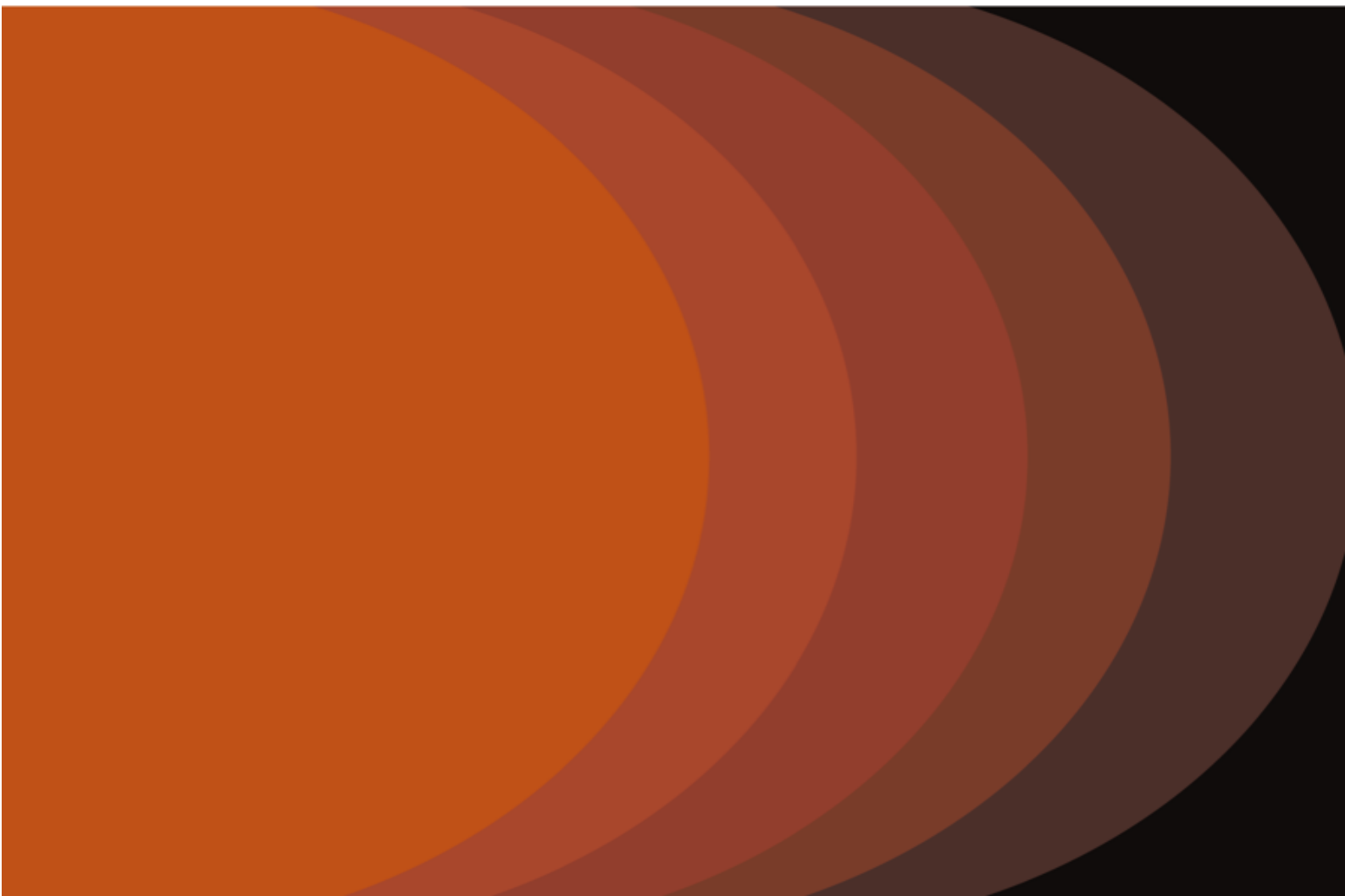
HM Inspectorate of Probation

An inspection of youth offending services in

# County Durham

HM Inspectorate of Probation, November 2022



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**The role of HM Inspectorate of Probation**

HM Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales. We report on the effectiveness of probation and youth offending service work with adults and children.

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

# Foreword

This inspection is part of our programme of youth justice service (YJS) inspections. We have inspected and rated County Durham YJS across three broad areas: the arrangements for organisational delivery of the service, the quality of work done with children sentenced by the courts, and the quality of out-of-court disposal work.

Overall, County Durham YJS was rated as 'Requires improvement'. We also inspected the quality of resettlement policy and provision, which was rated separately as 'Outstanding'.

The management board was a suitably experienced group, and we found examples of considerable leverage of resources to support the work of the YJS in substantial health service support, and in the development of work with children exhibiting harmful sexual behaviour. There was a long-standing commitment to delivering services in a form adapted to the needs of children and there were high-quality products, in accessible formats, to support the work. Children express strong appreciation of the work with the YJS.

