



NOTICE OF MEETING

Scrutiny Review - Preventing Youth Crime

WEDNESDAY, 6TH OCTOBER, 2010 at 13:15 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Newton (Chair), Christophides, Engert, Gibson, and Reece

AGENDA

1. APOLOGIES FOR ABSENCE

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. Late items will be considered under the agenda item where they appear. New items will be dealt with at item 6 below.

3. DECLARATION OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest and if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct and/or if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct

4. SCOPE OF REVIEW - PREVENTING YOUTH CRIME (PAGES 1 - 4)

To consider the scope and terms of reference for the scrutiny review on preventing youth crime.

5. BACKGROUND REPORT INTO ISSUES TO BE EXAMINED BY THE REVIEW (PAGES 5 - 100)

To receive a report setting out the issues that will inform the review.

6. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 2 above.

7. DATE OF NEXT MEETING

Friday 5 November 2010 – 1pm

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Services
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27 September 2010



Haringey Council

Agenda item:

Scrutiny Panel – Preventing Youth Crime
on 6 October 2010

Report Title: Scrutiny Review on Preventing Youth Crime	
Report of: Chair of Review Panel	
Wards(s) affected: ALL	
1. Purpose 1.1 To approve the scope and terms of reference for the Scrutiny Review.	
2. Recommendations 2.1 That the terms of reference and the proposed co-options onto the Panel be approved.	
Contact Officer: Carolyn Banks Principal Scrutiny Support Officer, Tel 0208 489 2965	
3. Executive Summary 3.1 As set out in the attached report	
4. Reasons for any change in policy or for new policy development (if applicable) 4.1 N/A	
5. Local Government (Access to Information) Act 1985 The background papers relating to this report are :	

6. Reasons for the review and background information

- 6.1 The Overview and Scrutiny Committee in July 2010 agreed that a scrutiny review into services, resources and activities that prevent children and young people becoming involved in youth crime, including gang related activity be undertaken.

- 6.2 The Panel wish to undertake a well focussed, time limited review which does not involve officers in unnecessary work. Following further discussions, members of the Panel agreed that the best way to do this would be to focus the review on prevention of youth crime and in particular look at the services provided by the Prevention Team within the Youth Offending Service and services provided by the targeted youth support team.
- 6.3 The YOS Prevention Team and targeted youth support team (YIP) have been identified as the council departments most involved with the prevention of youth crime. The YOS prevention team deals with young people who are at high risk of offending and also runs the Triage scheme where workers attend local police stations to divert young people from the criminal justice system. The YIP works with the “top 50” young people in the Borough who are most at risk offending - for last year all young people on TYIP core 50 (who did not offend prior to attending our programme) did not go on to offend, which means 100% reduction of first time entrants.
- 6.4 Nationally, there is a Youth Justice Board and LAA target to reduce the number of first time entrants into the criminal justice system. This has been successfully achieved in Haringey in the past year- a reduction of 37.5 %. The emphasis on this area is due to the fact that, once a young person enters the system, they are then more likely to progress through the system. Also, those “triaged” do not have any convictions which can be a barrier to employment etc. in later life. The future funding position for the prevention team in the YOS is uncertain as it is funded via ABG (from CYPS) and the YJB, The YJB grant for prevention was reduced by 1m this year but was absorbed at the centre rather than passing on to YOSS.

7. Terms of Reference

7.1 The proposed terms of reference are “to examine early identification and targeted youth services to prevent young people becoming involved in crime”

7.2 This would include:-

- The services, resources and activities provided by the Youth prevention team and the Targeted youth support team.
- The way in which young people who are likely to commit crimes are identified.
- The action which is taken in relation to both the young people so identified and the services provided to them.
- Whether it’s possible to establish if intervention has reduced the propensity to commit crime. If so how are the results monitored?
- The role of the Partnership Boards in coordinating and improving services.

- Effectiveness of inter-agency working and whether there are any gaps, inconsistencies or variations in the processes used by the agencies involved
- Identification and dissemination of good inter-agency practice and comparison with other boroughs to identify both achievements and cost effectiveness of services.

8. Co-options to the Panel

8.1 Standing Orders provide that a Panel may, in consultation with Overview and Scrutiny Committee, appoint non voting co-opted members. Appropriate co-optees could make a positive contribution to this review and it is proposed to try to co-opt on to the Panel:

- A head teacher from a School in Haringey
- Two young advisers.

9. Possible Process

9.1 First meeting

It is suggested that at its initial meeting the Review Panel considers officers reports on the services resources and activities provided, the agencies involved, problems and possible solutions.

9.2 Second Meeting

Meet with partner agencies –to discuss services provided and the best way of addressing any shortfalls or gaps in the process. Hopefully it will be possible to invite to this meeting a national expert who can give an independent prospective based on their knowledge of what other local authorities do.

9.3 Third Meeting

Meet with young people to hear their views on the services provided and whether anything should be changed.

9.4 Fourth Meeting

Meet with parents of young people identified as being at risk of offending or those that have been prevented from re-offending

10. Chief Financial Officer and Head of Legal Comments

10.1 These will be included in the accompanying report to the review.

11. Equalities Implications

11.1 These will be taken into account throughout the review.

Report for the Scrutiny Review on Prevention Youth Crime

1. Introduction

- 1.1 The Overview and Scrutiny Committee in July 2010 agreed that a scrutiny review into “services, resources and activities that prevent children and young people becoming involved in youth crime” be carried out. The particular focus of the review is on the services provided by the Prevention Team within the Youth Offending Service (Haringey Youth on Track - HYOT) and services provided by the Youth Service (Targeted Youth Inclusion Programme - TYIP). This report details the work of those two services, as well as outlining:
- The ways in which young people who are likely to commit crimes are identified.
 - The action which is taken in relation to both the young people identified and the services provided to them.
 - The results of interventions in terms of reducing the propensity to commit crime.
 - The role of the Partnership Boards in coordinating and improving services.
 - Effectiveness of inter-agency working and whether there are any gaps, inconsistencies or variations in the processes used by the agencies involved.
 - Identification and dissemination of good inter-agency practice and comparison with other boroughs to identify both achievements and cost effectiveness of services.
- 1.2 The Youth Justice Board (now in the Ministry of Justice) oversees the work of the Youth Offending Service and sets annual key performance indicators (KPI’s). One of these KPI’s (and Local Area Agreement targets) is NI 111 – to reduce the number of first time entrants to the youth justice system aged 10-17. Once a young person has received the lowest substantive outcome of a reprimand s/he has entered the youth justice system. The YJB figures for 2009/10 show a 37.5% reduction in the number of first time entrants to the criminal justice system. This can be attributed to the work done by the YOS Prevention Team, particularly the Triage Programme, and the Youth Service, Targeted Youth Support.

2. General Background: Reasons and Risk Factors associated with Youth Offending

- 2.1 A great deal of research has taken place to identify the significant risk factors which act as the primary drivers of youth crime and young people who are exposed to the greatest risks are between 5 and 10 times more likely to become violent and serious offenders than those who have not. The Home Office Publication, “No More Excuses” (1997) and the later Youth Justice Board (YJB) publication “Risk and Protective Factors associated with Youth Crime and Effective Interventions to Prevent it” (2001), identify the following risk factors:

Family factors:

- Poor parental supervision and discipline, family conflict, history of criminal activity, parental attitudes which condone anti-social and criminal behaviour, low income, poor housing and a large sized family.

Educational factors:

- Low achievement in primary school, aggressive behaviour, including bullying, lack of commitment to school and school disorganisation, anti-social peers/truancy.

Community factors:

- Living in a disadvantaged neighbourhood, poverty, community disorganisation and neglect, availability of drugs, high turnover and lack of neighbourhood attachment and homelessness.

(Research from the United States has also identified:

- Availability of firearms, community norms favouring drug use, firearms and crime, and media portrayals of violence.)

Individual factors:

- Hyperactivity and impulsiveness, low intelligence and cognitive impairment, alienation and lack of social commitment, attitudes that condone offending and drug misuse and early involvement in crime and drugs misuse, friendships with peers involved in crime and drug misuse.

2.2 Targeted interventions are required in order to reduce levels of youth crime and should incorporate the following principles:

- Early identification of risk factors and their analysis are crucial to prevention.
- Medium – high risk young people and their families need to be targeted.
- Programmes must remain focused and of high intensity with agreed, planned objectives.
- Absence from school is strongly correlated with youth crime and needs to be recognised as a problem, particularly where the absence is condoned by the family.
- Employ a whole family approach, including use of protective and supportive factors.

3. Local Background

3.1 Data in relation to Youth Crime in Haringey is contained in Appendix 4 and relates to the financial year 2009/2010.

3.2 In the past, the Youth Offending Service produced a Youth Crime Prevention Strategy 2002-2005. Following the Scrutiny Review – Reducing Re-Offending by Young People (Feb 2006) - a Youth Crime Reduction Strategy 2006-2008 was developed and endorsed by the Safer Communities Executive Board. This strategy was produced for two years only, due to uncertainty surrounding the funding of prevention work, which was provided mainly by the Children's Fund and which ended in March 2008.

3.3 In November 2006 a report – 'The effectiveness of the work carried out by the Prevention Team of the Youth Offending Service' – was completed by a graduate trainee and presented to the Youth Offending Service Partnership Board. This report included the work of the Youth Inclusion Programme. One of the overall conclusions stated:
"The role of the Prevention Team is essential in order to reduce the number of young people entering the Criminal Justice System in the first instance. The earlier risk factors are identified and work done to limit them, the more likely it is that the life chances of those who are at risk of offending or re-offending are improved."

3.4 In 2009, the Haringey Children's Trust adopted the Preventative Strategy which includes 'providing services directed specifically at those at risk of offending or acting in an anti-social manner.' (Page 7, Appendix 1). The Preventative Strategy commits partners and agencies to cooperate together and to deliver services.

3.5 The Youth Offending Service produces a caseload 'snapshot' twice a year which is drawn from the YOIS database, estimated by the YOS data analyst to be 90% accurate. The last snapshot (date 30/06/10) includes the work of the Youth Inclusion Project (YIP) and Challenge and Support Project. The snapshot indicates that the number of prevention cases continues to grow and accounts for 36% of the entire YOS caseload of 535 active programmes. The Prevention caseload has increased by 59% since 2008 and 210% since

2005. The Prevention Team is working with 22 young people aged 10 or under (10 years being the age of criminal responsibility).

4. Current Position

4.1 The two main services addressing youth crime prevention which are the subject of this review are Haringey Youth On Track (HYOT), the Prevention section within the Youth Offending Service, and the Targeted Youth Inclusion Programme (TYIP) within the Youth Service. A description of these services is outlined in Appendix 2, Haringey Youth On Track and Appendix 3, Targeted Youth Inclusion Programme. In addition, the Intensive Intervention Programme (IIP) is run by a partner agency, Catch 22, to work more intensively with those at risk of offending. Referrals are also made via the YOS to IIP and also made to the Family Intervention Project (FIP) whose focus is also on youth crime. The funding for IIP and FIP ends in March 2011.

4.2 Identification of young people

4.2.1 Referrals to HYOT and TYIP come from a variety of sources, including the Common Assessment Framework (CAF) panel, schools, safer neighbourhood police, education welfare service and other organisations working with young people as well as self referrals. Those referrals include children and young people who have been found in the possession of weapons in schools, substance misusers, those who have been involved in bullying others and those whose parents are unable to provide the necessary boundaries to prevent them from leaving home, staying out overnight or longer and engaging in negative behaviour. Children and young people are supported where there is a history of offending behaviour in the family. Often the older sibling(s) or family member is seen as a role model for the young siblings and work is needed to deter them from following in their footsteps and entering the youth justice system. Having a family member involved in criminal activity is one of the major risk factors for younger people. In the past year, an increased number of 'Come To Notice' (CTN) – young people identified by the police as at risk of offending - has been received by the HYOT. Overall, numbers of referrals are at such a high level that they are filtered and prioritised and then allocated to TYIP as well as to the Intensive Intervention Project (IIP). The TYIP works primarily with the 50 most at risk young people aged between the ages of 13-19 years. Unfortunately, there have been occasions when a waiting list has operated due to increased demand.

Table 1a – Referrals to HYOT by ethnicity

HARINGEY YOUTH ON TRACK REFERRALS 1st April 2009 to 31 March 2010

Ethnicity Breakdown	WHITE UK	White Irish	Other White	White & Black African	White & Black Caribbean	White Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Black African	Black Caribbean	Other Black	Chinese	Any Other Ethnic Group	Not Given	TOTAL
CAF Referral	7		13		1		1		1		1	6	7	3	1			41
ASBAT			1										1	2				4
Schools	9	1	7		4		3		1		1	13	10	10			1	60
CAMHS			1														1	2
Challenge and Support													1					1
Children & YP Services		1	1		1							1	2					6
Police	4	3	7		1		1			1	2	7	3	6			1	36
HARTS												1	1	1			1	4

Table 1b – Referrals to HYOT by age

By Gender Age	7 yrs		8 yrs		9 yrs		10yrs		11 yrs		12 yrs		13yrs		14yrs		15yrs		16 yrs		17yrs		18yrs		19yrs		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
CAF Referral	2				1		7		2		3		3	1	1	1	6	4		5	2	1	1	1			28	13
ASBAT																	1		1		1			1			3	1
Schools			2		1		9		2		2		11	2	3	2	1	2	12	5	5	1					48	12
CAMHS													2														2	0
Challenge and Support									1																		1	0
Children & YP Services									1					1	1		1	1						1			3	3
Police					1				1		1		3		6		6	2	4	3	4	5		1	1	1	26	13
HARTS													1				1			2							2	2
LAC																	2	1									1	2
Triage															1		1										2	0
YOS						1					2		1		2						1			1			7	1
Self Referred			1							1		1					2					1					3	3
Other															1												1	0
Unknown									1		1		5		1		1	1	1	1				1			10	3
Total	2	0	3	0	2	1	17	0	8	1	9	1	26	4	16	3	20	12	19	16	13	8	1	6	1	1	137	53

Table 2a – Referrals to TYIP by ethnicity

Referrals to TYIP - 1st April 2009 to 31st March 2010

Ethnicity Breakdown	WHITE UK	White irish	Other White	White & Black African	White & Black Caribbean	White Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Black African	Black Caribbean	Other Black	Chinese	Any Other Ethnic Group	Not Given	TOTAL
Anti Social Behav Team	1		1								1	6	3					12
CAF			2															2
First Response	1																	1
Haringey YOS	1	1	3	1	1		1						9					17
LP			1															1
Police	1	2	2		1						1	9	5	2		1	1	25
Pupil Support Centre							2						2					4
RG			2															2
Schools	6		13	2	2		3	4		3		17	14	6		3	5	78
SNT	1		2									7	20	1		5		36
Triangle (non referral)	20		7	2	7		1			1	4	30	41	8			4	125
Total	31	3	33	5	11	0	7	4	0	4	6	69	94	17	0	9	10	303

Table 2b – Referrals to TYIP by age

By Gender Age	13yrs		14yrs		15yrs		16yrs		17yrs		18yrs		19yrs		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
ASBAT	1		1	1	2	2	3		1		1				9	3
CAF	1					1									1	1
First Response							1								1	0
Haringey YS	2	1	4	2		4	4								10	7
LP	1					1									1	1
Police	10		4		7	1	2			1					23	2
PSC						1	2	1							2	2
RG		1	1												1	1
Schools	13	8	31	11	7	1	7								58	20
SNT	8		10	1	9	1	5		1						33	2
Triangle (non referral)	0	0	9	9	30	18	13	12	8	9	5	4	5	3	70	55
Total	36	10	60	24	55	30	37	13	10	10	6	4	5	3	209	94

4.2.2 The criteria for allocation of cases relate to the risk factors the young people experience and include the following:

- Experiences in consistent supervision at home.
- Family is known to be involved in crime/anti-social behaviour.
- Regularly absent from school.
- Bullies others at school.
- Does not use spare time constructively.
- Drinks alcohol.
- Takes illegal drugs.
- Has a condition that affects his/her everyday life, for example ADHD.
- Has suffered significant bereavement/loss.
- Seems to be suffering from emotional problems.
- Acts impulsively most of the time.
- Does not seem to understand the consequences of his/her actions.
- Seems to give into others easily, for example, peers.
- Current concerns due to his or her own behaviour (including self-harm/suicide).

4.3 *Actions taken and services provided:*

4.3.1 All young people referred to HYOT and TYIP are allocated a key worker; an ONSET assessment is completed. The ONSET assessment is similar to the Common Assessment Framework (CAF) but also contains criminogenic factors. The young person and parent/carer complete separate 'Over to You' forms and a separate parenting assessment form is completed by the parent/s. An individual intervention plan of work is agreed with the young person and their parents/carers. Consent is required for the procedure as any contact is on a voluntary basis. The plan will relate to the needs of the young person and the aim is to prevent the young person becoming involved in criminal activities. Work is carried out with the parent/s to assist them to maintain the change that will take place in their young person and to set appropriate boundaries.

4.3.2 The services provided by HYOT are for young people aged 8-18 years and are described in full in Appendix 2, pages 1-4 and are therefore not repeated here.

- 4.3.3 Services provided by TYIP for those aged 13-19 years are described in full in Appendix 3, pages 1-2.
- 4.3.4 Appendix 6 contains details of case studies from both HYOT and TYIP.

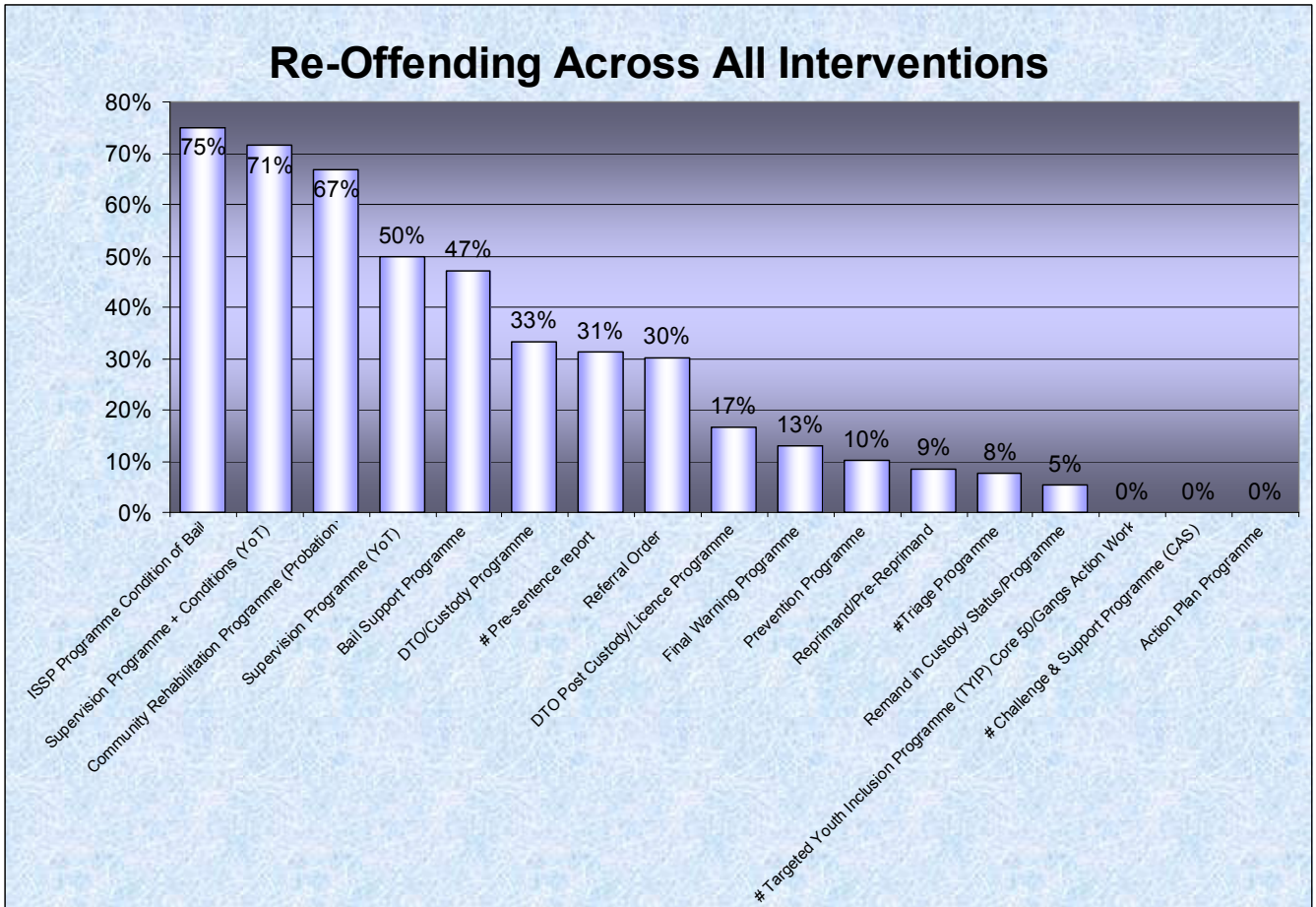
5. Youth Crime Reduction

- 5.1 The Youth Offending Service works to 5 key performance indicators (KPI's) set annually by the Youth Justice Board (YJB). One of these KPI's relates to the reduction in the number of first time entrants to the youth justice system aged 10-17 (this is also an LAA target). Quarterly returns are sent to the YJB in relation to the KPI. Haringey is a high crime area and three years ago it was 2nd highest of the London Boroughs in relation to the number of first time entrants. It is now 7th highest which is a significant improvement and is largely due to the work of the Triage Project and the Youth Inclusion Project. The reduction in the number of first time entrants for 2009/10 was 37.5% (reduced from 421 to 263 young people).
- 5.2 The YOS also submits data to the YJB in relation to re-offending which is calculated using the number of proven offences committed per 100 young people in the cohort between January and March 2010 within 12 months of the initial substantive outcome. This is a complicated formula and so separate tracking is taking place of the prevention caseload.
- 5.3 The table below outlines re-offending data in the cohort between 1st July 2009 (date Triage started) and 30th June 2010; it indicates that the prevention re-offending rate is substantially lower than other interventions.

Table 3

Re-Offending Data for each Intervention/Programme - all young people started between 1/7/09 -30/6/10, then tracked for up to one year

Outcome (987)	Total	YPs 3m	Off 3m	YPs 6m	Off 6m	YPs 9m	Off 9m	YPs 12m	Off 12m	% Offending after 1 year
ISSP Programme	4	1	2	3	6	3	9	3	9	75%
Condition of Bail										
Supervision Programme + Conditions (YoT)	7	2	3	4	6	5	10	5	16	71%
Community Rehabilitation Programme (Probation)	3	1	1	2	2	2	2	2	2	67%
Supervision Programme (YoT)	12	3	5	5	9	6	11	6	11	50%
Bail Support Programme	17	7	11	8	24	8	25	8	26	47%
DTO/Custody Programme	3	0	0	1	1	1	1	1	1	33%
Referral Order	93	15	24	25	42	27	52	28	56	30%
DTO Post Custody/Licence Programme	6	1	1	1	1	1	1	1	1	17%
Final Warning Programme	46	3	3	6	14	6	14	6	14	13%
Prevention Programme	118	6	12	11	22	12	29	12	30	10%
Reprimand/Pre-Reprimand	35	3	4	3	4	3	4	3	4	9%
#Triage Programme	118	6	6	7	12	9	17	9	17	8%
# Targeted Youth Inclusion Programme (TYIP) Core 50/Gangs Action Work	14	0	0	0	0	0	0	0	0	0%
# Challenge & Support Programme (CAS)	5	0	0	0	0	0	0	0	0	0%
Action Plan Programme	4	0	0	0	0	0	0	0	0	0%



6. Role of Partnership Boards

6.1 The Youth Offending Service is within the Safer, Stronger Communities department of the Council. The YOS Partnership Board meets quarterly and is currently chaired by the Borough Commander. The Board is made up of the YOS Strategic Manager, Metropolitan Police Borough Commander, Head of Safer Stronger Communities, Senior Probation Officer, Cabinet Member for Community Safety and Cohesion, Joint Commissioning Manager CYPS/PCT, Legal Advisor from Haringey Magistrates Court, Magistrate Haringey Youth Bench, CYPS Assistant Director, and a representative from the Crown Prosecution Service.

6.2 The Borough Commander and other Board members also sit on the Safer Communities Executive Board and the Children’s Trust and this ensures cross-over of information between the Boards. The children’s trust aims to improve outcomes for Children and young people who live in, use local services and visit Haringey through closer planning and working relationships between all relevant stakeholders across the diverse community. The children’s trust brings together the key agencies and partners in the borough concerned with services for Children and Young People. This includes Haringey Council, NHS Haringey, the police, schools, Mental Health Trust, Great Ormond Street Hospital, College of Haringey and Enfield North London (Chanel), the learning and skills Council, Voluntary and Community Organisations. The Chair of the local safeguarding Children’s Board is also a member of the trust. The Children’s Trust is one of six thematic Boards that make up the “family” of partnerships (HSP) who are responsible for overseeing the delivery of the HSP agenda as it relates to the Children and Young People’s plan.

6.3 The work of the YIP is overseen by a steering group which meets quarterly. It is chaired by the Chief Inspector for Partnership and Youth and the YOS Prevention Team Operational Manager is also a member of this steering group.

7. Effectiveness of inter-agency working

7.1 Prior to 2008, the YOS convened the Youth Inclusion and Support Panel (YISP), which was a multi-agency planning group which sought to prevent offending and anti-social behaviour by offering voluntary support services and interventions for high risk children aged 8-18 years and their families. During 2008/9, the YISP was not convened and emphasis was placed on building relationships with the newly formed CAF panel, as it was expected that a substantial number of referrals would be identified by this route. The re-named Youth Crime Prevention Panel was re-convened in 2009, but, due to the setting up of other panels, it has been difficult to encourage attendance from all agencies. Given the current financial uncertainties, it has been decided not to re-launch this panel at the current time. .

