



# **Inspection of Youth Offending**

## **Core Case Inspection Toolkit**

**Revised August 2009**

### **Q15. Is this child or young person a PPO?**

The PPO initiative has several strands, we are only interested in the Rehabilitate and Resettle or Catch and Convict strands, not the Prevent and Deter strand.

To be a PPO in the strands we are interested in, the case must have been adopted by the CDRP as a PPO, with their name being on the local list for monitoring purposes.

The YOT worker should be aware of this.

### **Q16a. Date of initial Asset.**

This is the date entered on the relevant Asset in the 'assessment date' field.

### **Q16b. Date of first entry to initial Asset.**

This is the date of the first entry onto the relevant assessment, which can be determined using the audit function on YOIS and Careworks.

If there is a discrepancy between the dates in 16a and 16b then the assessor must reflect this in the answers to 1.4 and 1.5.

YOIS:

Select the 'Help' menu from within the relevant Asset profile window and then select the 'Updated' option.

This will reveal a list of dates and names, which shows each occasion when the Asset document was either created or amended.

Remember: where the Autosave option is activated, a new audit line will be created each time the assessment author or manager opens the Asset, even if changes were not actually made.

If an ID number only is visible in the 'Operator' field, this indicates that the Asset has been duplicated from a previous record. If no other entries on the audit trail exist, then it suggests that no amendments have been made to the duplicated Asset. It is unlikely therefore that this would be enough evidence that the assessment was fully completed on that date, unless the practitioner can offer firm evidence that the assessment was fully completed on paper within appropriate timescales.

CareWorks:

Go to the Personal Details section and click the Audit tab near the top of the screen.

You will be given a chronological list of every event that has occurred on this file. Scroll to the 'start of order' date and then track what happened and when.

The system tells you what date and time the event occurred; the type of event; what the event was; and who undertook it.

You will find that Assets have been viewed, amended and completed. These are clearly defined. This allows you to see when someone has created the relevant Asset, when they worked on it and added information and when it was completed.

### **Q1.1 Was there an initial assessment of LoR?**

The answer to this question should be identical to that given in 1.4, which is a scoring question. Question 1.1 remains in the Infopath form solely in order to avoid routing difficulties. Refer to the toolkit for question 1.4a for assistance in answering this question.

### **Q1.2 Was there active engagement to carry out the initial assessment with the child or young person?**

An active assessment is one which may involve the case manager asking some quite difficult questions, not ignoring aspects of a child or young person's difference and taking into account their individual needs in the process. There should be evidence that the case manager/ assessor has sought to engage the child or young person at the assessment stage – examples of this may be interviewing the child or young person at home; asking for a *What do YOU think?* early in the process; using an interpreter; carrying out an assessment of basic skills; and interviewing the child or young person for appropriate lengths of time.

Clear evidence should be available that all communication with the child or young person is undertaken in a way that is appropriate to their age, understanding and preference. This will be particularly important for disabled children and young people and those for whom their preferred language is not English. The YOT office or child or young person's home may not be the most appropriate venue for communication with the child or young person and consultation and consideration should be evident as to where meetings should take place in order that they are as comfortable as possible.

A judgement needs to be made using your knowledge of the child or young person, discussions with the case manager and the information available, as to whether the initial assessment managed to actively engage them.

### **Q1.3 Was there active engagement to carry out the initial assessment with the parents/ carers?**

An assessment will be more detailed and accurate if parents/ carers are engaged with it. To answer this question, assessors will be looking for evidence of the case worker/ assessor attempting to engage with the child or young person's parents/ carers. There should be evidence that the case manager/ assessor has accurately identified any parents/ carers and then sought to contact the relevant people and include them in the assessment. There may be evidence of the YOT worker making telephone calls to parents/ carers, contacting them via letter or completing home visits. With Looked After' Children the case manager/ assessor will need to identify key carers and seek to engage them with the assessment process.

As with the process of engaging a child or young person with an assessment it will be important for the case manager/ assessor to assess and identify any diversity issues relating to parents/ carers and then take action in relation to these to help maximise the possible engagement in the assessment being carried out.

In some cases it will not be appropriate to have involved parents/ carers in the assessment and in such cases N/ A will be the appropriate answer.

### **Q1.4 Was the assessment of LoR:**

- a) completed?**
- b) completed on time?**
- c) of sufficient quality?**

All sub-questions must be answered.

If the answer to (a) is 'No' then the answer to (b) and (c) **must** also be 'No'. This is in order to avoid the perverse situation when a YOT scores higher for not trying to complete a piece of work at all than they would if they tried but did not do it well enough.

In exceptional cases it may be possible to answer 'No' to (b) but 'Yes' to (c) if the lateness of the assessment would not have impeded the effective assessment and management of the case.

The key source of evidence for this question will be the assessment carried out using Asset. Sections 1 -12 of the core profile are particularly important as they relate to dynamic factors related to the likelihood of offending. It is important that the assessment of the LoR presents a comprehensive assessment of issues related to LoR and provides a balanced assessment of factors which can both lead to LoR and help reduce LoR.

Key principles:

We want there to be a “timely and good quality (i.e. “sufficient quality”) assessment, using Asset, completed when the case starts”.

We want to judge fairly and effectively the three questions: Was there one? Was it on time? Was it of sufficient quality?

a) Was the assessment of LoR completed?

The answer to this question should be the same as Q1.1 based on the following judgements:

An initial assessment should be on the system in an ‘evidently complete’ form before the point at which the first review is due (usually three months from initial assessment or start of order but slightly longer for referral orders to allow for the date when the contract was agreed) in order to ‘count’ as being completed.

If there is a PSR Asset on the system, clearly relating to the current episode and not previous offences then, subject to there being no other circumstances in the case that indicated that this be reviewed at start of sentence, the assessor may conclude that this is an assessment completed ‘when the case started’.

b) Was the assessment of LoR completed on time?

An initial assessment should be completed within 15 working days of sentence (i.e. before the sentence plan is due) for all orders, except for referral orders, which should be completed within 20 working days of sentence.

The case assessor must form a judgement as to the date they consider that particular assessment was completed, based on all available information, including: the case file, interview with the practitioner and audit-trail information. The assessor must always apply a ‘test of reasonableness’, having taken into account all relevant information/ evidence. If in the opinion of the assessor the actual completion date was late and did not correlate with the date claimed for the assessment, then also complete question 1.5 and include the details on the LIIS.

<b>Order</b>	<b>National Standard Timescales</b>
Rep O	Update ASSET used for court as soon as victim views have been gathered: should be within five w/ days of sentence, having met the child or young person and parents/ carers within one w/ day of order.
RO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 20 w/ days of sentence.
AP/ SO	15 w/ days of sentence.
CPO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 15 w/ days of sentence.
CRO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 15 w/ days of sentence.
CPRO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 15 w/ days of sentence.
DTO	A new ASSET completed by day of sentence to be forwarded to secure estate.
Sec90/ 91	A new ASSET completed by day of sentence to be forwarded to secure estate.

c) Was the assessment of LoR of sufficient quality?

In deciding whether the quality of the assessment of LoR is sufficient, the assessor should consider the following:

- was the assessment carried out within appropriate timescales?
- an assessment that is 'late' is likely to also be of insufficient quality unless there are particular circumstances in the case that justify this or the 'lateness' of the assessment has not impeded the effective management of the case;
- does the assessment identify and clearly record positive factors relating to the child or young person?
- has sufficient attention been paid to diversity issues as they relate to the LoR and are any issues clearly recorded?
- is the evidence in the assessment accurate, up-to-date, and as full as is possible? Is it consistent throughout the assessment?
- has the use of Asset as a structured assessment tool been adequate – do the scores match the evidence?
- are other assessments (where available) incorporated into the assessment?
- if the serious harm and vulnerability sections of Asset are incomplete or of insufficient quality, it is still possible to assess the quality of the

assessment of LoR as sufficient, provided that sections 1 – 12 present a comprehensive and balanced assessment of factors which can both lead to and help reduce LoR. There are separate questions about the quality of *RoH* screening and vulnerability assessment later in the form.

### **Q1.5 What caused the initial assessment to be insufficient?**

Multiple answers are possible here. Click all that apply:

- ...
- date of assessment and date of 1<sup>st</sup> entry did not correlate;

This will not automatically mean that an assessment fails the quality test. Provided the assessment was completed within appropriate timescales it may still be of sufficient quality despite dates not matching, in particular where the mismatch was solely due to established local procedures for use of the Assessment Date field that did not seek to misrepresent actual events.

- other (please record details on LIIS).

### **Q1.6 ...**

### **Q1.7 ...**

### **Q1.8 Has the case manager assessed the learning style of the child or young person?**

If a formal tool has been used to assess the learning style of the child or young person, or particular issues have been identified and addressed that have then made a positive difference to the progress or outcome of this order then please record the details on the LIIS. However, there does not necessarily need to be evidence on file of a formal tool used to assess learning style in order to answer this question in the affirmative. To do this the assessor must see evidence from the file and discussion with the practitioner that consideration has been given to the young person's individual needs (in particular literacy/ numeracy ability, any disabilities, concentration levels and interests) and has taken this into account when planning interventions.

