources were allocated according to the LoR throughout the sentence in 95% of cases inspected, with the Scaled Approach intervention level set correctly in all but one case.
- (5) The YOT worker had actively motivated and supported the child or young person and reinforced positive behaviour in 90% of custody cases and 97% of community cases. We were pleased to see that in the majority of instances, case managers kept in regular touch with the child or young person throughout the custodial phase of their sentence.
- (6) The YOT worker had actively engaged parents/carers, where appropriate, in 89% of custody cases and 91% of community cases in our sample.

### **Area for improvement:**

- (1) At least one requirement of the sentence had not been implemented in 7 of the 20 cases (35%) where it should have been.

<b>2.3 Safeguarding the child or young person:</b>	
<b>General Criterion:</b> <i>All reasonable actions have been taken to safeguard and reduce the vulnerability of the child or young person.</i>	
<b>Score:</b> <b>80%</b>	<b>Comment:</b> <b>MINIMUM improvement required</b>

### **Strengths:**

- (1) All necessary immediate action was taken to safeguard and protect the child or young person in seven of the eight relevant cases in the community, and in two of the three cases in which it was necessary during the custodial phase of the sentence. Where another child or young person was affected, immediate action was taken in every case.
- (2) In the three relevant cases, all necessary referrals were made to other agencies to ensure Safeguarding during the custodial phase. Referrals were made in 16 out of the 17 cases (94%), which necessitated this, in the community.
- (3) There was effective inter-agency working between the YOT and most of the other relevant agencies, for instance ETE, and physical and emotional/mental health services, to promote the Safeguarding and well-being of the child or young person in the community and in custody, and to ensure the continuity of service provision in the transition from custody to community.
- (4) Specific interventions to promote Safeguarding in the community were identified in 23 of the relevant 26 cases, were incorporated into VMPs in 15 out of 21 cases and delivered in 21 of 27.
- (5) Specific interventions to promote Safeguarding in custody were identified in seven of the relevant eight cases, incorporated into VMPs in two out of three cases, and delivered in four of five.



### **Areas for improvement:**

- (1) The YOT did not always work effectively with the police to promote the Safeguarding and well-being of a child or young person. (This finding related to 7 of the 16 relevant community cases inspected and in one of two custody cases). Case managers did not always exploit, fully, their relationship with the police in order to share and assess new information, or to limit or address its impact on a case.
- (2) Work with substance misuse services to ensure the continuity of service provision, in the transition from custody to community was inconsistent and happened in only two of the five cases for which it was appropriate.
- (3) Specific interventions to promote Safeguarding in the community were reviewed every three months or following significant change in 13 of the 20 relevant cases (65%).
- (4) Specific interventions to promote Safeguarding in custody were reviewed every three months or following significant change in three of the five (60%) relevant cases.
- (5) There was a need for effective management oversight of Safeguarding and vulnerability in 27 of the cases inspected, but evidence that this happened in only 17 (63%) of these.

### **COMMENTARY on Delivery and Review of Interventions as a whole:**

YOT staff had access to a range of specialists internally, and children and young people managed in the community were referred to services that met their individual needs and interests. Referrals to external programmes were less successful with some cancelled, either prior to the child or young person starting them or mid course, due to lack of funding<sup>2</sup> or low attendance. This was a concern as it lowered the motivation levels of the children and young people and led to delays in the implementation of other planned interventions, reducing their chances of successfully completing their orders.

The Bromley Risk Panel had been introduced to discuss *RoH* issues relating to children and young people managed by the YOT and to draft RMPs to manage these risks. The panel was used thoughtfully and positively in a number of cases in order to help the YOT manage *RoH* and Safeguarding concerns as they emerged. However, it was yet to become fully effective; relevant cases were not being consistently referred to the panel, and steps not always taken to ensure that actions agreed were incorporated into RMPs and VMPs. In a number of cases, YOT workers were aware of changes in the circumstances of children and young people and had systems in place to address these, but had not updated the Asset assessment, RMP and/or VMP. In other instances, information about heightened *RoH* and Safeguarding was made available to case managers, who neither analysed

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<sup>2</sup> NB: The YOT has little influence or control over the funding of external programmes of support.

nor addressed these effectively. Reviewed documents were countersigned by managers but, in several cases, there was evidence that their content was not effectively analysed and discussed with relevant case workers.

To its credit, Bromley YOT was undertaking an internal review of its risk panel at the time of the inspection.

### 3. OUTCOMES

#### OVERALL SCORE: 73%

Our inspections include findings about initial outcomes, as set out in this section. In principle, this is the key section that specifies what supervision is achieving, but in practice this is by necessity just a snapshot of what has been achieved in only the first 6-9 months of supervision, and for which the evidence is sometimes only provisional.

3.1 Achievement of outcomes:	
<b>General Criterion:</b> <i>Outcomes are achieved in relation to RoH, LoR and Safeguarding.</i>	
<b>Score:</b> <b>67%</b>	<b>Comment:</b> <b>MODERATE improvement required</b>

#### **Strengths:**

- (1) Reporting instructions given were sufficient for the purpose of carrying out the sentence of the court in 97% of the cases we assessed.
- (2) In the 16 cases where the child or young person did not comply with their sentence, the YOT took sufficient action in 14 (88%).