7.2 Inter-agency working between the YOS and TYIP is good, with young people being allocated via the YOS to TYIP. A joint bid from the YOS and Youth Service was made for funding for the Challenge and Support Project in 2009. This was successful and works with young people involved in low level anti-social behaviour. The YOS also allocates young people to IIP, run by Catch 22 following a successful funding bid between the YOS and Catch 22 in 2009.

7.3 In 2009, the then government launched the Youth Crime Action Plan and Haringey was successful in obtaining funding on a multi-agency basis between the Police, Youth Service and YOS. The five strands of YCAP are:

- Operation Stay Safe – additional police/youth service activities during Halloween and Bonfire Night which are youth crime activity ‘spikes’.
- Street based teams – additional detached youth workers working with after-school patrols in areas where high members of young people congregate.
- After school patrols – additional police patrols after school ends, particularly at local transport ‘hubs’.
- Triage – YOS workers in police custody suites to divert those arrested for low level offences from the criminal justice system.
- Reparation in leisure time – additional reparation projects for young people organised by the YOS.

YCAP funding has enabled inter-agency working to become well established in the area of youth crime and is an excellent example of partners working together. Funding ends in March 2011.

7.4 A further example of inter-agency working relates to the Gangs Action Group; established in April 2009 following an increase in serious youth violence within the Borough. The focus of the Gangs Action Group is:

- To prevent and minimise violence between gangs.
- To identify and share information about individual gang members.
- To identify what interventions are in place for individual gang members; what has worked, what has not worked and why.
- To ensure that each gang member targeted by the group is assigned a lead agency.
- To coordinate and implement plans for individual gang members through enforcement, intervention and support with referrals as relevant.
- To consider and implement the full range enforcement options available to all partners.

- To identify safeguarding issues relating to gang members and their families and appropriate referrals.
- To identify gaps in provision and recommend projects and approaches which might address these gaps.
- To adhere to the terms of the Operation Swift Information Sharing Agreement.
- To recognise and respond to the impact of gang activity on families and wider communities.

Representatives from the YOS, Youth Service, Police, Probation, Anti-Social Behaviour Action Team, Housing, Enfield Services, IIP, CYPS First Response Team, CAMHS, FIP and Community Safety team attend the meeting and exchange information in relation to specific individuals of concern.

- 7.5 As mentioned earlier, the Triage scheme is a particular example of inter-agency working between the YOS and the police. The targets of both agencies can conflict and produce tensions, but the success of the Triage scheme is proof of the ability to overcome these, with some 170 referrals made in the first year from the police to the YOS Triage workers. Having police staff based in the YOS has been crucial to the success of this scheme, as they provide a valuable link between the two services.
- 7.6 There are other individual examples of inter-agency working, such as the joint working with the TYIP and Robbery Q cars where there have been street robbery problems in specific areas and the TYIP workers were critical in tackling the issues involved.
- 7.7 Finally, the YOS manager is a member of the Local Safeguarding Children's Board (LSCB), an operational manager sits on the Domestic Violence sub-group and the Head of Safer Communities on the Quality Assurance sub-group. The LSCB is aware of the need to safeguard children and young people who may be involved in, or affected by, serious youth violence and/or gang activity. This has been a significant step in the last two years.

8. Gaps/Inconsistencies

- 8.1 With the gradual reduction in funding over the past two years, various services which used to be provided by the YOS are no longer available. These include breakfast clubs and lunchtime activities, (which targeted young people in schools) and the summer play scheme and sports academy. The play scheme and sports academy dealt with children and young people with more challenging behaviour who would not be eligible for the full range of activities provided by the Summer University due to their age (under 13) and the fact that their behaviour would require additional support. The use of Pendarren House to take children and their parents to a different residential environment, where they are supported by HYOT staff in order to improve their relationships, has also now ceased.
- 8.2 The YOS and TYIP enjoy good relationships with the local police and Information Sharing Agreements have assisted with the exchange of information between agencies under the Crime and Disorder Act 1998. Further work can be done to increase the links with the Safer Schools Police Officers to encourage more referrals from this source. Additionally, a gap has been identified through the partnership of the Safer Neighbourhoods teams, Challenge and Support and ASBAT to increase the use of the Acceptable Behaviour Contract (ABC) process whereby police refer identified young people to the ASBAT who draw up on ABC. The ASBAT then refer the young people to the Challenge and Support Project.

9. Comparisons with other Boroughs

- 9.1 Haringey Youth Offending Service is linked with other Boroughs with similar demographics in its 'Family'. These are Lewisham, Greenwich, Lambeth, Waltham Forest, Southwark,

Brent, Hackney, Newham and Leicester. These Boroughs have been contacted to ask for the following information:

- How is prevention work organised in your Borough?
- How is it resourced and projections for resourcing for 2011/12?
- Any examples of good practice?

Unfortunately, to date, only two replies have been received from Lewisham and Leicester. The responses are contained in Appendix 4. Both services are unclear about the future of Prevention funding and are awaiting the comprehensive spending review for further details. A second email has been sent to the other family YOS's in the hope of gathering more information.

9.1.1 The Youth Offending Service is inspected by CJI (Criminal Justice Joint Inspection) rather than Ofsted. CJI completed a thematic inspection of youth crime prevention work last year, but, this report has only been published on 9th September 2010 and has, therefore, not yet been discussed in relevant fora. It contains recommendations (Page 7), one of which relates to long term funding. The Inspection Report is a separate document.

10. Future

10.1 The future of youth crime prevention, like many other local authority services, is uncertain at the moment, particularly as the YOS has an over-reliance on short term grants. In 2010-11, the Home Office reduced the Prevention Grant to the Youth Justice Board by £1m. However, this was absorbed at the centre and not passed on to YOS's. The YOS currently receive a grant of £202,557 for prevention work and £56k of this is passed to the YIP. The Youth Service match funds the TYIP to a total of £111,000 through ABG (which is due to run out by 2011). The ring fence for the YOS prevention funding has been removed this year, but the YOS continues to fund the TYIP.

10.2 The funding from the YJB for 2011 is unknown as the YJB is now in the Ministry of Justice which is tasked with making 40% cuts over the next three years. It is highly likely that any grants from the YJB will not be ring fenced to specific areas next year. It is also possible that the YJB ring fence, whereby funding goes direct to the YOS, could be removed in 2011.

10.3 The YOS prevention team does not receive any core council funding. The YOS has experienced an in-year cut of £90k from the CYPS Area Based Grant, resulting in the Prevention Operational Manager's reduction from full-time to 0.6 from September 2010; the deletion of an outreach officer post and reduction of parenting worker post to half-time. (Reduction from £378,900 to £288,600). Whether the ABG will exist in 2011 is unknown, but the YOS prevention team and TYIP would be severely adversely affected if replacement funding is not available.

10.4 DSCF (now DfE) funding for YCAP, Challenge and Support, IIP and FIP all end in March 2011. In relation to youth crime prevention, this relates to £75k for two workers in the Challenge and Support project; two YOS Triage workers (93k); Operation Stay Safe (6k); two part-time detached workers (£35k), After School Patrols to Police (40k) and Reparation (1k) – a total of £175k. An example of the cost effectiveness of the Prevention Team is given in Appendix 2, page 6 and indicates possible savings of £81k in relation to one young person.

The Catch 22 IIP funding, the Youth Crime FIP and the Senior Parenting Practitioners in the ASBAT also ceases in March 2011.

- 10.5 As well as the risks to the TYIP and loss of Challenge and Support grant, funding for the Gangs Action worker of £15k from the Tackling Knife Action Plan will cease in 2011. The grant of £20K for the part-time teens and toddlers/young fathers worker will cease, as will the £35K from PAYP which pays part time salaries of two key workers.
- 10.6 Safer, Stronger Communities also commissions prevention services from partners and much of the funding comes from the Police Borough Command Unit which ceases in March 2011. This will affect the KICKZ football project and Off the Street, Less Heat which is an estate based diversionary programme. Perhaps, more crucially, the Haringey Boxing Academy, which incorporates elements of education within its programme and which has attracted both local and national recognition, is at great risk. The BCU also contributes to the running of the gangs Action Group which is co-ordinated by a SSC policy officer.
- 10.7 In terms of the SSC ABG, the work of Victim Support in relation to the engagement of young victims of crime is to be de-commissioned. The COSMIC service for young people and their families with substance misuse issues is also likely to be drastically reduced or to end.

11. Conclusion

The work of the YOS prevention team and TYIP, along with partner agencies, has been instrumental in reducing the number of young people entering the criminal justice system. For the young people involved, this means they do not have any criminal convictions, which can be a barrier to progression in later life. The young people and their families also benefit from positive interventions from HYOT and TYIP.

The known reduction in funding from March 2011 will result in fewer youth crime prevention services being provided. The additional loss of funding from the Area Based Grant is likely to result in the YOS prevention team and Targeted Youth Support becoming unviable.

It is clear that a reduction in youth crime prevention services would have a knock-on effect in terms of the number of young people going on to commit offences. This would mean more work for the criminal justice agencies. In terms of Haringey residents and others, a reduction in youth crime means a reduction in the number of victims of crime and increased confidence in living in a safer community.

Appendix 1

Haringey Children's Trust

Preventative Strategy

'We want every child and young person to be happy, healthy, safe and confident about the future'

Haringey Children's Trust Vision 2009

1. This vision is for all children in Haringey. We believe that if we offer the right support at the right time we will enable more children to achieve this in their own families, schools and communities. Our Preventative Strategy is to support this approach.
2. Lessons from the Serious Case Review (SCR) processes, alongside our own needs analysis, have shown that there are some very specific groups of children and young people who may be or become at risk. These include children and young people who live in households where there is domestic violence, where adults misuse drugs and/or alcohol and where there is family breakdown. These are high priorities in our Preventative Strategy.
3. At the same time we recognise that these are often symptoms of wider disadvantage and our Preventative Strategy is a strategy for all children and young people. It is intended to support the delivery of strong universal, targeted and specialist services that mitigate against the risks to children, offer protection, increase resilience and are able to identify and intervene early in the needs of children, young people and families who are or may become vulnerable.
4. The Government's Children's Plan, 'Building Brighter Futures' (DCSF,2007), sets out the national strategic framework for the development and delivery of excellent integrated services by 2020 and puts the needs of children, young people and families first.
5. Building Brighter Futures also acknowledges that

'.. some children and young people, often from disadvantaged backgrounds are still underachieving too many children and young people suffer unhappy childhoods because of disadvantage or problems that are not addressed, or tackled too late.'

6. Therefore a key principle underpinning the national Children's Plan is that:

'It is always better to prevent failure than tackle a crisis later'

This is the purpose of having a local preventative strategy.

7. Almost all children and young people in Haringey will thrive and achieve within their own families and will access universal education and health provision without ever becoming known to, or needing access to, additional services.
8. However, we know that a very small number of children and young people are or may become vulnerable. Our Preventative strategy will ensure that services identify their needs at the earliest point and provide the least intrusive level of intervention for the shortest

period necessary to ensure that they are safe and thriving within the context of their own family, school and community.

9. This means that we will try to offer the right support at the right time. We will ensure that we have evidence-based interventions that are well-matched to the different levels of need so that they have a lasting and positive impact on children, young people and their families.
10. This strategy refers throughout to ‘agencies’ and ‘services’. This means all of the partners who contribute to the health, protection, well-being and education of children and young people. It applies to the full range of statutory services that have a duty to co-operate as part of the Children’s Trust arrangements. It also recognises the significant contributions of the voluntary and community sector and the unique role that they play in providing for children, young people and their families.

Haringey’s Children and Young People’s Plan

11. Five cross cutting themes were identified in the Children and Young People’s Plan:

- keeping vulnerable children safe and promoting their welfare
- early intervention and prevention
- addressing child poverty – tackling inequalities and narrowing the gaps in outcomes and achievements that exist between groups of young people
- more responsive services that are better at supporting children, young people and families to build strong social and emotional well being
- integration of services

12. For almost all children and young people, these themes will be delivered through our universal services and local communities. However, our needs assessment demonstrates that there are significant disparities in wealth, income, poverty, achievement, housing, employment, health and life expectancy affecting the population of Haringey and in particular our children and young people.

13. These disparities are influenced by a wide range of factors, not least where children and young people live. A powerful example of this is the evidence that we have that there are considerably improved expectations, life chances and outcomes for families that live in the west of the borough rather than in the east. We also know that there are families in the west of the borough that have exceptional needs and that there are pockets of deprivation where families face high levels of disadvantage. We will address this using the needs assessments that we already have. This means that we will differentiate our approach and resources so that these are matched to what we know about the different needs of our children, young people, families and communities, wherever they live.

Intentions for our Preventative Strategy

14. In Haringey we will ensure that we get the balance of provision right between prevention and early interventions. We want to prevent the problems in the first place or intervene if they start to develop. In order to achieve this we will deploy the early use of targeted and specialist services with the relevant knowledge, skills and experience. We want to be able to resolve the potential for more serious difficulties and reduce the impact these may have on the individual child or young person, family and wider community.
15. Early intervention and Prevention is one of the five cross cutting themes of the Children and Young People's Plan and has been at the heart of national and local change following the Children Act 2004 and the publication of the 'Every Child Matters' guidance. The Preventative Strategy underpins our delivery of Every Child Matters and supporting initiatives so that there is as a coherent approach across all of our services. The publication of the JAR Action Plan and subsequent Safeguarding Plan has provided added impetus to this work.
16. The Preventative Strategy provides the framework for the integrated delivery of early intervention and preventative work, across the Children's Trust partners. It enables partners to work together to identify priorities and co-ordinate collective efforts.
17. The Preventative Strategy also supports the development of coherent services that can identify and respond flexibly to potential difficulties and ensure wherever possible children and young people are both safeguarded, and can thrive in a safe environment.
18. The voice of children and young people is central to our Preventative Strategy as we want them to fully participate in the development of the strategies, plans and services that affect them. We will therefore use our arrangements for securing the participation of children and young people as a means of both developing and delivering our Preventative Strategy.
19. We recognise the importance of children and young people feeling safe as well as being safe. We will make sure that they know about our plans for prevention and early intervention. This will to deliver initiatives that raise the awareness of children and young people of their impact on others by reducing the incidence and fear of all forms of bullying and the dangers of becoming involved in gang-related activities.

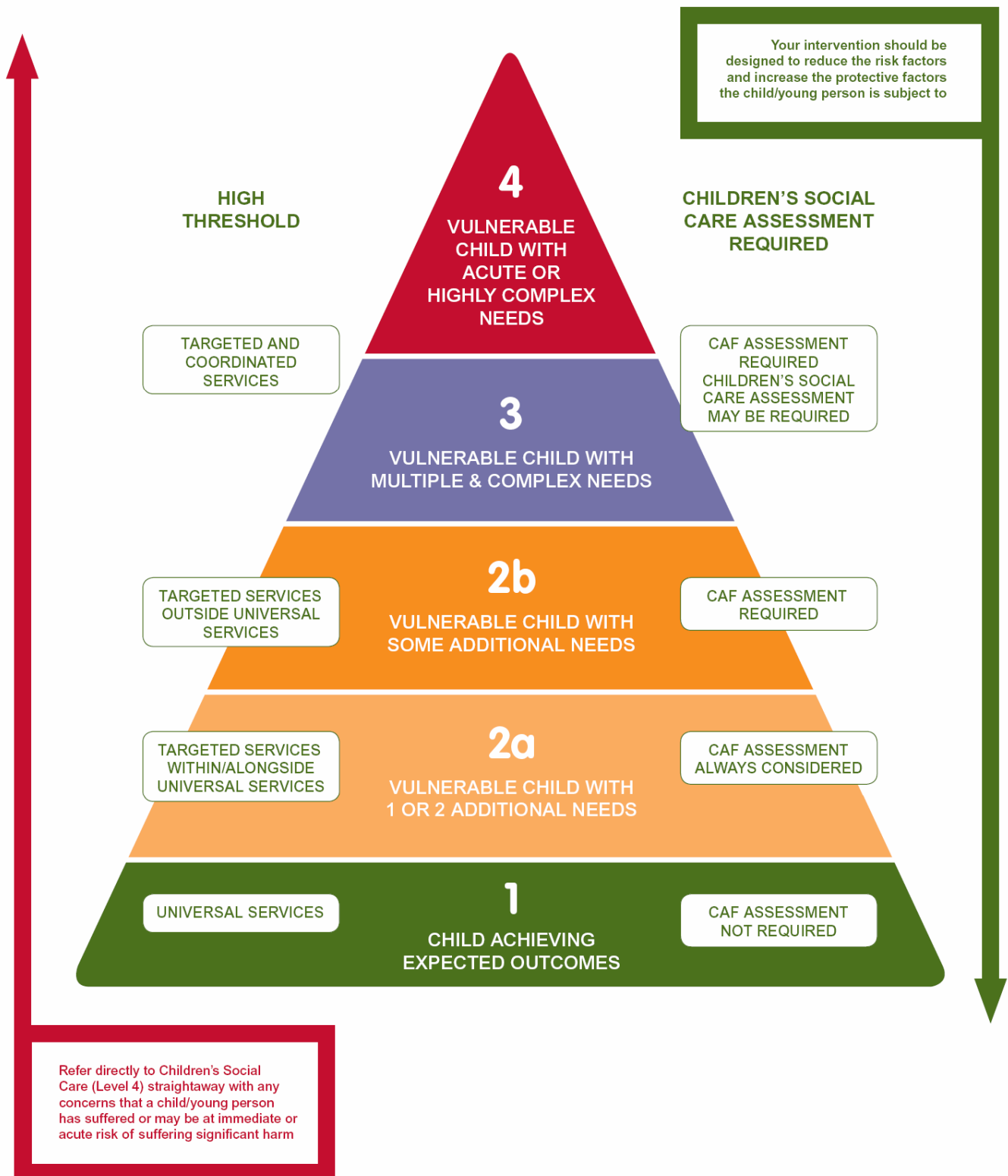
Haringey Thresholds of Needs

20. The diagram in figure 1 is Haringey's version of a continuum of need and intervention triangle. It sets out the different indicators the expected service responses at each of these levels. It is intended to provide guidance to practitioners when they are making decisions about children and young people.
21. Universal services (Level 1) – for example, schools, youth services, GP surgeries – as well as from support from within the family, friendship, and community networks will identify and meet the needs of most children and young people. A very small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support (Level 4), usually led by Children's Social Care.
22. Just because a child is assessed at a point in time as meeting certain threshold criteria does not mean that they will always do so. An assessment is an on-going process, not an event;

children and young people's needs often change over time and may cross different levels, i.e., high in some areas and low in others.

- 23.** The purpose of our Preventative Strategy is to enable as many children and young people as possible to be supported at the lower levels of this continuum.

Figure 1 – Haringey Continuum of Need and Intervention



Early intervention and prevention – our definition

24. In reality early intervention and prevention overlap and are often used interchangeably. The term ‘progressive universal provision’ is increasingly being used to describe a combined approach offering a ‘range of preventative and early intervention services for different levels of risk, need and protective factors’. (The Healthy Child Programme, 2009).
25. For the purpose of this strategy ‘prevention’ means providing support to universal settings to build their capacity to meet a wider range of needs and to nurture and strengthen the protective factors that have been proven to increase the resilience of children, young people and their families and prevent them from becoming vulnerable.
26. For the purpose of this strategy ‘early intervention’ means using our targeted services to intervene directly with children, young people and families when universal services indicate that there are additional needs. In some cases these may fall below the threshold for statutory interventions but still indicate that without additional support, these needs could become long term and/or more serious. Our services may intervene ‘early’ in order to both reduce the likelihood of significant harm or the long term impact where this has already happened.
27. Practitioners must refer to the Haringey’s ‘Thresholds’ for guidance on how to assess where the needs of families lie within the wider continuum of referral, needs and provision.

How are we going to do this?

28. Through our Preventative Strategy we want our services to:
 - Prevent harm to vulnerable children and young people;
 - Reduce negative influences on a child/young person’s development;
 - Reduce the impact of hidden harm that children and young people can suffer as a result of their parent/s behaviour;
 - Prevent exclusion from school and wider education and training;
 - Prevent underachievement;
 - Prevent anti-social behaviour and youth offending; and
 - Promote health and well being.
29. Examples of where our services deliver interventions which may **prevent** problems include:
 - The delivery of child care and education services – so children can develop their learning, language, communication and social skills;
 - Delivery of the universal Healthy Child programme - to promote health and well being in the under 5s (Guidance for older children and young people pending)
 - Contributing to parks, playgrounds, support and leisure activities – so children have a chance to play, exercise, socialise and have fun as they grow up
 - Affordable good quality housing – so children can live in homes that are supportive of family life
 - Providing information – so families know what help is available and where to find it;
 - Robust assessment arrangements between services working with families that take account of the capacity of parents/carers to safeguard their children, in particular parents/carers with learning difficulties, disabilities and complex health needs; and

- Providing a range of support, including Short Breaks, to children and young people with disabilities and their families.

30. Examples of where our services deliver early intervention include:

- Offering additional support to parents and carers who are isolated or showing early signs of inconsistent parenting;
- Providing extra support to children who are showing early signs of not reaching their potential in early years settings of schools;
- Targeting young people at risk, and engaging them in positive activities, which promote inclusion;
- Providing services directed specifically at those at risk of offending or acting in an anti-social manner.
- Responding early to evidence based indicators linked to the development of more serious problems, for example relationship breakdown, domestic violence, substance misuse, alcohol misuse, parental mental health problems; and
- Offering the Early Support Programme, including Key Working to children with disabilities and their families.

The key principles of our preventive strategy

- 31.** No single agency working alone can fully deliver this strategy. It is dependent on strong inter-agency cooperation at a strategic level based on a shared assessment of need, a shared agreement of priorities and a shared responsibility for delivering services within, between and across agencies. The **Children’s Trust** provides the overall **governance** of these arrangements and the **Children and Young People’s Plan** sets out the priorities.
- 32.** As set out earlier, the evidence demonstrates that the needs of children, young people and families within Haringey differ depending on where they live. The Children and Young People’s Plan sets out the needs assessment and priorities for the whole borough and there is a strong commitment to ensuring that these are delivered locally. The **Children’s Trust Area Partnerships, based on the three geographical Children’s Networks** have been established to provide strategic leadership of the delivery of the plan in each of the three localities and to decide on which priorities should be given the most emphasis in each of these localities.
- 33.** Partner agencies, including the voluntary sector are fully committed to this locality-based approach and use the framework of the three **Children’s Networks**, wherever appropriate, as the basis for planning and organising services to meet local needs.
- 34.** The annual **Vulnerable Children Conversation (VCC)** is a key component of our Preventative Strategy. Small inter-agency teams engage with universal services – Children’s Centres, schools and other settings to share information, concerns and best practice. It provides mutual challenge and support and will increase overall capacity within the whole system for prevention and early intervention, particularly in relation to services for children and young people who are the most vulnerable. Information from the VCC also feed into the needs assessment, planning and priorities for each of the Children’s Network localities.
- 35. Haringey Thresholds of Needs guidance provides** the framework for supporting practitioners decision-making on the level of needs of individual children, young people and their families. All partners have agreed this through the **Local Safeguarding Children**

Board (LSCB) and it underpins decisions about referrals from universal services and responses from targeted and specialist services to individual needs.

36. The **Common Assessment Framework (CAF)** provides the basis for assessing, recording and referring concerns about the level of need of some children and young people. All partner agencies have agreed to use this for any child, young person or their family who may require interventions in addition to those provided by universal services working alone. The *Introduction to Integrated Working in Haringey* course covers appropriate use of the CAF. This is offered to all practitioners and partner agencies working with children and young people in Haringey to support effective engagement in the CAF process. We are particularly mindful of the need to fully engage the voluntary sector in this work and recognise the significant contribution that they make.
37. There are coordinated decision-making processes for children, young people and their families identified through the CAF processes that involve partner agencies (with universal services as appropriate). Examples of multi-agency decision-making processes include the **Safeguarding Panel, CAF Panel, Youth Crime Prevention Panel and Children's Network Forums**.
38. Wherever possible and appropriate, **services will be integrated at the point of delivery** through **multi-agency teams**, based on the **Children's Network localities**. Over time, these teams will be expanded to include a wider range of agencies working under integrated management and based within the localities that they are serving. The developing role of the **Haringey Lead Professional** is bringing greater coordination of support for children and young people who have more complex needs.
39. Resources will be better targeted through strengthened inter-agency **joint-commissioning** arrangements based on the Children's Trust Needs Assessment and the priorities of the **Children's Trust Area Partnerships**.
40. **The Children's Trust Information-Sharing Protocol** underpins the Preventative Strategy and supports its delivery within, between and across agencies. This Children's Trust has committed all partners to share information promptly and effectively at both an organisational and individual level. The Children's Trust has also agreed Practitioner's guidance that will support frontline staff and managers. Supervision arrangements are used to provide both support and challenge and the development of a shared understanding of appropriate information-sharing with partners.
41. **ContactPoint**, the national database for children and young people is being rolled out in Haringey and will support practitioners to access basic information about families and the professionals working with them. The work of staff that have access and are trained to use ContactPoint will be based on a clearer picture of who may have or need to share information about children and young people.

Links with other strategies and plans

42. The Haringey Preventative Strategy is an over-arching strategy that provides the basis for all of the other plans and initiatives that include prevention and early intervention, whether or not these also include more targeted and specialist elements.
43. Although all of these strategies and plans are relevant, we give particular priority to ensuring our work in both prevention and early intervention is underpinned by the lessons that we

have learned through the Serious Case Review (SCR) processes. These lessons relate to all agencies that work with children, young people and their families, not just to the agencies whose work involves responsibility for child protection.