We were concerned, however, that the board did not receive sufficient assurance about the quality of work delivered. There was a reliance on good relationships and, although these are integral to effective partnership working, there was insufficient rigour in the quality management of the delivery of services to provide the board with the assurance it needs. More constructive challenge is necessary.

There is an experienced and knowledgeable operational management and staff group. We are concerned that the quality of work delivered in the post-court cases was not of good enough quality in too many aspects. There needs to be considerable and sustained improvement in order that the quality of work better reflects the potential of the staff group. Management oversight of the work was not good enough in too many cases, and the absence of reflective, inquisitive practice meant that too many issues of risk to the child's safety and wellbeing, or the risk of harm they may present to other people, were not being given enough attention.

The results of the inspection for out-of-court disposal work are disappointing. The YJS has successfully developed an approach to diverting children from criminal justice processes in the context of often troubled and damaging life experiences. The complex needs of the children are not being addressed through the work being delivered, despite the clear intentions of the service to provide levels of support and intervention that are commensurate with those needs.

Conversely, the work we inspected in resettlement cases was a significant strength. The work required engagement with children in considerable crisis and based on excellent working relationships met, or exceeded, the range of expectations we have set.

Our recommendations suggest a comprehensive improvement programme for the County Durham YJS board. We think that there is the commitment, capacity, and expertise to deliver the quality of service that we would expect.

**Justin Russell**
HM Chief Inspector of Probation

# Ratings

| **County Durham Youth Justice Service**<br>Fieldwork started August 2022 | | **Score** | **11/36** |
|---|---|---|---|
| **Overall rating** | | **Requires improvement** | |
| **1.** | **Organisational delivery** | | |
| 1.1 | Governance and leadership | **Requires improvement** | |
| 1.2 | Staff | **Requires improvement** | |
| 1.3 | Partnerships and services | **Requires improvement** | |
| 1.4 | Information and facilities | **Good** | |
| **2.** | **Court disposals** | | |
| 2.1 | Assessment | **Requires improvement** | |
| 2.2 | Planning | **Good** | |
| 2.3 | Implementation and delivery | **Requires improvement** | |
| 2.4 | Reviewing | **Requires improvement** | |
| **3.** | **Out-of-court disposals** | | |
| 3.1 | Assessment | **Inadequate** | |
| 3.2 | Planning | **Inadequate** | |
| 3.3 | Implementation and delivery | **Inadequate** | |
| 3.4 | Out-of-court disposal policy and provision | **Requires improvement** | |
| **4.** | **Resettlement**[1] | | |
| 4.1 | Resettlement policy and provision | **Outstanding** | |

[1] The rating for resettlement does not influence the overall YJS rating.

# Recommendations

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

**The County Durham Youth Justice Service management board should:**

1. review the provision of out-of-court disposal work, including benchmarking activity, aiming to make sure that every child can receive services that address their needs and any associated risks
2. develop robust quality management arrangements that provide assurance to the board that key aspects of service delivery (case management and interventions) are delivering to the standard required by HM Inspectorate of Probation
3. formally review the learning that can be gleaned from external sources, for example HM Inspection of Probation reports or incidents of concern, and develop action plans to implement service improvement
4. review the case management/interventions structure and develop methods of making sure it is delivering services as they are intended
5. require all operational staff (including operational managers) to receive at least refresher training in the core skills of assessment, planning, and review of cases
6. require all operational staff (including operational managers) to receive at least refresher training in safeguarding children and the management of risk of harm to other people
7. provide operational management with training, and development opportunities, in the management of risk to safety and wellbeing and the risk of harm to others
8. develop methods of establishing closer links between operational staff and board members
9. develop the availability of needs-based data and analysis as a matter of urgency.

# Background

We conducted fieldwork in County Durham Youth Justice Service (CDYJS) over a period of a week, beginning 01 August 2022. We inspected cases where the sentence or licence began between 02 August 2021 and 27 May 2022, out-of-court disposals that were delivered between 02 August 2021 and 27 May 2022, and resettlement cases that were sentenced or released between 02 August 2021 and 27 May 2022. We also conducted 36 interviews with case managers.

The population of young people in County Durham is 101,979,[2] including 46,372 10–17-year-olds. Levels of poverty are relatively high and 26 per cent of children in the county live in poverty, with 50 per cent of children living in the top 30 per cent most deprived areas.

During 2021/2022, 515 offences were committed by 262 children across County Durham, an average of two offences per child offending, a slight reduction on the previous year average of 2.3 offences. Since 2015/2016 there has been a 54 per cent reduction in the number of offences committed and a 55 per cent reduction in the number of children offending. Violent crime remains the most prevalent offence type. Ninety-three per cent of all offences in the county were committed by those with white British ethnicity. The County Durham population profile has 98 per cent white British ethnicity.