### **Q1.11 Was the initial assessment forwarded to the custodial establishment within 24 hours of sentence?**

This information should be recorded in the electronic post-court report (PCR) as a minimum. A copy of the PCR is on YOIS/ Careworks, however, the proof that it has been sent/ received is not, as this is part of the secure e-mail system. There must be evidence that the Asset and PCR, as a minimum,

have been submitted to the secure establishment, regardless of judgements about quality. An Asset completed for a PSR may be sufficient, as it is likely that some documentation (not including the PCR) will be submitted in advance of sentence. Documented evidence that the Asset has been sent should be available on file in the form of e-mails, records in the contact log or completion of the 'key process box' on YOIS.

YJB guidance states that the following documents are mandatory: core Asset, PCR and RoSH full analysis (if completed). The PSR, RMP and VMP are desirable but not mandatory. Good practice suggests that if RMPs and VMPs exist, then these should be sent alongside the core Asset.

Further questions at 1.31 and 1.50 relate specifically to *RoH* assessments and vulnerability aspects of the case being shared with the secure establishment.

### **Q1.12 Was the initial assessment reviewed at appropriate intervals?**

Assessments should be reviewed alongside intervention plans and referral order contracts at 3 monthly intervals. N/ S 8.11

The case assessor must form a judgement as to the date they consider that each assessment was completed, based on all available information, including: the case file, interview with the practitioner and audit trail information. The assessor must always apply a 'test of reasonableness' having taken into account all relevant information/ evidence.

### **Q1.13 Is there an intervention plan/ referral order contract?**

### **Q1.14 a) Was the intervention plan/ referral order contract completed on time?**

Q1.14a and b must always be answered.

If the answer to Q1.13 is 'No' then the answer to Q1.14 (a) and (b) **must** also be 'No'.

This is in order to avoid the perverse situation when a YOT scores higher for not trying to complete a piece of work at all than they would if they tried but didn't do it well enough.

In exceptional cases it may be possible to answer 'No' to (a) but 'Yes' to (b) if the lateness would not have impeded the effective management of the case.

Intervention plans should be drawn up within 15 working days of sentence according to national standards and should be based on the areas identified within the initial assessment.

In referral order cases the contract should be agreed with the panel within 20 working days of sentence.

**Q1.14b) Did the intervention plan/ referral order contract sufficiently address criminogenic factors?**

The intervention plan should reflect the key issues that have been identified in the assessments carried out relating to the child or young person. The areas of work and objectives in the intervention plan should explicitly link to the criminogenic issues identified from the assessment of LoR using Asset.

**Q1.15 ...**

**Q1.16 Does it:**

a) integrate RMPs?

If there is no formal RMP then this question will be answered as N/ A. Planning for *RoH* issues in cases without a RMP is addressed at Q. 1.36.

b) take into account Safeguarding needs?

c) include positive factors?

d) incorporate child or young person's learning needs/ style?

**Q1.17 Does the intervention plan/ referral order contract:**

a) give clear shape to the order?

b) focus on achievable change?

c) reflect sentencing purposes?

d) set relevant goals?

e) set realistic timescales?

f) reflect national standards?

This question aims to establish whether supervision planning has prominence from the beginning and is begun in such a way as to steer actively the whole supervision process.

Shape – there should be a clear and coherent link between the factors identified in the plan and the interventions linked to them. The plan should structure and shape what will be delivered throughout the supervision period whether this is short, medium or long term. For cases that include a custodial element it is important that the plan includes this phase of the sentence and links it to any community element.

Focus – the plan should contain objectives that focus on the change needed to take place in order to reduce any *RoH* and the LoR. The change needs to be achievable and based on the child or young person's situation at the time.

Reflect sentencing purposes – this question may be answered ‘No’ if criminogenic, risk or vulnerability issues have not been addressed in the plan or if the balance of objectives between constructive and restrictive interventions does not meet the needs of the case.

Goals – plans should have objectives or goals which are linked to the identified risks and needs in the assessment using Asset.

National standard 8.9 states:

*“Intervention plans must be drawn up within 15 working days of the making of the order (this does not apply to Curfew, Reparation, Attendance Centre and Parenting Orders). They must be based on risk factors associated with the offending identified in Asset and set out arrangements to address them. All assessments must consider the needs of the victim and plans will include restorative processes. They will take account of plans made for the young offender by other agencies (e.g. Social Services, Education, Health). The plan or contract should be discussed, agreed and signed by the young person and his/her parent(s)/carer(s).”*

### **Q1.18 Are the objectives within the intervention plan/ referral order contract:**

- a) prioritised according to *RoH*?
- b) inclusive of appropriate Safeguarding work?
- c) sequenced according to offending-related need?
- d) sensitive to diversity issues?
- e) take account of victim’s issues?

An intervention plan should be set out in such a way as to clearly prioritise and sequence interventions. Priority areas should always relate to the *RoH to others* and areas relating to the child or young person’s own vulnerability. It will also be essential to sequence interventions in a way that will maximise the likelihood of positive change occurring i.e. objectives aimed at removing obstacles to engagement should be generally sequenced before some other objectives – e.g. reduction in alcohol/ other drug use may need to occur to help increase a child or young person’s capacity to undertake other work.

### **Q1.19 Has the child or young person been actively and meaningfully involved in the planning process?**

In order to maximise the child or young person’s commitment to the plan it should be discussed with them and agreed prior to it being finalised. Evidence of this active participation should be found in the contact log or elsewhere in the file. A signature on the intervention plan is not sufficient on its own to indicate active and meaningful involvement.

**Q1.20 Have the parents/ carers been actively and meaningfully involved in the planning process?**

There should be clear evidence of consultation with parents/ carers in the planning process. Evidence of this active participation should be found in the contact log or elsewhere in the file.

**Q1.21 Have other YOT workers and relevant external agencies been actively and meaningfully involved in the planning process?**

There should be clear evidence of consultation with relevant external agencies in the planning process. Evidence of this active participation should be found in contact log or else where in the file. This is about more than consultation.

**Q1.22 ...**

**Q1.23 Was the intervention plan reviewed at appropriate intervals?**

Intervention plans and referral order contracts must be reviewed involving the child or young person, parents/ carers and relevant agencies, and the Asset assessment updated in discussion with the young offender, at a minimum of three monthly intervals and at the end of the order. N/ S 8.11.

**Q1.24 Was an Asset RoSH screening:**

**a) completed?**

**b) completed on time?**

**c) accurate?**

All sub-questions must be answered.

If the answer to (a) is 'No' then the answer to (b) and (c) **must** also be 'No'  
This is in order to avoid the perverse situation whereby a YOT scores higher for not trying to complete a piece of work at all than they would if they tried but didn't do it well enough.

The RoSH screening should be completed alongside the remainder of the core Asset profile and therefore timescales relating to initial assessments at 1.4a and b above apply here.

<b>Order</b>	<b>National Standard Timescales</b>
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### c) Accuracy

Serious harm is defined as 'death or injury (either physical or psychological) which is life threatening and/ or traumatic and from which recovery is expected to be difficult, incomplete or impossible.'

All questions in the screening should be answered 'Yes' or 'No'. Where there are 'don't knows', there should be clear evidence as to how the assessor intends to find out the information. The evidence box should also be used to record any other concerns or issues that may indicate the need for a full RoSH assessment. In cases where a RoSH has not been completed but a 'Yes' answer was entered, the evidence box should offer justification for this with management authorisation.

Where the screening has followed the YJB guidance (and is therefore about serious harm) credit must be given for accurate answers. This may mean that *RoH* may not be reflected in the screening answers and that a full RoSH is not required within the guidance. The case assessor must make a judgement here as to whether or not the practitioner has properly applied the classification system they were working to at the time of the assessment. As long as the question answers and evidence box support the classification, a practitioner cannot be penalised for applying the 'serious harm' criteria.

For a RoSH screening to be judged accurate there will need to be evidence that the YOT worker carrying out the screening has looked for and gathered all available information that may indicate the child or young person presents a *RoH to others*. This information should not just be related to the index/current offence but should also relate to previous admitted offences (that resulted in convictions or reprimands/ warnings) and to previous and current behaviour. Information from sources other than the YOT should also be included in the RoSH screening i.e. information from school.

**Q1.25 Do the answers in the RoSH screening require a full RoSH analysis?**

If any of the areas in the RoSH screening have been marked as existing the YOT worker should go on to complete a full RoSH analysis using the relevant section of Asset. This question is for routing only and therefore is only asking about the answers actually given. If the screening is inaccurate and areas should have been marked as existing but were not, this is a quality issue which is addressed by Q 1.24 (c).