#### **Areas for improvement:**

- (1) There was evidence that the *Risk of Harm* to victims was effectively managed in fewer than half of the cases where the victim or potential victim was identifiable.
- (2) All reasonable action was taken to keep the *RoH* posed by children and young people to a minimum in only 59% of relevant cases. The main reason for this was insufficient planning.
- (3) Nearly two-thirds of cases showed no reduction in the factors related to offending. Neighbourhood, substance misuse and physical health being the areas showing least improvement. In nearly one-third of cases inspected there was insufficient progress on the most important factors linked to the offending.

- (4) In 20 out of the 29 cases where a risk factor linked to the child or young person's Safeguarding was identified, there had been no reduction in those risk factors.
- (5) We considered that all reasonable action had been taken to keep the child or young person safe in only 20 out of 29 relevant cases.

<b>3.2 Sustaining outcomes:</b>	
<b>General Criterion:</b> <i>Outcomes are sustained in relation to RoH, LoR and Safeguarding.</i>	
<b>Score:</b> <b>90%</b>	<b>Comment:</b> <b>MINIMUM improvement required</b>

**Strengths:**

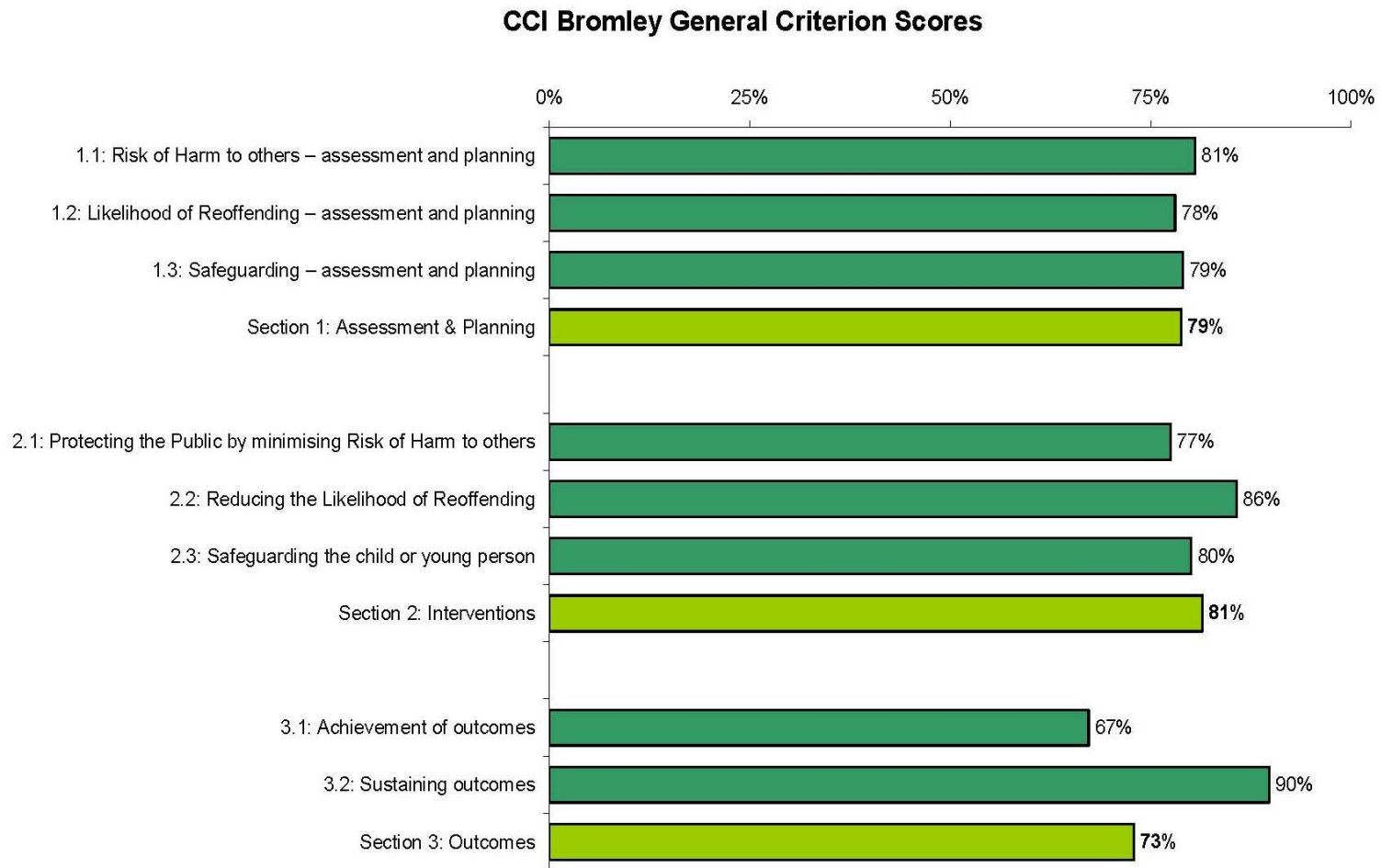
- (1) Full attention was given to community integration issues in nearly all cases; in all instances during the custodial phase of a sentence and 92% of the time in the community.
- (2) Action was taken, or there were plans in place, to ensure that positive outcomes were sustainable in every case during the custodial phase and in 81% of cases in the community.