44. Domestic violence presents a specific risk to children. Children and young people who live in a household where there is domestic violence are one of the key priority groups within our Preventative Strategy. This means that all of our services must be in a position to identify the signs of domestic violence, measure them against risk indicators and know what kind of referral to make. They must also understand the protective influence that universal services can have such as regular attendance at Children's Centres and schools and the importance of the relationships that health visitors, teachers and other professionals build with families. The voluntary sector also have a key role in this area, both in terms of providing support to families and liaising with statutory services when there are concerns.
45. There are a range of other factors that we know increase the level of risk in families. These include issues such as substance and alcohol misuse, parental mental illness, offending and complex health needs. These have the potential to affect the capacity of parents/carers to care for their children. We will work with our colleagues in other services, including services for adults and the voluntary and community sector so that we can identify which families need support to increase their own capacity and which require direct intervention in order to manage the risks to children and young people. The LSCB is leading on developing protocols for these areas of work and our services will deliver these as part of the Preventative Strategy.
46. Our Family Support Strategy sets out our approach to providing support to parent/carers and other significant adults in the family and recognises that different types of support are appropriate to different levels and types of needs. It is a key element of our Prevention Strategy and provides the basis for work across universal, targeted and specialist services. We are developing the 'Think Family' approach and this will ensure that professionals work together to provide a coordinated model of support and a 'team around the family'. As of January 2010, the following specific strategies and plans directly support work with these priority groups:
 - Domestic and Gender Based Violence Strategy 2008 – 2012
 - Alcohol Harm Reduction Strategy 2008-2011;
 - Haringey Parenting and Family Support Strategy 2009-2012 and the Think Family initiative;
 - Aiming High for disabled children: better support for families; and
 - LSCB Protocol for Working with Parent/Carers with Mental Illness (currently under review).
47. Pressures on families often do not exist in a vacuum but are linked to other factors that have the potential to impact on health and well-being. These include factors such as the level of income, unemployment, overcrowding and poor quality housing. A number of other strategies are in place to reduce their impact and to strengthen the capacity of families to positively change their circumstances and to enable children and young people to thrive. These form a key part of our Prevention agenda. As of January 2010, these include:
 - Haringey Homelessness Strategy; and
 - Child Poverty Strategy 2008 – 2011;
 - Haringey Infant Mortality Strategy 2007 – 2010; and
 - Supporting People Strategy 2005 – 2010.

48. Universal services play a key role in prevention and we are delivering a number of strands of work that will increase universal capacity to meet a wider range of needs, to intervene early and effectively and to identify and refer children and young people with more complex needs who might require targeted or specialist interventions. As of January 2010, these include:

- Haringey Early Years and Outreach Strategies linked to Children's Centres underline the importance of effective early years provision and for services to be aligned with the needs of families, wherever possible linking targeted and specialist services with the universal provision for all children;
- The 0-19 Strategy sets out how the role that services such as Children's Centres, play, and are becoming aligned with schools so that all children and young people in Haringey will have access to the Government's full 'core offer' of extended activities by the end of 2010;
- Healthy Child Programme - The Healthy Child Programme provides children, young people and families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health and well being, and support around parenting. It is underpinned by the principle of progressive universalism with a range of preventative and early intervention services available to suit different levels of risk, need and protective factors, which in Haringey are defined by the agreed thresholds;
- Haringey Youth Offending Service and Safer Schools Partnership with the Metropolitan Police provides support to actively prevent children young people becoming perpetrators, re-offenders or victims of crime;
- The multi-agency Keys To Well-Being initiative will improve support for children, young people with social, emotional and behavioural difficulties and wherever possible to retain them in mainstream provision;
- The Targeted Mental Health initiative is operating in a small number of targeted schools and will strengthen the capacity of staff to identify and support children and young people who have particular mental health needs;
- The Young People's Specialist Substance misuse plan 2009-2010 encourages the early identification and treatment of young people that may be at risk of or already misusing alcohol or drugs;
- The Integrated Youth Support Strategy provides targeted support for young people aged 13-19 who need additional support or services; and
- The Early Support programme is being used to identify and intervene in the needs of young children with disabilities increasing independence as appropriate.

49. The Children's Trust **Workforce Development Strategy** will ensure that partner agencies – universal, targeted and specialist, statutory, voluntary and community, provide their staff with the training, skills and experiences to reflect this Preventative Strategy in their work and to make a real difference to the lives of children, young people and their families.

50. The Haringey Preventative strategy will provides a foundation for other strategies and plans and support a common understanding of the factors that may contribute to children become vulnerable and the role that services can play in prevention. It does not replace the need for other targeted strategies and plans, particularly the Children and Young People's Plan and will ensure that our priorities are delivered to all of our children and young people.

Costing the Preventative Strategy

51. Services for children and young people and families, whether they are universal, targeted or specialist, generally provide a balance of prevention, early intervention and medium to longer term support. This balance changes depending on the service, and indeed the particular circumstances of the child or young person. Therefore isolating the direct costs of prevention is not straight-forward and the figures included here are based on best estimate rather than exact calculation.
52. In costing the preventative strategy, the decision was taken to include the costs of services that either have a substantial direct and specified role and responsibility for prevention and early identification and intervention, or support universal and other services to perform this function. This approach means that some of the preventative work that specialist services deliver as part of their overall work, although highly valued, has not been included. Likewise it is acknowledged that schools and to a lesser extent primary care have an essential and fundamental role in prevention, but the basic costs of provision have been excluded, although services that work in support of them have.
53. The over-riding intention in taking this work forward is that budgets across the Children's Trust partners will become increasingly aligned, with decisions about the allocation resources linked to specified outcomes for children, young people and their families.
54. We will continue to measure the effectiveness of all interventions and to use evidence from best practice to decide on new programmes – what works best for particular needs in particular areas. We will add value to these budgets by making decisions as a partnership and looking at where we can join up our work to increase efficiency, avoid duplication and address gaps.
55. We are taking a developmental approach to this piece of work and the budgets that have been included represent a 'moment in time' for the Children's Trust. This work will continue to be refined over time as the work of the Children's Trust develops, particularly in relation to opportunities for more pooled budgets, joint working and joint commissioning.
56. The Children's Trust will therefore annually review the resources underpinning the Preventative Strategy so that there is proper consideration of the balance of service delivery between prevention, early intervention and medium to longer term support packages for the most vulnerable.
57. The Preventative Strategy has been completed at a time (March 2010) when public finances are under severe pressure and continued Government funding for a number of key initiatives e.g. Surestart have yet to be announced. Reductions in grant-streams like this have the potential to impact significantly on the delivery of the Preventative Strategy.
58. In this context, the Children's Trust partners fully recognise the importance of the Preventative Strategy and the need to maintain a balance of services to support children, young people and their families. If we do not invest sufficient resources into prevention and

early intervention, the more likely it is that at risk and vulnerable children and young people will have increasing dependence on high-cost and long-term interventions. Therefore Children's Trust partners will continue to monitor both the strategy and resources, particularly in the light of Government funding announcements.

Appendix 2

Haringey Youth on Track – the Prevention Section of the Youth Offending Service

The Prevention team restructured in April 2008 merging the Youth Inclusion and Support Panel, the Junior Youth Inclusion Project and the Haringey On Track Project to the present **Haringey Youth on Track Team**.

There is increasing recognition of the importance of early intervention in preventing youth crime and reducing the number of young people entering the youth justice system. This is reflected in the fact that NI 111 is both a Youth Justice Board and LAA target. NI 111 relates to the reduction in the number of first time entrants entering the criminal justice system, where the lowest point of entry is a reprimand. The final figure for Haringey for 2009/10 shows a reduction of 37.5% and coincides with the setting up of the Triage scheme, which built on the success of the previous pre-reprimand scheme. The work of the Prevention Team services is also included in the Haringey Children's Trust "Preventative Strategy".

The Youth On Track Team allocates work to both the Challenge and Support Programme and Intensive Intervention Project and contributes financially to and monitors the work of the Youth Inclusion Programme through the YIP Steering Group. (£56,000) The team has observed an increase in referrals being made to the service – the last caseload snapshot (31/12/2009) shows that the prevention caseload accounts for 33% of the work of the YOS and has increased by 180% since 2005. In response to this the team has had to work creatively with existing staff to meet the ever growing demand.

Following referral to the team an ONSET assessment is completed. This is similar to Common Assessment Framework and the Core Assessment but also captures the criminogenic factors. An individual plan of work is then agreed with the young person and parent/carer. Individual sessions are offered over a period of 3 – 6 months either at school or a mutually agreed venue. During the course of the work it may be identified that the young person's needs are more than the team can provide and they are then referred to other agencies. The team is currently working solely with children who meet the criteria of the likelihood of offending in line with meeting the LAA and YJB targets.

Currently the team consists of the following workers.

Funded through the Area Based Grant (CYPS- £288,600)

Operational Manager 0.6 – Prevention

Team Manager

Outreach workers x 5.8

Mental Health social worker 0.5

Funded through the Youth Justice Board (£202,557)

Team Co-ordinator

Outreach Officers x 2

Parenting worker x 1

Team Administrator

Funded through YCAP (£93,000)

Senior Outreach Triage Officers x 2

Work carried out by the Prevention team

- One to one support to children and young people at risk of offending as well as to those who have offended.

Children and young people aged 8 – 18 years are referred to the team by a variety of partner agencies including the Children and Young People's Service, Schools – primary, secondary and the Pupil Support Centres and also from schools outside the borough where the young people are residents of Haringey. Referrals are also made through the CAF (Common Assessment Framework) panel, the Police, Child and Adolescent Mental Health Service, ASBAT, and directly from parents/carers.

These referrals include children and young people who have been found in the possession of weapons in schools, substance misusers, those who have been involved in bullying others and those whose parents are unable to provide the necessary boundaries to prevent them from leaving home, staying out overnight or longer and engaging in negative behaviour. Children and young people are supported where there is a history of offending behaviour in the family. Often the older sibling(s) or family member is seen as a role model for the young siblings and work is needed to deter them from following in their footsteps and entering the youth justice system. Having a family member involved in criminal activity is one of the major risk factors for younger people. Following a thorough assessment which identifies the criminogenic factors that would lead to offending, an individual work plan is devised which includes any vulnerability of the child/young person and their risk of serious harm.

- Children and young people on the periphery of or in gangs.

Over recent years the number of young people identified as belonging to or being associated with gangs has increased and many have been referred to the team by the Police. Often the Police have had contact with their parents who are no longer able to manage their child's behaviour and are asking for assistance with this. Individual and family work is offered to these families which can continue for 3 – 6 months or as long as is necessary for change to take place. This work focuses on attitudes to offending; anger management; managing behaviour; peer pressure; attitude to authority among other areas with young people. Parents are also offered support in managing their responses to their children's behaviour, management of their anger and boundary setting.

- Group work to address negative behaviour and gang involvement

Group work is offered to the children and young people referred to the team to divert them from negative behaviour. A number of children and young people referred to the team are at the point of being coerced to join gangs and through our work with the children/young people and their parents/carers, strategies are shared to recognise and use their strengths to resist being drawn into negative behaviour.

Interventions in school include Behaviour management through chess – where the rules of the game are linked to strategies to manage behaviour; group work which draws on Cognitive Behaviour Therapy, the Restorative Approach and identified learning styles of the children, Weapons Awareness in primary schools in conjunction with the Red Cross.

- Children and young people at risk of exclusion from schools and those who have been excluded.

Workers in the team are linked with Primary and some Secondary Schools, where early identification of children and young people who are at risk of exclusion can take place and work can begin to keep the child/young person in school and to mediate with teachers, parents and school personnel. The Outreach worker linked to Gladesmore Secondary School worked jointly training the young people in the Restorative Approach and Peer mediation. The feedback from the school was that this training was invaluable in reducing the number of violent incidents in the school and

has had a positive impact on reducing exclusions. The Team is also involved in the Vulnerable Conversation programme.

Support can be given in the search to find alternative education for some young people and work continues so that the behaviour is not repeated in the new setting. Workers support parents and young people who are excluded from school by attending the necessary meetings, offering individual sessions to both parent and child in an effort to change the offending behaviour so return to education can take place and their potential can be realised.

- Children in care who are at risk of offending.

Referrals are often made to the team when a child/young person needs to be removed from home to residential care. The team prioritises the allocations of cases of children in care and works jointly with Residential workers and allocated social workers around the offending behaviour to ensure that the behaviour is changed and where appropriate the young person is returned home.

- Group work and links with schools

Over the years, through our involvement in schools, it has been found that some parents are reluctant to accept that their child/young person is behaving negatively and at times preventing others from accessing education. They are reluctant to accept support from an external agency as they feel that their child is being influenced by others. Through our group work in schools these children receive a service which does not stigmatise them, but seeks to help them to take responsibility for their actions and to change their attitude and behaviour. Though parents on the whole are initially apprehensive about working with the Youth Offending Service, they are persuaded to engage as the work is offered on a voluntary basis and they have access to the workers who give regular feedback on the progress of their children. Workers are clear with parents about their strengths and also about the risk factors that make their child vulnerable.

- Complex cases not meeting CAF/ CYPS thresholds.

Often support is offered to young people referred through the above agencies where it is identified that the cases fall outside the threshold of their criteria and where, without support, there is a likelihood these young people would offend and enter the youth justice system. The team initially undertakes an assessment highlighting the need for support from our service or the need to identify other agencies that might be able to help the family.

- Triage Project

Workers from the team operate the Triage project where a worker is present in Police stations – Hornsey and Tottenham from 12midday – 8pm from Monday – Saturday. The purpose of this project is to deter and prevent first time entry to the youth justice system. The worker liaises with the arresting Police Officer, the Custody Officer and the Evidence Reviewing Officer regarding the offence committed by the young person. Once the young person admits the offence and following the Police interview, the worker meets with the young person and their parent/carer completing an assessment and offering them support. If the young person accepts engages with the worker then the Police are informed and no further action is taken. The young person, therefore, does not have a criminal record.

- Restorative Approach

The Operational Manager of the Prevention team has the responsibility of rolling out of the Restorative Approach to Primary Schools since January 2008. To date there have been 5 training sessions where 80 staff members have been trained in the approach which aims to:

- Restore relationships
- Develop problem solving skills
- Repair harm through encouraging positive interaction with all parties
- Encourage dealing with conflict in a socially inclusive manner.

Workers have used the approach to foster positive relationships between children and their parents, social workers and family and between professionals. Staff from 7 primary schools have been trained Workers from the Prevention Team, the wider staff team from the Youth Offending Service and the Education Welfare Service including the Peer Mediator Worker have also been trained in the approach. A training course taking place in late June will include workers from the Police, the YOS, ASBAT, Behaviour Support Team– Secondary, CiC team and the Youth Service.

- Parenting

The team employs a Parenting worker who offers support to parents on a voluntary basis. Parents have access to courses facilitated by the worker including Triple P, Strengthening Families, Strengthening Communities, the ESCAPE and the Speakeasy programmes. Parents are supported in setting realistic boundaries for their children and the worker uses the Restorative Approach concepts to foster positive relationships between mother and child, siblings and estranged father and child/mother. The last joint parent and children residential weekend at Pendarren took place in early June this year.

- Skills employed by the Team

Workers in the team hold counselling and child care qualifications with a Social worker working in the Triage project. Over the years the staff team has had training in Cognitive Behaviour Therapy, Child Care legislation and Safeguarding; Social work Theories and how to include this in their practice e.g. the Attachment model; Systems theory, Behavioural theory among others. Training is ongoing on Emotional intelligence, the Restorative Approach, the link between speech and language and offending and the importance of linking all interventions to the learning styles of each individual for positive outcomes.

In-house development sessions are offered to the team and partners i.e. YIP, IIP, FIP and Challenge and Support on the above and other topical issues affecting children and their families.

- Other interventions

Over the years the Prevention team has offered children and families a number of creative interventions. However, these interventions have now come to an end, as over the years funding has decreased. Many of these services targeted 8-13 year olds who were not catered for by other services due to the challenging nature of their behaviour.

One of the requirements of the YISP programme was the provision of a Youth Crime Prevention Panel which was attended by workers from partner agencies who contributed to the work of the team through sharing knowledge of the young people and ensuring that all received the appropriate service. Recently representation at the meeting dwindled and plans are in progress to resume these meetings in the autumn.

Team Statistics

The Prevention team is currently working with 144 active cases between the ages of 8-18 with the Triage project having worked with an additional 149 cases from its inception in June 2009 to date. There is currently a waiting list of 56 cases, a large number of which have been referred by the Police having come to their notice for low level anti-social behaviour which puts them at risk of offending. The allied projects (Challenge and Support and IIP) are working with a total of 40 cases that would otherwise be dealt with by Prevention workers.

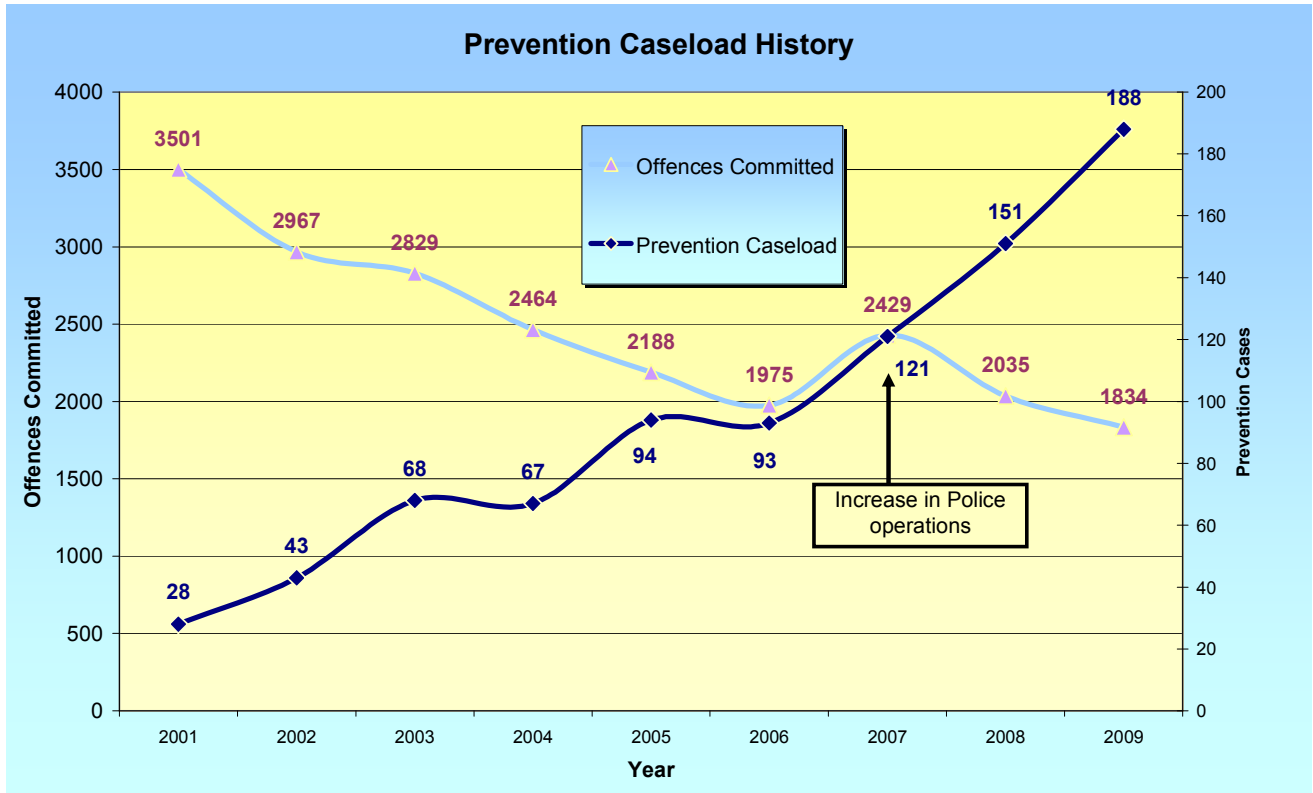
The team are currently working with children and families from a variety of ethnic groups as highlighted in the graph below with males (122) outnumbering females (26). Referrals to the team come from a variety of agencies across the borough with the majority in the N17 area (46) followed closely by N22 (28) with increasing numbers from the N8 (16) and N15 (13) areas.

Ethnicity	Male	Female
African (Black)	22	1

African Caribbean (West Indian) (Black)	25	7
Black (Uk)	17	3
White (European)	22	6
Dual Heritage	14	3
White British (Uk)	16	4
Asian	3	1
Other	3	1

Re-offending rates

Disposals	Total	Re Off	%
Community Rehabilitation Programme (Probation)	3	1	33%
Supervision Programme + Conditions (YoT)	7	2	29%
Referral Order	89	25	28%
DTO Post Custody/Licence Programme	4	1	25%
Supervision Programme (YoT)	19	4	21%
Community Punishment Rehabilitation Programme (Combination)	5	1	20%
#Triage Programme	65	8	12%
Final Warning Programme	20	2	10%
Prevention Programme	69	5	7%
Reprimand/Pre-Reprimand	27	0	0%
Action Plan Programme	5	0	0%
Overall	313	49	16%



Cost effectiveness of the Prevention Team

Costs reproduced from a report completed by the Audit commission who noted ‘ *It is not possible to accurately estimate the costs of a young person’s involvement in crime and the impact on the*

lives of themselves and others. However, some key elements can be costed to provide an overall picture and an indication of the costs involved. The following estimates show that through early preventive action, substantial savings could accrue.'

Below is the estimated cost based on 1 referral to the Prevention team.

<u>Key event</u>	<u>Actual agency action</u>	<u>Estimated cost(£)</u>
Behaviour difficult to manage at home		
Poor progress with learning.		
Concerns regarding speech and language	Assessment and monitoring by a S& L therapist	250
Behaviour challenging in school	Statement of SEN	7,000
	Annual review of SEN Statement	600
Avoiding schoolwork	Special school place approved at a panel meeting	800*
	Education Welfare involvement	30*
First recorded involvement in criminal activity	Police involvement	1,500*
Concerns raised about school attendance and behaviour	Court appearances re drugs, assault, criminal damage etc.	9,000*
Concerns about negative attitude and behaviour	Prevention worker involved and provides interventions for 3/12	1,500
	Education package organised including alternative education timetable.	4,500
Serious concerns about young person's behaviour in the community and the home	CYPS visit and interview	50
	Court appearances including police time relating to offence e.g. theft, assault, possession of offensive weapon, drugs	13,084*
	YOS involved with court orders	6,000*
	First custodial sentence for 6 months	51,409
	Family assessment by CYPS	350
	Child Protection Strategy meeting/Conference	100
		£96,173

* denotes areas where there could be savings through the involvement of the Prevention Team with possible savings amounting to **£81,823**

In 2006/7 the Audit Commission estimated the cost of re-offending using a formula of £5k x total offences excluding first time entrants. The cost at this time to Haringey as a Borough was £4million.

Laris Bucknor-Fisher 21.6.10

Appendix 3

Targeted Youth Inclusion Programme -TYIP

TYIP has several branches which consist of:

YIP (Youth Inclusion Programme) primarily works with the 50 most at risk young people between the ages of 13-19 years old. We receive referrals from a variety of agencies such as Safer Neighbourhoods Police, CAF panel, schools, Neighbourhood Management, Education Welfare and other organisations working with young people. The referrals are usually allocated through the YOS youth crime prevention panel. The identified 50 young people are allocated a key worker, who engages with the young person and their parent/carers and carries out an ONSET assessment; in addition, background information on educational attendance and behaviour etc for the previous quarter is collated and monitored quarterly. Following on from the assessment, an intervention plan is agreed between young person, key worker and parent/carers. The intervention consists of matching activities to meet the young people's needs as well as interests. This is underpinned with a variety of personal development programmes which support young people to explore their behaviour/attitude/outlook, the short and long term consequences of continuing in this way as well as looking at issues such as anger management, communication skills and mediation skills. The main aim is to prevent the young people from being involved in criminal activities and reduce first time entrants to the criminal justice system. Last year there was 100% success rate as no young person on the TYIP programme (that hadn't offended) went on to offend. The TYIP works in partnership with the Youth Offending Service, Safer Neighbourhoods, Police Schools, Catch 22 etc.

Challenge and Support works in partnership with ASBAT and offers key work support to young people who have come on the radar for low level Anti Social Behaviour using the "carrot and stick" approach. Home visits are held together with SNT officer to enquire what is causing anti social behaviour and inform the young person and parent/carers of consequences of continuing with this behaviour. C&S staff identify young people's interests and the same process as TYIP takes place where staff offer young people one to one support as well as activities which young people are interested in. This is also underpinned with personal development programmes which support young people in exploring their behaviour etc. In some instances the young people are given an Acceptable Behaviour Contract (ABC).

Teens and Toddlers and Young Fathers programme work with young people who have been identified as being at high risk of teenage conception. The Teens and Toddlers programme matches teenagers with toddlers from a nursery to provide them with realistic experience of what it would be like if they had a child to look after for the whole day. This process is underpinned with workshops around self esteem, self worth and sexual health. This programme has also had 100% success rate as no young person on the programme has gone on to conceive. The Young Fathers programme was an offshoot of the Teens and Toddlers programme when it became evident that there was no support available for teenage boys who became young fathers. The programme offers support and guidance as well as group work for young teenage fathers, providing them with workshops on parenthood as well as practical support such as housing and benefits advice.

PAYP (Positive activities for young People) key workers- are within the YIP and work with at risk and vulnerable young people; they offer key work support and help them access holiday provision as well as term time out of school provision.

Gangs Action Worker- this position has been funded through the Tackling Knives Action Programme (TKAP) funding from the Home Office. This piece of work is designed to meet N1 15 (serious Violent Crime) and N1 16 (Acquisitive Crime) of the LAA outcomes. A Gang Action

worker has been employed to carry out this task. The objectives are for the worker to make home visits in partnership with other relevant teams including the ABSO unit and police community action team, where appropriate. assessments are conducted on each individual, followed by agreed action plans which are designed to divert the individual away from violence and gang activity. All referrals are received through the multi agency Gangs Action Group (GAG) which certifies the level of appropriateness and provides robust back ground information on the individuals through the profiling procedure that is carried out. The multi agency information sharing processes and procedures in relation to the Gang Action Group further ensure safeguarding amongst known gang members. To date the Gang Action Worker has intensively engaged 10 young people and 50% of these have been in custody for crimes that were committed prior to engaging with the gang action worker. Since engaging with this programme none of the young people has encountered any further sanctions. In additional there has been a significant decline in their risk factors on review of their Onset Assessments.