**Q1.26 What was the Asset RoSH classification as recorded by the YOT?**

This relates to the score following completion of the RoSH full analysis, not the screening.

If a full analysis was not required following the RoSH screening, then record the classification as 'low'.

**Q1.27 Does it appear to be the correct classification?**

Where the assessment has followed the YJB guidance (and is therefore about serious harm) credit must be given for accurate answers. The case assessor must make a judgement here as to whether or not the practitioner has properly applied the classification system they were working to at the time of the assessment. As long as the assessment supports the classification, a practitioner cannot be penalised for applying the 'serious harm' criteria.

**Q1.28 ...**

**Q1.29 Was a full RoSH analysis:**

**a) completed?**

**b) completed on time?**

### c) completed to a sufficient quality?

All sub-questions must be answered.

If the answer to (a) is 'No' then the answer to (b) and (c) **must** also be 'No' This is in order to avoid the perverse situation when a YOT scores higher for not trying to complete a piece of work at all than they would if they tried but didn't do it well enough.

In exceptional cases it may be possible to answer 'No' to (b) but 'Yes' to (c) if the lateness of the assessment would not have impeded the effective assessment and management of the case.

To be of *sufficient quality* a number of issues should be fully considered. The information detailed in the RoSH regarding current and past behaviour, should be comprehensive, accurate and where relevant, judgements made. Accordingly, all relevant offences should be detailed and the sources of information recorded accurately, e.g. based on Crown Prosecution Service (CPS), victim material or children's services information. Judgements such as any concerns about 'targeting victims' and 'why they did it', should be backed up by evidence. In some cases information about past behaviour/ offending may be limited. In these cases there should be evidence that the assessor has nevertheless made efforts to gather as much evidence as possible about previous behaviour/ offending and has compared this to what is known about the current behaviour/ offending and assessed any possible links.

We are looking for a high level of *RoH* awareness in the assessment and for evidence that the assessor has demonstrated an awareness of the complex nature of *RoH* issues. Key areas to look for include:

- has the assessor assessed all aspects of the offender's harmful and potentially harmful behaviour – not just those that fit the definition of serious harm contained in Asset?
- have issues of motivation and/ or intent been considered in relation to past/ current/ potential harmful behaviour?
- has the assessor considered both static and dynamic issues re *RoH*? In relation to dynamic factors have they considered if these are chronic or acute?
- has the assessor demonstrated awareness of the importance of assessing the context in which harmful behaviour has occurred or may occur?
- have relevant victim experiences been taken into account in assessing *RoH*? For example, in racially aggravated offences, in offences against children and young people, in offences against vulnerable victims, and in cases where there are 'repeat' victims.

A child or young person may not have settled into a regular pattern of behaviour so it is important to take into account incidents that seem to be one-offs. Any emerging patterns of harm-related behaviour are key indicators of

the likelihood of future harmful behaviour. If there have been regular or repeated occurrences of a particular type of harm related behaviour this will generally signify a higher risk than isolated or occasional incidents. (RoSH Guidance)

Completion of the RoSH should be timely and demonstrate consideration to any diversity issues apparent to the child or young person and their offending behaviour.

The Asset full RoSH analysis should be used to test further the nature and extent of *RoH to others* even when it appears unlikely there is any cause for concern.

### **Q1.30 What caused it to be insufficient?**

Incorrect classification may relate to both over and under classifying the level of RoSH.

Diversity issues relate to both the child or young person and the victim or potential victims and should relate directly to *RoH* issues. The assessor needs to have thought about what makes this individual pose a *RoH to others* and in what way diversity issues contribute to this. Any characteristics shared by victims should be identified.

### **Q1.31 Was the RoSH forwarded to the custodial establishment within 24 hours of sentence?**

This information should be recorded in the electronic post court report (PCR) as a minimum. A copy of the PCR is on YOIS/ Careworks however the proof that it has been sent/ received is not, as this is part of the secure e-mail system. Documented evidence that the RoSH has been sent should be available on file in the form of e-mails, records in the contact log or completion of the 'Key Process Box' on YOIS.

If a child or young person was previously remanded in custody and is subsequently sentenced to custody, where there is evidence that a full RoSH had been sent to the establishment at an earlier stage this may be sufficient as long as this remains current, unless the child or young person's circumstances had changed (eg change of prison/ increase in *RoH* following Court).

### **Q1.32 Does the RoSH assessment draw adequately on all appropriate information including MAPPA, other agencies and previous assessments and information from victims?**

The importance of drawing on other assessments is that information/ judgements from other sources can be vital to the accuracy of assessment, and necessary to develop a RMP that is able to contain *RoH*. For example, information supplied by the police, for instance via MAPPA, could identify previous unknown victims, information from children's social care services,

could identify previous harmful behaviour towards other children and young people and educational assessments could provide evidence of the child or young person's behaviour within education. Information obtained from victims could be drawn upon to identify for example any bizarre elements to behaviour or specified targeting of victims.

If all appropriate available information has been used to inform the assessment then this question should be marked as 'Yes'.

### **Q1.33 Was a RMP:**

**a) completed?**

**b) completed on time?**

**c) completed to sufficient quality?**

All sub-questions must be answered.

If the answer to (a) is 'No' then the answer to (b) and (c) **must** also be 'No' This is in order to avoid the perverse situation when a YOT scores higher for not trying to complete a piece of work at all than they would if they tried but didn't do it well enough.

In exceptional cases it may be possible to answer 'No' to (b) but 'Yes' to (c) if the lateness would not have impeded the effective assessment and management of the case.

A RMP should be completed on all children and young people assessed as being medium, high or very high RoSH. The RMP should be completed using the specific form contained within Asset titled "Risk Management Plan". If there is a RMP that does not use the Asset format it may be possible to answer this question as 'Yes' but the plan will need to be clearly marked as being a RMP and should cover – as a minimum – the areas contained in the Asset pro-forma.

For a RMP to be of **sufficient quality** it should comprehensively cover all the identified areas of *RoH*. A RMP that is not countersigned may still be of sufficient quality if the following points are addressed. (Issues relating to management involvement and oversight are picked up in later questions.)

There is a great deal which should be covered in the RMP. Unless a case is deemed as a low RoSH (in which case a plan is not needed), there is some degree of *RoH* to manage. The following should be fully addressed as indicated:

#### **External and Internal Controls:**

Effective risk management strategies may require both external and internal controls e.g. using a curfew as an external control and developing cognitive and problem solving skills as internal controls. A comprehensive RMP will identify currently existing controls that are required and those that require development.

#### **Protective Factors:**

This section of the RMP should cover factors that will both contain and reduce *RoH to others*. These factors should relate directly to any positive/ protective factors already identified within Asset.

#### **Achieving external and internal controls and protective factors:**

To be comprehensive this section of the RMP will need to include clear actions and objectives describing how factors relating to the management of *RoH* will be addressed.

It should include:

- actions that can be taken by the YOT;
- what referrals need to be made to other agencies. It should be clear what the expected outcomes of any such referrals will be;
- any other procedures that need to be implemented.

#### **Sharing Information:**

A comprehensive RMP will clearly identify what information should be shared and with who. This should include information sharing both within the YOT, with other associated agencies and with the child or young person and their parents/ carers.

There will also need to be clear details in the RMP as to how this information will be shared, who will be involved and what the timescales are.

#### **Planning for Future Events:**

This section of the plan should relate to aspects of the RoSH analysis that identify dynamic aspects related to a child or young person as they relate to *RoH to others*. In particular 'triggers' to possible harmful behaviour should be listed and there should be clear contingency plans as to how these issues will be addressed should they arise.

These contingency plans will need to describe any specific actions that would be required and should be clear as to how these will be carried out, by whom and in what timescale.

### **Q1.34 ...**

### **Q1.35 Has there been effective management oversight of the RMP?**

In order for this question to be answered in the affirmative, as a minimum the RMP should be countersigned by a manager and the RMP should be of a sufficient quality. A RMP that is of insufficient quality or that was not completed indicates that the management oversight has not been effective. In relevant cases there may be examples of the manager taking responsibility for commissioning services or making referrals.

### **Q1.36 Where there was no RMP had the need for planning for *RoH* issues been:**

#### **a) Recognised?**

Case managers should also be diligent in cases where the child or young person is classified as being 'low' RoSH.

It is important to recognise that an offender may be correctly classified as presenting a low RoSH (using the Asset definition) but still present a significant *RoH to others*. There should be clear evidence in Asset of all issues relating to any harmful behaviour/ offending having been assessed. We are looking for the totality of good *RoH* assessment, planning and management. It may be an example of good practice if a RoSH full analysis has been used to further explore any *RoH* issues despite a 'low' classification.

