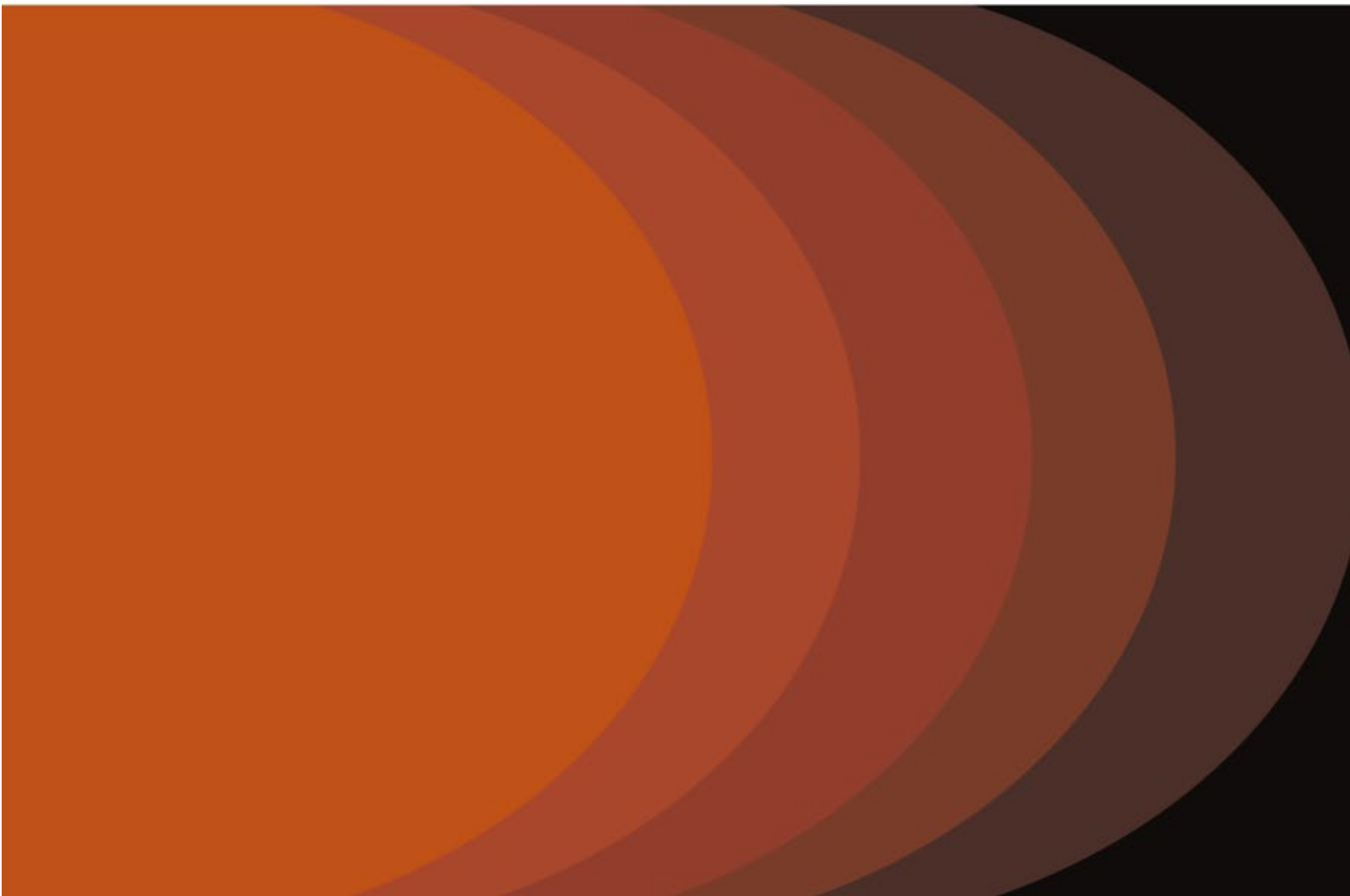
HM Inspectorate of Probation

An inspection of youth justice services in

Westmorland and Furness

HM Inspectorate of Probation, March 2025



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Acknowledgements

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Foreword

This inspection is part of our programme of youth justice service (YJS) inspections. We have inspected and rated Westmorland and Furness YJS across three broad areas: the arrangements for organisational delivery of the service, the quality of work done with children sentenced by the courts, and the quality of out-of-court disposal work. Overall, Westmorland and Furness YJS was rated as 'Requires improvement'. We also inspected the quality of resettlement policy and provision, which was separately rated as 'Requires improvement'.

This is the first inspection of Westmorland and Furness YJS. Both the local authority and the YJS are new organisations created in 2023 and it is impressive how much progress they have made in that time. The YJS is still developing, and we found a service on a positive trajectory that was clear in its identity and vision. The management board is chaired by an assistant director who has the commitment and knowledge to drive an effective board. Although board members are motivated and want to provide the necessary strategic steer for the service, there is a lack of consistent knowledge across all partners. Board members need a better understanding of their role and responsibilities.

The YJS service manager is an inspirational leader who has prioritised staff wellbeing during a period of massive organisational change. She has ensured that staff, managers and partners feel included and supported, and that they have confidence in the way the service is developing its priorities. We found motivated and positive staff who are child-centred and committed to achieving the best for the children they work with. However, the YJS needs to develop the management and supervision of volunteers, as volunteers are not integrated into the service and there are limited opportunities for them to meet.

The YJS partnership arrangements needed to improve. Healthcare provision is limited, especially for children's emotional, mental health and wellbeing and their speech, language and communication needs. There has also been a delay in the YJS receiving sufficient resourcing for staff from the Probation Service. We found that case managers are often having to advocate for children and bridge gaps in the partnership provision to make sure that children's needs are being met.