**COMMENTARY on Outcomes as a whole:**

The YOT staff were committed to improving outcomes for children and young people. Building on the constructive relationships the children and young people had forged with the YOT and, for example, ETE or substance misuse services, case managers encouraged the children and young people to sustain these connections after their orders finished.

It is worthy of note that there was a greater reduction in the frequency and/or seriousness of offending in the children and young people and children and young people managed by Bromley YOT than the average of YOTS in regions inspected to date.

## Appendix 1: Scoring summary



## Appendix 2: Contextual information

### Area

Bromley YOT was located in London in the South East of the capital.

The area had a population of 312,400 as measured in the ONS Mid Year Estimates 2010. 9.7% of the population were aged 10 to 17 years old (Census 2001). This was lower than the average for England/Wales, which was 10.4%.

The population of Bromley was predominantly white British (85%) (Resident Population Estimates by Ethnic Group 2009). The population with a black and minority ethnic heritage (15%) was above the average for England/Wales of 12%.

Reported offences for which children and young people aged 10 to 17 years old received a pre-court disposal or a court disposal in 2009/2010, at 27 per 1,000, were better than the average for England/Wales of 38.

### YOT

The YOT boundaries were within those of the Metropolitan Police area. The London Probation Trust and the Bromley Primary Care Trust (now NHS Bromley) covered the area.

The YOT was located within the Children and Young People Services Directorate of Bromley Borough Council. It was managed by the Assistant Director, Safeguarding and Social Care department.

The operational work of the YOT was based at the Bromley YOT headquarters, in Bromley town, to the North East of the borough. ISS was provided by NACRO.

### Youth Justice Outcome Indicators 2011/2012 onwards

The national youth justice indicators for England have been replaced by three outcome indicators. These indicators will also be used in Wales.

**1. The reoffending measure** is a count of the number of 10 to 17 year olds who reoffend within 12 months of their conviction.

**2. The first time entrants measure** counts the number of young people given their first pre-court or court disposal and thus entering the youth justice system within each year.

**3. The use of custody** for young people aged 10 to 17 years.

For further information about current data, the YJB and the performance management of YOTs, please refer to (YJB website details)

<http://www.yjb.gov.uk/en-gb/practitioners/Monitoringperformance/>

## **Appendix 3: Inspection Arrangements**

Fieldwork for this inspection was undertaken in November 2011 and involved the examination of 38 cases.

### **Model**

The Core Case Inspection (CCI) involves visits to all 158 Youth Offending Teams in England and Wales over a three year period from April 2009. Its primary purpose is to assess the quality of work with children and young people who offend, against HMI Probation's published criteria, in relation to assessment and planning, interventions and outcomes. We look at work over the whole of the sentence, covering both community and custody elements.

### **Methodology**

The focus of our inspection is the quality of work undertaken with children & young people who offend, whoever is delivering it. We look at a representative sample of between 38 and 99 individual cases up to 12 months old, some current others terminated. These are made up of first tier cases (referral orders, action plan and reparation orders), youth rehabilitation orders (mainly those with supervision requirements), detention and training orders and other custodial sentences. The sample seeks to reflect the make up of the whole caseload and will include a number of those who are a high *Risk of Harm to others*, young women and black & minority ethnic children & young people. Cases are assessed by a small team of inspection staff with Local Assessors (peer assessors from another Youth Offending Team in the region). They conduct interviews with case managers who are invited to discuss the work with that individual in depth and are asked to explain their thinking and to show where to find supporting evidence in the record. These case assessments are the primary source of evidence for the CCI.

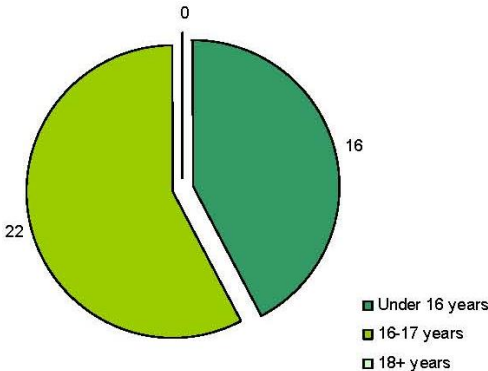
Prior to the inspection we receive copies of relevant local documents and a brief report from the Youth Justice Board. We also gather the views of service users (children & young people and victims) by means of computer and paper questionnaires.

### **Publication arrangements**

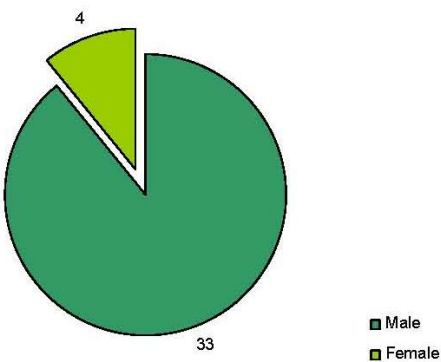
- Provisional findings are given to the YOT two weeks after the inspection visit takes place.
- A draft report is sent to the YOT for comment 4-6 weeks after the inspection, with publication following approximately 6 weeks later. In addition to a copy going to the relevant Ministers, other inspectorates, the MoJ Policy Group and the Youth Justice Board receive a copy. Copies are made available to the press and placed on our website.
- Reports on CCI in Wales are published in both Welsh and English.