#### **b) Acted upon?**

If there is an identified *RoH to others* (that would not trigger an Asset RMP – i.e. a low RoSH case) there should still be evidence that the case manager has planned how this should be managed. In particular any Intervention Plan should include an objective or objectives that address this *RoH to others*. If there is a *RoH* issue that has gone unaddressed, this question should be answered 'No'.

### **Q1.37 Does this case meet the criteria for MAPPA?**

To answer this question use the guidance below relating to MAPPA. If the case fits one of the three categories eligible for inclusion in MAPPA this question should be answered 'Yes'.

The YOT is responsible for identifying which of its cases are MAPPA eligible cases. This information should be recorded on the case management system.

If the YOT has recorded the case as a MAPPA case but it does not meet the criteria above, then the answer to this question is 'No'. However, please also include details of this on the LIIS.

The MAPPA provide a management framework to strengthen the management of *RoH* presented by offenders. There are three categories of offender eligible for inclusion in MAPPA as detailed in the MAPPA guidance 2009 version 3.0.

#### **Category 1 – Registered Sexual Offenders (RSOs).**

The notification requirements relate to both cautions and convictions for offences listed in Schedule 3 to the Sexual Offences Act 2003.

#### **Category 2 - Violent and other sex offenders.**

This category is based on both CONVICTION and SENTENCE. It must be a violent or other sexual offence which attracts a determinate sentence of 12 months or more, or any indeterminate custodial sentence.

### **Category 3 - Other dangerous offenders.**

This category is comprised of offenders, not in either category 1 or 2 but who are considered by the responsible authority to pose a RoSH to the public which requires active inter-agency management.

The person must have been convicted of a sexual or violent offence, or have received a formal caution or reprimand/ warning. The offence may have been committed in any geographical location, which means that offenders convicted abroad could qualify.

Whilst any agency may refer a case for consideration as a category 3 offender, it is for the responsible authority to determine whether the offender meets the criteria.

**In order to ensure that the MAPPA agencies remain focused upon those category 3 cases where they can have greater impact, it has been agreed that only those offenders who require management via level 2 or 3 MAPPP meetings should be registered in category 3.**

### **Q1.38 Has this case been notified and, if appropriate, referred to MAPPA?**

The MAPPA coordinator should be aware of all cases that are eligible for MAPPA. The MAPPA coordinator does not have routine access to case records of MAPPA eligible offenders held by YOTs. It is, therefore, required that these agencies notify the relevant MAPPA coordinator of relevant offenders, using the correct form (Form F from Appendix 4 of the MAPPA Guidance) for YOTs. Relevant offenders for YOTs are MAPPA eligible offenders who:

- are subject to statutory supervision in the community by YOTs; or
- will be subject to statutory supervision in the community by YOTs once released, and their release date is within the next six months.

### **Q1.39 Was the notification and referral to MAPPA timely?**

Referral to MAPPA should occur once a child or young person has been identified as fitting one of the categories for eligibility. Case managers should always discuss a MAPPA eligible identification with their line or other appointed manager. This discussion should be referenced on the contact log. Identification should normally be carried out during the initial assessment of an offender – referrals should therefore be made during or following the period of initial assessment. The identification should take place within three

days of sentence. For cases in the community referral/ notification should take place within ten working days of the identification of MAPPA eligibility. For cases in custody referral/ notification should take place at least six months prior to possible release.

In some cases referral may become required due to changes in the child or young person's circumstances (e.g. commission of a further offence leading to a revised assessment of *RoH to others*). In such cases referral should occur once a child or young person has been identified as having become eligible for MAPPA.

Local policies and procedures may be in place in respect of notification of Level One cases. Case Managers should be aware of these.

### **Q1.40 What was the initial MAPPA level?**

Level 1 – Ordinary risk management

Level 2 – Local inter-agency risk management

Level 3 – MAPPP

### **Q1.41 a) Was the initial MAPPA level appropriate?**

To answer this question the assessor will need to make a judgement based on their knowledge of the case. The level of MAPPA management required will vary on a case by case basis. The current MAPPA guidance provides some examples of types of issues and characteristics of cases managed at levels 2 and 3. This is not exhaustive neither can it be definitive but it provides a useful framework to help judge if the assigned MAPPA management level was appropriate.

#### **a) Level 1 – Ordinary Risk Management**

Level 1 management is the level that should be used in cases where the *RoH* posed by the offender can be managed by the YOT. This does not mean that other agencies will not be involved; only that it is not considered necessary to manage the case at level 2 or 3. Within level 1 management it may still be essential that information sharing takes place between agencies and there are multi-agency case management discussions, as necessary. The highest proportion of MAPPA offenders are likely to be managed at level 1.

#### **b) Level 2 – Local Inter-Agency Risk Management**

Cases should be managed at MAPPA level 2 where the offender is assessed as posing significant *RoH*. This will generally be those classified as posing a high or very high RoSH. However, not all cases classified as high or very high RoSH will automatically require level 2 management, neither should level 2 management be restricted only to cases classified as high or very high RoSH. There may be cases with a lower RoSH classification where, due to the

nature and circumstances of the case, the case requires this level of management; these should be cases which:

- require active involvement and co-ordination of interventions from other agencies to manage the presenting *RoH*; **or**
- have been previously managed at level 3 and the level of *RoH* has diminished, and/ or the complexity of the multi-agency management required has reduced, and a MAPPA RMP for level 2 has been firmly established.

**Example characteristics of a Level 2 case:**

- Sexual offenders who are resistant to addressing their offending behaviour;
- Violent offenders with additional risks of mental health problems and substance misuse;
- Domestic violence offenders who misuse substances;
- Unsuitable or unstable home circumstances;
- Likely to reoffend and cause high level of serious harm to others;
- There is currently a lack of effective multi-agency working and this needs to be coordinated to provide an effective MAPPA RMP.

**c) Level 3 – Multi-Agency Public Protection Panels (MAPPP)**

Level 3 management should be used where it is determined that the management issues require active conferencing and senior representation from the responsible authority and duty to cooperate agencies. This may be when there is a need to commit significant resources at short notice and/ or where there are significant media and/ or public interest issues. Usually level 3 management would relate to cases where the offender is classified as being a high or very high RoSH (however, this does not mean all cases assessed as high or very high RoSH will automatically require level 3 management. In addition, there may be cases with a lower risk classification where, due to other factors, the case requires this level of management); these should be cases which:

- present a *RoH* that can only be managed by a plan which requires close co-operation at a senior level due to the complexity of the case and/ or because of the unusual resource commitments it requires; **or**
- although not classified as a high or very high RoSH, there is a high likelihood of media scrutiny and/ or public interest in the management of the case and there is a need to ensure that public confidence in the criminal justice system is maintained.

**Example characteristics of a Level 3 case:**

- imminence of reoffending, the offender is more likely than not to reoffend at any time with very serious consequences for others;
- sexual offenders who have an additional risk of generic violence;
- unwillingness to address offending behaviour;

- additional police intelligence suggesting ongoing offending behaviour;
- threats to kill, kidnap and harm to known children and young people or adults;
- children or young people who are registered as being at risk of significant harm;
- emotional instability and substance misuse;
- mental illness, psychological disorders and/ or self-harm;
- distorted beliefs and thought patterns towards particular groups and/ or individuals;
- need for additional/ unusual use of resources to effectively manage the case;
- potential media interest in the case.

#### **Q1.41 b) ...**

#### **Q1.42 Have all details of RoSH assessment and management been appropriately communicated to all relevant staff and agencies?**

All relevant staff and agencies involved in the case may include:

- the key worker;
- specialist workers within the YOT;
- sessional workers;
- reception staff;
- mentors;
- children and young people's services;
- education;
- CAMHS;
- prison staff.

There are potentially three different areas of communication:

1. with staff who should have access to the information systems where the level of risk should be recorded, e.g. YOIS, and who can therefore readily access this important information.
2. with staff who have no or only irregular access to information systems, e.g. partnership and sessional workers, external agencies. In such case there

should be evidence in RMP, contact logs highlighting that the key worker has notified them of the risks posed.

3. if there are specific risks to staff identified in the *RoH* assessment, then additional measures of communication need to be taken to ensure that all people involved in having some contact with this case are aware, e.g. alert notices.

### **Q1.43 Has there been effective management oversight of *RoH* assessment?**

The RMP should be countersigned by a manager and should be of sufficient quality. It may be the case that this can not be completed electronically so therefore a signed paper copy should be contained in the paper file.

In addition to this, in order for management oversight of *RoH* assessment to be judged effective, there should be additional evidence (e.g. the case diary recording discussions between the case manager and manager, through any local risk management meeting notes or supervision notes) that there has been management involvement in both the assessment and the plan. If *RoH* issues exist but have not been identified or addressed, then this indicates insufficient management oversight.

Only in those cases where there are no *RoH* issues should this question be answered 'N/ A'.

### **Q1.44 Was an Asset vulnerability screening:**

- a) completed?
- b) completed on time?
- c) completed to a sufficient quality?