CDYJS is line-managed, on behalf of the management board, by Durham County Council. The service is part of the early help, inclusion and vulnerable children service (EHIVC) in the children and young people's directorate. The head of EHIVC is the chair of CDYJS management board and line manages the CDYJS manager. The CDYJS manager is solely responsible for CDYJS. There are 52 staff working in CDYJS plus 10 administration and information staff; 60 per cent of the staff are female and 40 per cent male, and 4 per cent are of black or minority ethnic background. There is very low staff turnover with 98 per cent of staff having worked for the service for at least five years. The caseload for the service saw a gradual rise over the previous 12 months, with the greatest increase being pre-caution disposals. CDYJS operates a 'case management model' in which the case manager carries out assessment and planning and specialist delivery staff deliver interventions.

In common with other services, the impact of Covid has been, and continues to be, felt acutely by the service. However, while the initial lockdowns were a difficult period to manage services, they also provided the opportunity for the service to learn new ways of operating both internally and in its work with children.

In July 2022, the total caseload of the YJS was 127, of which 84 per cent were male and 16 per cent female, and 1.6 per cent were of black, Asian or minority ethnicity. Young people aged 16 or over received 47 per cent of all outcomes, a reduction from 53 per cent in the previous year.

Children with special educational needs (SEND) account for 40 per cent of the caseload, 20 per cent of the current cohort are children looked after or children in care, 81 per cent are assessed as having issues with emotional wellbeing or diagnosed mental illness, and 60 per cent are identified as having substance misuse issues.

[2] All contextual data provided by CDYJS

# 1. Organisational delivery

To inspect organisational delivery, we reviewed written evidence submitted in advance by the YJS and conducted 12 meetings, including with staff, volunteers, managers, board members, and partnership staff and their managers.

Key findings about organisational delivery were as follows.

## 1.1. Governance and leadership

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

**Strengths:**

- The vision of County Durham Youth Justice Service (CDYJS) is to adopt the principles of 'child first', see children as children, develop a prosocial identity, collaborate with children, and promote diversion.
- All statutory partners are represented on the board, at an appropriate level of seniority within their own organisations. The board is consistently well-attended.
- There are substantial service developments which are a consequence of board members advocating for CDYJS (for example, the establishment of a harmful sexual behaviour coordinator post and the enhanced offer of health services).
- The board chair has a good understanding of, and active engagement in, the local strategic environment for partnership working.
- The board receives regular inputs on the results of staff surveys and the experience of children and families working with CDYJS. It is hearing the child's voice.
- There is regular monitoring of the protected characteristics of the caseload, with no disproportionate representation evident
- CDYJS has developed a specific policy for working with Gypsy, Roma, and Traveller children and their parents or carers. There was evidence of the application of culturally sensitive working in the relevant inspected cases.
- The management team fosters positive approaches with operational staff and works within a constructive set of cooperative working relationships.

**Areas for improvement:**

- There is a strategic commitment to improving the quality of practice but there is not enough assurance provided to the board on the quality of operational delivery.
- The product of audits is considerably at variance with the results generated by the inspection, suggesting an overly positive approach to the auditing of the quality of services delivered.

- Business risks to the service are not systematically identified, and we found little evidence of active management and mitigation of risks.
- The arrangements for the delivery of services include a bifurcation of case management and interventions staff, and there is evidence that this model is not delivering what is intended.
- There needs to be improved strategic and operational focus to ensure that school aged children are appropriately engaged in education.
- The results of the case management inspection are such that, in line with our guidance, a rating of 'Inadequate' should be considered. We have identified sufficient strength in the organisation to merit a 'Requires improvement' rating.

## 1.2. Staff

| | |
|---|---|
| Staff within the YOT are empowered to deliver a high-quality, personalised and responsive service for all children. | Requires improvement |

**Strengths:**

- There is an experienced group of practitioners who demonstrated a high level of commitment to the children with whom they work and to their employing organisation.
- In 25 of the 29 respondents to the staff survey, the perception was that the workload is reasonably manageable.
- In staff discussion we were advised that managers are extremely responsive to the demands of the work and will adjust caseloads when necessary to alleviate pressure on individuals.
- Staff reported caseloads as high as 20 each but, taking into account the reduced demand on their time due to the delivery arrangements of a separate interventions team, we take the view that the workload is reasonable.
- All staff (29 out of 29) considered that the CDYJS listens to and acts on their views at least 'quite well'.
- The management team provides a strongly supportive environment for staff; this support was particularly evident during the pandemic restrictions.
- Individual needs for support are managed appropriately, for example, reasonable adjustments are put in place for staff with a disability through the provision of appropriate equipment. All staff with diversity needs felt that these were recognised and responded to at least 'quite well'.

**Areas for improvement:**

- The board seems a distant body to staff and there is limited engagement between operational staff and board members.
- Training does not sufficiently address the core skills necessary (of risk assessment and management in relation to safety and wellbeing and harm to others) to deliver an effective service as defined by our standards.