### Appendix 4: Characteristics of cases inspected

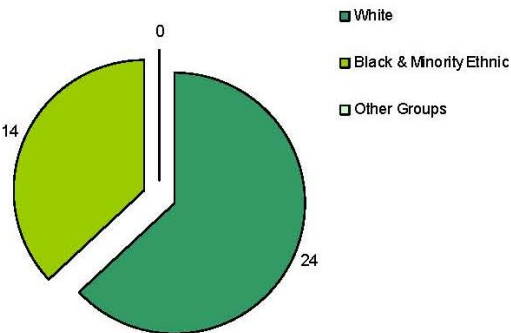
Case Sample: Age at start of Sentence



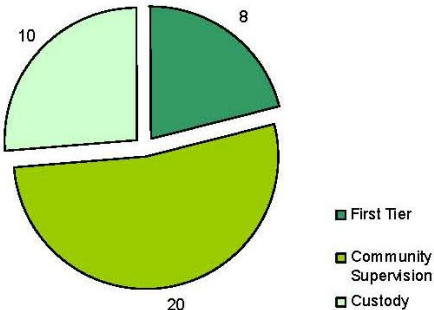
Case Sample: Gender



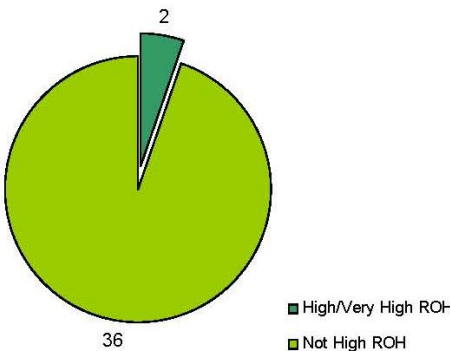
Case Sample: Ethnicity



Case Sample: Sentence Type



Case Sample: Risk of Harm





## Appendix 5: Scoring approach

This describes the methodology for assigning scores to each of the general criteria and to the *RoH*, *LoR* and Safeguarding headline scores.

A typical case consists of elements of work that were done well enough and others where there is room for improvement. Therefore, the question "what proportion of cases were managed well enough?" does not itself provide a meaningful measure of performance and is not useful to inform improvements.

Rather HMI Probation measure the more focused question "how often was each aspect of work done well enough?" This brings together performance on related elements of practice from all inspected cases.

Each scoring question in the HMI Probation inspection tool contributes to the score for the relevant general criterion and section in the report. The performance of the YOT on that aspect of practice is described within the section of the report linked to that criterion. Key questions then also contribute to one or more of the headline inspection scores. In this way the headline scores focus on the key outcomes whereas the general criterion scores include the underlying detail.

The **score for a general criterion** is the proportion of questions relating to that criterion, across all of the inspected cases, where the work assessed by that question was judged sufficient (i.e. above the line). It is therefore an average for that aspect of work across the whole of the inspected sample.

For **each section in the report** the above calculation is repeated, to show the proportion of work related to that section that was judged 'above the line'.

Finally, for each of the **headline themes**, the calculation is repeated on the key questions that inform the particular theme, to show the proportion of that aspect of work that was judged 'above the line'; thereby presenting the performance as an average across the inspected sample.

This approach enables us to say how often each aspect of work was done well enough, and provides the inspected YOT with a clear focus for their improvement activities.

## Appendix 6: Glossary

ASB/ASBO	Antisocial behaviour/Antisocial Behaviour Order
Asset	A structured assessment tool based on research and developed by the Youth Justice Board looking at the young person's offence, personal circumstances, attitudes and beliefs which have contributed to their offending behaviour
CAF	Common Assessment Framework: a standardised assessment of a child or young person's needs and of how those needs can be met. It is undertaken by the lead professional in a case, with contributions from all others involved with that individual
CAMHS	Child and Adolescent Mental Health Services: part of the National Health Service, providing specialist mental health and behavioural services to children and young people up to at least 16 years of age
Careworks	One of the two electronic case management systems for youth offending work currently in use in England and Wales. See also YOIS+
CRB	Criminal Records Bureau
DTO	Detention and training order: a custodial sentence for the young
Estyn	HM Inspectorate for Education and Training in Wales
ETE	Education, Training and Employment: work to improve an individual's learning, and to increase their employment prospects
FTE	Full-time equivalent
HM	Her Majesty's
HMIC	HM Inspectorate of Constabulary
HMI Prisons	HM Inspectorate of Prisons
HMI Probation	HM Inspectorate of Probation
Interventions; <i>constructive</i> and <i>restrictive</i> interventions	<p>Work with an individual that is designed to change their offending behaviour and/or to support public protection.</p> <p>A <i>constructive</i> intervention is where the primary purpose is to reduce Likelihood of Reoffending.</p> <p>A <i>restrictive</i> intervention is where the primary purpose is to keep to a minimum the individual's <i>Risk of Harm to others</i>. Example: with a sex offender, a <i>constructive intervention</i> might be to put them through an accredited sex offender programme; a <i>restrictive intervention</i> (to minimise their <i>Risk of Harm</i>) might be to monitor regularly and meticulously their accommodation, their employment and the places they frequent, imposing and enforcing clear restrictions as appropriate to each case. NB. Both types of intervention are important</p>
ISS	Intensive Surveillance and Supervision: this intervention is attached to the start of some orders and licences and provides initially at least 25 hours programme contact including a substantial proportion of education, training and employment
LoR	Likelihood of Reoffending. See also <i>constructive</i> Interventions
LSC	Learning and Skills Council
LSCB	Local Safeguarding Children Board: set up in each local authority (as a result of the Children Act 2004) to coordinate and ensure the effectiveness of the multi-agency work to safeguard and promote the welfare of children in that locality