All sub-questions must be answered.

If the answer to (a) is 'No' then the answer to (b) and (c) **must** also be 'No' This is in order to avoid the perverse situation when a YOT scores higher for not trying to complete a piece of work at all than they would if they tried but didn't do it well enough.

In exceptional cases it may be possible to answer 'No' to (b) but 'Yes' to (c) if the lateness of the assessment would not have impeded the effective assessment and management of the case.

- a) As the vulnerability screening forms part of the core ASSET the national standard timescales for ASSET apply to this question.

<b>Order</b>	<b>National Standard Timescales</b>
Rep O	Update ASSET used for court as soon as victim views have been gathered: should be within five w/ days of sentence, having met children and young people and parents/ carers within one w/ day of order.
RO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 20 w/ days of sentence.
AP/ SO	Fifteen w/ days of sentence.
CPO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 15 w/ days of sentence.
CRO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 15 w/ days of sentence.
CPRO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 15 w/ days of sentence.
DTO	A new ASSET completed by day of sentence to be forwarded to secure estate.
Sec90/ 91	A new ASSET completed by day of sentence to be forwarded to secure estate.

In deciding whether the quality of the assessment of vulnerability is sufficient the assessor should consider the following:

- Does the assessment start straight away at the point of referral to the YOT?
- Does ASSET (and where appropriate CAF) form the backbone of the assessment?
- Has an investigative approach been taken by the YOT worker, which has gone beyond initial checks with children's social care services?
- Have a variety of sources been used to investigate areas of concern (e.g. education provider, health specialist, domestic violence unit)?
- Is the assessment clear about the exact nature of the vulnerability concerns?
- Is managerial involvement in the assessment and subsequent decision-making documented clearly, accurately and in a timely way in case files?
- Have positive and protective factors been considered?

An overall rating should be allocated to this section ranging from '4 - very high' to '1 - low'. Please note that '0' is not an acceptable score and would indicate that this is of insufficient quality.

### **Q1.45 Are Safeguarding needs reviewed as appropriate?**

Safeguarding is a dynamic process being kept under continuous review according to changes in circumstances and new information becoming available. It is important that the assessment of Safeguarding is viewed as a continuous process. Whilst the formal mechanism for review will be within a full review of ASSET every three months or following significant change, this alone is not sufficient. In answering this question the assessor should be satisfied that in addition to the above formal process the case manager continually assesses and reviews Safeguarding and is mindful of Safeguarding within each contact with the child or young person.

### **Q1.46 In your opinion, should there have been a VMP?**

In all cases where vulnerability is rated medium, 'high' or 'very high' there should be a comprehensive VMP countersigned and agreed by the line manager which will plan how to manage these on a single agency basis or by several agencies within other procedures. All plans need to integrate existing plans by other agencies including children's social care in order to successfully safeguard the child or young person.

### **Q1.47 Was the VMP:**

- a) completed?
- b) completed on time?
- c) completed to sufficient quality?

All sub-questions must be answered.

If the answer to (a) is 'No' then the answer to (b) and (c) **must** also be 'No' This is in order to avoid the perverse situation when a YOT scores higher for not trying to complete a piece of work at all than they would if they tried but didn't do it well enough.

In exceptional cases it may be possible to answer 'No' to (b) but 'Yes' to (c) if the lateness would not have impeded the effective management of the case.

a) Whilst there is no national standard guidance as to a time frame within which a VMP should be completed; it is reasonable to presume that in cases where such risks are identified that planning to minimise these risks should begin immediately. It would follow on that the VMP should therefore be completed at the same time as the core ASSET. Please see below in relation to national standard stipulated guidelines for ASSET completion.

<b>Order</b>	<b>National Standard Timescales</b>
Rep O	Update ASSET used for court as soon as victim views have been gathered: should be within five w/ days of sentence, having met the child or young person and parents/ carers within one w/ day of order.
RO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 20 w/ days of sentence.
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CRO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 15 w/ days of sentence.
CPRO	A new ASSET completed - or an existing ASSET, that was written at the PSR stage, updated - within 15 w/ days of sentence.
DTO	A new ASSET completed by day of sentence to be forwarded to secure estate.
Sec90/ 91	A new ASSET completed by day of sentence to be forwarded to secure estate.

c) The VMP should:

- draw upon a comprehensive range of sources of information;
- be clear as to how any Safeguarding concerns will be managed;
- involve intervention by external agencies where appropriate;
- be shared with and agreed by all who feature in it;
- stipulate SMART and outcome oriented actions;
- be shared with the child or young person and, where possible, agreed by them;
- include protective factors with a view to consolidating these.

A VMP that is not countersigned may, in some cases, still be of sufficient quality if the above points have been addressed. (Issues relating to management involvement and oversight are picked up in question 1.54.)

**Q1.48 ...**

**Q1.49 Did the VMP contribute to, and inform:**

- a) interventions?
- b) other plans where applicable?

a) The VMP should be cross-referenced with and incorporated into the Intervention Plan which in turn should direct work with the children or young person. In answering this question the assessor should be confident that plans have resulted in interventions aimed at managing or reducing Safeguarding issues. For example, the VMP and Intervention Plan may specify a referral to a named voluntary support agency, in which case this referral should have taken place and where necessary steps taken to support the child or young person in taking up the service such as offering the child or young person information re: the services available or accompanying the child or young person to initial appointment.

b) There may be cases where the VMP will be a subsidiary plan to the overall management of Safeguarding issues. For example, where a child or young person is subject to on going child protection enquiries or is Looked After. In such cases documentation should be found on file of additional plans and the assessor should be able to readily see how the content of the VMP contributes to these. Outcomes of referrals should always be followed up and recorded.

YOTs will often convene vulnerability management panels or other multi-agency meetings (e.g. within CAF processes) for the purpose of agreeing VMPs. This is seen as good practice It may be the case that the VMP will contribute to an overarching multi-agency strategy. Where this is the case the YOT should have an awareness and details of this.

### **Q1.50 Was the secure establishment made aware of any vulnerability issues prior to, or immediately on, sentence?**

Any concerns regarding vulnerability or Safeguarding should be clearly recorded in the post-court report and there should be evidence on file that this has been sent to the secure estate/ YJB in line with the Electronic Yellow Envelope procedure. Copies of vulnerability plans should also have been sent alongside the placement alert form, highlighting specific concerns. National standards also require that a telephone call is made to the secure establishment in respect of any significant concerns and this should be evidenced in the contact log or case diary.

### **Q1.51 Was there active liaison and information sharing with the custodial establishment around any Safeguarding issues?**

Safeguarding issues should feature in training plans. Records of telephone and written contact with key personnel within the custodial establishment including personal officers, internal YOT staff and/ or reception staff, wing staff, duty governor. YOT staff will be in communication re: management of self-harm where relevant.

## **Q1.52 ...**

### **Q1.53 Has a contribution been made to safeguard the child or young person, through the CAF and other assessments and plans.**

There should be a clear trail of evidence on file of communication, inter-agency planning and coordination. If there are complex needs that require input from other agencies and CAF would facilitate access to a range of services then it may be useful for the case manager to continue on from completing the ASSET to completing a CAF, particularly if they are designated the lead professional. All local authorities are required to have the CAF in place by December 2008.

Additionally there may be other occasions where a case manager will be required to update CAF during the period of supervision which should only be done having completed ASSET.

ASSET should contain most of the information needed to complete CAF although not all information may be necessary. It is important to consider the child or young person holistically and not just in relation to their offending. Department for Children, Schools and Family guidance stipulates that CAF should be a collaborative process to which the child or young person and parents/ carers, where relevant, should contribute.

### **Q1.54 Has there been effective management oversight of the vulnerability assessment?**

Where VMPs are required, these should be of sufficient quality and countersigned by a manager. However, countersignature of the VMP is not sufficient evidence of effective management oversight. Where specific vulnerability issues have been identified in the vulnerability screening and VMP then there should be evidence on the file (case diary, contact logs, notes of risk management meetings) that these have been discussed and appropriately acted upon and planned for.

Only in those cases where no issues relating to vulnerability have been identified can this question be answered as 'N/ A'.

## **Q2.1 Has the *RoH to others* been reviewed thoroughly:**

**a) in line with the required timescales?**

**b) following a significant change?**

*RoH* assessments should be reviewed alongside intervention plans and referral order contracts at 3 monthly intervals. N/ S 8.11.

Any case could have a significant change which requires the *RoH* to be reviewed. The RMP should be 'reviewed on a regular basis especially when new information or events arise'. Such events could potentially increase or reduce the *RoH*.

Examples of significant changes can be:

- When a child or young person has been "out of contact" with the case manager for a period of time e.g. during a period of failed appointments leading to breach action;
- When a child or young person may resume excessive alcohol use or returns to illicit drug use;
- When a child or young person moves out of stable accommodation;
- When a child or young person's lifestyle becomes chaotic and they fail to engage with support services.