- In our case inspection, almost all staff interviewed thought that they had effective management oversight in the case, but we assessed that management oversight was effective in only 13 out of 36 cases.

## 1.3. Partnerships and services

| | |
|---|---|
| A comprehensive range of high-quality services is in place, enabling personalised and responsive provision for all children. | Requires improvement |

**Strengths:**

- There is a range of up-to-date data on offending and disposals/outcomes. The data is broken down to locality level, giving clarity about the rate of offending in the areas in the county.
- A major strategic needs analysis was conducted by public health in 2014 (this Joint Strategic Needs Assessment is publicly available).3
- The health data has influenced the relevant health providers to support a well-resourced health service contribution to CDYJS staffing through the secondment of two nurses, two wellbeing support staff, a speech and language therapist, psychologist, and specialist child and adolescent mental health service (CAHMS) nurse.
- There are strong links to training and education provision through Durham Works and this commences, if necessary, when the child turns 15.
- The youth justice interventions team directory contains an array of programmes addressing alcohol/substance misuse, a range of offending behaviour work, use of constructive leisure activities, and victim awareness.
- There is a strong restorative justice offer, providing a range of purposeful reparation activities.
- Development of victim work includes the With Youth in Mind group for young people who have been victims of crime (a key contribution to the Investors in Children accreditation).
- There is also a parenting support group for parents who are victims of their own child's offending.
- ClearCut Communication resources provide accessible materials for the work with children.

**Areas for improvement:**

- Needs assessment data remains underdeveloped (acknowledging that a wider public health refresh of the needs analysis is pending).
- Waiting lists for specialist assessment for neurodivergent conditions can be very long; we saw cases where the wait was up to two years for an autism or attention deficit hyperactive disorder (ADHD) assessment.
- Work to ensure children's engagement in statutory education has a clearer focus.

[3] Joint Strategic Needs Assessment (durham.gov.uk)

- Ratings of 'Requires improvement' and 'Inadequate' in the domains 2 and 3 implementation and delivery standards led to consideration of an 'Inadequate' rating for partnerships and services, but we found enough strengths in this area to establish a rating of 'Requires improvement'.

## 1.4. Information and facilities

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

**Strengths:**

- Policies covering an appropriate range of issues are in place and readily available to staff. All staff surveyed reported that they understood the policies and procedures that apply to their role at least 'quite well'.
- Key policies and processes are regularly reviewed and developed in line with experience, for example, the out-of-court disposal processes.
- Disproportionality is monitored through the range of disposals, both out-of-court and post-court, managed by CDYJS.
- Of the staff surveyed, 25 out of 28 indicated that the environments in which services are delivered met the needs of the children at least 'to some extent' and all indicated that the environments were at least 'to some extent' safe for staff and children.
- Almost all staff reported that the information technology helped deliver quality services. ChildView is accessed by all members of the partnership team.
- There are up-to-date protocols for information exchange between all participating partnership agencies.
- There is ongoing review of HM Inspectorate of Probation recommendations for both core and thematic inspections, and community safeguarding and public protection incidents are logged.

**Areas for improvement:**

- The focus on protected characteristics in policies and procedures is limited by the historic difficulty in obtaining needs-based data.
- Quality audits are conducted by individual managers in relation to their direct reports. This is accompanied by themed audits, general case audits and quality assurance of assessments by other managers. Although some external benchmarking has taken place in the past, the work is not subject to the level of scrutiny and challenge required to drive improvement.
- The extent of learning from inspections or incidents of concern in the locality and tangible, consequential improvement is limited.

## Involvement of children and their parents or carers

The YJS contacted, on our behalf, children who had open cases at the time of the inspection to gain their consent for a text survey. We delivered the survey

independently to the 45 children who consented, and 12 children or their parents or carers replied. Five further children and parents responded to direct interviews.

CDYJS works within a framework of standards for engagement with children and has secured an Investors in Children membership accreditation, in which an external review of the services considered the evidence of dialogue with children and their involvement in the development of services. A key contribution was made by the With Youth in Mind group for children who had been victims of crime.

The YJS advocates child-centred, relationship-based methods of working, seeking to establish and develop effective working relationships with children and their parents or carers.