19/08/2010 Ayten Kiani

Appendix 4

Young people (aged under 17)

Overall, 11.2% of crimes (excluding drug offences) are committed by youths aged 10-17. Crimes that youths are most likely to be accused of are robbery of personal property (70.6% of accused aged 10-17), robbery of business property (41.2%), criminal damage to motor vehicles (24.4%), offensive weapon (23.2%) and theft of motor vehicle (22.9%). Theft of pedal cycle and snatch also had a high proportion of youth accused but the actual numbers are too low to be statistically meaningful.

Serious Youth Violence

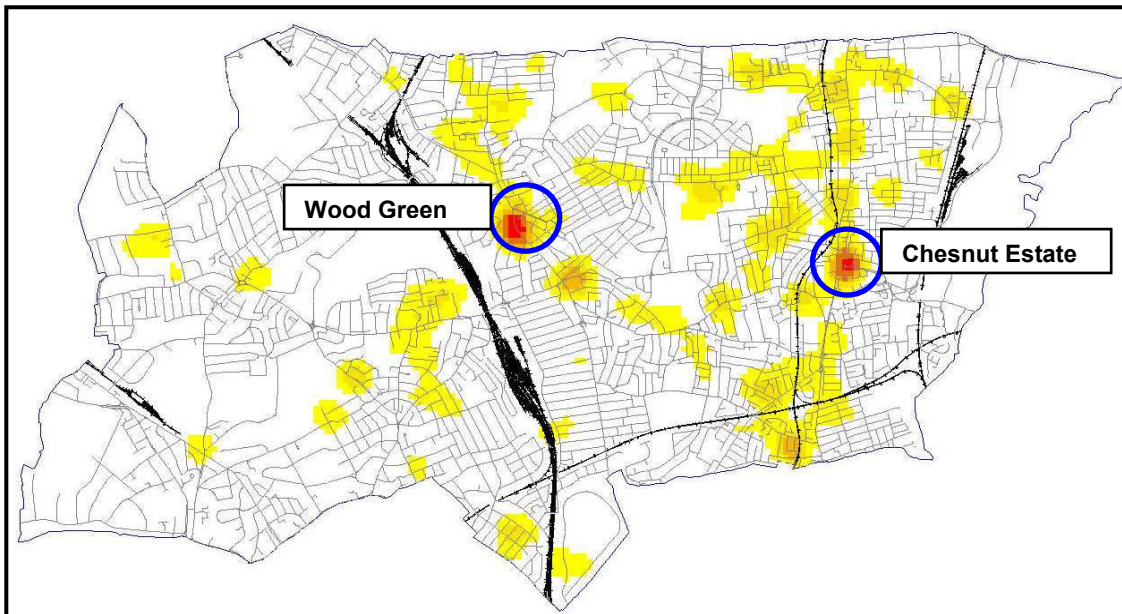
241 incidents were flagged as Serious Youth Violence (SYV) in FY09/10, an increase of 7.1% on the 225 incidents recorded the previous year. The most common SYV offence was GBH, which accounted for 42% and personal robbery, which accounted for 30%.

This table shows how the victim was injured in the offence.

In the most common injury degree was described as no injury. There was only 1 SYV offence that resulted in a fatality for the FY09/10.

VIW Injury	Hit Count
No Injury	62
Minor	61
Moderate	53
Serious	37
Threats Only	33
Fatal	1

The map below shows the hotspots for SYV in Haringey for FY09/10.



The two hotspots highlighted on the map are Wood Green, N22 and Chesnut Estate, N17.

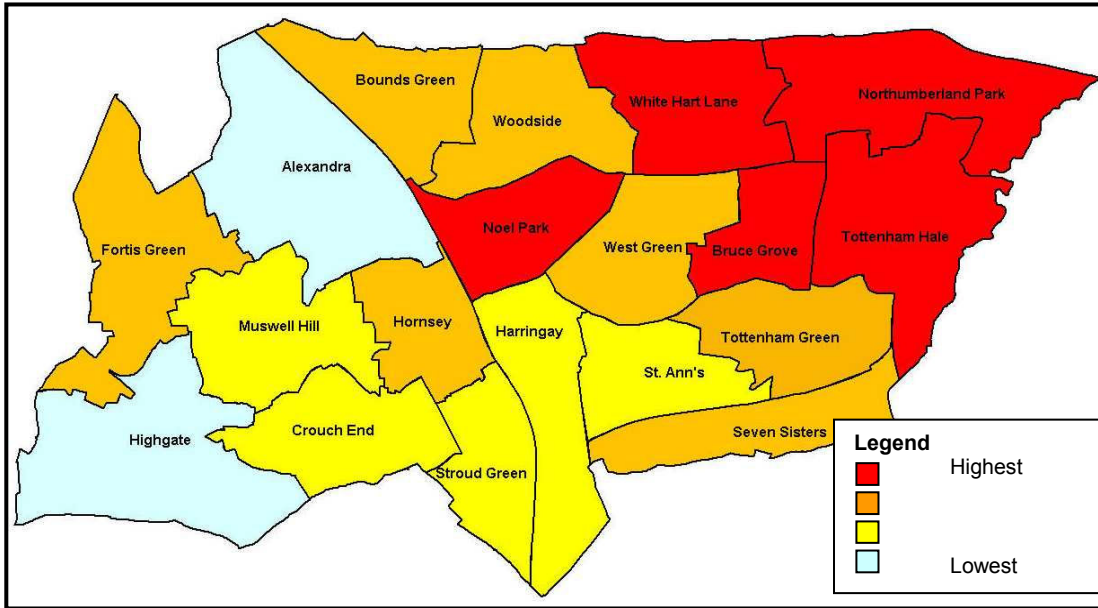
Wood Green is a very busy transport Hub, with a Tub station and

a large number of bus stops going to and from Central London. This area has many bus sheltered and large paved areas where people congregate, meet and pass through. There is also a large shopping centre and cinema which attracts a large number of people. This area also has a busy night time economy with several pubs and nightclubs.

The Chesnut Estate hotspot is near to Bruce Grove Station, which also shows as a hotspot for most serious violence and knife enabled crime. It is again a busy transport hub. In the heart of the High Road, N17, which is an active area of the borough for all crime in general.

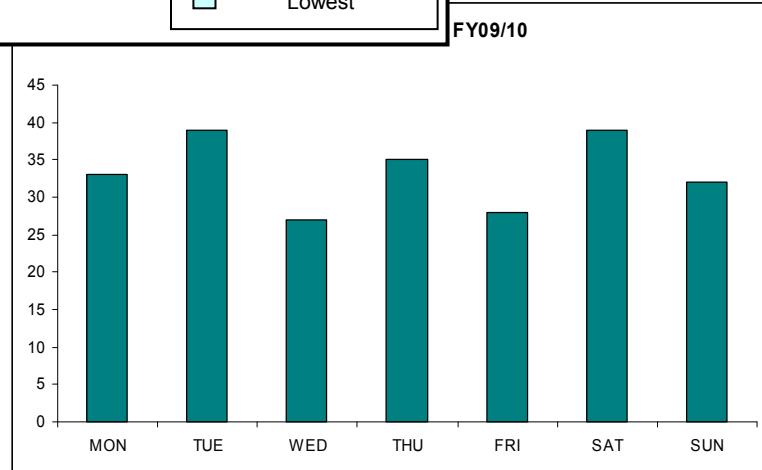
The map below shows the busiest wards for serious youth violence FY 09/10.

SYV by ward FY09/10 (source: CRIS / Geocoded data)



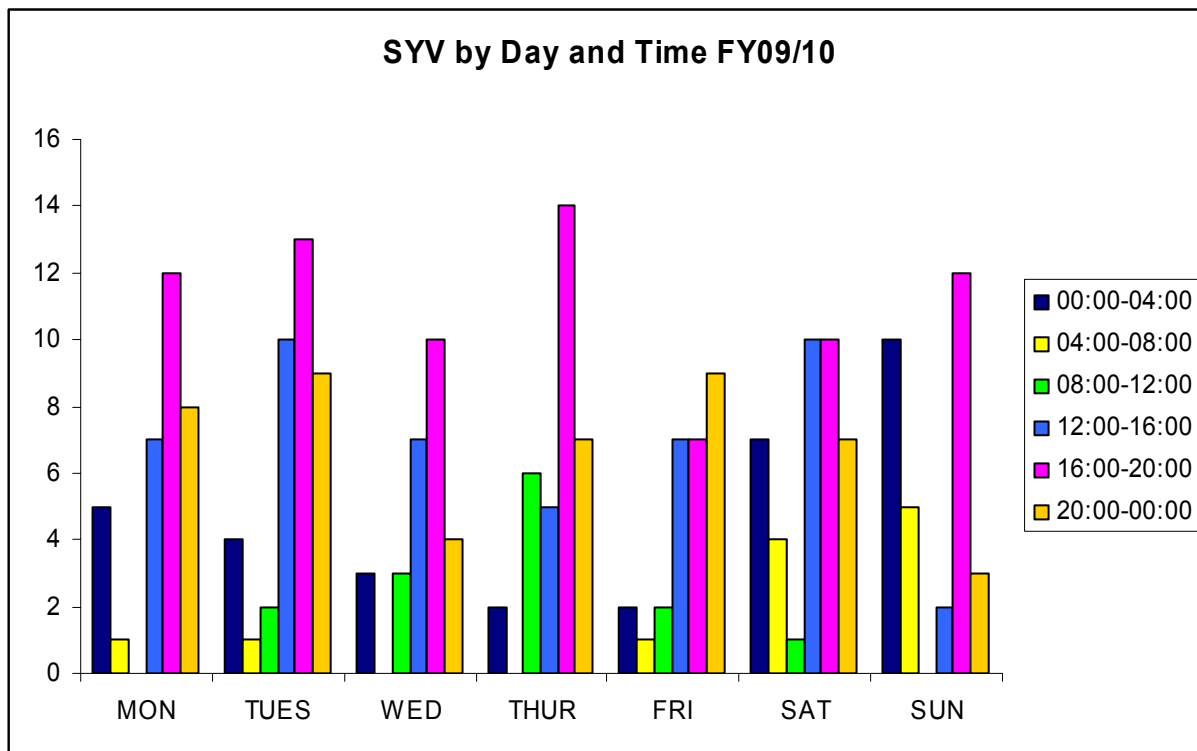
The east of the borough is busier than the west, as is the general crime trend in Haringey. The north-east corner has seen the most number of crimes overall.

Temporal analysis of SYV for the FY 09/10 shows that offences are spread over the week with no clear trends, however Tuesday and Saturday were equally the busiest days.



The Chart below shows that SYV offences peak throughout the week between the hours of 16:00 – 20:00. There is an increase during the weekend period of crimes committed between the hours of 00:00 – 04:00

This is likely to reflect school finishing hours, when there are a large number of pupils taking public transport to get home, and the busy night time economy during the weekend.



Graph 3 – SYV by day & time FY09/10 (source: CRIS)

SYV Offender profile

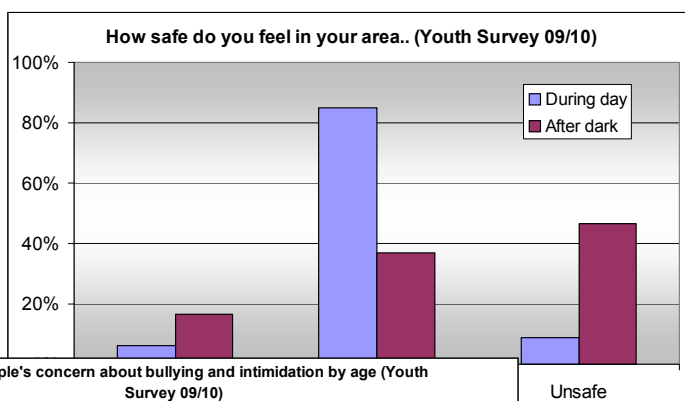
- 91% of accused suspects were male.
- In terms of ethnicity, accused suspects are predominantly African/Caribbean, accounting for 64%.
- Accused ages ranged from 12 to 79. The *most frequently occurring* accused age was 14 and the *average* victim age was 19.

Victim Profile

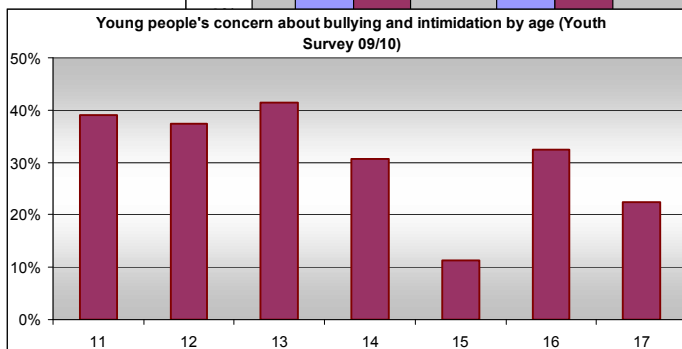
- 79% of victims were male.
- In terms of ethnicity, 43% of victims were described as African/Caribbean, followed by White with 30%.
- As per the SYV definition, victim ages ranged from 1 to 19. The most frequently occurring victim age was 18 and the average victim age was 15.

Perception

Young people are far more likely to feel safe during the day than after dark. Feelings of safety are similar to adults during the day, but youths are more likely than adults to feel unsafe at night (46.4% of youths compared to 31.6% of adults).



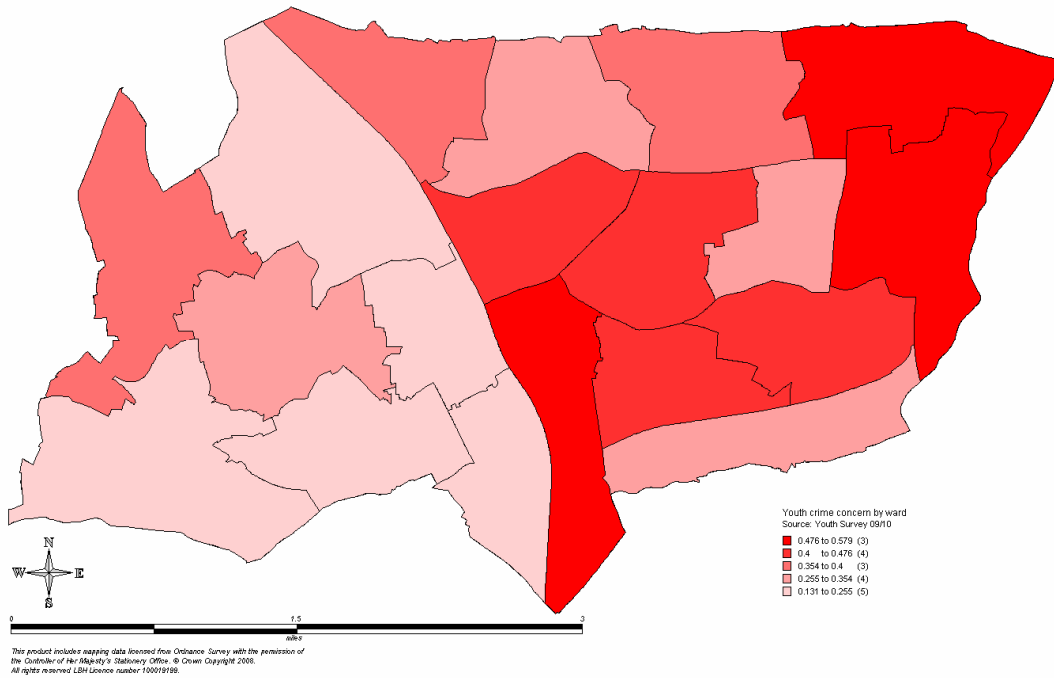
Younger youths are more likely to be worried about bullying and intimidation than older youths 14 year olds cited it as a concern just 22% of 15-17 year olds).



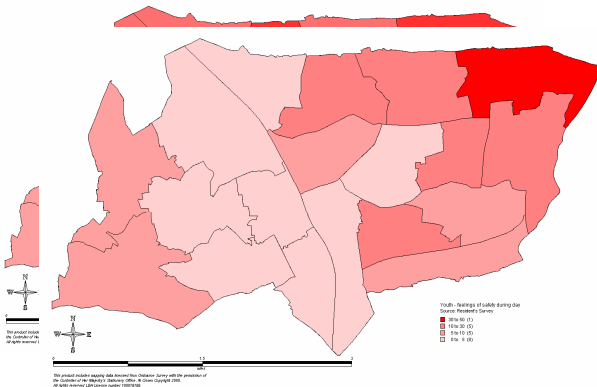
Unsafe (37% of 11- compared to

youths are across the seen in Tottenham

The map below shows where most concerned about crime borough. The highest concern is Northumberland Park, Hale and Harringay wards.



The maps below show how safe young people feel across the borough during the day (left) compared to at night (right). Northumberland Park is the ward with the lowest feelings of safety during the day, but at night youths tend to feel less safe in Crouch End, St Ann's and Bruce Grove.



Appendix 5

Replies from other Youth Offending services in Haringey's demographic family

Early Intervention & Prevention Services

Leicester Youth Offending Service

By Derrick Kabuubi

Early Intervention and Prevention Manager

Early Intervention & Prevention

The terms Prevention and Early intervention are often used interchangeably. For the purpose of this exercise, **Prevention, is defined as** activity required avoiding a need arising by addressing the factors that cause it to occur. **Early intervention** in contrast is about address issues through early identification before they become entrenched. Within Leicester Youth Offending Service there is a number of services which overlap which are illustrated by the projects detailed in this report.

The current structure within Leicester City Youth Offending Service is

- Operational Manager - Early Intervention and Prevention Manager
- 3 Final Warning Officers (2 FT Seconded Police Officers) and 1 FT
- 1 Parenting Co-ordinator and 0.5 Parenting Worker
- 0.5 Group work co-ordinator and equivalent to 20 hours sessional work per week
- 0.5 Mental Health Worker
- 1 FT Volunteer Co-ordinator (Youth Justice Mentoring Scheme and other areas of the service)
- 2 FT Victim Officers

Prevention services – commissioned out however overseen by Leicester City Youth Offending Service

- Catch 22 – 1FT Co-ordinator x 2 PT Workers
- Junior YIP (Catch 22) 3 x FT members of staff and sessional workers.
- Challenge & Support - Project Co-ordinator and two Project Workers
- Street Based Teams- Challenge and Support Co-ordinator leads a team of 8 part time (12 hours/week) youth workers.

FINAL WARNING SCHEME 4

YOUTH JUSTICE MENTORING PROJECT 5

PREVENTION

JUNIOR YIP 7

CHALLENGE AND SUPPORT PROJECT 8

STREET BASED TEAMS 10

INTEGRATED SERVICES/CRIME PREVENTION (ISCP) 12

AREA: EARLY INTERVENTION**Project Name: Final Warning Scheme****Project Description/ Rationale for Initiative or Project (inc current level of funding that the project is in receipt of from SLP/ timescale of project)****Introduction**

The final warning was created by the 1998 Crime and Disorder Act as a way of dealing with offences committed by young people aged 10 to 17, provided that the offence is not so serious that it needs to go to court.

This scheme was introduced in an effort to encourage young people to take responsibility for their criminal behavior and to prevent them from entering the criminal justice system. A young person may receive a Final Warning for a more serious first offence or for a second offence (if they have previously received a reprimand) if they plead guilty.

The Final Warning Scheme :

- aims to prevent re-offending by ensuring that the young person is made aware of the consequences and the impact of their offending upon themselves and wider community
- takes into account the wishes and feelings of victims of crime
- aims to establish the risks associated with their offending through assessment and provides an opportunity for young people to engage on a voluntary basis with case managers and volunteers in order to reduce their risk of re-offending

Process

Any young person receiving a Final Warning will be granted Police Bail to allow them the opportunity to engage with the YOS. A member of the Final Warning Team will visit the young person and their family and undertake an assessment of their risk of re-offending, if required an intervention programme will then be put together which the young person must comply with. Currently Leicester Youth Offending Service has 3 members of staff (two seconded police officers) who administer the final warnings. The Final Warning Officers are responsible for the assessment and the developing interventions plans with the young person. Once assessment has been completed the case is transferred to a youth justice mentor (volunteer) who will deliver intervention in order to reduce their risk of re-offending. In some circumstances the Final Warning officers may be responsible for delivering the intervention if the young person has varying complex needs.

Key Achievements to Date (inc Contribution to LAA/ other Nis and Outputs/ Outcomes, added Value)

The Final Warning Scheme sits within the context of the **One Leicester** strategy and contributes to key priorities of **Investing In Our Children** and **Creating Thriving Safe Communities**. The main focus for Final Warning Scheme is to contribute to **NI11 reducing first time entrants into the criminal justice system**, but as shown above, also impacts on other NIs (**NI45 young offenders' engagement in suitable education, training, and employment; NI 110 take up of positive activities**) and **contributes to the PSA 14**

Some of the key achievements of Final Warning Scheme have been:

- Leicester Youth Offending Service has scored an overall reduction of 15.6 % in the number of first time entrants to the youth justice system defined as young people aged 10-17 when comparing 2009-10 with 2008- 09.
- 80 % of Young people who were administered a final Warning during the period of April 2009 until March 2010 engaged with Leicester Youth Offending Service on a voluntary basis.
- It has helped to signpost young people and families through the CAF to integrated services, developing closer links between the work of the YOS and the ISH.
- It has delivered successful Intervention work with young people to divert them away from the Criminal Justice System
- It has helped to develop effective partnership work in order to ensure public protection and prevent re-offending/offending

AREA: EARLY INTERVENTION

Project Name: Youth Justice Mentoring Project

Project Description/ Rationale for Initiative or Project (inc current level of funding that the project is in receipt of from SLP/ timescale of project)

Youth Justice Mentoring Project

Introduction

The project aims to work to provide members of public the opportunity to mentor young people who have been given a final warning/reprimand in order to reduce first time entrants(as defined as 10 -17 year old) in the criminal justice system. This project plays an integral role in delivering interventions following the final warning been administered by the Final Warning Officer. The project was set up in March 2010 as previously interventions were being delivered by Leicestershire Youth Offending Service volunteer project scheme, however following a review of this arrangement it was decided that it would be more cost effective to deliver this service in-house.

The funding for Youth Justice Mentoring project (YJMP) is £80,000 which is secured from the Youth Justice Board up until March 2011. The staffing consists of 1FT Co-ordinator and 1 P/T Co-ordinator.

Process

The volunteer co-ordinator is responsible for recruitment and the retention of volunteers from the community. This involves training over a 6 week period providing supervision, ongoing support for volunteers. Once the volunteers are trained they are allocated a young person following an assessment from a Final Warning Officer. Following on from the assessment, the youth justice mentor is matched with a young person. The Youth Justice Mentor meets with the young person on a weekly basis and delivers a wide range of interventions in order to reduce their risk of re-offending and prevent those young people from entering the criminal justice system.

Key Achievements to Date (inc Contribution to LAA/ other Nis and Outputs/ Outcomes, added Value)

The Youth Justice Mentoring Project sits within the **One Leicester** strategy and contributes to

key priorities of **Investing In Our Children, Creating Thriving Safe Communities**. The YJMP also delivers benefits to the community through offering volunteering opportunities and thus also contributes to other areas **of the One Leicester strategy such as Investing in skills and Talking up Leicester**. The main focus for this scheme is to contribute to **NI111 reducing first time entrants into the criminal justice system**, but as shown above, also impacts on other NIs (**NI45 young offenders' engagement in suitable education, training, and employment; NI 110 take up of positive activities**) and **contributes to the PSA 14**

Some of the key achievements of Final Warning Scheme have been from March 2010:

- 40 Volunteers from Leicester were recruited and trained in a number of areas of intervention
- 35 Volunteers currently retained and delivering interventions to young people within their respective communities.
- Key strength of the YJBP is that 85 % Young People of Final warning administered during the period of April- June 2010 took up support of a YJBP mentor during this period
- The project has worked with 42 young people
- Some of the key positive outcomes of this project has been enabling young people to fulfil their potential and helped them onto the pathway to success
- It has helped signpost young people and families through the CAF to integrated services, developing closer links between the work of the YOS and the ISH.
- The project contributes to the themes of every child matters.
- It has been successful with providing young people support around their family and personal relationships, schooling and also in challenging and educating young people around their thinking and behaviour.
- It has delivered successful Intervention work with young people to divert them away from the Criminal Justice System
-

AREA: PREVENTION

Project Name: Junior YIP

Project Description:**Junior YIP**

The Junior Youth Inclusion Programme (JYIP) is a targeted children and young people's service for young people aged 8-13 identified as "at risk of offending". The children and young people are identified through a robust and evidenced based risk factor referral process which is based on selected early needs identifier of the Common Assessment Framework. The service currently operates in, New Parks and Saffron/Eyres Monsell. Through the ONSET, Over to You and CAF Assessment, the project, in consultation with the young person and his/her family, develops an individual action plan. This action plan is case managed and interventions, delivered by the JYIP team, aim to address truancy, school exclusion, school transition, problematic and challenging behaviour, disaffection, stress and under-achievement. The project is funded up until March 2011 and consists of £240,000 funded by the AGB. The staff team consists of 3 x FT members of staff and sessional workers.

Process

Young people identified through a multi-agency referral process, using 32 identified risk factors (supported by research, YJB 2002) for assessment, directed by YJB management guidance. The project uses the common assessment framework where established as agreed process and links in with the integrated service hubs within their respective areas.

The project provides a wide range of opportunities for young people to engage on a voluntary basis either through a 1-1 basis or through group work. The activities reflect Every Child Matters outcomes and linked to the young person associated risk with his offending. The project delivers its work during the school term and holidays and evenings.

Key Achievements to Date

Junior YIP contributes and reflects the priorities of the LAA, PSA 14 outcomes (basket of measures for targeted youth support) and the One Leicester priorities, and ensures congruence with Children's Trust commissioned projects supporting the Prevention Strategy for Leicester City.

Leicester JYIP was used as model of excellence by the YJB in 2005; Leicester JYIP scored 3 out of 4 in 2007/08 Quality Assurance and contributed to HMIP inspection 2008 with prevention scoring 'good'.

- NI 111 - Teesside University Evaluation report (2007) on local Junior YIP evidenced positive outcomes of service model, low levels of re-offending after leaving programme. 64% of service users did not re-offend 10 months after leaving programme. 2008/09,

94% did not offend whilst engaged with programme and 2009/10 to date 98%.