Case managers should also be diligent in cases where the child or young person is assessed as being 'low RoSH'. These could be cases where they have committed an offence several years ago and are now considered low RoSH. Case managers should be able to anticipate and identify if risk factors relating to previous behaviour and/ or offending are recurring, for example loss of stable accommodation or return to substance use. Alternatively, there could be cases where there are no previous indicators but behaviour suggests some concern such as associating with people who are known to cause harm.

## **Q2.2 Were changes in *RoH/* acute factors:**

**a) Anticipated wherever feasible?**

In many cases, if there has been a comprehensive and accurate assessment of *RoH to others*, it will be possible to anticipate some of the likely changes in dynamic factors relating to *RoH*, e.g. family disagreement leading to increased use of alcohol – which is a trigger to increased *RoH to others*. This question asks whether the case manager did in fact anticipate any changes – where this was possible.

### **b) Identified swiftly?**

Whether or not changes in *RoH* could have been anticipated they should be identified as swiftly as is possible, e.g. if a child or young person is charged with a further offence the case manager should be aware of this and recognise the impact this may have on *RoH* presented by the child or young person.

### **c) Acted on appropriately?**

Appropriate actions will vary depending on the nature of a particular case – as a minimum however the case manager should have reviewed *RoH* and taken some action. Actions should relate to the level of *RoH* posed and may include; increased frequency of reporting, referral to MAPPA, urgent breach action, referral to a substance use agency, etc.

Should a case demonstrate that all three aspects are followed, then this may be a good practice example. Please write it up on the LIIS if this is the case.

For each of these there is a 'N/ A' option. This can be used when:

#### **a) Anticipated wherever feasible**

There were no changes in the *ROH/* acute factors or that it would not have been feasible to anticipate them;

#### **b) Identified swiftly**

There were no changes in the *RoH/* acute factors, or if it transpired that there was an escalation of risk that it would not have been feasible to identify it;

#### **c) Acted on appropriately**

There were no changes in the *RoH/* acute factors therefore there was no action required.

## **Q2.3 MAPPA**

### **a) Was effective use made of MAPPA in this case?**

This is where MAPPA structures and processes have clearly contributed to the management of *RoH*. The assessor will want to see evidence (e.g. through meeting minutes) of defensible decisions and robust risk management demonstrating a joint responsibility for reducing the likelihood of a risk occurring, or the reduction of its impact should it occur.

Defensible decision criteria are:

- all reasonable steps have been taken;
- reliable assessment methods have been used;
- information has been collected and thoroughly evaluated;
- decisions are recorded (and carried out);
- policies and procedures have been followed;

- practitioners and their managers adopt an investigative approach and are proactive.

If the engagement with MAPPA was not appropriate to the needs of the case (either too much or too little) then this question should be answered 'No' with further information provided on the LIIS.

## **Were decisions taken within MAPPA:**

### **b) clearly recorded?**

All decisions within MAPPA should be clearly recorded either on minutes of meetings and/ or the offender's case file. There should be a plan on file which fully details the actions agreed at the multi-agency public protection meeting to manage the offender's risks.

### **c) followed through and acted upon?**

Where there are proposed action points agreed within MAPPA there should be a clear record of these and of what has happened in relation to them. If actions have not occurred there should be a clear explanation as to why this is the case. Assessors should be mindful of the date the inspection is taking place and when the plan was created in order to answer this question fairly.

### **d) reviewed appropriately?**

Level 1 cases managed by the YOT should be reviewed through normal three month reviews using Asset. These reviews should be recorded on the YOT case management record.

Frequency of review should be::

Level 3        every four – six weeks;

Level 2        every eight – 12 weeks;

Level 1        in line with national standard reviews on a three monthly basis.

## **Q2.4 Have case managers and all other relevant staff contributed effectively to MAPPA processes?**

The case manager should be present at both MAPPA Level 2 and 3 meetings. Other relevant staff (such as those providing interventions) should ideally be there, but if not, steps should be taken to ensure that they are notified of any outcomes, including actions needed. The case manager has responsibility for providing written information which will assist in the development of risk assessment and plan of action. Once the plan is set, the case manager and other relevant staff have the responsibility for carrying out the actions identified. Evidence of their contribution will be in MAPPA minutes and subsequent actions in the contact log.

There should be clear evidence from the MAPPA meeting minutes, and contact entries, to demonstrate that other relevant agencies have fulfilled their own obligations to contribute to the management of risk using MAPPA.

### **Q2.5 Have case managers and all other relevant staff contributed effectively to any other multi agency meetings?**

There must be evidence to demonstrate that case managers, and other YOT staff, where appropriate, have contributed to other multi-agency meetings such as child protection case conferences.

Effective contributions will require more than just attendance at such meetings. Where required case managers will have submitted relevant reports prior to the meeting, attended and contributed to the meeting and will have carried out identified action points in between or following meetings. Evidence of this contribution should be available in minutes of these meetings and in contact logs.

### **Q2.6 Have purposeful home visits been carried out throughout the course of the sentence in accordance with:**

- the level of *RoH* posed?
- Safeguarding issues?

All orders should contain some home visits. The purpose of home visits could be, for example, to monitor child or young person Safeguarding concerns; monitor accommodation provision; to further motivate the child or young person; or to keep parents/ carers informed of progress.

It is important that home visits are purposeful, e.g. If a child or young person's *RoH to others* is directly related to their home circumstances it could be purposeful to visit frequently in order to have up to date knowledge of these circumstances.

As with *RoH to others* if there are Safeguarding issues related to the child or young person's home circumstances there should be evidence of visiting in relation to the identified issues.

The purpose of home visits related to *RoH* should be recorded in the RMP (if there is one) and in the contact log.

### **Q2.7 Has a full assessment of the safety of victims been carried out?**

Evidence of this area should be contained within any *RoH* assessments and should include information gathered from any victim workers who have been involved in the case. There should be evidence that the case manager has given thought to the victim's safety and acted on this appropriately. This question would only be answered 'N/ A' if there is no direct victim in the case. In all other circumstances an assessment of the victim's safety should have been carried out (if only to determine that there are no victim safety issues).

## **Q2.8 Has high priority been given to victim safety?**

If victim safety issues have been identified, then this question should be answered either 'Yes' or 'No'. If no victim safety issues were identified then it is possible for this question to be answered as a 'N/ A' even if Q2.7 was answered 'Yes'.

YOTs have a legal duty to inform victims of the release from custody of young offenders who have committed a violent or sexual offence and received a custodial sentence of 12 months or more. Consequently, protocols need to be in place defining which agency is responsible for communicating with these victims.

Consideration should be given to victim safety and with DTO licences, requirement of non-contact should be considered prior to release. Non-contact may also feature as a condition of supervision orders. The assessor may also find evidence of liaison with police and exchange of intelligence which might mean an increased level of surveillance of a child or young person, e.g. through the Prevent and Deter strand of the PPO strategy. Evidence of this would be found in case diaries and in minutes of meetings.

**N.B. Victim safety must also be taken into account whilst the child or young person is in custody. This may take the form of monitoring mail, telephone calls or other interventions.**

If there is a RMP this should also include reference to actions aimed at increasing/ ensuring victim safety.

## **Q2.9 Have appropriate resources been allocated according to the assessed *RoH* throughout the sentence?**

This question asks about whether the resources used are appropriate for the case. This can be either that they are too much or too little, and should relate to the resources allocated by the YOT not the sentence of the court.

For example, in some areas an education worker may be the case manager working with a high *RoH* case when it was felt the case manager should be a YOT officer with a relevant qualification e.g. probation officer, social worker.

Specialist resources within the YOT – e.g. assessments of mental health – should be clearly allocated without delay to cases assessed as presenting a *RoH* to others.

**Q2.10 ...**

**Q2.11 ...**

**Q2.12 Delivered interventions in the community are:**

- implemented in line with the intervention plan
- appropriate to the learning style
- of good quality
- designed to reduce LoR
- sequenced appropriately
- reviewed appropriately
- incorporate all diversity issues
- in line with PPO status.

Effective practice is defined as practice that produces the intended results. In the case of children and young people who offend, effective practice should lead to the outcomes of: reduced offending, increased public protection and improved well-being of the child or young person.

Effective practice can be described as being based on three principles – all of which should be evidenced in the delivery of requirements of an order. The principles relate to:

- risk - in general the higher the LoR the more intensive and extended should be the supervision programme
- needs - interventions/ requirements that target needs related to offending are likely to be more effective.
- responsivity - interventions/ requirements which match the child or young person's learning styles and engage the child or young person are likely to be more effective.

Effective practice is about systematic and planned interventions that ensure that every aspect of the supervision of a child or young person contributes to the achievement of the desired outcomes.

The assessor will need to feel confident that the work in the case being assessed has taken a holistic approach incorporating all the above three principles which has been focused on clearly defined outcomes.