MAPPA	Multi-Agency Public Protection Arrangements: where probation, police, prison and other agencies work together locally to manage offenders who pose a higher <i>Risk of Harm to others</i>
Ofsted	Office for Standards in Education, Children's Services and Skills: the Inspectorate for those services in England (not Wales, for which see Estyn)
PCT	Primary Care Trust
PPO	Prolific and other Priority Offender: designated offenders, adult or young, who receive extra attention from the Criminal Justice System agencies
Pre-CAF	This is a simple 'Request for Service' in those instances when a Common Assessment Framework may not be required. It can be used for requesting one or two additional services, e.g. health, social care or educational
PSR	Pre-sentence report: for a court
RMP	Risk management plan: a plan to minimise the individual's <i>Risk of Harm</i>
RoH	<i>Risk of Harm to others</i> . See also <i>restrictive Interventions</i>
'RoH work', or 'Risk of Harm work'	This is the term generally used by HMI Probation to describe work to protect the public, primarily using <i>restrictive interventions</i> , to keep to a minimum the individual's opportunity to behave in a way that is a <i>Risk of Harm to others</i>
RoSH	Risk of Serious Harm: a term used in Asset. HMI Probation prefers not to use this term as it does not help to clarify the distinction between the <i>probability</i> of an event occurring and the <i>impact/severity</i> of the event. The term <i>Risk of Serious Harm</i> only incorporates 'serious' impact, whereas using ' <i>Risk of Harm</i> ' enables the necessary attention to be given to those offenders for whom lower <i>impact/severity</i> harmful behaviour is <i>probable</i>
Safeguarding	The ability to demonstrate that all reasonable action has been taken to keep to a minimum the risk of a child or young person coming to harm
Scaled Approach	The means by which YOTs determine the frequency of contact with a child or young person, based on their RoSH and LoR
SIFA	Screening Interview for Adolescents: Youth Justice Board approved mental health screening tool for specialist workers
SQIFA	Screening Questionnaire Interview for Adolescents: Youth Justice Board approved mental health screening tool for YOT workers
VMP	Vulnerability management plan: a plan to safeguard the well-being of the individual under supervision
YJB	Youth Justice Board for England and Wales
YOI	Young Offenders Institution: a Prison Service institution for young people remanded in custody or sentenced to custody
YOIS+	Youth Offending Information System: one of the two electronic case management systems for youth offending work currently in use in England and Wales. See also Careworks
YOS/YOT/YJS	Youth Offending Service/ Team/ Youth Justice Service. These are common titles for the bodies commonly referred to as YOTs
YRO	The youth rehabilitation order is a generic community sentence used with young people who offend

## **Appendix 7: Role of HMI Probation and Code of Practice**

Information on the Role of HMI Probation and Code of Practice can be found on our website:

**<http://www.justice.gov.uk/about/hmi-probation/index.htm>**

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  
6<sup>th</sup> Floor, Trafford House  
Chester Road, Stretford  
Manchester, M32 0RS*



**DRAFT - BROMLEY IMPROVEMENT PLAN**

Report Publication Date: 07/03/2012

Recommendation	What will be done?	Who will do it?	Timetable for completion:	Review date and progress:
<p>1 A good quality assessment and plan, using Asset, is completed when the case starts (YOT Manager).</p>	<p>All caseworkers to participate in Assessment, Planning, Intervention and Supervision (APIS) Training to address specifically assessment related issues.</p> <p>Quality Assurance (QA) of ASSET will be undertaken within 4 weeks of start of Order by Senior YOT officer and feedback provided to Senior YOT Officer meeting held monthly and chaired by Operations Managers.</p> <p>Information officer to collate data re: gaps in practice records and relay back to Operations Manager in the context of staff performance report.</p> <p>Review and improve quality of data set analysis and monitoring of assessments, ASSETs and intervention plans.</p> <p>Asset will be strengthened to incorporate the What Do You Think (WDYT) end of intervention questionnaire.</p>	<p>Trainers have been identified and booked Operational Manager for Court and Community</p> <p>Operations Manager Senior Practitioners</p> <p>Information officer by way of monthly staff performance report</p> <p>Operations Managers Senior Practitioners with support from information officer.</p> <p>Operations Managers Senior Practitioners with support from information officer.</p>	<p>March 2012</p> <p>1 April 2012</p> <p>May 2012</p> <p>April 2012</p> <p>April 2012</p>	<p>May 12</p> <p>June 12</p> <p>July 2012</p> <p>June 2012</p> <p>June 2012</p>