- NI 50 – Research by R Smith (Policy, Research and Influencing Unit, Sept 02), suggests emotional well-being can improve by reducing risk factors and increasing protective factors. Hallmarks identified by NICE public health guidance used. Programme drew upon work of Dr William Rogers (behaviour management, emotional well-being) and SEAL (Social and Emotional Aspect of Learning). The returned questionnaires revealed that children self reported a 35% improvement in self-esteem and parents identified a 50% improvement.
- NI 110 – See NI's above which contribute to this. Also engage service users within programme (Participation), via Interview panels, facilitate forums with cyp for positive change in their area and consultations through questionnaires and discussions. Use 'Mentoring' throughout service. Significant number of holistic 'needs led' interventions in place across programme to engage cyp into positive actions which contribute to social, psychological and emotional aspects of behaviour and character building.
- NI 87 – 61% children (of 56 core) increased attendance and 37% maintained good attendance. Varied strategies applied, monitored through UMIS, feedback from schools. Teesside evaluation 2007 reported 97% of JYIP cohort attended school.
- It has been successful in the diversion of a number of young people from potentially entering the Criminal Justice System (CJS) into TIER 2 services/Integrated Services Hubs (ISH) through using the CAF process;
- It has well established links with Integrated Service Hubs within its areas.
- It has provided a wide range of positive activities in targeted areas to divert young people away from the criminal justice system
- Worked with other agencies to support families and increase their capacity to manage their children behaviour

Area : **PREVENTION**

Project Name: **Challenge and Support Project**

Provide **brief** information or in bullet points

Project Description:

The Challenge and Support Project (CSP) works with young people in Leicester City aged 10 – 17 years old (and their families) to address the root causes of their engagement in anti social behaviour. It aims to ensure that at every stage local services are working together to assess young people's needs and to offer appropriate support to young people involved in or at risk of anti-social behaviour to help them change their behaviour (alongside enforcement action where appropriate).

The Challenge and Support Unit is based at the Leicester Anti Social Behaviour Unit, managed by (LASBU Manager) but is part of the Early Intervention and Prevention element of YOS. The Project consists of a Project Co-ordinator and two Project Workers who undertake case work with young ASB perpetrators. The Coordinator also manages the Street Based Teams (SBT) and Think Family Project (see separate reports for more details on each of these).

Challenge and Support is a city wide project. Young people come from all the wards across the city. Braunstone, New Parks, Fosse and Freeman wards are the top wards for young people to be involved in Anti Social Behaviour.

The project began delivery in autumn 2008, and is funded until 31st March 2011. The CSP's funding for 2010/11 is £134,100, made up of £75,000 from the government's Youth Task Force, £21,600 from Children's Area Based Grant, and £37,500 from SLP's ABG (which was secured in late 2009 to expand the original CSP service).

Key Achievements to Date (inc Contribution to LAA/ other Nis and Outputs/ Outcomes,

added Value)

Challenge and Support contributes to the **One Leicester Strategy** particularly **Investing in Our Children** – particularly closing the gap and supporting young people. **Creating Thriving and Safe Communities** – making communities safer and empowering communities. The project contributes to achieving LAA Priority Outcomes for **NI 27 and 21 (Understanding and Dealing With Local concerns about ASB and crime)** and **NI 19 (Rate of proven re-offending by young offenders), N110 (participation in positive activities)** and **NI 117 (reducing young people aged 16 – 18 years not in Education, Employment or Training)**. It also contributes to the **PSA 14** outcomes for setting children and young people on the path to success.

Key achievements from October 2008 – March 2010 (18 month period):

- 300 young people were challenged and supported during this period. 100 young people accepted intensive support from the team.
- No young people in the city were given an ASBO during this period, proving that Early Identification and Intervention works. It is estimated that CSP's work has results in a reduction of around 100 cases per year for the Leicester ASB Unit to investigate.
- 73% of young people addressed their anti social behaviour once an advice/warning letter was issued and did not go on to Acceptable Behaviour Agreements (ABA). 25% of young people progressed onto ABA's, but with support and assistance they addressed their behaviour and did not go onto ASBO or other enforcement measures. 2% of young people received Criminal Anti Social Behaviour Orders attached to their youth offending orders (as actioned by the police).
- The breakdown of youth offending involvement from the 300 young people who received the approach, 62% had not entered the criminal justice system (CJS), 37% of young people involved in the CJS before they received the incremental approach. 1% entered the CJS, after the incremental approach – mainly Police Reprimands and Final Warnings for their ASB behaviour. (Leicester YOS has seen 15% reduction in FTE in 2009/10).
- CSP has re-designed the incremental approach to tackle ASB; advice letters have been added and the advice/warning letters of partner agencies now includes the 'Challenge and Support' ethos.
- CSP and ethos is estimated to have made significant cost-savings to the police and council. Department for Education calculated that it would cost £1,930 per arrest. If even half of the young people worked with by CSP were arrested for their ASB, this would cost services £283,710 (£1930.00 x 147). Compare this to the cost of providing challenge & support and applying the incremental approach to tackling the ASB, which is £115, 852, and **this represents a saving to local authorities of £167,858**. This figure only relates to savings from reduced arrests; if we added in other costs that are incurred by local services (e.g. responding to incidents, repairing damage, etc) this would add up to a total that is far greater than the annual cost of the early prevention and intervention delivered through CSP.
- CSP has developed a 'whole-family' approach to working with ASB perpetrators at an earlier level, which is helping to ensure the success of its interventions. This is done through the Think Family Worker (see separate report for further detail) and engagement with the Common Assessment Framework (CAF) process and Integrated Services Hubs (ISH). This approach has meant that none of the younger siblings of the 100 young people receiving intensive support from CSP have gone on to commit ASB or offend (average of 3 younger siblings per family) – this is significant as there are many families where multiple children are known to the police or other services for behaviour and/or other issues.
- CSP is a Tier 2a/2b service on the children & young people's 'continuum of need' windscreen. As a result of CSP intervention, young people are now classed as Tier 1 – Children with no identified additional needs.
- CSP has signposted and/or supported each of its young people into positive activities in their

communities such as boxing, Soft Touch Arts projects, Gyms, Youth Clubs.

Another key achievement of the CSP is the recognition it has received as an example of best practice by the Department for Education's Youth Taskforce; the CSP has been invited on a number of occasions to Department of Education to national and regional events to talk about Leicester's approach to CSP and integration of CSP with SBT and Think Family.

Area :**PREVENTION**

Project Name: **Street Based Teams**

Provide **brief** information or in bullet points

Project Description:

Street Based Teams (SBT) aim to tackle youth offending and ASB by engaging disaffected young people on the streets. By using Police and LASBU intelligence and crime data, Street Based Teams are deployed in hot spot areas across the city of Leicester

SBT is based at Leicester Anti Social Behaviour Unit (LASBU) and is managed by the Challenge and Support Co-ordinator who leads a team of 8 part time (12 hours/week) youth workers. The SBT goes out on Friday and Saturday nights and one evening in the week, for 3-4 hr sessions between 5pm and 11pm.

The aim of SBT is to respond to incidents in hot spot areas and to work with young people to address their behaviour. SBT does this through:

- **ENGAGEMENT** - working to gain the trust of young people and to encourage them to take up positive activities that provide structure and opportunity; providing activities on the street to address young people's needs such as issues around consequences of ASB
- **ADVOCACY** - being seen as reliable, credible source of guidance and advice. Working with young people by offering and helping them to access relevant services
- **NON NEGOTIABLE SUPPORT** - emphasising to young people that sanctions will be enforced if young people refuse to reduce their involvement in anti social behaviour (SBT will be making referrals to Challenge and Support to ensure that non negotiable support is offered if enforcement is pursued).

For the current year (2010/11), SBT has £45,000 funding from YCAP and receives an additional £37,500 from SLP Area Based Grant (which was awarded to expand the team from 4 to 8 workers).

Key Achievements to Date (inc Contribution to LAA/ other Nis and Outputs/ Outcomes, added Value)

SBT supports and assists in One Leicester Strategy and Vision, particularly Creating Thriving Safe Communities and Investing in our Children – Closing the gap, Creating Safer places to play and Supporting young people.

The project contributes to achieving LAA Priority Outcomes for **NI 27 and 21 (Understanding and Dealing With Local concerns about ASB and crime)** and **NIs for positive activities and youth offending**. It also contributes to the **PSA 14** outcomes for setting children and young people on the path to success.

Key achievements from September 2009 – May 2010 (9 months Analysis, with a 4-member team)

- SBT has been deployed 89 times during this period.
- 3920 young people made contact with SBT during this period. Often young people did not know what ASB was and that their behaviour consisted of ASB.

- 2278 young people were signposted to positive activities in their area. Young people often report that there is nothing to do in their areas. However, SBT map the provision in the area and help them to access the provision and support them to access mainstream activities.
- SBT provides activities on the street and uses a variety of resources to engage young people such as drug/alcohol quizzes, relationship games and sporting activities such a cricket, and football.
- SBT is a visible presence of LCC on the streets of Leicester and works in close partnership with the Police to reduce ASB. SBT are currently working with young people around educating them about offending and Stop and Search specifically in relation to their rights and responsibilities.
- SBT works and supports victims of ASB and often provides a 24 hour response to their concerns and issues. Referring vulnerable victims to Witness Support and Social care and safeguarding for additional Support. This therefore supports NI15 Satisfaction with the Local Area, NI17 Perception of ASB and NI21 and NI27 Dealing with and Understanding concerns regarding ASB
- In January 2010 SBT began providing sexual health information and safe sex advice. The need for this was identified by young people themselves, who were seeking information and advice when other services were not accessible (e.g. due to service opening times).
- SBT also work in partnership with other LCC providers such as Street Wardens/Environmental Services/Housing. Reporting fly tipping, graffiti and damage to the local community and streets. Being the eyes and ears of the local communities out of hours. Assisting in NI195 – Improving Street/Environmental Cleanliness
- SBT are currently sending customer satisfaction surveys out to the witnesses/complainants of ASB to engage their views of the project. Positive comments have been received
- SBT provides monthly reports to the local housing, the initial referrer, to the local neighbourhood police and the Police JAGs. As a result of our intervention, some of the police priority areas regarding ASB and young people have been dealt with.
- Provides a detached Youth Work service on Friday and Saturday nights until 11pm.

Another key achievement of the SBT is the recognition it has received as an example of best practice, from the Department for Education. They have been particularly impressed with the way SBT has been able to recruit dedicated enthusiastic workers who are willing to work on evenings and weekends. Nottingham City Council has adapted our model of SBT and is using it in their estates and increased their worker ratio.

AREA: PREVENTION

Project Name: Integrated Services/Crime Prevention (ISCP)

Project Description:

Integrated Services/Crime Prevention (ISCP)

The overall aim ISCP is to contribute to a reduction in the rate of youth

Offending within Leicester. The ISCP targets young people aged 8-13 years

and operates in areas of the city with the highest rates of first time entrants and is linked to integrated locality based work. Currently, the catchment areas Leicester City IS/CP is New Parks, Saffron/Eyres Monsell, Beaumont Leys, Braunstone. The project works with young people and families who meet criteria outlined below and provide an individualised service package to reduce associated risks with their behaviour. The IS/CP is funded through the Youth Justice Board's Prevention Grant and this has been secured until March 2011. The funding amounts to £101,000. Catch 22 Voluntary organisation are commissioned to deliver this service within the catchment areas. The staffing consists of 1 FT co-ordinator and 2 PT Workers.

Process

The key criteria for referrals to the Leicester City IS/CP are children and young people.

- Aged 8 – 12 years inclusive living in the stated areas, pre-offending and/or involved in anti social behaviour, but without a criminal record or conviction, in addition to children who are involved in offending but are not known to the Police or Youth Justice system.
- Considered to be at risk of involvement in offending or anti social behaviour and/or received an Acceptable Behaviour Agreement, Disposal to a Restorative Approaches in Neighbourhoods (RAIN) and/or at risk of receiving an Anti Social Behaviour Order
- Young people who have received a Police Reprimand and are considered to be at risk of re-offending
- For whom a multi agency response is deemed necessary and whose behaviour is deemed of concern to two or more of the partner agencies and/or their parents/carers, and are exposed to significant relevant risk factors.
- The parent/carer and child are willing to take part, give consent to the referral and cooperate with an Individual Action Plan.

This project use the Common Assessment Framework (CAF) where established as the agreed process and will ensure those young people presenting risk factors that align with the current research into potential risk of offending will be supported. In addition, the ISCP will use the Onset assessment and related Youth Justice Board (YJB) assessment tools to assess the risk of offending, serious harm and vulnerability. The project works on a 1-1 basis with young people

and families

Key Achievements to Date (inc Contribution to LAA/ other Nis and Outputs/ Outcomes, added Value)

The IS/CP reflect the priorities of the LAA, PSA 14 outcomes (basket of measures for targeted youth support) and the One Leicester priorities, and ensure congruence with Children’s Trust commissioned projects supporting the Prevention Strategy for Leicester City.

The broader outcomes for this project have been :

- A reduction in the number of first time entrant to the youth justice system by working with children, parents and siblings within the family
- Helped children and their families to develop skills, knowledge and self confidence which enable them to respond to issues affecting them such as for example family conflict, behavioral issues, and domestic violence
- Has increased parent’s capacity to put in appropriate sanctions and boundaries
- Increased family and children’s engagement in community based and integrated services and refers to appropriate services
- Increase in young person’s schools attendance through working with families
- Positive engagement with Children and Family which reflects the outcomes of Every Child matters
- A positive change in parents, young person’s and siblings behaviour within the family setting
- It has delivered successful Intervention work with young people to divert them away from the Criminal Justice System

Response from Lewisham

How prevention is organised in your borough:

Lewisham YOS sit in Crime Reduction Services and work closely with the Children’s Services Directorate. The IYSS, within the CYP Directorate, are the lead for prevention in Lewisham.

We are in the process of winding down the YISP and embedding the process into our Early Intervention Locality Panels (EILPs) which will sit within the IYSS. Triage will remain with the YOS.

How is it resourced and projections for resourcing for 2011/12:

Prevention in the YOS is resourced through Children’s Fund (£67k), YCAP (80k) and YJB funding (171k).

For 2011 onwards, there is not clear funding as yet however we anticipate that we will embed some of the work of the Diversion team (including Triage) into the YOS officers role – those holding Referral Orders.

Any examples of good practice:

Triage is our area of good practice. It has had a significant impact on out FTEs.

Case Study 1

A Teenage Father Case Study - By Terry Linden Grant

This case study relates to a young man who was referred to the Teenage Father support project at the beginning of May 2010. I will refer to him as Bobby. Bobby had been directed to me through the teenage pregnancy co-ordinator, who had met him and his girl friend at his school. Bobby, just a month away from his exams, had just found out his girlfriend of the same age was pregnant.

It was clear from the conversation that Bobby needed an outlet where he could both express and process his thoughts and feelings. I met Bobby at his home with his mum and younger sister. Bobby shared with me that his mum and dad (separated when Bobby was 5/6 years old) were teenage parents themselves; Bobby spoke about his disappointment of following in their footsteps. Bobby's mother, although very supportive, had also hoped that her son would wait much longer before becoming a dad. Bobby never had much of a relationship with dad; only in the last few years have they started to build a father/son relationship.

I acknowledged with Bobby that one of the biggest barriers I would face is earning his trust and respect. Bobby had made it clear he missed a proper father and son relationship. I knew that if Bobby was to engage with me, then I would need to ensure I would be a consistent male figure in his life and not just here for just for the moment.

Bobby and I began to build up a good working relationship due to my person centred approach, ability to empathise and the consistency that I offered. Bobby had begun to open up, expressing his concerns about his pregnant girlfriend and her family being devout Jehovah's Witnesses, who firmly believe abortion was a sin. Together we explored these concerns. This helped Bobby come to terms with the likelihood of him becoming a father.

My partnership working to date, in relationship to Bobby, has been with the Connexions PA at Highgate Wood School. This partnership enabled Bobby to apply for sixth form within the school and Further Education Colleges. Bobby has been trained and was a member of the interview panel for the Family Nurse Partnership Scheme (GOSH). Bobby and his girlfriend have also just completed the level two Speak Easy course run in association with Epic Trust who provide support for teenage mothers. Bobby has obtained 5 GCSE C grade or above and is looking forward to starting his A levels.

I feel Bobby has benefited a great deal from my input to date; there are still many challenges to overcome, as Bobby is not only trying to navigate himself through adolescence, but with the added pressure of becoming a father at the end of the year.

Bobby's case is not unique to teenage fathers as the prospect of staying in a relationship and starting a family is something which many adults struggle with, let alone a teenage boy still going through adolescence and searching to find his identity. In my experience teenagers go through a major transition once they have completed year eleven- they often no longer see themselves as children and at times they are treated as children and other times as adults.

Case Study 2

Smith Family

John was arrested on the 1st October 2010 for Theft from a public place - he had stolen an industrial size bag of Popcorn from outside the Cinema in Muswell Hill. John was with friends at the time of

the offence and they had all been acting inappropriately and generally behaving in an anti-social manner.

John was placed on the Triage programme with a bail period of 6th weeks. Whilst completing background checks it came to my attention that the family were known to Safeguarding and Social care due to John's allegedly being sexually inappropriate towards his younger sister and also due to his younger brother's behaviour. John's mother had recently passed away following a long battle with breast cancer - this had a significant impact on the whole family. The police had investigated the sexual abuse and deemed it not in the public interest to prosecute. There was an ongoing Safeguarding investigation, but this was not active as there was no allocated Social Worker. Additionally, John has a diagnosis of ADHD for which he is prescribed a Ritalin based medication.

I engaged with John for a number of weeks, gaining his trust and offering him reassurance, guidance and support. During this time John completed his Onset assessment 'Over to You'. A significant point was that John wrote on this that he was very worried that something may happen in the future. I related this to the situation with his sister. After a number of sessions, I felt that John was comfortable enough in my presence for me to raise the issue in relation to the sexual abuse of his sister. John was very relieved to be able to discuss and talk about the incident that had occurred two years previously. He gave me an in-depth account of what happened and disclosed other incidents that had occurred with other children in the extended family. It transpired that the sexual abuse of his sister had been more serious than first reported. This information was relayed back to Safeguarding and social care and after lengthy discussions and emails it was agreed to convene an Initial Child Protection Case Conference.

On completion of John's Onset assessment, it was felt that he was an unknown risk in relation to his sexual behaviours and as a result a ROSH (Risk of Serious Harm) form was completed. Following intensive negotiation with the Children and Young People's service a referral was made to the Portman Clinic for John to receive specialist therapeutic support, as he had never engaged with bereavement counselling nor received support in relation to the sexual abuse. A planning meeting was held, but due to the unknown risk the Portman requested that a full Risk Assessment be completed, which required funding.

During this time, John made various disclosures about his sexual activities and his relationship with his father became turbulent, with John not adhering to boundaries and going out in the early hours of the morning. I had various meetings and discussions with both John and Mr Smith in relation to this and John made a concerted effort to modify his behaviour.

John had the support of his girlfriend, but this relationship was also very turbulent with them frequently splitting up. John found these times very difficult to deal with and would often resort to alcohol. We discussed this and he became more in control of his consumption.

John's sister was made subject to a CP (Child Protection) Plan under the category of emotional abuse, whilst John and his brother were made subject to CIN (Child in need) plans. The funding was finally agreed for the Assessment to be completed at the Portman Clinic which has now taken place and we are awaiting the result of this.

I continue to support John on a monthly basis as there are still ongoing issues, John has split up from his girlfriend, and now become involved in a negative peer group, who are heavy cannabis users and as a result John has now started to smoke cannabis on a daily basis.

Despite John's difficulties and poor attendance at school, he has achieved 5 GCSE's 2 B's. 2 C's and a D, John is now able to embark on a Music course at Barnet College.

Case Study 3

CY

Referral

The referral was received from CAF panel in July 2009.

Concerns

- - Aggressive behaviour at school and home, including 2 'Police Come to Notice' which alluded to physical assault of another pupil – no evidence was found and no further action was taken. He was named as part of a group that were smoking cannabis though when searched there was a negative result. Received a verbal warning.
- Severe difficulties with his literacy skills.

Engagement

Once I was able to make contact with the family, CY's parents were keen for our service to work with him. Though they would be out of the country during the summer holidays they agreed that on their return they would plan for me to meet CY at home – sessions would be held at school rather than home. Engagement was inconsistent between February and the middle of May 2010 as a result of CY not being in his lessons and being sent home from school for having the incorrect uniform.

Assessment

Whilst I was conducting CY's assessment, he was arrested and the details are as follows:

14/03/2010 – arrested, Public Order. As a result he was put on the Triage programme.

CY's assessment revealed the following factors:

1. Possible cannabis use
2. The support he was receiving with his education was not meeting his needs
3. He was expressing aggressive behaviour at home and school
4. He was very active in the gym and he enjoyed P.E at school – protective factor
5. The family had a lack of knowledge of the services that were available in Haringey that could support them.

Intervention and Methodology

With the identified factors I worked collaboratively with CY, his family and his school to tailor a plan to work with him effectively. In February 2010 – CY attended a residential trip to Pendarren with the HYOT team from which he appeared to have benefited. On their return, one of the workers informed me that CY had a keen interest in the game of Chess and gave me instructions for him to read. However, when I met with CY, and though he attempted to read the instructions, I witnessed firsthand, his severe difficulty with literacy. With his permission I arranged a meeting at his school to discuss alternative support for him.

A meeting was held with the SENCO who reported that she had offered CY support but he stopped attending the appointments. She had not completed her assessment on CY, but had noted that he would need intensive support as his ability was quite low. She also stated that he had a form of dyslexia. Follow up meetings were held with school personnel including the Head of Year and SENCO, the School Mentor, the YOS Turkish speaking worker; CY and myself to identify the appropriate support to be offered. Concerns were expressed that CY might not want others to be aware that he was receiving support.

Mother wanted the best for her son and expressed her support for the process. The decision was made to offer support on a regular basis which would assist CY getting to school for 08:30am. CY

was not keen on this as he knows he will struggle to get to school for that time. However, he is hopeful that he will change this behaviour after engaging in 1 to 1 sessions with the SENCO.

CY was arrested again on **08/05/2010** as he was part of a group fitting the description of persons involved in a knifepoint robbery. Police were satisfied that he did not have any involvement in this. No further action was taken.

Overdose

In May 2010 I was informed that CY attempted suicide by taking an overdose and he was admitted to Great Ormond Street Hospital. With mother's permission the Turkish speaking worker and I visited him there. CY had taken 12 tablets of Amitriptyline (mother's medication) as he had broken up with his girlfriend following a telephone argument between her. The girlfriend alerted the family who found CY unconscious in his sister's bedroom.

A multi agency Discharge Planning Meeting was held which included CAMHS, a Social Worker and myself as well as CY's brother in law. Ways of increasing CY's safety and decreasing the likelihood of another episode like this were discussed. The decision was taken for me to continue working with CY alongside a CAMHS Doctor.

Current situation.

- CY to attend a placement at College as well as continuing to attend school
- CY continues to make progress with literacy – this continues for at least 10 minutes each day.
- Continued support from myself to include positive activities as well as supporting his literacy e.g. joining the library.
- CY visited Turkey over the holidays with his brother in law.
- Noticeable improvements made regarding his behaviour.
- A Risk of serious harm (ROSH) form was completed and CY is being supported and monitored to ensure his continued safety.

I feel that CY has a low risk of offending and the protective factors of education and supportive family – which has improved – have helped this transition.

Rory Vassal, Team Co-ordinator – HYOT.

Case Study 4

Case Study: Hannah By Daniel James

Background

Hannah was referred by the Youth Service detached team to the Challenge & Support (C&S) Programme in February 2009 for her involvement in anti-social behaviour. Hannah was excluded from mainstream education and was provided with alternative education at Waltham Forest College. Her attendance at her college placement was erratic. There were several reports from local community workers and the detached youth work team that Hannah was beginning to cause a bit of a nuisance in the area - such as harassing other local residents and being drunk and she was at risk of getting an ASBO.

Issues & how they were tackled

Hannah's main issue was the fact that she was a self-harmer. This issue was rooted in the death of her Grandmother, which affected her badly. After Hannah disclosed this information, an immediate referral to CYPS was made. A referral to youth counsellors was also made to give Hannah support with her thoughts and feelings and the C&S worker met with Hannah on a weekly basis.

As the relationship developed between Hannah, her family and me it became apparent that another issue was that Hannah was frequently absconding from home. Her family was concerned about this behaviour. She was reported missing several times. Hannah's mother was also concerned that she was socialising with boys significantly older than her. I updated CYPS with regard to this new information. This issue was resolved through liaising with the police and a series of home visits with my manager was conducted, whereby Hannah was advised that her conduct would lead to the police searching for her. Hannah also agreed to let her parents know where she was in advance to avoid worry. In addition, the youth response team were notified to keep a look out for Hannah in their late night sessions.

Another issue Hannah faced was the risk of being excluded from school. Hannah had anger issues and could often not cope with her emotions in certain situations. This was tackled by Hannah having anger management sessions during her one-to-one key work time and also more practically by arranging meetings with the alternative education tutor to ensure that Hannah could study and achieve in an environment more suited to her needs by referring her to Waltham Forest College.

Barriers

The only major barrier was that I was not originally aware of professionals working with Hannah in order for information sharing to take place, hence work had to commence from a blank canvas. Hannah had complex issues, but had never been referred to any support services. However, the C&S worker proactively met with the detached youth Team Leader, who referred Hannah initially. As a result, referrals were made and a network of professionals supporting Hannah emerged. Information sharing meetings were very robust and allowed the C&S worker to plan strategically.

Partners

In addition to the counselling, educational, mental health service and youth service roles mentioned above, I supported Hannah to attend sessions at a youth intervention project set up in the local area and Hannah took part in an 8 week dance project that encouraged participation and fitness. I also referred and supported Hannah through an Arts Award project in partnership with Catch 22 and the media trust. This media project gave Hannah confidence to the extent that she has chosen to further her education in this area. Hannah also received support from the Bristol Crisis Service for Women for extra support around self-harming from a self-help perspective. She was sent a number of useful items such as a help book to record deep and private thoughts, feelings and memories. Finally, I supported Hannah on arts trips including the theatre and the British Film Institute to harness her interest in this area. This was an effective intervention as it kept Hannah engaged and keen on her future.