The respondents to our survey generally rated the work of CDYJS very highly. One child felt that the workers were very reliable and made him think carefully about his behaviour:

> *"Because it's really made a change to my behaviour because as much as you don't want to see them, they always try and see you for meetings. They always come and get on your nerves which makes you not want to do anything illegal again".*

The way that CDYJS staff talked to children is seen as both supportive and impactful, with one parent commenting:

> *"They were very informative and helpful. They explained everything in a way my son could understand … My son has not been in trouble since they have been".*

The importance of taking time to hear the voice of children and their parents or carers properly was exemplified by the following observation:

> *"I feel that me and my son were listened to and their approach was appropriate and had a positive impact on my son by the way it was conducted".*

The range of work undertaken by CDYJS was strongly appreciated, yielding this view:

> *"The YOS try to stop young people from reoffending and deal with more mental health concerns and getting them out of certain scenarios. At the minute he works with [team of workers]. There is a plan of action in place".*

The value of the relationship with the parent and child was appreciated, as described in the following statement:

> *"The YJS worker is lovely but sometimes different children have different needs and some people don't fully understand my son. He can be awkward also. Some staff are full on and he won't engage; the YJS worker has a nice approach and is matter of fact as well".*

## Diversity

- The CDYJS works in a way that seeks to address the diverse needs of the children through comprehensive assessment at the start of contact.
- When asked about how services are adjusted in the light of diverse needs, the practitioner group were able to relate real and substantial examples. The

focus on diversity was not always maintained. Through case work we found that analysis of diversity was less than sufficient in almost half of the cases inspected in out-of-court work.

- There is a well-developed package of communication tools aimed at supporting children with speech and language difficulties (estimated to be around 80 per cent of the current caseload). This underpins the work that is being delivered by health staff, with designated wellbeing staff supporting children with a range of mental health needs.
- The population of the area is 96 per cent white British, and there is no evidence of disproportionate representation of children from minority ethnic backgrounds in the caseload. The staff group broadly reflects the local population.
- The monitoring of children's protected characteristics is hampered by the newness of the current ChildView system; there is the potential to generate detailed information which the system captures, and this is an area for further development.
- In the resettlement policy we found that the commitment to working with the child's diverse needs was clearly and unequivocally stated. This was less clear in other areas of policy.

# 2. Court disposals

We took a detailed look at 13 community sentences managed by the YJS.

## 2.1. Assessment

| | |
|---|---|
| Assessment is well-informed, analytical and personalised, actively involving the child and their parents or carers. | Requires improvement |

Our rating[4] for assessment is based on the following key questions:

| | % 'Yes' |
|---|---|
| Does assessment sufficiently analyse how to support the child's desistance? | 92% |
| Does assessment sufficiently analyse how to keep the child safe? | 62% |
| Does assessment sufficiently analyse how to keep other people safe? | **54%** |

CDYJS case managers based their work on establishing positive working relationships with children and their parents or carers. Desistance work, including focus on the child's diversity, was sufficiently addressed in almost all cases. Analysis of desistance factors characteristically included information from a range of sources and consistently identified the main issues linked to the child's offending. We found that children and their parents or carers and the wider group of professionals were meaningfully engaged in the assessment process in almost all cases. For example:

> *'The child was looked after and accommodated by a local children's home; the self-assessment was completed by the mother, following a separate family meeting and home visit'.*

Where concerns were identified about the child's safety and wellbeing, the findings from case inspection showed inconsistent practice. Issues relating to the child's history which had a bearing on current safety, for example substance misuse, self-harm or mental health issues, were carefully considered in the assessment in some cases. In others, clear indicators of risk to the child's safety, such as criminal exploitation, were not analysed and understood well enough.

Too frequently, we found that issues which meant the child had behaved in a way that presented risk of harm to other people were given insufficient attention. The depth of analysis was inconsistent. In some cases, we found that case managers had assembled all of the appropriate information and had developed suitable contingency arrangements should the child's circumstances deteriorate. However, in other cases, past behaviour had been excluded from the assessment and was not considered by the case manager in formulating a view about the level of risk

[4] The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. A more detailed explanation is available in the data annexe.

presented and the management of changes in the child's life. Where important information was missed, the focus on the safety of past or future victims was limited.

## 2.2. Planning

| | |
|---|---|
| Planning is well-informed, holistic and personalised, actively involving the child and their parents or carers. | Good |

Our rating[5] for planning is based on the following key questions:

| | % 'Yes' |
|---|---|
| Does planning focus sufficiently on supporting the child's desistance? | 85% |
| Does planning focus sufficiently on keeping the child safe? | **77%** |
| Does planning focus sufficiently on keeping other people safe? | 85% |

In most cases, the plans developed by case managers were of a good standard.

We found comprehensive work programmes outlined that were relevant to the child's offending and laid a foundation for desistance. In most cases, the child's diversity needs, in relation to protected characteristics, were addressed in planning for the work to be delivered. Children and their parents or carers were meaningfully involved in the preparation of the plan in most cases. The plans were individualised and contained a range of interventions suited to the needs of the child. The needs of victims were almost always planned for, and this included reparation activity and some restorative practice, such as letters of apology/explanation to direct victims of offences.

The child's safety and welfare were planned for in most cases. There was good liaison and information sharing with key professionals involved in the child's life and this included, where appropriate, extensive joint work with the police in relation to missing-from-home episodes. There was also good planning work with schools, mental health staff, care home staff, substance misuse services, and children's social care. We found good examples of the case manager putting plans in place to support the wider family when this had a bearing on supporting the child.