Recommendation	What will be done?	Who will do it?	Timetable for completion:	Review date and progress:
<p>2 Specifically, a good quality assessment of the individual's vulnerability and <i>Risk of Harm to others</i> is completed at the start, as appropriate to the specific case (YOT Manager).</p>	<p>Review and as appropriate make variation to management routines with respect to QA and sign off for Risk of Serious Harm (ROSH) and Risk Management (RM) plans. These to require involvement of senior YOT officers prior to sign off by Operations Manager</p> <p>Review and improve weekly case allocation Meetings to establish an ASSET tracking process.</p> <p>Review effectiveness of YOT risk panel.</p>	<p>Operations Manager Senior YOT officer</p> <p>Information officer to pass data onto Operations Manager re: cases where ROSH has not been completed but a 'yes' has been entered.</p> <p>Senior YOT officer and review by Operations Manager every 3 months</p> <p>Operations managers</p>	<p>1 April 2012</p> <p>March 2012</p> <p>March 2012</p> <p>Immediate</p>	<p>June 12</p> <p>June 2012</p> <p>June 2012</p> <p>March 2012</p>
<p>3 Management oversight is effective in ensuring the quality of assessment and plans to manage vulnerability or <i>Risk of Harm to others</i>, and ensures that planned actions are delivered (YOT Manager).</p>	<p>All caseworkers and supervisory staff to participate in APIS Training to address specifically assessment related issues and risk management.</p> <p>Undertake QA of ROSH and RM plans on a monthly basis by Operations Managers and provide analysis and findings to Senior YOT Officers with further review by monthly Senior YOT officer meetings.</p> <p>Information officer to collate data re: gaps in casework practice and relay back to Operations Manager in the context of staff performance report.</p> <p>Review and improve use of QA toolkit by Operations Managers and Senior YOT Officers to monitor quality of ROSH and RM plans.</p>	<p>Trainers identified and booked / Operations Manager</p> <p>Operations Manager Senior Practitioners</p> <p>Information officer by way of monthly staff performance report</p> <p>Operations Managers Senior Practitioners with support from information officer. Circulate QA toolkit to all line managers.</p>	<p>February 2012</p> <p>March 2012</p> <p>May 2012</p> <p>April 2012</p>	<p>June 2012</p> <p>1 April 2012</p> <p>July 2012</p> <p>June 2012</p>

Recommendation	What will be done?	Who will do it?	Timetable for completion:	Review date and progress:
	<p>Ensure that rigorous discussion scripted into supervision with case managers regarding quality of assessments and plans.</p> <p>Establish formal case discussion sessions with staff within a group setting.</p>	<p>Line managers</p> <p>Line managers</p>	<p>Immediate</p> <p>March 2012</p>	<p>April 2012</p> <p>June 2012</p>
<p>4 Sufficient attention is given to the safety of victims throughout the course of the sentence (YOT Manager).</p>	<p>Review casework practice to ensure that sufficient priority is allocated to the safeguarding and restorative justice (RJ) elements of intervention and that these are made integral to end-to-end sentence planning practice.</p> <p>Ensure all frontline staff participate in Restorative Justice Training to ensure that RJ worker and Senior YOT Officer have ownership of safeguarding and restorative justice elements of practice.</p> <p>Introduce QA routines to ensure that intervention planning routinely addresses victim awareness issues, incorporates elements of RJ work and foregrounds safeguarding of victim.</p> <p>Review the YOTs RJ post to determine if it provides coverage sufficient to support the YOT's management of the RJ elements of casework team support, victim work and service delivery</p>	<p>RJ worker Police Operations Managers Senior Practitioners</p> <p>YOT Manager and L&amp;D Trainers booked for March &amp; May 2012</p> <p>Operations Manager Line manager to monitor through data sets.</p> <p>Service – re-alignment Increase post from P/t – F/T. AD &amp; HOS to review current position</p>	<p>Immediate</p> <p>March 2012</p> <p>May 2012</p> <p>April 2012</p>	<p>April 2012</p> <p>June 2012</p> <p>July 2012</p> <p>June 2012</p>

Recommendation	What will be done?	Who will do it?	Timetable for completion:	Review date and progress:
<p>5 There is appropriate review of assessments and, as applicable, plans following receipt of important new information, intelligence and reports of harmful behaviour or the commission of new offences (YOT Manager).</p>	<p>All caseworkers to participate in APIS Training to address specifically appropriate information sharing and timeliness of updating assessments, plans and case records.</p> <p>Review and as appropriate make variation to the Service Level Agreement between YOT and Met Police (Bromley).</p> <p>Ensure that rigorous discussion is scripted into supervision and case discussions with case managers regarding police intelligence, information sharing and prompt notification of incidences of re-offending.</p>	<p>Trainers identified and booked / Operations Manager</p> <p>YOT Manager</p> <p>Line Managers</p>	<p>March 2012</p> <p>April 2012</p> <p>Immediate</p>	<p>June 2012</p> <p>September 2012</p> <p>June 2012</p>
<p>6 Assessments and plans in custodial cases should reflect and, as appropriate to the specific case, address the likelihood of re-offending, <i>Risk of Harm to others</i> and vulnerability in the community as well as in custody (YOT Manager).</p>	<p>All caseworkers to participate in Beyond Reason training.</p> <p>Implement programme of developmental work to improve YOT work within secure estates.</p> <p>Organise 'exchange' visits to improve communication and awareness across YOT and Secure Estates.</p> <p>Ensure timely and rigorous discussion is scripted into supervision and case discussions with case managers regarding Bromley young people throughout custody.</p>	<p>YOT Manager/L&amp;D Trainers booked</p> <p>YOT Manager Operations Manager</p> <p>YOT Manager Operations Manager</p> <p>Line Managers</p>	<p>March 2012</p> <p>May 2012</p> <p>March 2012</p> <p>Immediate</p>	<p>June 2012</p> <p>September 2012</p> <p>June 2012</p> <p>June 2012</p>