Outcomes & Impact

Through my advice and guidance, Hannah has been accepted on to a Performing Arts BTEC course at Haringey 6th Form College. This is testimony to her successful involvement in the Arts Award Project. This shows Hannah's move from the verge of exclusion to stay in school/college and is now not at risk of or involved in ASB nor is she at risk of becoming NEET. Hannah also achieved passes in her BTEC courses in Maths, English, Hairdressing and Drama. This is partially down to the interventions that I have coordinated as well as representing and supporting Hannah at educational meetings and the general input to ensure that Hannah was in a happier place, whereby she could focus on her educational and career goals.

Case Study 5

Case Study: Abdullah

AA was referred to C&S by a police officer for attempted robbery of a computer game from a shop. The case was not proceeded with as the CCTV cameras showed AA was actually trying to stop his cousin from committing robbery.

One of the main obstacles that I faced from the beginning of this case was not being able to make contact as he has moved several times between relatives. I overcame this obstacle by using links that I had with other agencies such as Education, Children's Service & schools.

BACKGROUND

AA was born in Yemen and was brought up by relatives as his father had passed away before he was born & his mother had left home. AA came to live in UK with paternal aunt who has legal guardianship. AA believed his aunt was his mother until last year. AA started to display challenging behaviour following this finding. He was then moved to live with his uncle where he was physically abused so he was then moved to live with another paternal aunt. His family relationships had broken down which led to volatile and confrontational relationships. He was also experiencing difficulties at school as his personal situation became a focus point and AA was frustrated with (what he felt) his family situation being common knowledge. The school placed him in college as a full time student.

In addition to the above AA's relatives was unwilling to accommodate him so AA spent time living with friends or sleeping on the streets. AA felt that he did not belong anywhere and this conjured up feeling of rejection and non acceptance. AA had lost trust with authorities and his family. AA was living a chaotic and unstable lifestyle to the extent of his basic needs such as food & shelter not being met.

My main hurdle was to gain AA's trust by ensuring that I would be a consistent role model in his life in order to support him to overcome his difficulties. I liaised with police, CYPS and schools to voice AA's needs. There were challenges with some agencies when placing him into care. The CYPS stance was that this child had a legal guardian and therefore was not deemed at risk enough to be accommodated. AA was vulnerable to being led astray to become a member of a gang to meet his need to belong. By liaising with relevant services and highlighting the risk factors for this child, together social services and the C&S team managed to accommodate this vulnerable young person.

I supported AA during his foster care & college transition by ensuring that some issues were ironed out through advocating on his behalf with the relevant agencies & AA.

Currently AA is in a stable foster placement and he no longer displays any negative or challenging behaviour. This is a reflection of the fact that he is much happier now as his basic needs are being met. AA attends college and is eager to succeed and do well in life. He has ambition & aspiration for the future (he would like to be a motor mechanic). It has been noted by professionals and AA that I have built a trusting relationship with AA. He engages well with other agencies with my support at all times. I believe that AA has been provided with the opportunity to thrive to be happy and healthy thus is able to make positive contributions to the community. He attends diversionary activities referred to use his free time constructively. We are also addressing his feelings of anger and frustration due to his past history of negative events. I believe that AA is learning new skills such as anger management & communication skills which will equip him to overcome future obstacles in life and prevent him from being at risk of offending.

*Appendix 7*Glossary

ABC	Acceptable behaviour contract
ABG	Area Based Grant
ASB	Anti-social behaviour
ASBO	Anti-social Behaviour Order
ASBAT	Anti-social Behaviour Action Team
BCU	Borough Command Unit
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Service
CJI	Criminal Justice Joint Inspection.
CTN	Come to Notice
C&S	Challenge and Support
CYPP	Children and Young People's Plan
CYPS	Children and Young People's Service
DCSF	Department for Children, Schools, and Families - no longer exists
DfE	Department for Education
FIP	Family Intervention Project
GAG	Gangs Action Group
HSP	Haringey Strategic Partnership
HYOT	Haringey Youth On Track
IIP	Intensive Intervention Programme
JAR	Joint Area Review
KPI	Key performance Indicator
LAA	Local Area Agreement
LSCB	Local Safeguarding Children's Board
NI	National Indicator
PCT	Primary Care Trust
SCR	Serious case review
SSC	Safer Stronger Communities
TKAP	Tackling Knives Action Programme
TYIP	Targeted Youth Inclusion Programme
YCAP	Youth Crime Action Plan
YIP	Youth Inclusion Programme
YJB	Youth Justice Board
YISP	Youth Inclusion and Support Panel
YOIS	Youth Offending Information System
YOS	Youth Offending Service



A Joint Inspection of Youth Crime Prevention

**A Joint Inspection by HMI Constabulary, HMI Probation,
Care Quality Commission and Healthcare Inspectorate Wales**

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Foreword

This thematic inspection is one of several which, with the Core Case Inspections, form the three year 'Inspection of Youth Offending' programme' coordinated by HMI Probation. Led by HMI Constabulary, the team for this inspection included inspectors from HMI Probation, the Care Quality Commission, and Healthcare Inspectorate Wales – inspectorates that have a direct interest in the subject matter.

The inspection team visited seven local authority areas, examined 75 individual cases where children had been referred for interventions to prevent offending, and spoke to many practitioners and managers of children's services, police and health. We were left in no doubt that the personal lives of many children identified as more likely to offend are extremely challenging. It is easy to understand that the living conditions of some of them, and the influences to which they are exposed, make future offending by such children more likely than by children with less chaotic lifestyles.

The inspection focused on the 8–13 year age range. This spanned the age of criminal responsibility in England and Wales (10 years), and covered the age group where prevention schemes are most frequently initiated. State intervention, often based on research, aims to enhance the 'protective factors' and reduce the 'risk factors' present in a child's life which make anti-social and offending behaviour less or more likely.

The inspection concluded that there was impressive partnership work in operation and that a common strategic ethos about youth crime was present. However, the challenges should not be underestimated; it is very clear that many children who have been identified as more likely to offend than others were subject to multiple 'risk factors' and their future lives were likely to be adversely affected, possibly forever.

We saw many examples of prevention work that were having a positive impact on children's lives, but little coordinated evaluation of interventions which can be proved to achieve longer term success. Greater sophistication in measuring progress is required at both the local and national levels: a number of aspects of the underpinning processes and assessment frameworks are considered to be overly bureaucratic and unhelpful and, as we enter a period of constrained budgets, we believe there needs to be a fundamental review of their impact, value and costs.

The joint response to youth prevention is, however, encouraging, and many individual examples were found of excellent working practices. An investment in prevention services at this stage in a child's life is likely to be cheaper than trying to work with an individual once within the criminal justice system. However, resources in this area are often short-term and subject to withdrawal when budgets are cut. In our view, investment in this work has the potential not only to benefit the individual children but also society in the long-term. Whilst we were encouraged by the best practice we saw, a number of recommendations have been made to help create greater consistency and effective practice across areas. We hope these will be implemented both locally and nationally.

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September 2010

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Key Findings and Recommendations

Many adults in the criminal justice system began their offending careers in their childhood or early teens, after being subject to factors which made their offending more likely. This inspection examined the approaches to child crime prevention.

The sections of this report explore evidence-based practice, leadership, the identification of children more likely to offend, their subsequent assessment, what actually was delivered and how success is measured.

When examining evidence-based practice, crime prevention work can be broadly grouped into four aspects, or domains: The family; School and work; Lifestyle, neighbourhood and community; and Self, personal and individual practices. Therefore, these provided reference points for our inspection. In general, we found that those involved in prevention work, including health workers, were aware of the components of effective practice even if they did not articulate them in a structured way. The focus was more on 'risk' than 'protective' factors and on occasions interventions were used because they were available rather than as a response to a structured assessment.

For leadership, we found in most areas visited a common strategic and partnership ethos relating to youth crime prevention amongst senior managers and practitioners and across both the crime and the children's agendas. Many of these incorporated (in England) the five *Every Child Matters* outcomes that were applicable at the time. Examples of integration included the pooling of funding, secondment of staff, chairing of meetings, and some alignment of plans between agencies. Health services were not integrated to the same extent and didn't always see themselves as being key to the prevention agenda – although operationally where they were integrated, some positive results were demonstrated.

We considered that the probation service could be more involved; for example, they could make a valuable contribution as a result of their supervision of offenders who are now parents, especially during the identification and assessment stage.

All areas had a range of initiatives funded nationally and mainly targeted at areas of significant need. These provided a vehicle for joint work, but the short-term nature of the funding and the different requirements for reporting made their future continuation insecure. There were considerable administrative burdens that could be reduced if longer term planning and funding were better.

The majority of children assessed as being more likely to offend than others were identified as being so by either the school or the police. With the exception of school nurses, health referrals were rare.

The former Department for Children, Schools and Families had developed the Common Assessment Framework (CAF) as a shared assessment tool across all children's services in England. There was an expectation that it should have been adopted in England by March 2008. The inspection discovered, at least in respect of crime prevention issues, that the use of this framework varied widely, from none at all through to complete adoption and part of the day-to-day processes. There were still a significant number of practitioners across all agencies that knew little about the Common Assessment Framework and were unable to complete one. The police have previously challenged the value and cost of servicing the CAF. In the current climate of budget cuts across the public sector, and the Munro review (in England) focussing on minimising bureaucracy, there needs to be a clear evaluation of the impact, value and cost of continued engagement by partner agencies in this notification and assessment process.

Onset, the specialist referral and assessment framework published by the Youth Justice Board (2006) was generally completed and reviewed by key workers, although intervention plans required improvement.

There was considerable confusion with referral pathways and between the use of the pre-Common Assessment Framework, the Common Assessment Framework and the Onset. Many were uncertain about who completed what, at what point and to what extent. On the other hand, we saw effective examples of multi-agency meetings resulting in attention to the holistic needs of the children underpinned by appropriate information sharing.

General health concerns relating to 'risk' factors were less well understood and sometimes overlooked by key workers. Where health professionals were directly involved within the Youth Offending Team¹ setting, rather than in existing mainstream health services, thorough assessments of health issues were more likely to take place.

Once a child had been identified and suitably assessed, entry onto a prevention programme was generally found to be swift. We were impressed by the quality of key workers. This included their ability to involve children and parents or carers, to sustain that engagement, maintain frequent contact, and their knowledge of and commitment to the children they were working with. Some of this positive working extended into diversity work where two-thirds had considered the relevant issues and had taken steps to minimise the impact of these factors on the work being done.

With one exception, the prevention agenda was firmly embedded within the Youth Offending Team and was based primarily around the Youth Inclusion and Support Panel (YISP) and Youth Inclusion Programme (YIP) approaches. On occasions where a child, for whatever reason, was outside the panel catchment area, we were concerned that they may not receive the same intervention opportunities as children who were within the jurisdiction.

The scope of interventions varied widely and there were some very simple, inexpensive but successful interventions used, such as improving self esteem by providing a haircut and new clothes prior to transferring to secondary school. In some cases, however, it was difficult to understand why the choice of intervention was made as it did not appear to address the issues raised at the child's assessment.

The quality of intervention plans ranged from those which were clear, time bound and reviewed to having no plan at all. A significant minority lacked detail, outcome milestones and an exit strategy. This was particularly so with health interventions.

Measuring the impact of prevention activities is problematic. There was little evidence of any local evaluation either of individual interventions or of the longer term outcomes for children. For example, once a case became closed, the individual was not tracked to determine whether he/she had entered the criminal justice system at a later date. Whilst the framework used by the Youth Justice Board (Onset) has a scoring system, which does enable measurement of progress during contact with the child, this was not utilised as much as it could have been in order to assess the 'distance travelled' for that individual. Whilst this can include progress in health issues, we found some evaluation at an operational level but often not linked to data held by the Youth Offending Team and limited evidence of formal performance monitoring at a strategic level.

In addition, in our view, the reliance placed on National Indicator 111 (England) and the Wales Youth Justice Indicator 1- First Time Entrants into the criminal justice system, is largely misplaced as a 'single measure' gauge of the success of youth crime prevention work. It can be interpreted as a proxy measure of offending behaviour, but it actually measures entry into the system through reprimands and final warnings by the police. There are now a number of 'pre-reprimand' disposals such as the Youth Restorative Disposal, Fixed Penalty Notices, and other less formal ways of dealing with low level crime. Such disposals do not count towards National Indicator 111 or the Wales Youth Justice Indicator 1.

Intervening early in a child's development can bring rewards both to that child and society. This is not always easy to do and can meet with parental obstruction and apathy. Nevertheless the inspection team believe that the processes in place, albeit that they can be refined and better managed, are working and the overall picture of prevention work is a positive one, although better means of measuring and evaluating achievement need to be found.

¹ We use 'Youth Offending Team' as a generic term throughout the report even though some teams are known by other names such as "Youth Offending Service" or "Youth Justice Service" in certain areas. But when we refer to a specific team we will use their own preferred name.

Recommendations

The Department for Education and the Youth Justice Board should ensure that:

- the generic Common Assessment Framework and the specialist assessments for children likely to offend are evaluated as to their value, cost and impact and are redesigned so that they can be used consistently and effectively without duplication.

The Ministry of Justice and the Home Office should ensure that:

- they work jointly to re-profile the funding for youth crime prevention work to enable a long-term planning approach to be taken.

The relevant Government departments in both England and Wales should ensure that:

- the use of National Indicator 111 and the Wales Youth Justice Indicator 1, the measurement of First Time Entrants to the criminal justice system, is reviewed.

Probation Trusts should ensure that:

- their compliance with the Children Act 2004 can be demonstrated through referrals and support to youth crime prevention services, where this is warranted for the children of those adults they supervise.

Each Local Authority and its partners should ensure that:

- the generic Common Assessment Framework, specialist assessments for children likely to offend and the subsequent pathways to intervention are non-bureaucratic and used consistently and effectively to identify potential harm and need
- all staff in child-centred roles understand and recognise crime 'risk' and 'protective' factors and related child protection issues and are able to complete a Common Assessment Framework or arrange for it to be so
- aggregated information from Onset assessments is used corporately to inform planning, delivery and commissioning of services
- the impact of local youth crime prevention work is appropriately evaluated and practice adjusted accordingly.

Healthcare providers and staff working with children should ensure that:

- they are able to identify indicators of possible future offending, make appropriate referrals, and contribute to assessments, intervention plans and reviews of children who are likely to offend.

All prevention managers and key workers should ensure that:

- all children subject to crime prevention interventions have a current Onset intervention plan which is appropriately detailed, is time bound, reflects the child's assessment, is reviewed regularly, has clear outcome measures and an exit strategy.

1. EVIDENCE BASED PRACTICE

General Criterion:

The area works to the principles of effective practice

What we expected to see:

- Evidence based practice and the principles of 'what works' inform practice
- The area maximises the protective factors and minimises the risk factors that influence potential offending
- The right children are targeted for assessment and intervention

- 1.1 There is a considerable amount of research that has attempted to identify 'what works' in preventing children offending. For example, in 2005, the Youth Justice Board for England and Wales (YJB) published a study, *Risk and Protective Factors*, that set out what constituted effective practice. In summary, the evidence suggested that in children's lives there were a number of 'risk' factors (that can make crime more likely), such as poor parental supervision, and a number of protective factors, such as a supportive school environment, that can make offending less likely. This means that in order to be effective, interventions need to ensure that 'risk' factors are reduced and 'protective' factors promoted. (see Appendix 3 for more details)
- 1.2 The risk and protective factors can be grouped under four broad 'domains':
- The family
 - School and work
 - Lifestyle, neighbourhood and community
 - Self, personal and individual practices.

In practice, the four domains are linked and it is not effective to address one factor and not the others. In addition, it is necessary to establish for each individual whether a factor is a risk or a protective factor *for that particular individual*. Finally, risk and protective factors are not fixed, they are dynamic and can evolve over time.

- 1.3 There are a number of implications for practice that result from this outline of effective practice that the inspection sought to explore. Most importantly, this included how effective the identification and assessment of risk and protective factors was. In order for this to happen the YJB introduced a specialist assessment and planning framework tool known as *Onset* to be used by prevention workers in YOTs. This framework focuses on the four main domains referred to above and steers workers into identifying the relevant risk and protective factors. *Onset* has a simple scoring system that enables workers to assess the level of a particular issue and to track progress over time. In all areas we found that *Onset* was well embedded and, for the most part, used well by individual workers. Despite this, there was little evidence that the data collected from the assessments were used

to inform planning, delivery and the commissioning of interventions at a strategic level.

- 1.4 A number of children were involved in projects run by organisations outside the YOTs, for example, voluntary sector projects and some services that were part of universal services i.e. those that were available for all children. Here there was a slightly different picture with Onset not used for assessment. For the most part the Common Assessment Framework (CAF) was used in these settings along side any individual agency assessment. The CAF is broadly compatible with Onset, in that the domains are similar (and the YJB had issued guidance about 'mapping' one approach to the other), however crucially, Onset provided a means to evaluate progress over time, whereas this is not as easily achieved through the CAF. The CAF is voluntary in Wales.
- 1.5 The range of services for children deemed more likely to offend is complex and is not consistent across England and Wales. The main services overseen and funded by the YJB are:
- Youth Inclusion and Support Panels (YISP) aim to prevent antisocial behaviour and offending by 8-13 year olds by making sure that they and their families can access mainstream services. YISPs are made up of representatives of different agencies who work out a mutually agreed plan to support the child and his or her family
 - Youth Inclusion Programme (YIP) works with 8-17 year olds in some of the most deprived and high crime areas. In practice we found that YIPs cater mostly for the older child – i.e. over 13 years.
- 1.6 In addition, in England, Family Intervention Programmes (FIP) are in existence which are supported by ring fenced central government funding designed to work intensively with vulnerable families deemed to be at risk of antisocial behaviour and offending. In Wales, a similar approach is being developed known as the Integrated Family Support Team.
- 1.7 In all areas visited, some form of Police and School partnership had been introduced. In England, this was found to be some form of Safer School Partnership (SSPs). SSPs are formal arrangements between schools and police to work together to keep young people safe, reduce crime and improve behaviour. As part of these arrangements, a police officer or police community support officer works at a school or a cluster of schools with pupils and staff. The actual model adopted in each area varied from the intense model whereby there is one dedicated officer attached to one school, to a more fluid, and occasionally vague approach, whereby schools are overseen by the Neighbourhood Policing Team. We found that in the English areas visited the model adopted generally reflected the police resources available and not necessarily any particular local need in a specific school or local area. In Newport (the only Welsh area visited) the 'All Wales schools liaison core programme' was in use. This was more focused on an intensive lesson delivery programme by accredited police officers. This structure appeared to give little time for those police officers to engage with children outside the formal lesson approach. Many schools were, however, engaged with Neighbourhood Policing Teams.

- 1.8 We found that key workers were aware of the components of effective practice, even if they did not articulate this in a structured way. Workers tended to focus more on risk rather than protective factors and on occasions interventions tended to be used because they were available, rather than they had been identified as a response to a structured assessment (see delivery). Nevertheless, there were many good examples of interventions that had been subject to scrutiny in terms of the principles of effective practice such as after-school clubs, peer mentoring and parenting courses.
- 1.9 There was generally a good understanding by health workers within YOTs of the principles of effective practice and the risk and protective factors relating to offending behaviour. This was particularly evident where health professionals were directly involved with the YOT rather than those who were being used within mainstream services. General health concerns, however, were sometimes less well understood by generic key workers which could delay or obstruct access to essential health services.

2. LEADERSHIP

General Criterion:

There is effective local leadership in youth crime prevention

What we expected to see:

- That national strategy gives clear direction to areas in developing their approach to youth crime prevention
- That there is a strategic approach to crime prevention in the area

'We are looking at different ways of saying yes, not one simple way of saying no'

Senior Children's Services manager

- 2.1 The development of a coherent approach to the prevention agenda relies heavily on strategic vision and leadership from partner agencies, led by knowledgeable, visible and committed managers, coupled with the enthusiasm of staff. We were pleased to see that all children and young people plans and crime and disorder reduction strategies/community safety plans examined had references to the prevention agenda which were both implicit and explicit. The police service through the Association of Chief Police Officers (ACPO) had a business area dedicated to children and young people and all police forces visited had some form of children and young people intervention plan.
- 2.2 Whilst a coherent approach was apparent in most agencies there was one significant exception in the case of the probation service. There was little input to the development of a strategic approach to youth crime prevention amongst senior probation managers and this was reflected at an operational level. For example, prevention workers involved with a child and family rarely had contact with probation staff who may be working with a parent or sibling. This was disappointing and did not reflect the guidance in Probation Circular 22/2005 *Implementing Section 10 of the Children Act 2004: Inter-Agency co-operation to improve the well-being of children – Children's Trusts*. This circular reminded Chief Officers (as they then were) that the 2004 Act established a duty for the probation service to cooperate and make arrangements with local authorities and other relevant partners to improve children's well-being.
- 2.3 Without exception, the fieldwork sites were benefiting from broader guidance and initiatives, such as the FIP, YIP, YISP, the National Drug Strategy, and the Youth Crime Action Plan (YCAP)².

² See Glossary for more details

- 2.4 The FIP, YIP and YISPs are intensive programmes and are often focused on restricted geographical areas, for example, a particular housing estate or clusters of wards. In some areas, this had resulted in smaller catchment pools and some interventions focusing on older children or post-offending.
- 2.5 Whilst it was clear that funding for many prevention projects was thoughtfully targeted at areas of significant need, much of the funding (including that provided by the YJB) for these projects was often of a short-term nature. The challenge for strategic managers was to ensure that resources were mainstreamed into long term budget streams. Some areas had been more successful than others in achieving this. Where local authorities were able to contextualise prevention work within the *Every Child Matters* in England or *The Seven Core Aims for Children* (Wales) suite of outcome measures there was more sense of integration of prevention work into the overall strategic vision for children and young people.
- 2.6 All areas visited claimed to have strong partnership approaches to child crime prevention issues. Some areas were more visible in this than others. Those that were better, tended to have the issue as a regular item within the Crime and Disorder Reduction Partnership/Community Safety Partnerships and Children Trusts/Boards. This was particularly evident in Hartlepool and Bristol. These areas promoted a common purpose ethos amongst partners. There were effective links between the Antisocial Behaviour units, YOTs and children's services and work was not carried out in separate 'silos'.

In Stoke-on-Trent, the local authority targeted youth provision by putting in services at certain times in crime and antisocial behaviour hot spots, such as on Friday and Saturday nights when other provision was unavailable. This included impressive mobile services and the significant refurbishment of existing youth club and community centres. As a result, the local police had reported reductions in antisocial behaviour.

- 2.7 In most areas a sense of strategic integration was apparent. This was achieved by helping to ensure that all children deemed more likely to offend were able to have access to some universal services (in-line with *Every Child Matters* and *the Seven Core Aims for Children*), e.g. youth services. It is questionable whether that particular service was always appropriate. Whilst at the other end of the spectrum the thresholds for access to very specialist services e.g. the Child and Adolescent Mental Health Service (CAMHS) was lowered or the service adapted, for example, specialist workers providing advice to other workers rather than taking the referral themselves. The integrated approach was most marked in North Yorkshire but was being developed in other areas, notably in Bristol.
- 2.8 With the exception of North Yorkshire, the prevention agenda was firmly managed within the YOT base.

North Yorkshire had taken a wider view in that it had pooled several budgets and developed an Integrated Youth Support (IYS) approach. This had totally replaced its previous targeted approach (YISP, YIP etc) and had enabled all children in the county to be eligible for positive activities.

This was similar to the Hartlepool model where multi-agency groups, known as 'Teams Around the Secondary School' and 'Teams Around the Primary School', provided the bedrock for initial identification and assessment.

- 2.9 These approaches required significant partnership agreement and commitment between the major partners, such as children's services and the police. The latter, in some cases, have had to become more flexible in their approaches to children offending. The neighbourhood policing model had enabled many police officers and police community support officers to become more focused on prevention and less on enforcement. This was particularly evident in the Safer School Partnership approach.
- 2.10 In addition, in a number of areas, additional funding had been secured to deliver aspects of the Youth Crime Action Plan. In these English areas, agencies worked well together, especially around the 'Operation Staysafe' approach. Operation Staysafe was a coordinated effort, which included the police and children's services. This project aimed to protect vulnerable children out late at night and who may be at risk of becoming victims of crime or being drawn into criminal behaviour. These children were approached by the police and children's services, and taken home or to a place of safety and may be offered voluntary interventions. Furthermore, several police forces had supported police officers being involved in impressive youth crime diversionary schemes, such as Derbyshire's Ozbox.

The Ozbox diversionary scheme introduced youngsters into the world of exercise and into non-contact boxing. It was operated by Derbyshire Constabulary as part of the force's youth involvement strategy. The constabulary had supplied vehicles to the team of police instructors, so they could travel around the county whilst local councils and community partners had purchased boxing equipment. The Ozbox sessions lasted for an hour and were based on a boxercise theme.

- 2.11 The introduction and use of the CAF was a pivotal issue (see Identification and Assessment). The deployment of this assessment was extremely varied, from almost nil use to being fully implemented, with plans to develop further into an electronic version (eCAF). In general, the usage mirrored the level of visible commitment of senior partners to the prevention agenda. The varied use of the CAF was disappointing considering that the then Department for Schools, Children and Families guidance had indicated that the CAF should be in use by March 2008. Further guidance in March 2010³ outlined that reasons should be given for non compliance (England only). Firmer leadership is certainly required to ensure that this tool continues to be introduced and managed in areas where it is less visible.
- 2.12 The commitment of health services, especially English Primary Care Trusts, and Welsh Health Boards to the prevention agenda in youth offending is critical, particularly in those areas where there is not a specifically designated resource for prevention. Some health services at a strategic level did not consider themselves to be integral to the prevention of offending. But there can be a strong strategic

³ DCSF CAF Guidance 2007, supplemented by further guidance in March 2010

approach⁴ and we have also seen good examples of close working relationships between health workers, YOT workers and schools – although, the links with the police and social services were more variable. There was a lack of consistency across the English regions.