**Of good quality**

There are a number of elements that contribute to the overall quality of an intervention. The intervention should relate to an assessed risk and/ or need and be designed to achieve change or maintain change wherever possible. It should be delivered in a manner and using materials that relate to the child or young person's capacity and motivation. Exercises should, for example, reflect the child or young person's age/ maturity/ culture/ literacy levels.

For interventions to be effective there will generally need to have been some preparation work done with the child or young person before delivery and there will usually need to be some follow up work to reinforce any new skills/ changes developed during the delivery of the intervention. The use of standard packages, such as *Teen Talk* or the AIM programme, for those who have committed sexual offences ensures a level of quality. However packages that are designed for adults such as *Targets for Change* may not be as useful depending on the age of the child or young person.

### **Designed to reduce LoR**

The planned intervention should be dependent upon an accurate assessment of risk/ need and the identification of potential factors linked to offending. The intervention programme should take into account the individual needs of the child or young person. It should be aimed at reducing risk factors and promoting positive factors in the child or young person's life, thereby addressing the risk of offending behaviour, restorative justice, protecting the public and aiding community reintegration. Interventions should be focused with a clear aim and rationale with a basis in effective practice. They should challenge the child or young person's thinking with the aim of achieving a positive shift in thinking and behaviour.

### **Sequenced**

The case manager should assess which of the planned interventions has priority, and sequence them accordingly. Punitive and restrictive (curfew, reparation) requirements should commence as soon as possible and rehabilitative (education, addressing substance use, family relationships) elements should be run after or in parallel providing obstacles to engagement are removed. The decision to delay any rehabilitative intervention should however be recorded with clear explanations.

Requirements which relate to victim safety, such as no contact, exclusion, prohibited activities, are effective immediately after sentence/ release from custody.

### **Reviewed appropriately**

The effectiveness of delivered interventions should be reviewed when the intervention plan is reviewed, at least every three months or at other points where there has been significant change.

### **Incorporate diversity issues**

Whenever diversity issues have been identified there should be appropriate reference to them in the intervention plan, as objectives and/ or as components of objectives. There should be evidence that interventions that have been delivered have reflected the diversity issues identified, e.g. was an interpreter used; was a singleton placement in a group avoided; did material take into account dyslexia?

### **Q2.13 Has the YOT been appropriately involved in the review of interventions in custody?**

Interventions in custody will inevitably be constrained by the establishment resources. The YOT worker should be proactive in ensuring that the child or young person receives interventions in line with the assessment of risk and need as far as possible within those constraints. Where there is a need that cannot be met, the YOT worker may pursue a transfer to a more appropriate establishment, or may attempt to obtain external resources and negotiate their use by the establishment. For instance where a child or young person wants to sit GCSEs that have been disrupted by custody the YOT worker will pursue the possibility. The YOT worker should not be a passive observer of the process. Where interventions are reviewed and are clearly ineffective the YOT worker should promote the use of different interventions.

### **2.14 Have appropriate resources been allocated according to the assessed LOR throughout the sentence?**

This question asks about whether the resources used are appropriate for the case. This can be either that they are too much or too little, and should relate to the resources allocated by the YOT not the sentence of the court, for example, in some areas a probation officer may be the case manager working with a high LoR case when the major problem is in education and it would be more useful for the case manager to have a social work or education background.

### **Q2.15 ...**

### **Q2.16 What makes the living arrangements insufficient?**

Children and young people should not be placed in accommodation that leaves them vulnerable or unsafe. Under 16's should never be placed in bed and breakfast accommodation. Where the YOT or local authority has placed a child or young person of any age in accommodation, checks should have been made to ensure that other residents do not pose a risk to children and

young people. Additionally, they may need financial/ practical/ emotional, support, to make a success of independent living.

### **Q2.17 Throughout the sentence, has the YOT worker actively motivated and supported the young person?**

An effective case manager will encourage, enable and enthuse a child or young person to keep going throughout an order, even when there are obstacles and there may have been lapses in compliance, and/ or achievement. This will be through encouragement, identifying and reinforcing the positives and helping the child or young person to achieve small, yet important, steps towards stopping offending.

By making the objectives in the intervention plan outcome focused, and reviewing them regularly, a case manager can demonstrate positive achievements over the course of time, even if progress is slow. Supporting the child or young person can mean staying with them through difficult times and not giving up on them; keeping going and believing they can change even when they may have given up on themselves. Support also means using authority appropriately in a clear manner; placing boundaries on acceptable and unacceptable behaviour; and challenging and confronting pro-criminal and ASB.

For the assessor to score this question positively, there will be evidence in the file and from the case manager interview, which demonstrates motivation and support throughout the period of the sentence.

### **Q2.18 Throughout the sentence has the YOT worker reinforced positive behaviour?**

Reinforcing positive behaviour is a key component of effective practice. Case managers should be able to demonstrate that they have helped children and young people, to reinforce positive behaviour they had prior to the order beginning (this should have been identified through the assessment using Asset). Case managers should also be able to demonstrate that they have reinforced positive change achieved by the child or young person whilst on an order.

An example of reinforcing positive behaviour would be where the case manager receives information about a child or young person's positive engagement in a group work session; proactively praises their participation; asks them about what they have learned (information/skills, etc.); and asks them to describe how they could (or ideally had already) put them into action. Ideally this reinforcement should be included as a component in an intervention plan objective which is outcome focused and enables the child or young person to demonstrate the positive behaviour.

**Q2.19 Throughout the sentence has the YOT worker actively engaged with parents/ carers, where appropriate?**

The YOT worker will have had regular contact with parents/ carers by telephone and visits at regular intervals, not just when the child or young person is not complying or having difficulties, but also to report on progress and celebrate successes and milestones. They will have offered support to parents/ carers with other agencies, for example when there are difficulties at school.

Where the child or young person is in custody they will have kept in regular contact with parents/ carers by telephone; and visits ensuring that the parents/ carers understand the issues that a child or young person faces in custody and on release. There will be prompt communication of any issues that arise and support where necessary. It will also involve offering lifts to meetings and help with barriers to attendance where possible. Financial help to visit will be pursued where appropriate.

**Q2.20 Has all necessary immediate action been taken to safeguard and protect the child or young person?**

This question focuses on the immediate actions that need to be taken to ensure the protection from maltreatment and investigations into the circumstances the child or young person.

Longer term work is addressed in later questions.

For the answer to this question to be 'Yes' referrals to other agencies should have been followed up to the point where the case manager has satisfied them self that the necessary action has been taken. Materials from other agencies confirming receipt and actions (to be) taken should form part of the agency records.

**Q2.21 Has all necessary immediate action been taken to safeguard and protect any other affected child or young person?**

This question focuses on the immediate actions that need to be taken to ensure the protection from maltreatment and investigations into the circumstances of all children and young people associated with the case (these are duties under the requirements of working together).

Longer term work is addressed in later questions.

For the answer to this question to be 'Yes' referrals to other agencies should have been followed up to the point where the case manager has satisfied

them self that the necessary action has been taken. Materials from other agencies confirming receipt and actions (to be) taken should form part of the agency records.

### **Q2.22 Have all necessary referrals to ensure Safeguarding been made to other relevant agencies?**

This focuses on necessary referrals, as opposed to desirable, i.e. those necessary to investigate allegations and reasonable suspicions; protect from maltreatment; and safeguard well-being, rather than the wider referrals made to address factors linked to offending. The referrals should have been made in the appropriate format, using the required channels, and there should be evidence that these have been received and acted upon. The result, i.e. acceptance or rejection of the referral, should be clearly recorded.

These referrals may include children's social care services; health (mental and physical); police; and others, depending on the issue.

### **Q2.23 Have other YOT workers and all relevant agencies worked together to promote the Safeguarding and well-being of the child or young person in the community?**

Where other agencies and the YOT are working with a child or young person, there should be joint planning, where appropriate, to address the specific needs of the child or young person. This should ensure that, people's roles and responsibilities are clear and delivered interventions have been correctly targeted, focused on need and have not been duplicated. Each individual agency's plan should integrate with the others, feeding into them where appropriate, e.g. Care Plan, Protection Plan, Pathway Plan, Personal Education Plan. There should be evidence of regular collaboration and information sharing. Copies of key documentation inter-agency plans should be clearly identified and referenced throughout the involvement of the YOT and the duration of the period of vulnerability.

Relevant agencies would include both statutory and voluntary sector. These are most likely to be children's social care services, including leaving care services, but may also include education services, and any other organisation that is working with the child or young person and/ or their parents/ carers, e.g. probation. In some YOTs it may be that some work, e.g. mental health/ substance use or education, is provided in house by seconded workers. This will not be a substitute for unmet need that should be provided by universal services, e.g. where a child or young person is not receiving their education entitlement, even though a YOT education worker is liaising, advocating and even providing some education.