We found high-quality work to assess, plan and deliver interventions in relation to children's desistance. However, in out-of-court disposal work, there were inconsistencies in the quality of assessment and planning activity to keep children and other people safe and improving this needs to be a priority. The quality of provision for resettlement work also needs strengthening to ensure that the partnership takes collective responsibility for these children. The service has various ways of capturing the views of children and families; however, it should build on this by ensuring their views are collated and analysed to inform and influence future service provision.

Westmorland and Furness YJS should be rightly proud of what it has achieved since becoming a new service. In this report we make eight recommendations, and we trust that they will assist the service as it continues its development journey.

Martin Jones CBE
HM Chief Inspector of Probation

Ratings

Westmorland and Furness Youth Justice Service Fieldwork started December 2024		**Score**	**14/36**
Overall rating		**Requires improvement**	
1.	**Organisational delivery**		
1.1	Governance and leadership	**Requires improvement**	
1.2	Staff	**Good**	
1.3	Partnerships and services	**Requires improvement**	
1.4	Information and facilities	**Good**	
2.	**Court disposals**		
2.1	Assessment	**Good**	
2.2	Planning	**Requires improvement**	
2.3	Implementation and delivery	**Good**	
2.4	Reviewing	**Requires improvement**	
3.	**Out-of-court disposals**		
3.1	Assessment	**Inadequate**	
3.2	Planning	**Inadequate**	
3.3	Implementation and delivery	**Requires improvement**	
3.4	Out-of-court disposal policy and provision	**Requires improvement**	
4.	**Resettlement**[1]		
4.1	Resettlement policy and provision	**Requires improvement**	

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

Recommendations

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

The chair of Westmorland and Furness YJS management board should:

1. develop its members so that they have the necessary knowledge and understanding of the youth justice context to be able to drive service improvements which meet the needs of YJS children.