In Derby, good partnership links to promote effective working was found where a report had been prepared for the Community Safety Partnership on alcohol and related violence. Significant contributions had been made by the YOT health worker and the Healthy Schools Project worker to provide a clear baseline for measuring intervention performance and the correlation between alcohol use and violence.

RECOMMENDATIONS

The Ministry of Justice and the Home Office should ensure that:

- **they work jointly to re-profile the funding for youth crime prevention work to enable a long-term planning approach to be taken.**

Probation Trusts should ensure that:

- **their compliance with the Children Act 2004 can be demonstrated through referrals and support to youth crime prevention services, where this is warranted for the children of those adults they supervise.**

⁴ HM Government published a strategy document *Healthy Children, Safer Communities* in December 2009.

3. IDENTIFICATION AND ASSESSMENT

General Criterion:

There are clear systems for the identification and initial assessment of children likely to enter the criminal justice system

What we expected to see:

- All staff involved with children to be alert to risk and protective factors
- Use of the Common Assessment Framework and Onset, with particular attention to diversity and other individual needs
- Appropriate information, recording and exchange between agencies
- Education, Health and Safeguarding issues are accurately assessed and appropriate referrals made
- Prompt access to good quality assessment and advice and on-going effective engagement with the child, parent or carer.

'...we are working with the kids too late, often the harm seems already to have been done'

Police Officer

Identification:

- 3.1 The research referred to earlier provides a plethora of social theory as to who is *more likely* to commit crime than others and identified the importance of risk and protective factors. The emphasis is just that: they are *more likely*, not that *they will*.
- 3.2 It is these factors that were mostly considered by practitioners when deciding which children should be offered interventions. Just because a child presents several of these risk factors does not mean that future offending is unavoidable. There will be many adults today who may have been exposed to these factors in childhood but still went on to live successful and law abiding lives. This is not an exact science. It follows, therefore, that the identification of those children 'more likely to offend' can sometimes be very difficult, especially when this is balanced against the resources available to meet any interventions required.
- 3.3 Almost 25% of children in the case sample were the subject of a child protection plan, or subject to s47 Children Act 1989 inquiries (duty to investigate due to risk of serious harm), and several others had previously been so. We read and heard numerous examples of poor parenting and descriptions of poor, if not squalid, conditions that some children were living in. The challenges that some of these children faced were considerable.
- 3.4 Most areas visited had adopted the YISP and YIP approach to child/youth crime prevention. The YIP approach was geographically focused, often on one housing

estate which research had shown had a high incidence of youth crime. YISP, however, could be somewhat wider, occasionally borough-wide, but more commonly district-wide. There were still parts of a local authority area where a child identified as being more likely to offend would not necessarily benefit from his/her inclusion in YISP interventions. In other words, a child may be identified as having an increased likelihood of offending but there was a limited service available to refer him/her for help.

- 3.5 Children were referred from a number of sources; 34% of the cases examined indicated that the child was identified by their school. This was usually, though not exclusively, through a teacher or school nurse. The police service referred 12% of the cases examined; the parents of children referred 6%.
- 3.6 In many cases, the referral to prevention work came through a CAF and in these cases it was the source of the CAF which has been used to determine this figure. However, the CAF source may not have been the original source. For example, if a police officer had identified a child who was more likely to offend he/she may have brought this to the attention of a third party – the school or a local YISP for example. The police officer may have done this verbally, through an email message or by the completion of a pre-CAF form. This secondary source may have completed the CAF on that officer's behalf without mentioning the police officer's involvement. It is likely that this example was typical and therefore the table below should be treated with some caution.

Source	number	%
School	26	34.6
Police	9	12
Parent	6	8
YISP worker (of sibling)	4	5.3
Family Support workers	4	5.3
Children's Centre	3	4
Social Care	3	4
CAMHS	2	2.6
Community Resolution	2	2.6
Others (i.e just 1) or not known	16	20

- 3.7 It was clear from interviews with police officers and police community support officers that many of them were proactive in the identification of 'children more likely to offend'. We consider that nationally the percentage of children referred for prevention work by the police is likely to be much higher than the 12% in the sample size.

- 3.8 Neighbourhood policing was visible in all areas visited. It was very clear that these teams had built up excellent contacts with schools and youth organisations in their localities and were very committed to prevention work. Police officers and police community support officers working within the school environment had developed significant contacts with children and their families and were able to identify, refer and work with children who may be more likely to offend.

In Hartlepool, an approach known as 'a table in every school' ensured that police officers and police community support officers were welcome and frequently seen and available in every school in the borough.

- 3.9 It is unsurprising that the school is the most common pathway for referral, but perhaps the figures indicate other issues, such as the level of understanding of prevention work activities amongst partner agencies and also the availability and take up of CAF training. There were varying degrees of understanding amongst staff in partner agencies about the role and purpose of the CAF.
- 3.10 Some police officers do complete CAFs, whilst most either did not see it as their role or were confused about their responsibilities and in a few cases did not know about the CAF at all. The ACPO circular of 12th February 2009 clarifies its position in that it supports the use of the pre-CAF assessment (short assessment form) by police officers but not the completion of the full CAF. ACPO offer an exception to this in cases where there is no partner agency involvement or where it may be appropriate for a police practitioner particularly in a dedicated children or young people role to do so. The awareness of the guidance amongst police officers is sketchy. It is the officers from Safer Schools Partnerships, Neighbourhood Policing Teams and child abuse units that have the best knowledge of those children and families more likely to offend. These officers generally do not complete CAFs, but do have referral mechanisms to other agencies where the CAF is later completed, if necessary.
- 3.11 The next stage of the CAF process is the identification of a 'lead professional'. No examples were found of police officers undertaking this role, however, at least two police officers interviewed indicated that they would not be averse to doing this should the circumstances be appropriate. One senior children's services manager stated:
- "The role of the lead professional should be undertaken by someone who has the best knowledge of the child and the family and is acceptable by the family concerned, if that person happens to be a police officer then it would be acceptable."*
- 3.12 The role of lead professional is a coordinating function and could take that person away from what they regard as his/her core duties. There is some reluctance from the police to take on this role. This is, perhaps, understandable, but the reasons why a police officer should not be a lead professional could also be used by others such as teachers and health workers. Whoever leads, however, it is important that all professionals involved in such a role, including completing the CAF, should have received the appropriate training to do so.
- 3.13 The reasons for referral to prevention services were many and varied, for example: fire fascination, poor school attendance, aggressive behaviour, antisocial

behaviour, parental drug misuse and sibling criminality to name just a few. The most common reason given was 'being disruptive or unruly in school', this may have also been accompanied by examples of aggressive behaviour towards other children and in some cases, school staff. This is commensurate with the majority of referrals emanating from schools.

- 3.14 In some areas, the issue may be complicated due to a large number of interventions available and the different referral pathways in place – each with a different assessment or referral form. It is fair to say, however, that in this example, although there was a small degree of confusion, most practitioners did have a good understanding of the interventions on offer and also the referral methodology, that is to say it was not immediately apparent that the lack of a CAF negatively impacted on this part of the process.

Assessment:

- 3.15 The CAF has been designed to be a shared assessment tool for use across all services working with children. It aims to support the early identification of need and promote coordinated service provision. Where a concern has been raised, or the needs are unclear, then the CAF is a means to identify needs and/or get other services to help meet them. It is not designed to replace other specialist assessments. A CAF need not be completed where it is obvious what the needs of the child are and that the assessing agency can meet the full range of those needs. However, there is an expectation that all local authorities will use the CAF, or show good reasons for not doing so. The CAF has not been officially introduced into Wales although it is being used successfully in some areas.
- 3.16 There is some confusion amongst practitioners regarding the principles of the CAF, i.e. should it be used as an assessment tool or a referral tool? In practice, it is used for both. For crime prevention initiatives, at least, it appears that there is a tendency for it to be simply a referral tool, that is to say the person completing the CAF may have already decided that the child is suitable for a YISP or had already arranged a referral.
- 3.17 We were impressed with the overall willingness of partner agencies to share appropriate information in terms of youth crime prevention. Pivotal to this sharing of information was the existence of multi-agency case meetings to discuss the child's needs and progress. These meetings tended to be held in areas where the ethos of the CAF was strong, as this meant that attendance by relevant professionals at such meetings was taken seriously and the constitution better reflected the direct needs of the child. Generally, there were positive linkages and information flows between organisations, although information from CAMHS to other organisations was sometimes described as problematic, with occasionally a perceived reluctance or an inability to attend multi-agency meetings.
- 3.18 With the exception of a small number of local misinterpretations of the Data Protection Act 1998, the transfer of data between agencies was secure and willingly shared. This was assisted through YISP approaches being voluntary and the family agreeing for relevant data to be shared.
- 3.19 In almost all cases examined there was an Onset assessment commenced, although only 71% had been fully completed and reviewed. Most assessments

tended to focus on risk factors more thoroughly than protective factors. In some areas the Onset immediately followed on from the CAF that had been used as the referral mechanism, and occasionally the CAF was completed by the same person who later prepared the Onset. This suggested that the CAF was simply being used as an official referral process, sometimes quoted as a means to achieve resources from other agencies.

- 3.20 Overall, those Onset assessments which had been fully completed were of a good quality, but the use of the CAF was under-developed and the systems for monitoring its use and effectiveness were different in each area we visited. An exception to this was the use of the Onset for the recording of health issues, where they were seldom updated following health interventions.
- 3.21 Plans in both Onset and CAF were not sufficiently detailed so that interventions could be delivered efficiently and progress tracked. In one area visited there were no Onset intervention plans at all.
- 3.22 One of the benefits of Onset is that it is bespoke to youth offending and prompts assessment using the risk and protective factors, resulting in a numerical score in each section, according to need in that section. For example, if the child is out of education a high score (on the scale from 0-4) may be entered, whereas if the child is doing well in school and there are no issues then a low or 0 score might be the assessment. This assessment can be reviewed as time moves on and rescored at a later date to determine the 'distance travelled' by the child, or in relation to their situation – i.e. are the interventions making future offending less likely?
- 3.23 In terms of health assessments there were inconsistencies in the use of Onset and the CAF by the YOT. In one area, the Onset was no longer used for all prevention cases, having been supplanted by the CAF. Consequently, there was a reliance on the CAF to provide appropriate health referrals. Even here, despite the guidance for the CAF being clear and comprehensive with appropriate thresholds, there were discrepancies in terms of the way individual CAF panels operated. The consequence of this was that it affected the links with health workers and the generation of the numbers of referrals. In one area, for example, school nurses and CAMHS workers were familiar with and had completed a number of CAF forms and described this system as a sound referral method and a means of ensuring that appropriate provisions are formally assigned and accessible for a child; whereas other prevention workers would only submit a CAF if needing to access services not already involved with the provision of care for a child.
- 3.24 With a few exceptions, those children identified as being more likely to offend and subject to an assessment were not systematically assessed for health needs; there was often an absence of front line health provision, and there was frequently a gap in CAMHS service provision. It was also found that where health issues were not seen to be obviously linked to offending behaviour they appeared to be minimised. For example obesity, dental hygiene, poor eyesight, etc, which could lead to bullying or poor school attainment and school attendance (both notable risk factors).

- 3.25 YOT workers were often well trained by health professionals to assess and deliver lower tiered substance misuse and emotional and mental health services i.e. with the provision of appropriate information and advice. Sometimes, however, there was an over-reliance on initial health assessments by non-specialists without sufficient checks, such as sampling by specialists, to ensure accuracy.
- 3.26 The involvement of health workers in initial assessments tended to be by invitation and often took place in a secondary phase. Processes sometimes failed to acknowledge and utilise the full depth and breadth of health workers' professional experience in identifying and meeting the health needs of children. Substance misuse and other health workers did generally make efforts to train YOT workers to ensure that appropriate cases were referred, but there remained some inconsistencies, particularly given the differences between the CAF, Onset and subsequent health assessment tools. Even where there were more robust tools to assess health needs in prevention work, these were often not uniformly or consistently applied. In one area, for instance, the CAMHS trained YOT health worker used different assessment tools to the CAMHS trained health worker linked to the substance misuse service within the YOT. It would be beneficial if all health screening and assessment tools in prevention work were clear and consistent.
- 3.27 Mostly, there was good induction and ongoing multi-agency training, together with an overall assessment of health needs which had helped to ensure that appropriate children were assessed and were provided with suitable interventions. Occasionally, however, we found that the thoroughness of an assessment was more a reflection of the residual skills, personalities, professionalism and interests of the workers, rather than the formal training they had received. For example, one key worker just happened to be a qualified nurse. In two areas, holistic health assessments were carried out, by specialists, with all children coming into contact with the YOT and the clarity of criteria used provided the basis for intervention.
- 3.28 Of the 75 cases examined, nearly one-third were recorded as having no identifiable health needs and therefore, were not referred on for further assessment or intervention. There was a question here in relation to the accuracy of the original assessments and the issue of YOTs believing that in order to refer an individual they have to clearly demonstrate a link between a health issue and the documented behaviour. If health needs are identified but are not linked to offending or antisocial behaviour, they should be recorded in the relevant section, but not contribute towards the scoring of that section. The majority of the remaining children were seen to have had their health needs accurately identified from the information available and appropriate referrals were made for further specialised assessments and interventions by health workers.
- 3.29 We found that almost one-fifth of those with identified health needs did not have those needs identified correctly, or had their needs identified but were not referred on for specialist intervention. This would suggest that a significant number of children were not having their health needs met as part of the prevention task to reduce risk factors and enhance protective factors. Those who were not referred on included cases where a limb disability was detailed but no referral made for assessment on the impact of this, specific concerns raised about obesity not acted upon, drug and asthma not followed up and indications of autism not assessed further. Health needs which were identified and followed up

predominantly related to mental health issue,s but also included epilepsy, ADHD, lack of immunisations and even a concern raised about the height and weight of a child.

- 3.30 We saw some very good local health initiatives identified. These had evolved to ensure that the right children were targeted for health interventions.

Gemma⁵, a 13 year old girl, was taken to the Accident and Emergency unit after drinking alcohol with friends. A protocol had already been arranged with the unit which had resulted in information about drug and alcohol misuse being passed through to a school nurse, in order to offer further intervention to a child.

In Stoke, substance misuse workers had identified differences in a child's choice of substance, influenced by age and gender which informed subsequent drug and alcohol awareness input to local schools.

Safeguarding – child protection:

- 3.31 Safeguarding issues were thought to be relevant in 42 of the cases reviewed. We found that in 81% of these cases, Safeguarding issues had been identified and where appropriate, referred on.
- 3.32 Occasionally, a key worker commented that in retrospect a Safeguarding referral ought to have been made, but had not. We perceived this as an area that required additional training.
- 3.33 There were cases where we felt that there ought to have been clearer recording of actions taken by the professionals, especially where it concerned potential Safeguarding issues. There were also occasional issues about the flow of information to and from different groups, for example, where referrals to case conference and core group meetings were made the worker was not always aware or given feedback about actions from those groups. There was also one case where a key worker had identified a child protection issue to the police and social services, but no action appeared to have been taken. We brought this matter to the attention of local managers for further investigation. These examples, however, should not detract from the overall finding that information flows were found to be good.
- 3.34 Overall, attention to Safeguarding issues was positive. In one case, the worker continued to work with social services colleagues post-referral, but this was exceptional due to understandable resourcing reasons. In many cases, workers had been involved with the family for some time and as a consequence they were able to coordinate solutions to Safeguarding issues.

⁵ Please note that throughout the report names have been changed

RECOMMENDATIONS

The Department for Education and the Youth Justice Board should ensure that:

- **the generic Common Assessment Framework and the specialist assessments for children likely to offend are redesigned so that they can be used consistently and effectively without duplication.**

Each Local Authority and its partners should ensure that:

- **the generic Common Assessment Framework, specialist assessments for children likely to offend and the subsequent pathways to intervention are used consistently and effectively**
- **all staff in child-centred roles understand and recognise crime 'risk' and 'protective' factors and related child protection issues and are able to complete a Common Assessment Framework or arrange for it to be so**
- **aggregated information from Onset assessments is used corporately to inform planning, delivery and commissioning of services.**

Healthcare providers and staff working with children should ensure that:

- **they are able to identify indicators of possible future offending, make appropriate referrals and contribute to assessments, intervention plans and reviews of children who are likely to offend.**

Chief Constables should ensure that:

- **appropriately trained police officers and police community support officers complete the Common Assessment Framework assessment and play a full part in the multi-agency process.**

4. DELIVERY

General Criterion:

Interventions are delivered to reduce the likelihood of children and young people offending.

What we expected to see:

- Workers sustain the engagement of the child and the parent/carers
- What is delivered meets the needs and interests of the community and the child in terms of preventing offending and promoting health and well-being
- Interventions are identified and delivered that promote protective factors and reduce risk factors and promote appropriate learning opportunities
- There is a clear plan in place to conclude interventions that met the individual needs of the child
- Interventions recognise and promote diversity

'The best way to impact upon a child is to impact on the family'

Key worker

- 4.1 Once an assessment had been made and the child had met locally agreed thresholds, entry onto a scheme was found to be relatively swift.
- 4.2 Most interventions were delivered through a key worker aligned to a YISP which was operating within local authority boundaries. Some of the YISPs were authority-wide, whilst others were tightly geographically based. Some parts of local authority areas were not covered by a YISP or other intervention programme. A child living outside such an area may not be able to access intervention programmes. In these circumstances, the definition of Targeted Youth Support was predominately geographical targeting. As previously stated, North Yorkshire had circumvented this problem by developing an Integrated Youth Support programme based around a number of geographical hubs, which effectively embraced the whole county.
- 4.3 Overall, we were impressed with the range of interventions available and the high level of contact that practitioners had with children. Many intervention plans were clearly tailored to the needs of the individual child following the Onset assessment. In 48 out of 68 applicable cases (71%), interventions clearly promoted protective factors and reduced risk factors.
- 4.4 Where it was not found to be the case we felt that the prevention intervention options were limited. The consequence of this was that it was very difficult to see what benefit the child was receiving from the intervention on offer, as it did not match their assessment of need. The reasons for this may be twofold, firstly, a lack of resources to purchase appropriate interventions and secondly, perhaps a lack of imagination, drive or knowledge by the key worker.

- 4.5 However, there were a number of good examples of simple, bespoke but effective interventions that very quickly made a difference to the child.

Lucy, an 11 year old girl who was obese and who could only wear track suit bottoms at primary school, was helped with losing weight and provided with some new clothes.

Becky, a 10 year old girl who had not had her hair combed or washed for some time was taken to a hairdresser; the haircut helped to improve her own self image, confidence and school attendance.

Sustaining engagement:

- 4.6 Unlike court orders, involvement in youth crime prevention work is voluntary. Significant motivational skills need to be employed by the key worker to ensure that the child and parent/carer become involved with the programme and, most importantly, remain engaged.
- 4.7 It was reported by key workers that most parents or carers cared deeply for their children and many saw the prevention approach as an excellent opportunity for their children (and themselves) to receive assistance. Sadly, this was not always found to be the case in practice.
- 4.8 Some parents either refused to engage with the programme, or if they did, then their participation was barely visible. A number of reasons were given for this, for example, a parent's reluctance to provide personal information or receive home visits due to their own criminal activities, drug and alcohol misuse, or a general mistrust of the authorities. This parental attitude can impact on the child's motivation to engage, so perhaps it is testament to the quality of the key workers that 90% of all children on such prevention programmes remained engaged to a point when the case was naturally closed (or at least in sufficient time for some form of intervention to be concluded).
- 4.9 We found some effective engagement techniques and clear commitment by staff. We visited several YISPs and YIPs, and spoke to many key workers, children and their parents and were impressed with the knowledge that key workers had of the children they were working with and of going 'the extra mile' in trying to keep the child engaged and motivated. Examples of this commitment included picking up and escorting a child to evening youth activities, such as cubs and scouts and local sporting activities and being readily available during unsocial hours to discuss concerns from the child or parent (or carer). Such commitment and good quality case work is pivotal to a successful prevention programme and it was therefore pleasing to find that there was much of it about.

In Stoke-on-Trent, the YISP met to consider the needs of Michael, an 11 year old boy from a very disadvantaged background. His father was in prison for drug dealing, there were significant rent arrears, which meant that his family were at risk of eviction. His mother had difficulty in providing physical and emotional support and he often went to school without breakfast and poorly clothed. As a result, he was bullied, which led to truancing and becoming more likely to offend. The YISP put together a very good package of support that included a large number of agencies that were working with the family. This package included the prevention worker taking the boy to school each morning and making sure he had breakfast, keeping a clean uniform at school and a programme of support in lessons. The housing officer drew up a plan to assist in re-housing and the police community support officer increased contact with the family and neighbours.

- 4.10 Of the cases inspected, 75% (56 out of 75) of parents/carers took an active role in the initial assessment of their children. The most frequent forms of engagement were through the completion of the *Over to you!* section of the Onset assessment, which enabled parents and carers to express their views about the aspects of the child's life that needed to be addressed through the intervention plan. Another common form of engagement was through regular attendance at the CAF panel meetings, where progress of the child was discussed and monitored. The most frequent reason for non-engagement of a parent at a CAF panel was due to looking after siblings in the family. We were surprised that we didn't see more options on offer by local authorities to overcome this issue.
- 4.11 We found specific examples of engagement with children being sustained, particularly where this happened in schools, with effective use being made of established links with school nurses.

Health workers in North Yorkshire met children away from the YOT, outside office hours and often with family, while also arranging transportation to reduce possible obstacles to them receiving appropriate health services. Enfield worked similarly.

- 4.12 A pragmatic approach to sustaining engagement was often necessary where there was a stigma attached to receiving health support. There were also examples of good parenting support programmes which complemented the work done in prevention teams.

In Bristol, there was an innovative use of psychology graduates who gained clinical experience by intensively supporting parents and reinforcing coping mechanisms.

Promoting protective factors and reducing risk factors:

4.13 Although overall interventions were of a good quality, there were times when these were delivered simply because they were available and not necessarily related to the desired outcomes. Inter-agency planning to implement interventions was also good in many areas.

In North Yorkshire, good use was made of an innovative family project that worked with a small number of parents and their children in an attempt to improve the quality of communication between family members. One worker had sequenced interventions effectively by ensuring that the child had completed work on her literacy needs before involving her in an urban dance class.

In Hartlepool, a useful range of interventions had been identified and were delivered by health workers in the Youth Offending Service, such as the approach to alcohol-related crime (Straight-Line) and sexual health. Straight-Line was developed after gathering information about low level offending and antisocial behaviour and the programme has been further developed and taken into schools.

4.14 We were impressed by the contribution of FIPs to prevention work, this was particularly evident in Stoke-on-Trent. The transition from primary to secondary school was seen as a particularly risky point for many vulnerable children. Workers in all the relevant agencies worked imaginatively at strategies to help these children make the transition successfully.

4.15 Although a wide range of interventions can often exist which promote good health, for example, using techniques such as cognitive behaviour therapy, solution-focused interventions and systemic work, there can be obstacles to successful engagement and intervention, travel in rural areas being a significant example.

4.16 In some settings, health outcomes were not sufficiently well captured on Onset (albeit health issues appear to be more effectively collated through the CAF). Some of the issues relating to the achievement of health outcomes also involved the lack of access to, or unwillingness to engage with, CAMHS, the lack of consultation with some of the other mainstream health services and the simple fact that, for example, with smoking, the child had not been able to stop despite intervention. Positive interventions were seen where some issues arising from obesity, bed-wetting and drug use were addressed. Indeed, where there was a YOT nurse working with physical health needs, there were several examples of effective work.

Tom, a 12 year old child with ADHD, was eating high amounts of sugar and not taking his medication. Health and key workers worked with the child's doctor in revising his medication and then with the school to develop a routine to encourage him to take it. This was supplemented with 'healthy eating' educational awareness, taking him to the shops to choose fruit and then making 'smoothies'. Information and support was provided to his mother to improve both his and his sibling's diet. This had been maintained and was believed to have contributed to Tom's improved behaviour.

Every Child Matters/Seven Core Aims for Children:

- 4.17 The usefulness of the overarching policy guidance and framework in relation to *Every Child Matters* (in England) was underlined in the case analysis work where nearly all of the interventions undertaken in the case sample were consistent with the framework. Progress in cases was mostly linked specifically to Staying Safe, Enjoying and Achieving and one example of Healthy Living. Cases in the Welsh inspection area were broadly in line with the Welsh equivalent - *The Seven Core Aims for Children*.
- 4.18 Overall, there were limited positive activities available for younger children (under 10), children with disabilities and those with special needs.

Intervention Plans:

- 4.19 When assessing case files and talking to the key worker, we had expected to see a timely and quality Onset assessment followed by a clear plan to address the issues identified. We would expect this to be undertaken in collaboration with the child and their parents/carers and ideally with others who had been responsible for delivering the interventions, such as workers from statutory and voluntary organisations. This review should both look back on how progress had been made and also ahead to how things could be improved in the future. This therefore would record whether the inputs were successful in addressing the issues; in particular whether the protective factors were being increased and the risk factors reduced.
- 4.20 The forward looking part of the review should identify whether interventions need to be changed, reduced or increased according to their success to date. It is also good practice to see positive achievement being recognised and praise for the child and their family, so that they could see clearly how they were making progress. As the intervention plan was achieved, we expect to see a clear exit plan to outline how that child's needs will be dealt with by universal services when the specific prevention interventions have been completed.
- 4.21 The quality of intervention plans did vary widely, ranging from no written plan at all, to plans which had clear objectives and milestones. A large minority, however, lacked detail, outcome milestones and an exit strategy. In terms of health interventions it was found that there was often too much reliance on further referrals to mainstream health services, or simply the continuation of work by members of the prevention team.