Case managers paid good attention to developing plans to keep other people safe. There was positive engagement with psychological services, and this was particularly clear in cases where the child had exhibited harmful sexual behaviour. In these circumstances, there was carefully developed understanding of the child's history of exhibiting harmful behaviour. When there was a team around the child (a multi-agency network to support the child and family), these were deemed to be sufficient to keep other people safe.

There were good examples of robust contingency planning for circumstances in which the child's risk to other people may increase, for example, plans should the

[5] The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. A more detailed explanation is available in the data annexe.

child show signs of disengagement from services or breaches of other control requirements (such as criminal behaviour orders). There was evidence from case managers that monthly case and risk management meetings actively monitored risk of harm issues associated with the child. The notes of these meetings, however, were not always presented in casefiles.

## 2.3. Implementation and delivery

| | |
|---|---|
| High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child. | Requires improvement |

Our rating[6] for implementation and delivery is based on the following key questions:

| | % 'Yes' |
|---|---|
| Does the implementation and delivery of services effectively support the child's desistance? | 69% |
| Does the implementation and delivery of services effectively support the safety of the child? | 62% |
| Does the implementation and delivery of services effectively support the safety of other people? | **54%** |

We found inconsistent implementation and delivery of services. Diversity needs were accounted for in less than two-thirds of the cases.

When done well, comprehensive packages of intervention had a positive impact on the child's life. We saw high levels of support for children and coherent, sequenced work. This included thinking about the consequences of offending, reparation work, victim awareness, weapons awareness, promotion of the use of constructive leisure time, addressing substance misuse, and supporting engagement with education and training. The outcomes achieved with the children were clear. In one case the child had completed her school exams, managed to secure a place at college, and had part-time employment at a leisure centre. In another case, we saw the service being adjusted, based on a speech and language assessment, to much shorter and focused meetings. The result was an increase in the child's understanding of the impact of their behaviour and a marked reduction in antisocial and offending conduct.

In other cases, we saw reduced contact with the case manager while interventions were being delivered. This meant there were significant gaps in contact, too little engagement with parents or carers, and, on some occasions, a lack of enforcement on the child's maintenance of contact with staff delivering interventions.

Support of the child's safety and wellbeing was inconsistent. We saw tenacity in responding to instances where the child was missing from home and at risk of exploitation. This was a well-coordinated effort between the case manager and a range of other agencies. In other cases, there were significant gaps in the case manager's linking of identified issues in the child's life – anxiety, suicidal thoughts

[6] The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. A more detailed explanation is available in the data annexe.

and behaviours, health issues – to the delivery of services and the necessary information sharing to secure support for the child.

We were concerned that the focus on risk of harm to others was insufficient in almost half of the cases inspected. Too frequently, information gathered concerning potential threat to others was not shared or checked with police or social care staff.

## 2.4. Reviewing

| | |
|---|---|
| Reviewing of progress is well-informed, analytical and personalised, actively involving the child and their parents or carers. | Requires improvement |

Our rating[7] for reviewing is based on the following key questions:

| | % 'Yes' |
|---|---|
| Does reviewing focus sufficiently on supporting the child's desistance? | 77% |
| Does reviewing focus sufficiently on keeping the child safe? | 69% |
| Does reviewing focus sufficiently on keeping other people safe? | **62%** |

Reviews considered desistance factors well enough in most cases. In over two-thirds of the cases inspected, the diversity factors in the child's life were sufficiently considered. We found that most cases were well monitored and reviewed throughout the course of the order. Key themes in cases were identified well, meaning that, where circumstances changed, the plan could reflect additional desistance factors that had been identified. There was clear involvement of the child and their family in the process of review. Where sexually harmful behaviour had been identified, the reviews of the work, and multi-agency arrangements for reviewing the work, were to a good standard.

In half of the relevant cases, we found good liaison between the case manager and other professionals. Where necessary, this meant case manager participation in multi-agency reviews and the appropriate exchange of information to support desistance.

We were satisfied that reviews attended to the safety and wellbeing needs of the child in two-thirds of cases. Where there were care plans in place, due to the child being looked after by the local authority, the child's circumstances were reviewed by all professionals involved. Where issues had been overlooked in earlier phases of the work with the child, these were not always rectified through the process of review and there was no evidence that they were picked up through the management oversight of the case.

Just under two-thirds of the cases had sufficient review processes for managing the risk of harm to others. In one case, where practice was good, the content of the

[7] The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. A more detailed explanation is available in the data annexe.

review formed part of the case manager's application for revocation of the court order on the grounds of good progress. Where review work was unsatisfactory, it was characterised by issues concerning potential criminal exploitation not being acted upon, limited exploration of sources of information that would support a review of potential risk of harm to others, and low levels of management oversight.

# 3. Out-of-court disposals

We inspected 20 cases managed by the YJS that had received an out-of-court disposal. These consisted of two youth conditional cautions – requiring statutory interventions, three youth cautions, 12 community resolutions and three other disposals. We interviewed the case managers in 20 cases.