<b>Recommendation</b>	<b>What will be done?</b>	<b>Who will do it?</b>	<b>Timetable for completion:</b>	<b>Review date and progress:</b>
	Review and improve systems for undertaking community reviews to ensure that these are undertaken regularly in line with National Standards guidance.	Line Managers	May 2012	September 2012
	Review current sentence, release and transfer planning practice to ensure that step down arrangements are organised in conjunction with appropriate staff within Children's Social Care.	Line Managers	May 2012	September 2012
Name of person completing this plan:		Designation:		Date:

*This template is for guidance only - you are welcome to use your own template, or include these actions in other plans.*



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Telephone: 020 7448 9299  
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**22<sup>nd</sup> December 2011**

Dear Mr Andrew Kerworthy

**HMI Probation inspection of youth offending programme.**

As you are aware, HMI Probation has carried out an inspection of the youth offending services in your area recently. The Care Quality Commission (CQC) participated in this inspection with the intention of reviewing the PCT's contribution to the YOT and also following up a number of the general issues outlined in the publication 'Actions Speak Louder', and this letter sets out our findings and recommendations as a result of our visit. As explained in advance of this inspection, our individual findings do not form part of the feedback report by HMI Probation although any relevant information will be included in our assessment systems for 2011 -12. The information gathered will also be collated with other findings and will be fed back on a regional basis alongside HMI Probation.

It is understood that Bromley Primary Care Trust (PCT) was formerly a stand alone PCT with one CEO but is now part of a cluster arrangement. Some aspects of Substance Misuse are commissioned via the DAAT by the Central and North West London Foundation Trust (CNWL).

The YOT health provision currently consists of a full time Substance Misuse worker based within the YOT providing Tier 2 and 3 interventions. There are also two nurses based within the YOT. One is a CAMHS nurse the other a general nurse each equating to a 0.4 full time equivalent position.

The findings of this inspection are as follows: -

## **Assessment and Planning**

### **Strengths**

- There is good awareness by YOT Officers of the relationship between the health and wellbeing of the CYP and their offending behaviour. YOT Officers consider wider health, wellbeing and neglect issues e.g. using home visits to back up information regarding domestic violence/substance misuse within the home or relevant aspects witnessed by the CYP YOT.
- There are good substance misuse assessments conducted by the YOT Substance Misuse worker. The assessment tool includes questions relating to patterns of substance misuse, their general health (including sexual health) and their preferences in relation to substance misuse.
- All YP are referred through to the Nurse for a general health check and there is good health awareness and communication between the three on-site health workers.
- Effective links exist for referrals into substance misuse and CAMHS. The YOT Substance Misuse worker is full time and personally accessible as he shares an office with the YOT Officers, and can also be contacted via YOIS, email or phone. Both the CAMHS and general nurses are also based in the offices and the general nurse offers an appointment for general health screening to all the YP passing through the YOT irrespective of the ASSET score.
- YOT managers provide a good quality assurance oversight for the YOT Officers' assessments (through ASSET) and the YOT maintains adherence to the, now defunct, YJB timescales in offering an appointment to all YP within the previously advised 5 day period.

### **Areas for improvement**

- Greater use could be made of nationally recognised assessment tools to consistently assess emotional and mental health needs.
- The accuracy of referrals for health assessments and interventions is not confirmed by health workers themselves through the dip sampling of 'null' or 'low' scoring ASSETs.

## **Delivery and review of interventions**

### **Strengths**

- There is good access for YP to CAMHS who operate from a Poly-Clinic building and are based discretely at the rear of the ground floor, reducing the potential stigma of attending the service. However, CAMHS have also conducted home visits and attended the YOT to assess and deliver interventions for high risk YP where necessary.
- The service benefits from good access for YP into the Tier 4 Adolescent Team (BYPASS) for face-to-face assessments and ongoing work.
- Health staff in the YOT appropriately consider diversity needs, including attendant issues associated with gender.
- The YOT Nurse liaises well with other external agencies (such as school nurses, pupil referral units, behaviour management teams and social work staff) and parents to arrange follow-up work.
- The nurse has a number of years of experience in schools as well as operating theatres, ENT and family planning work. This has enabled her to offer a broader service with a prescribing role including immunisation and hormonal contraception while also adding to the rest of the health workers and YOT team in assisting with providing condoms and sexual awareness counselling. There is also a useful needle exchange process in place for YP.
- YOT case managers and health professionals engage with young people outside formal settings e.g. conducting outreach work, home visits, and when necessary joint visits with other professionals.
- There is good use of a range of intervention materials. The Substance Misuse worker, for example, utilises a 'Drugs box' – containing dummy drugs with information on their effects to illustrate the choices and risks involved with substance misuse.
- Health staff are well aware of the limits to confidentiality and the need to report safeguarding concerns. All health staff are appropriately trained to level 3 in safeguarding.