- 4.22 Well structured and reviewed plans can offer measurement as to the 'distance travelled' in reducing the risk factors and increasing the protective factors.(see Impact) and consequently it is difficult to understand how effective delivery of interventions can be offered and measured without these. This is an area that we found requires much improvement.
- 4.23 The sustainability of some of the intervention activities in many areas was said to be delicate, as many depended on short-term funding streams – and therefore were always at risk of not securing ongoing funding, subsequent closure and early loss of staff. This was not the case in North Yorkshire, where the majority of interventions on offer came from existing mainstream services. In this example, however, it did appear that the range of suitable interventions on offer was more limited.

Diversity factors:

- 4.24 When assessing cases, one of the aspects we explored was whether diversity issues, potentially discriminatory factors and other individual needs were actively assessed and acted upon. Our consideration of diversity was wide including, not only such factors as race/ethnicity, gender and disability, but also other issues that may impact on a child being able to maximise the opportunities engagement may offer. For example, learning difficulties or children moving from an area with a different accent which could impact on how that child may be accepted by their peers. We found that over two-thirds of cases had considered these issues sufficiently, both in terms of first assessing the issues and then taking steps to minimise their impact.

Sam, a partially deaf child, was identified and arrangements were made to take this into account in group sessions and in one to one arrangements; with seat placement and supportive hand actions, while ensuring that all aspects were well understood. Advice was sought on this case from the health advisor and all staff received further briefings.

- 4.25 We analysed the data on the 75 cases inspected to ascertain whether the results for some groups of children were different from others. The sample sizes were small, but it was possible to discern some indicative trends. For example, for the children who had a physical impairment, mental health, emotional issue or learning disability/difficulties, we assessed that workers were less active in their initial engagement with parents/carers, although once engaged this was more easily sustained. There were more plans and exit strategies prepared with this group but the interventions did not promote protective and reduce risk factors to the same extent as for children without identifiable disabilities. Not surprisingly, their educational needs were more accurately identified and appropriate referrals made as a result.

Toby, a child with an eye issue which was severely affecting his self-image and behaviour, was identified. The key worker liaised directly with universal services to resolve the matter – the child's behaviour subsequently radically improved.

- 4.26 None of the children who were from a black and minority ethnic background were identified as having a disability, but a higher proportion (one-third as compared with one-quarter for white children), were either the subject of a child protection plan or had been subject to Section 47 enquiries (Children Act 1989). Children subject to a child protection plan or Section 47 enquiries usually had an appointed social worker assigned to them, which led to less active engagement by prevention workers for the initial assessment and considerably fewer completed and reviewed Onsets. Fewer health needs were identified and effectively dealt with, and a higher proportion of other diversity issues were either not assessed, and nor were steps taken to minimise their impact.
- 4.27 For the sample as a whole, once the diversity issues were identified we then looked to see if they had been properly managed. We considered three-quarters of cases had done this. For example, sufficient adaptation of communication materials had been made to fit the individual's level of understanding or literacy. It was not always clear, however, if this approach had been expanded to all those involved with the child. In other words, had any barriers to that child maximising his or her potential been removed or dealt with, both in terms of the individual development of that child and any changes to his or her environment.

Enfield has introduced a useful 'cultural checklist' of possible diversity issues to assist them in identifying relevant issues.

Educational needs:

- 4.28 In 53 out of 75 cases reviewed, there were educational needs evident from the initial assessment. Of those 53 cases, 43 of them (81%) showed evidence that these needs were accurately identified and appropriate referrals made. This was unsurprising, given that many of the referrals came from schools in the first instance. Some of the cases revealed close links between the prevention plans and plans to improve educational achievement. One case file viewed had a copy of the educational statement attached.
- 4.29 In 10 cases, however, no link had been made between the prevention of offending issues and additional educational needs. There were cases discussed where a small number of children were receiving schooling for only one to two hours per day at a pupil referral unit. However, because of their low staff to pupil ratio, most pupil referral units visited were able to ensure that children accessed a wide range of subjects which were reasonably comparable to mainstream schools. In another case, although specific educational needs had not been assessed as necessary, the child had been removed from classes to attend group sessions on offending behaviour; this meant missing structured lessons and possibly causing them to fall further behind the rest of the class. Education and schooling are crucial protective factors and we would have liked to have explored these issues in more depth, but without the specialist input from Ofsted or Estyn inspectors, we were unable to do this.

RECOMMENDATIONS

All prevention managers and key workers should ensure that:

- **all children subject to crime prevention interventions have a current Onset intervention plan which is appropriately detailed, is time bound, reflects the child's assessment, is reviewed regularly, has clear outcome measures and an exit strategy.**

5. IMPACT

General Criterion:

Interventions to reduce the likelihood of offending amongst children and young people have had a positive impact.

What we expected to see:

- Evaluation has taken place to determine the success or otherwise of the approaches
- Individual and aggregated data related to interventions with children likely to offend is collected in order to evaluate practice.

'If there was no YIP in... .. the place would go down hill, the kids would get into trouble and I don't want that. Crime has also gone down and I feel more secure in my flat.'

Parent of child on a YIP

- 5.1 The significant prevention work that is taking place has as its outcome goal a reduction in youth offending or at least a reduction in the likelihood of offending. Overall, the inspection found these outcome goals difficult, if not impossible to assess.
- 5.2 As stated earlier, the quality of many intervention plans, especially in relation to outcome measures, was found to be poor. We ascertained that just over half of all cases were devoid of a clear plan with an exit strategy, with some having no plan at all. Consequently, it was difficult for key workers to evidence what success actually looked like.
- 5.3 But what *does* success look like? All key workers understood the risk and protective factors and had an understanding that interim outcome measures, such as an improvement in school attendance, (a risk factor) and the development of improved peer relationships (a protective factor) could contribute to a reduction in the likelihood of future offending, but this was infrequently evidenced.
- 5.4 We found little evidence of any collation of progress to better understand how successful interventions had been. There was some movement in Bristol, where the local authority was developing a 'distance travelled' methodology for the CAF, which was aiming to become part of the shared partner-wide eCAF system.
- 5.5 The Onset already has this 'distance travelled' capability, which can be accessed through regular reviews and rescoring. However, such an assessment review is only as good as the evidence within it. As progress evidenced within many intervention plans examined lacked detail, it was difficult to easily identify and comment upon the changes in the risk and protective factors. This, coupled with a general lack of outcome measures, made it very difficult to determine the effectiveness of interventions for many children. Of the cases examined it was split approximately in half as to whether or not there was evidence that there had

been a reduction in the likelihood of offending. Few, if any, plans had an explicit exit strategy, although in one area (Enfield) wherever possible every child was referred to a mentor at the conclusion of intervention.

- 5.6 There was no evidence of any evaluation of 'closed' cases so it was not possible to ascertain the longer term success of prevention work. In a very few cases the child had gone on to offend (or reoffend) during the time of the 'open' case.
- 5.7 With the exception of Enfield, little work appeared to have been done to evaluate the longer term success of prevention work. Enfield had recently commenced research to track children who had received YISP interventions in previous years, to ascertain if they had entered the criminal justice system and, if so, when and for what type of offence. The result of this research will offer some data on the impact of prevention work.
- 5.8 Throughout all areas visited we spoke to a number of children and their parents to gauge their opinion on the work that had been undertaken. Without exception the feedback was extremely positive. Parents and carers were especially glowing in the praise for key workers citing examples of dedication and care being shown, introducing their child to new experiences and friends, assisting their child in controlling their behaviour, arranging parenting skills courses, etc. Importantly, many stated that they believed their child would '*have got into trouble*' if it were not for the prevention work.
- 5.9 The causes for youth offending are extremely complex and certainly much more than the attitude adopted by the individual alone. In the words of one practitioner '*The best way to impact on the child is to impact on the family*'. The cases examined support this view. Many cases demonstrated the link between the child's behaviour and influencing factors such as sibling offending, poor parenting, drug or alcohol abuse by parent, mental illness, etc.
- 5.10 Most areas visited had a FIP in existence, an extremely intensive approach which, due to resource issues, can only impact on a very few families in a local authority area. Anecdotal evidence from key workers suggests that offending/reoffending by family members involved in these FIPs had either not taken place or had been considerably reduced, i.e. a very positive outcome.
- 5.11 Furthermore, there was little evaluation found of practice as a whole, especially of the many individual interventions that in some areas had been operating for several years.
- 5.12 Currently, the main outcome indicator for success in prevention work is measured by the English National Indicator 111 (NI 111) and the Wales Youth Justice Indicator 1 (WYJI 1) - First Time Entrants to the criminal justice system. The definition of a First Time Entrant is a child or young person who has received at least a police reprimand (a type of caution). This is generally accepted as the first tier of formal criminal justice sanction which is reserved for lesser offences.
- 5.13 Although these indicators may be helpful, they do not reflect the true position of youth offending. NI 111 and WYJI 1 can be influenced by police activity and policy and/or new methods of dealing with offenders. For example, in previous years the police service in England and Wales had been robust in its interpretation of the National Crime Recording Standards, a system that, coupled with the programme and targets of increasing the number of Offences Brought To Justice, had brought

a number of children and young people into the criminal justice system. Before this, the police officer may have used his or her discretion and dealt with the matter informally. This is a good example of conflicting targets between the YOT (in which the police are partners), trying to reduce First Time Entrants to the criminal justice system and the police trying to meet targets under the Offences Brought To Justice process.

- 5.14 This position is changing. Some police forces have introduced a form of restorative justice known as Youth Restorative Disposal (YRD). The YRD is aimed at culprits of lesser offences, with the objective of bringing some form of restorative closure to the matter, both to the satisfaction of the victim and also, it is hoped, to the offender. Fixed Penalty Notices (FPN) are also used, although mainly for low level adult offending. Reprimands (and the next level of sanction, a Final Warning) are both recorded on the Police National Computer (PNC).
- 5.15 Although a caution is not a conviction (and therefore does not have a rehabilitation period under the Rehabilitation of Offenders Act 1974⁶) and does not have to be declared on application forms for employment, it will still show up on the Criminal Records Disclosure. Some FPN, such as for disorder, minor criminal damage and theft are recorded on the Police National Computer, however, restorative justice disposals are only recorded on it if the individual is taken into police custody. Neither such FPN nor YRD will be disclosed in a criminal record check. Because many children and young people have simply been categorised as 'pre-reprimand', which in effect is what most YRDs are, neither a YRD nor a FPN is counted towards the NI 111 or WYJI 1.
- 5.16 It is therefore hardly surprising to discover in areas that have already introduced the YRD approach that the number of First Time Entrants, as measured by NI 111 or WYJI 1 has decreased and in some cases significantly so. Whilst this maybe classed as an accurate measure of First Time Entrants into the formal criminal justice system (as judged by receipt of reprimands, final warnings and convictions) if *any* criminal justice intervention could be considered as part of the criminal justice system then it is difficult to see why YRDs and FPNs are not also included as part of the process or at least considered alongside the national indicators.
- 5.17 It follows, therefore, that the NI 111 and WYJI 1 figures alone in their current definition are unreliable in determining the success of prevention work, or in particular, comparing different areas, or the same area over time. Whilst there may be initial evidence that YRDs are reducing as well as FTEs, it is our view that in order to assess if youth offending is reducing, the data covering all the sanctions (whether nationally recorded or not) need to be examined in parallel.
- 5.18 We saw some evaluation of the impact of health interventions with a wide range of tools available to do this although the evaluation was not often linked to the data being collected by the YOT. The tools used locally by health services ranged from risk profiles through strengths and difficulties questionnaires to TOPs (Treatment Outcome Profile) forms for substance misuse collated by the National Treatment Agency, but generally only used for the older age range, but also including further evaluations and surveys. Case reviews in supervision also helped to demonstrate the impact of individual interventions. It was recognised that there

⁶ See Glossary for more details

were difficulties in adequately explaining success criteria in health where, for example, a child who misused substances understood the risks more or used substances more safely without reducing the level of use. There were some good examples of health workers using evaluation sheets with children in order to share the identification of progress.

- 5.19 There was limited evidence of formal performance monitoring at a strategic level in relation to the provision of health services on preventing offending. Although reports were provided by health workers to YOT management boards, these were often restricted to numbers seen and speed of referral and engagement. For example, in Derby there was a monthly report on substance misuse work which was provided both to the YOT Head of Service and to the Drug and Alcohol Action Team. This highlighted specific issues such as the nature of interventions with different ethnic groups and the need for specific interpreters. In Stoke, there were quarterly health reports and reviews of work undertaken, the CAMHS nurses also participated in clinical supervision and knowledge exchanges with the CAMHS nurses who worked at Staffordshire YOS. The substance misuse worker also prepared quarterly reports for the YOS Manager and monitored referrals. This provides useful information on the number with identified substance misuse needs but not in the success or otherwise of the interventions.

Length of contact:

- 5.20 We recorded the length of contact that had taken place in relation to the cases we assessed. Some areas had an expectation as to how long a maximum contact period would be, such as an academic year, others accepted that cases would be closed and then reopened if further needs emerged.
- 5.21 A proportion of the cases we assessed were still open, but this provided us with a snapshot in time. The majority, just over one-third, were open for 9-12 months, whilst one-fifth were more than a year and a similar proportion for 6-9 months. The remaining quarter had been in contact for less than 6 months. This provided some indication of the time it took to refer, engage and complete work with children who were likely to offend.

RECOMMENDATIONS

Each Local Authority and its partners should ensure that:

- **the impact of local youth crime prevention work is appropriately evaluated and practice adjusted accordingly.**

The relevant Government departments in both England and Wales should ensure that:

- **the use of National Indicator 111 and the Wales Youth Justice Indicator 1 - the measurement of First Time Entrants to the criminal justice system, is reviewed.**

Appendix 1: Glossary

ACPO	Association of Chief Police Officers
ADHD	Attention-deficit-hyperactivity disorder. A psychiatric disorder in children
BME	Black and Minority Ethnic
CAF	Common Assessment Framework: a standardised assessment of a child or young person's needs and of how those needs can be met. It can be undertaken by any trained practitioner with contributions from all others involved with that individual. Note: This is for England only but can, and is, being used in parts of Wales.
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 18 years of age.
CDRP	Crime and Disorder Reduction Partnership(s) – becoming Community Safety Partnerships from 2010 in England. Already generally known as such in Wales.
Children's Board	Partnership group consisting of both statutory and non statutory organisations promoting the <i>Every Child Matters</i> agenda (in England)
Child Protection plan/register	Every local authority has a duty to protect children from significant harm. Until April 2008 all local authorities maintained a child protection register, a confidential list of names of children who are believed to be at risk of significant harm. This may be physical abuse, emotional abuse, sexual abuse or neglect. The register was maintained within the social services department. This register has been replaced by the child protection plan thus emphasising the proactive nature of children services If a child on such a plan moves out of the area information is passed on to the new local authority area.
Children Act 1989 – Section 47	Section 47 of the Children Act 1989 places a duty on local authorities to make enquiries into the circumstances of children considered to be at risk of 'significant harm' and, where these enquiries indicate the need, to undertake a full investigation into the child's circumstances.
Domain	A term to explain groups of issues where risk and protective factors can be identified and addressed.
Estyn	HM Inspectorate for Education and Training in Wales
<i>Every Child Matters</i>	Sub title to the Children Act 2004
FIP	Family Intervention Project - The primary objective of family intervention projects is to stop the anti-social behaviour and offending of families and restore safety to their homes and to the wider community. These projects also tackle the causes of poor behaviour which involve issues such as drug and alcohol misuse, poor health, domestic violence, worklessness and debt. As a result, these projects also deliver other objectives such as preventing homelessness, enabling families to sustain tenancies and helping achieve the five <i>Every Child Matters</i> outcomes for children and young people (in England)
First Time Entrant	Defined as young people (aged 10 – 17) who receive their first substantive outcome following the commission of an offence (a reprimand, a final warning, or a court disposal for those who go directly to court without a reprimand or final warning).
FPN	Fixed Penalty Notices (FPN) are used mainly for low level adult offending, but for some youth offending too.

HM	Her Majesty's
HMIC	HM Inspectorate of Constabulary
HMI Probation	HM Inspectorate of Probation
National Crime Recording Standards	These standards were adopted by all police forces in England and Wales in April 2002 in an effort to improve consistency of police recording of crime and to better reflect the demands made on the police by victims of crime. In most cases this resulted in a move to a more victim-focused approach to crime recording, often based on the perception by a victim that a crime has taken place. This, in many cases resulted in an increase in recorded crime as compared to previous years.
National Drugs Strategy	In 2008, the government produced a new strategy – <i>Drugs - Protecting Communities and Families</i> . The strategy contains the vision for the national response to drugs. The Home Office has overall ownership of the drug strategy and is responsible for co-ordinating delivery of its constituent strands, which are owned by a number of different departments, including the Ministry of Justice, the Department of Health and the former Department for Children, Schools and Families.
National Indicators	National Indicators have been derived from Public Service Agreements and agreed across Government through the 2007 Comprehensive Spending Review. The outcomes they measure and the indicators themselves provide a statement of Government's priorities for delivery by local government and its partners. They are the only indicators on which central government will set targets for local government.
Neighbourhood Policing Teams	Also known as Safer Neighbourhood Teams, are made up of police officers and police community support officers frequently supported by other agencies, typically the local authority. These teams engage with the local community to identify their concerns and priorities, and work with them to solve problems and also increase police visibility in local areas
Offences Brought To Justice	Bringing offences to justice is a key measure of the effectiveness of the criminal justice system. An offence is said to have been brought to justice when a recorded crime results in an offender being convicted, cautioned, issued with a Penalty Notice for Disorder or an offence being taken into consideration by a court.
Onset	<p>The Onset referral and assessment framework was designed by the Centre for Criminology, University of Oxford for the YJB. Onset promotes the YJB's prevention strategy by helping to identify risk factors to be reduced and protective factors to be enhanced. It also provides information which might be helpful in selecting appropriate interventions for those identified as needing early intervention.</p> <p>When collated, the information on Onset can be used for monitoring, as well as targeting specific sub-groups where applicable, or providing progress data to steering groups. The prevention counting rules require all YJB-funded prevention programmes to use Onset as the basis for their referral and assessment mechanisms.</p> <p>Onset is a four stage process:</p> <ol style="list-style-type: none"> 1 Consent 2 Referral and verification 3 Assessment 4 Planning Action and Review
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
Pre-CAF	A simple 'Request for Service', requesting one or two additional services, e.g. health, social care or educational in those instances when a Common Assessment Framework may not be required.
Rehabilitation of Offenders Act 1974	Under this Act, a criminal conviction may become 'spent' after a period of time. When applying for employment, a declaration must be made about previous convictions. Some jobs, such as working with children and vulnerable adults, health service posts and other 'approved persons' may be exempt from the Act. Both 'spent' and 'unspent' convictions will appear on Criminal Record Disclosures as will reprimands and final warnings.
'Risk' factors and 'Protective' factors	'Risk factors' can be defined as those that research has shown lead individuals to become more likely to offend – for example, substance abuse and educational underachievement. 'Protective' factors can be defined as those that lead individuals to become less likely to offend.
'Safeguarding'	Overseen by the 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
<i>Seven Core Aims for Children</i>	Welsh approach for the protection, welfare and development of children based upon the United Nations Convention on the rights of the child
Wales Youth Justice Indicator	A number of indicators agreed by the Welsh Assembly Government relating to youth justice
YCAP	The Youth Crime Action Plan, published by the Home Office, Ministry of Justice and the then Department for Children, Schools and Families in July 2008, was a comprehensive, cross-government analysis of what the UK government was going to do to tackle youth crime. It set out a 'triple track' approach of enforcement and punishment where behaviour is unacceptable, non-negotiable support and challenge where most needed, and better & earlier prevention, especially through reparation.
YIP	Youth Inclusion Programmes (YIPs), were established in 2000, and are tailor-made programmes for 8 to 17-year-olds who are at high risk of involvement in crime or anti-social behaviour. YIPs generally work with either the 8-12 age range (Junior YIPs) or the 13-17 (Senior YIPs). YIPs target young people in a neighbourhood who are considered to be most at risk of offending, but are also open to other young people in the local area. The programme operates in 114 of the most deprived/high crime neighbourhoods in England and Wales
YISP	Youth Inclusion Support Panel - Youth Inclusion Support Panels (YISPS) are multi-agency and provide a package of support to help young people committing anti-social behaviour and becoming at risk from their own behaviour. They seek to prevent offending and anti-social behaviour by offering support services and other complementary interventions for high risk children and their families.
YOT	Youth Offending Team – these are multi-disciplinary teams which co-ordinate services in their local authority areas. They are responsible for supervising young offenders and working with young people who are likely to offend.
YRD	Youth Restorative Disposal: The YRD is aimed at culprits of lesser offences, aiming to achieve some form of restorative closure to the matter to the satisfaction of both the victim and the offender.
YJB	Youth Justice Board for England and Wales

Appendix 2: Inspection Methodology

The Inspection team consisted of inspectors from HMI Constabulary, HMI Probation, the Care Quality Commission and Healthcare Inspectorate Wales. In addition to a pilot area to test the methodology, six areas were identified in England and Wales to visit.

The choice of these sites depended on several factors but we wanted to see if the prevention agenda operated differently depending on the nature of the locality. We therefore chose a London borough, a large city, urban towns and a large predominately rural county.

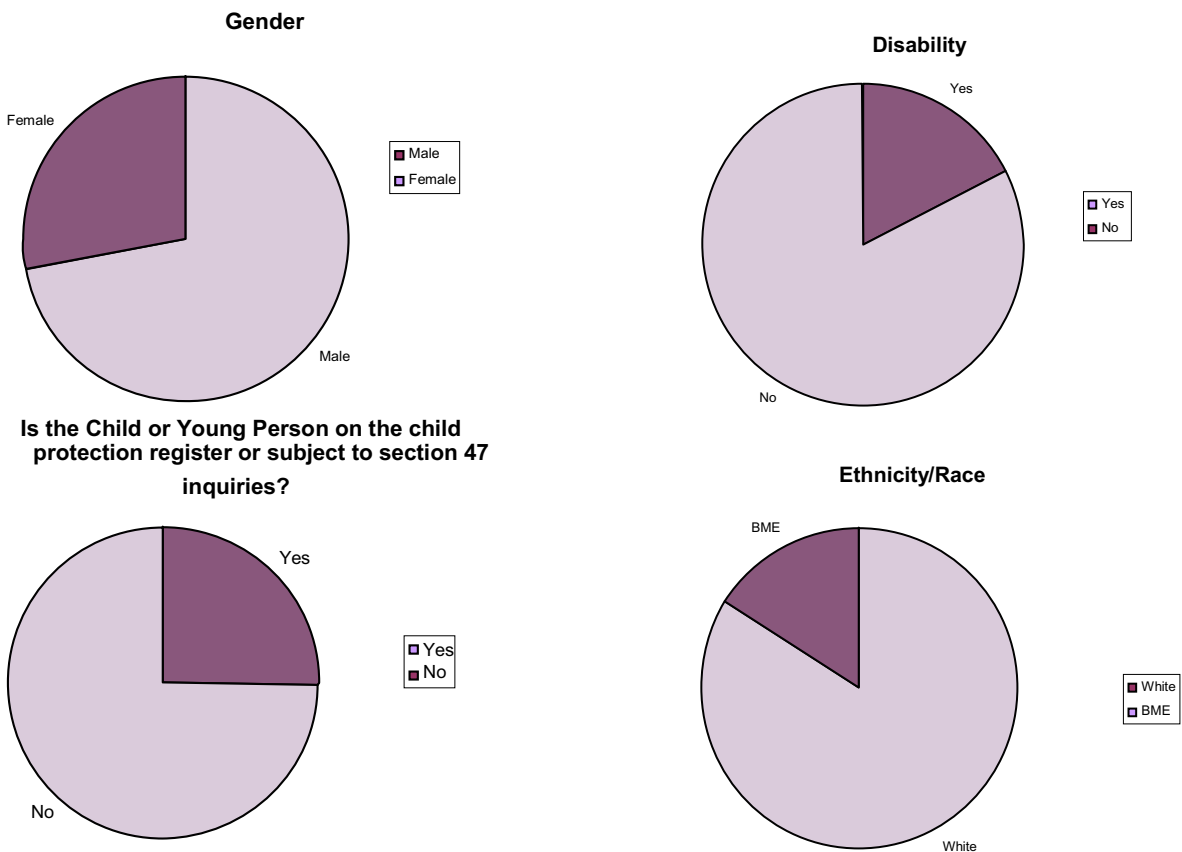
Senior staff and front line practitioners from several organisations, including the third sector were interviewed and numerous visits were made to intervention programmes where the opportunity was presented to speak to children and their parents/carers about their experiences.

We asked each of the seven areas to identify all the cases that had commenced in the period six to nine months prior to our inspection and all those that had terminated in the three months before our inspection. We then selected six current cases and three terminated cases for our inspection sample. The sample was further adjusted to reflect, as far as possible, the ethnicity and gender profile of the overall caseload, as reflected in the list of current and terminated cases in each area.

For the purposes of the inspection, we examined the case files of 75 children who had been identified as being likely to offend. We also interviewed, wherever possible, the child’s key worker. Case assessment tools were designed to collect evidence about the quality of assessments, interventions and the impact of this work.

To note: names used in the case examples are not the real names of those children.

Characteristics of the sample:



Appendix 3: Role of the Inspectorates and Code of Practice

HMI Constabulary

Information on the Role of HMI Constabulary can be found on our website:

www.hmic.gov.uk

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 Constabulary
HM Inspectorate of Constabulary,
6th Floor, Globe House, 89, Eccleston Square, London SW1V 1PN*

HMI Probation

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

www.justice.gov.uk/inspectorates/hmi-probation

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
HMI Probation
2nd Floor, Ashley House, 2 Monck Street London, SW1P 2BQ*

Care Quality Commission

Information on the Role of the Care Quality Commission can be found on our website:

www.cqc.org.uk

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

*Chief Executive
Care Quality Commission
Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8TG*

Healthcare Inspectorate Wales

Information on the Role of Healthcare Inspectorate Wales can be found on our website:

www.hiw.org.uk

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:

*Chief Executive
Healthcare Inspectorate Wales
Bevan House, Caerphilly Business Park, Van Road Caerphilly, CF83 3ED*

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