## 3.1. Assessment

| | |
|---|---|
| Assessment is well-informed, analytical and personalised, actively involving the child and their parents or carers. | Inadequate |

Our rating[8] for assessment is based on the following key questions:

| | % 'Yes' |
|---|---|
| Does assessment sufficiently analyse how to support the child's desistance? | 60% |
| Does assessment sufficiently analyse how to keep the child safe? | 40% |
| Does assessment sufficiently analyse how to keep other people safe? | **30%** |

In respect of assessment to support desistance, we found variable practice. In just over half of the cases, the assessment included sufficient analysis of diversity issues in the child's life. In most cases, the child and their parents or carers were meaningfully involved in the assessment process.

The approach to assessment, using a modified AssetPlus document, Asset Lite, was suitable as a means to summarise the information gathered, even in complicated cases involving risk of harm to others. When assessment was done well, we found clear evidence of information being drawn from a wide range of sources, leading to a good understanding of the links between issues in the child's life and offending behaviour. When assessment was insufficient, key issues in the child's life had not been considered. In some cases, the analysis did not draw on the range of possible sources of information and critical information – mental health conditions, neurodivergent conditions, education, health and care plans, involvement with children's social care – did not inform the assessment.

The inspector's view of the classification of risks to the safety and wellbeing of the children was considerably at variance with that of the case managers. In almost half of the cases inspected, we considered that the case manager's assessment was not reasonable and underestimated the risks to the child. Issues of family conflict, the link between safety and substance misuse, lack of attention to possible neurodivergent conditions, known disability or unexplained unpredictable behaviour

[8] The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. A more detailed explanation is available in the data annexe.

all contribute to heightened risk to safety and wellbeing but were not considered in the formulation of risk assessment.

In 30 per cent of the cases, we considered that the case manager's assessment of risk of harm to others was not reasonable and had been underestimated. In too many cases, we found poor attention given to key aspects of the child's circumstances or previous behaviour that had a direct link to their risk of harm to others.

## 3.2. Planning

| | |
|---|---|
| Planning is well-informed, analytical and personalised, actively involving the child and their parents or carers. | Inadequate |

Our rating[9] for planning is based on the following key questions:

| | % 'Yes' |
|---|---|
| Does planning focus on supporting the child's desistance? | 45% |
| Does planning focus sufficiently on keeping the child safe? | **40%** |
| Does planning focus sufficiently on keeping other people safe? | 50% |

Planning to support the child's desistance was insufficient in the majority of cases. Consideration of the child's diverse needs was sufficient in just over half of the cases inspected.

The children's lives were often complex, with significantly disrupted and damaging life experiences. There were many areas of vulnerability. Many of the children had been through adverse childhood events, had identified learning difficulties or disabilities, and potential criminal or sexual exploitation had been identified. The offending behaviour exhibited was often of significant concern in the risks to themselves or others.

Recurring themes in our case inspection included plans that omitted work on key desistance factors, for example, education or training when the child was not in education, employment or training (NEET). Where complex learning needs were identified, these did not form part of the plan of work in too many cases. The child's history of offending behaviour was not incorporated into planning work in cases where there was evidence of risk-taking that could have severe consequences for the child and potential victims. Plans only partially dealt with the issues in the child's life and did not utilise the range of information sources available to the case manager.

On risks to the child's safety and wellbeing, too few of the children and their parents or carers were meaningfully involved in the process. Consequently, family-related risks to the child's safety were not identified as part of the planning of the work. The extent of contingency planning, should the child's vulnerability

[9] The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. A more detailed explanation is available in the data annexe.

increase, was frequently less than would be required to keep them safe. There were insufficient plans to support children where mental health or substance misuse concerns had been raised.

When risk to other people had been identified, key information did not feature in plans for current circumstances, or as contingencies in the context of heightened risk. For example, where a child was arrested and charged with a serious offence after the out-of-court disposal was made, there were no evident plans for the safety of an identified victim.

## 3.3. Implementation and delivery

| | |
|---|---|
| High-quality, well-focused, personalised and coordinated services are delivered, engaging and assisting the child. | Inadequate |

Our rating[10] for implementation and delivery is based on the following key questions:

| | % 'Yes' |
|---|---|
| Does service delivery effectively support the child's desistance? | 40% |
| Does service delivery effectively support the safety of the child? | 40% |
| Does service delivery effectively support the safety of other people? | **30%** |

Too many of the inspected cases had insufficient services provided to them.

In one case, we noted that the case manager offered the view that, for out-of-court disposals, the level of interventions provided can be resource-led, rather than needs-led. This may, in part, explain the limited provision of services to the children subject to these disposals. We found one example where the service provided was limited to a single session looking at the consequences of offending. In the child's life there were identified concerns about disengagement with education, training and employment, problematic peer relationships, concerns about members of the family, and physical health problems. None of the issues formed part of what was delivered. In another case, identified speech and learning needs were not communicated to the interventions worker, the work was delivered without this knowledge, and the case was closed.