### **Q2.24 ...**

**Q2.25 Have other YOT workers and all relevant agencies worked together to promote the Safeguarding and well-being of the child or young person in custody?**

Where other agencies and the YOT are working with a child or young person, there should be joint planning, where appropriate, to address the specific needs of the child or young person. This should ensure that people's roles and responsibilities are clear and delivered interventions have been correctly targeted, focused on need and have not been duplicated. Each individual agency's plan should integrate with the others, feeding into them where appropriate, e.g. Care Plan, Protection Plan, Pathway Plan, Personal Education Plan. There should be evidence of regular collaboration and information sharing. Copies of key documentation inter-agency plans should be clearly identified and referenced throughout the involvement of the YOT and the duration of the period of vulnerability.

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**Q2.26 ...**

**Q2.27 Have other YOT workers and all relevant agencies worked together to ensure continuity in the provision of mainstream services in the transition from custody to community?**

This question is about the *transition* from custody to community. Is there early identification, forward planning and provision of good transition work, i.e. are services available and in place at the point of release? There may be good provision in custody and good accommodation and training provision, two weeks after release, but the transition period is crucial to the success of resettlement. Help with transport home, the provision of decent accommodation, an immediate training or education placement and prompt support for substance misuse or mental health issues will significantly improve their chances of successful resettlement.

These issues should be identified at the point of sentence and planning should start then.

## **Q2.28 Specific interventions to promote Safeguarding in the community are:**

- identified;
- incorporate those identified in the VMP;
- delivered;
- reviewed every 3 months or following significant change.

The YOT must ensure that interventions are identified and delivered to address Safeguarding needs and not ignored. Thresholds for children and young people who offend should not be higher than for those who do not and should be consistently applied over time. For example, children and young people who are sexually active should not be viewed as the norm. Safeguarding action may be needed. Where that is not necessary there may still be sexual health, assertiveness or relationship work to do.

The VMP should be integrated into wider Safeguarding plans and the intervention plan. There must be evidence that Safeguarding factors have been actively managed, appropriately reviewed and adjusted. Work undertaken needs to show a reduction or containment of the level of risk to the child or young person and to relevant others. Plans should also contain clear arrangements for any continued work or monitoring after the end of the order/ intervention.

## **Q2.29 Specific interventions to promote Safeguarding in custody are:**

- identified;
- incorporate those identified in the VMP;
- delivered;
- reviewed every three months or following significant change.

The YOT must ensure that interventions are identified and delivered to address Safeguarding needs and not ignored. Thresholds for children and young people who offend should not be higher than for those who do not and should be consistently applied over time. For example, children and young people who are sexually active should not be viewed as the norm. Safeguarding action may be needed. Where that is not necessary there may still be sexual health, assertiveness or relationship work to do.

The VMP should be integrated into wider Safeguarding plans and the intervention plan. There must be evidence that Safeguarding factors have been actively managed, appropriately reviewed and adjusted. Work undertaken needs to show a reduction or containment of the level of risk to the child or young person and to relevant others. Plans should also contain

clear arrangements for any continued work or monitoring after the end of the order/ intervention.

### **Q2.30 Has there been effective management oversight of Safeguarding and vulnerability needs?**

There should be evidence of appropriate, active management involvement. This will be particularly important where the thresholds of other agencies are a barrier to obtaining services. It is likely to involve direct involvement in liaison with other key/ lead agencies. Evidence of involvement may be contained in case diary entries or in the VMP. Where there are unidentified or unaddressed Safeguarding needs there is an absence of active management involvement.

### **Q2.31 Have all relevant staff supported and promoted the well-being of the child or /young person throughout the course of the sentence?**

The 'well-being' of the child encompasses Safeguarding but also includes the wider Every Child Matters Agenda so includes education, health, positive engagement etc. The support and promotion should be active and evident. This should be by all those (named) involved with interventions, including, where applicable:

- personal officer – secure establishment;
- mainstream education – designated teacher;
- psychiatrist/ psychologist/ social worker – CAMHS;
- social worker – Looked After, Aftercare, Child Protection;
- allocated police officer – CAIU (police).

### **Q3.1 Has *Risk of Harm to others* been:**

- reduced?
- effectively managed? (i.e. has all reasonable action been taken to keep to a minimum this individual's *ROH to others*?)

This question may be answered as 'N/ A' if the child or young person presented minimal *RoH to others* at the start of the order and continued to demonstrate no propensity towards developing a *RoH* towards others throughout the order.

In cases where *RoH to others* and/ or *RoSH* has been identified, the CCI assessor should look for evidence that this *RoH* has been *both contained and reduced*.

This section is about outcomes so it will not be sufficient to see evidence just of *RoH* management processes (e.g. MAPPA, RMPs) rather, there will need to be some evidence that *RoH* related behaviour has reduced/ ended or that the case manager has ensured *RoH* containment measures have been implemented.

#### **Reduced *RoH to others***

To answer this question positively there will need to be evidence of change within the factors linked to a person's *RoH to others*. e.g.:

- if excessive alcohol use is a factor there will need to be verified evidence of significantly reduced use of alcohol over a period of time;
- if attitudes are a factor the child or young person will need to have demonstrated changed attitudes in the settings linked to their offending;
- If lifestyle is a factor there will need to be evidence of both a "new" lifestyle and a move away from previous lifestyle elements linked to *RoH*.

Where multiple factors are related to *RoH to others* there may need to be evidence of positive change in all relevant areas to score this question positively.

#### **Effective management of *RoH***

For this to have occurred there will need to be evidence that management measures have been implemented, are monitored and effective, e.g.:

- curfew restrictions have been monitored and there is evidence the child or young person has kept to the curfew requirements;
- restrictive conditions to contain *RoH to others*, i.e. a non contact licence condition, have been monitored and there is evidence of compliance by the child or young person;

- breach/ enforcement action has been taken swiftly in response to possible raised *RoH to others* i.e. in response to loss of contact;
- monitoring of substance use has occurred and has demonstrated no inappropriate substance use by the child or young person.

### **Q3.2 Has the child or young person complied with the requirements of the sentence?**

The requirements of the sentence are those set by the court order and those implemented by the YOT. For example, under a CPRO the child or young person must have carried out the hours imposed by the court and reported to the frequency required by the YOT.

### **Q3.3 Where the child or young person has not complied, has enforcement action been taken sufficiently well?**

#### **Referral orders**

Where a child or young person fails to comply with any conditions specified in the contract and the YOT does not accept the reason, a panel meeting must be convened within ten days, to consider whether the order must go back to court. Any referral back to court must be made within ten days of the panel meeting. N/ S 8.26.

#### **Other orders**

Failure to attend must be recorded as acceptable or unacceptable. Unacceptable failures must result in the issuing of a formal written warning. Two formal warnings and a further failure must result in breach action initiated within 5 days of the most recent failure.

### **Q3.4 Has there been an overall reduction in the Asset score?**

N.B. Where there is no subsequent Asset and therefore no further assessment of factors linked to offending, the answer is 'No'.

### **Q3.5 ...**

### **Q3.6 Does there appear to have been a reduction in:**

- a) frequency of offending?
- b) seriousness of offending?

The 'N/ A' options may be required where this is a first offence or in some cases where there is evidence to suggest that a child or young person has

offended so infrequently or has offended in such a relatively unserious way that the questions are difficult to answer for that particular case.

As with other questions in this section evidence of positive outcomes may come from a range of sources, particularly where other agencies have been involved, e.g. from child protection conference minutes, from Looked After Children care plans or from custodial/ secure settings.

### **3.7a Has there been a reduction in risk factors linked to Safeguarding?**

### **3.7b Has all reasonable action been taken to keep the child or young person safe? [G] [SG]**

Where vulnerability/ Safeguarding issues have been identified in a case changes in factors relating to these issues should be well documented and evidenced in the case file and included in Asset reviews.

If positive or protective factors have been developed and/ or enhanced in relation to a child or young person these may contribute to reduced vulnerability and/ or greater well-being.

### **Q3.8 Has full attention been given to community integration issues?**

The extent to which community integration issues will need to have been considered will differ on the basis of the child or young person's individual needs and circumstances and also on the particular stage an order is at.

The assessor will need to consider if there has been sufficient use of both internal and external partnership resources to help with community integration. Examples of particular areas of attention may be related to educational provision, health provision, accommodation, leaving care, family integration and release from a custodial/ secure setting.

### **Q3.9 Has action been taken or are there plans in place to ensure that positive outcomes are sustainable?**

For this question to be answered positively there will need to be evidence that the case manager has demonstrated quality and persistence in developing any positive change/ learning the child or young person has made during the period of supervision. There will also need to be evidence that the case manager has created opportunities for this positive change to be continued beyond the end of the period of supervision, for example by developing links with community agencies who can continue to support/ develop the child or young person. This may involve "signposting" the child or young person to

appropriate agencies or may involve having created links as part of an intervention plan exit strategy objective.