### **Areas for improvement**

- Referring into a universal provision can delay an assessment and an intervention being delivered. There is, for example, no accessible speech and language provision within the YOT. It is considered more accessible via the specialist Autistic School, Neurodevelopment Team or through a Statement of Educational Need. CAMHS also does not have an occupational health service as this is separately commissioned.
- Health workers' assessments, planning and interventions with YP are conducted predominantly in an office or clinical setting although there is access to a good range of alternative settings. Greater flexibility can promote better engagement although it is appropriately acknowledged that the setting needs to reflect the needs and wishes of the young person.
- There is no health professional providing quality assurance or management oversight in relation to YOIS.

## **Achievement of outcomes**

### Strengths

- Asset scores are used as an indicator to inform health care interventions.
- The impact of health contributions to offending behaviour are monitored on an individual level through individual and group supervision, risk management conferences and planning meetings. Young people are asked to comment on the overall process through a QA questionnaire, and whether they feel that the health intervention provided through the YOT has impacted on their offending behaviour.
- There is good information exchange between the YOT health workers and secure environments which promotes positive outcomes.
- A full case review is conducted on the closure of a case to ensure it is appropriate and that any outstanding needs are being met by relevant services.
- Case reviews which take place do involve health workers where this is appropriate.

### Areas for improvement

- Although proposals are in place to further develop the substance misuse worker's role in order to improve outcomes by offering, for example, drug and alcohol testing and educational input, it is difficult to envisage the range of expected improvements with current capacity and existing workloads. It is, nevertheless, accepted that this worker is part of a wider service team which can provide support.
- There is no Speech and Language Therapy (SALT) input for the Bromley YOT team, which can affect the overall outcomes for people referred through the YOT.

## **Governance and resources**

### Strengths

- There are good information sharing protocols in place between the London Borough of Bromley and Bromley Healthcare.
- Good arrangements exist for the Substance Misuse Worker and the CAMHS Nurse to attend the YOT Risk Management panels. In their absence, arrangements are in place to ensure the panel receive the same level of specialist advice. The Therapeutic Counsellor and Health Nurse are able to feed into the panel via Case Managers and can attend to address specific cases.
- Good use is made of training opportunities by health workers within the YOT.
- Substance misuse plans are well integrated with YOT care plans.
- Health plans appropriately follow public health and government guidelines.
- Good processes exist for obtaining support from A&E and interventions at the Tier 4 level for more acute cases.
- Health updates are regularly provided to the YOT Management Board.
- There is good attendance by health representatives at the YOT Management Board.

### Areas for improvement

- Attendance patterns and drop-out rates are well monitored although additional qualitative information is not sought.
- Health outcomes information is not sufficiently well collated and linked to YOT outcome information to inform future practices.
- Substance misuse governance does not appear as well linked to the YOT Management Board as other elements of health.

## **Recommendations**

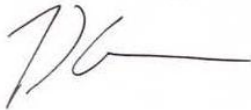
The recommendations have been aligned the CQC outcomes. A copy has been submitted to CQC for the Quality Risk Profile process and the Regional Team to inform future inspections.

<b>CQC Outcomes</b>	<b>Reg</b>	<b>Outcome</b>	<b>Recommendations</b>
16	10	Assessing and monitoring the quality of service provision	<ul style="list-style-type: none"> <li>• Improve the quality assurance of referrals to health workers by dip sampling a few of those ASSETs which score health as a '0' or '1'. This will ensure that health needs are being picked up appropriately.</li> </ul>
1	17	Respecting and involving people who use the services	<ul style="list-style-type: none"> <li>• Assessments of speech, language and communication difficulties need to be improved to assist with engagement and enhance the impact of interventions.</li> </ul>
10	15	Safety and suitability of premises	<ul style="list-style-type: none"> <li>• Ensure that there is sufficient flexibility in venues to encourage engagement with young people.</li> </ul>
21	20	Records	<ul style="list-style-type: none"> <li>• The contribution of health workers to YOIS should be quality assured to ensure that accurate and useful health records are available.</li> <li>• Health outcome information should be more effectively collated and linked to YOT outcome information to help inform future work and to demonstrate value for money.</li> </ul>
6	24	Co-operating with other service providers	<ul style="list-style-type: none"> <li>• Governance of substance misuse arrangements should be more closely aligned to the work of the YOT Management Board.</li> </ul>

I would like to thank you for your cooperation with this inspection, for the hospitality shown and for the efforts made by all the participants to meet the demands of our tight schedule.

Your CQC Regional Director is copied into this letter and will arrange follow up on any actions detailed. We have also copied in CQC's Head of Operational Improvement, who has overall responsibility for this inspection programme. In respect of the recommendations, please indicate how they will be addressed within 20 working days of receipt of the final copy of this letter.

*Yours sincerely*

A handwritten signature in black ink, appearing to be 'Fergus Currie', with a long horizontal line extending to the right.

*Fergus Currie*

*CQC Youth Offending Development Manager*

*Cc.*

*Mr Colin Hough – CQC Regional Director*

*Sue McMillan – Head of Operational Improvement*

*Ms Elayne Stewart – YOT Manager*

*Dr Angela Bhan – Director of Public Health*