Too frequently, when safety and wellbeing concerns were identified, they were not acted upon. With one child, in circumstances of possible community reprisals, there was no planned response to mitigate any risks. We found other cases where multiple significant risks to the child's health or wellbeing were present in the form of potential criminal exploitation, negative family influence or self-harming

[10] The rating for the standard is driven by the lowest score on each of the key questions, which is placed in a rating band, indicated in bold in the table. A more detailed explanation is available in the data annexe.

behaviour. These did not lead to further exploration, and there were no relevant additional checks with police or children's services.

The work delivered failed to consider the dynamic nature of the children's lives and the changes in risk of harm to others that this can mean. Where the case manager had not identified or planned for risk of harm concerns, these were not picked up through the delivery of interventions by other staff. Furthermore, when the risk of harm that the child presented began to escalate, further intelligence or information was not sought by the case manager.

In one case, the child was arrested on suspicion of a serious offence and released under investigation. Their risk level was subsequently lowered, following case review, as the pending charge was perceived as not being relevant to the risk of serious harm the child presented.

In other cases, we noted that victim-related work, seeking to improve the child's awareness of the consequences of their behaviour, was not delivered as intended.

## 3.4. Out-of-court disposal policy and provision

| | |
|---|---|
| There is a high-quality, evidence-based out-of-court disposal service in place that promotes diversion and supports sustainable desistance. | Requires improvement |

We also inspected the quality of policy and provision in place for out-of-court disposals, using evidence from documents, meetings, and interviews. Our key findings were as follows.

**Strengths:**

- There is a clear and agreed procedure in place and this includes specified eligibility criteria.
- Governance of out-of-court disposals is supported by the multi-agency County Durham reducing reoffending group, which reports to the community safety partnership.
- There is a multi-agency decision-making panel which receives all referrals from the police following arrest or interview.
- Assessment includes screening for police involvement, engagement in children's services, health screening, and the preparation of an Asset-lite assessment (as a minimum).
- There is an opportunity for health to engage with children with a history of disengagement from medical services: "When they come to us, they are not going to be lost children anymore".
- All children referred for assessment are able to access the full range of CDYJS interventions.
- Out-of-court disposal work was reviewed during 2021 with a further review scheduled for autumn 2022.

**Areas for improvement:**

- There is no current, formal written escalation process. There was, however, clear understanding by managers of what should be done in the event of disagreement.
- There was scrutiny of youth cautioning through a local review panel that involved volunteers, but this has stopped operating, although it is intended that this will be reintroduced in October2022.
- There is insufficient attention to fostering engagement with the requirements of the disposal through processes or guidance.
- The scheme relies heavily on good relationships and needs to be supported by formal processes, understood and adhered to by staff operating the delivery of the scheme.
- The intention of the policy is not being delivered in practice.

# 4. Resettlement

## 4.1. Resettlement policy and provision

| | |
|---|---|
| There is a high-quality, evidence-based resettlement service for children leaving custody. | Outstanding |

We inspected the quality of policy and provision in place for resettlement work, using evidence from documents, meetings, and interviews. To illustrate that work, we inspected three cases managed by the YJS that had received a custodial sentence. Our key findings were as follows.

**Strengths:**

- The policy addresses all aspects of constructive resettlement.
- The policy clearly outlines expectations of service delivery which include a monthly case review at a multi-agency reoffending panel, consideration of the child's diverse needs, inclusion of the child's views, and the development of contingency planning should circumstances or arrangements alter.
- There are clear processes to address the core needs of each child through the pathways to services – actions are developed and reviewed at subsequent reoffending panel meetings.
- There are clear standards for contact with the child in custody and for contact with parents or carers, and clear expectations about the involvement of the child and their parents or carers in the process.
- In the inspected sample of three cases we found:
  - all were detention and training orders
  - in every case the work had been completed in accordance with, or beyond, the requirements of the policy
  - in every case there was good evidence of the child and their parent or carer being involved in the processes and receiving appropriate support
  - excellent links were developed to support the child with access to appropriate accommodation, health, and education/employment services on release from custody
  - all expected work with identified victims was undertaken
  - the protected characteristics of the child were identified and planned for and delivery was adjusted in the light of these needs
  - there were clear arrangements to address the child's vulnerabilities where necessary to address safeguarding concerns
  - there were equally clear arrangements to protect victims from further harm when necessary.
- The strength of the working relationship between case manager and the child and parents or carers shone through.

**Areas for improvement:**

- Not all staff had been trained in resettlement work – in our survey only eight out of 29 staff had received training (and none of the case managers who worked with the children whose cases we inspected).

## Further information

The following can be found on our website:

- inspection data, including methodology and contextual facts about the YJS
- a glossary of terms used in this report.