Westmorland and Furness YJS management board should:

2. improve healthcare provision for YJS children so that it meets their emotional, mental health and wellbeing needs across the full range of mainstream and specialist health pathways
3. make sure that children supervised by the YJS are assessed for and have access to specific services that meet their speech, language and communication needs
4. continue to challenge the Probation Service to ensure that it meets its statutory duties and provides the appropriate secondment provision to the YJS
5. strengthen the quality of resettlement provision and ensure that the partnership takes collective responsibility for these children.

Westmorland and Furness YJS service manager should:

6. make sure that there is a structure in place to enable volunteers to be appropriately managed, supported and integrated as part of the YJS
7. ensure the consistently high quality of assessing to keep other people safe and planning to keep both children and other people safe in out-of-court disposal work
8. put in place a framework to collate and analyse children's participation and feedback to help influence future service policy and provision.

Background

We conducted fieldwork in Westmorland and Furness YJS over a period of a week, beginning on Monday 02 December 2024. We inspected cases where the sentence or licence began, out-of-court disposals were delivered, and resettlement cases were sentenced or released between 04 December 2023 and 27 September 2024. We also conducted 18 interviews with case managers.

This is the first inspection of Westmorland and Furness YJS. Following the reorganisation of local government on 01 April 2023, the previous six district councils and Cumbria County Council were replaced by two new unitary authorities, Westmorland and Furness Council and Cumberland Council. As part of this reorganisation, the Cumbria-wide YJS was split into two separate youth justice services. The reorganisation was extensive. The YJS management board was divided in two, with the right partners attending both new boards. For partners the YJS has two integrated health boards that cover its region. The police force has remained the same, with Cumbria Constabulary covering both council areas. Likewise, from a probation perspective, both youth justice services are covered by the Cumbria Probation Delivery Unit.

Westmorland and Furness YJS covers the principal towns of Barrow, Kendal and Penrith. A new service manager for Westmorland and Furness was appointed in June 2023. The formation of the staff teams was straightforward, as most Westmorland and Furness staff were mainly based in one of the principal towns.

Westmorland and Furness local authority is the second largest local authority in England by land area. It has a population of 228,187, which makes it the fifth least densely populated local authority in England. There are 19,137 children aged 10 to 17 years old. As of 01 November 2024, 383 children had a child in need plan, 242 were on child protection plans and 247 were cared for. In addition, 4.1 per cent of 0 to 24-year-olds have an education health and care plan (EHCP).

Westmorland and Furness YJS is part of the council's children and families service. The YJS management board is chaired by the assistant director for children and families and the YJS service manager reports to a senior manager in that directorate. The YJS service manager is also responsible for prevention and youth substance misuse work within the local authority. The service manager is supported by two team practice managers and the Turnaround coordinator.

Data-gathering has been a significant issue. The case management system only split into the two separate services in April 2024. As a result, the YJS has had to gather and process its data manually. The service also lost the specialist knowledge around reporting on Youth Justice Board (YJB) key performance indicators and the case management system. However, the chair of the board ensured there was a corporate IT and children's service's performance team response to help the YJS develop and understand its data reporting requirements. At the time of the inspection the YJS had just submitted 18 months of data to the YJB so that it can be allocated a YJS comparative group of services and begin to be provided with trend data as part of its quarterly summaries.

Domain one: Organisational delivery

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

Key findings about organisational delivery were as follows.

1.1. Governance and leadership

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

Strengths:

- The Westmorland and Furness YJS management board was established in June 2023. It is impressive how far the local authority, the YJS and wider partnership have progressed since this date. The board was committed to using the findings from this inspection to support priorities and improvements.
- The board chair had been instrumental in reviewing the board membership to ensure appropriate seniority and had the commitment and knowledge to drive an effective board.
- The YJS service manager was an inspirational leader who had prioritised staff wellbeing during a period of massive organisational change. She ensured that staff, managers and partners felt included and supported and that they have confidence in the way the service was developing its priorities. This approach had raised the profile of the YJS across the newly created local authority and partner agencies.
- An induction pack was still being developed although board members felt their introduction to the board and the YJS was appropriate. There were terms of reference, which set the expectations of board members' roles and responsibilities.
- The chair of the management board, board representatives and the YJS service manager were integrated with other governance boards, both locally and regionally.
- A management board education subgroup had carried out an exercise to map the unmet needs of children and developed an action plan to ensure those needs were met. Work was being undertaken to align education data with YJS data to ensure that the education status and needs of each child were known and understood.
- As the YJS is a new service, it has not had the local performance data to identify and respond to emerging trends. However, the chair had prioritised this and ensured that the YJS was supported by both corporate IT and children's services performance teams. The YJS had recently produced a performance dashboard.
- The management action plan underpinned the youth justice plan. The action plan was reviewed and updated at every board meeting.
- With YJS prevention funding due to end, the YJS had set up a prevention task and finish group to work through a new approach to early help, prevention and diversion across the partnership.

- The YJS service manager attended the management board, as did the YJS team managers when required. Staff had attended the board to present on specific areas of work and board members attended the staff away day.

Areas for improvement:

- Although board members were motivated and wanted to provide the necessary strategic steer for the service, they lacked depth of knowledge. They needed to have a better understanding of their role and responsibilities and the work of the YJS.
- The board needed further development so that it could increase its understanding of the specific needs of the children known to the service.
- The links between YJS staff and the board needed to develop so that board members could better understand the work of the YJS and the challenges that practitioners face.
- As both the local authority and the YJS were new, the partnership was still developing its understanding of disproportionality within the YJS cohort and what provision was available for groups of children who are over-represented.
- The service did not have strategies in place to address disproportionality. As it makes progress in developing performance reporting, it must analyse the data to understand the current picture and ensure that all children with protected characteristics have their needs met.
- The management board health subgroup had completed a review of the health needs of YJS children. However, the subgroup has had limited impact on ensuring that YJS children's emotional, mental health and wellbeing needs are met.
- Remand, custody and resettlement were not standing agenda items for the board. At the time of the inspection, the board did not have a detailed understanding of the children who were in the secure estate and how they are being kept safe.
- Hearing the voices of children was a priority area for the board and the YJS had various ways of capturing their voices. However, these activities had not been fully analysed, and it was not clear how they influenced the evaluation and review of service policy and provision.
- The YJS needed to develop more robust oversight measures to satisfy the board that its work was effective. Oversight should include a more proactive role in monitoring the quality of out-of-court disposal work and risk management practice.

1.2. Staff

Staff within the YJS are empowered to deliver a high-quality, personalised and responsive service for all children.	Good

Strengths:

- YJS staff were knowledgeable, motivated and committed to achieving positive outcomes for children. Morale was high and staff valued one another and their managers.
- We found that staff welcomed the creation of a new service and they had been included in its development. They felt that the service had a clear identity, and that they were better integrated with children's social care and the local authority generally.
- The management team was approachable and available. It took an individualised approach to supporting practitioners. Team meetings and development days were held regularly to promote staff engagement.
- There were a range of diversity characteristics across the team. Staff understood the local context and challenges within the specific communities across Westmorland and Furness.
- Allocation of work took account of staff qualifications, experience and individual staff needs. Staff felt that this was done fairly and collaboratively.
- The staff group has changed over the past year but is now stable. We saw examples of staff progressing from frontline practice into management positions. Members of the team had been funded and supported to complete qualifications.
- Supervision was regular and effective in balancing the needs of the service with practitioners' wellbeing. The diversity needs of staff were supported well.
- Clinical supervision was available for staff through the enhanced case management model and for those working with children who displayed harmful sexual behaviour.
- The YJS had a comprehensive induction process. This provided opportunities for new staff to engage in all relevant generic and specialist training, and ensured that staff felt supported during their induction period.
- All staff had an annual appraisal agreed with their managers. This linked to corporate and service-specific goals.
- There was a training plan, and managers maintained a training log for all staff. Staff accessed mandatory and specialist training modules through the YJS, partners and the local authority. They felt encouraged and supported to take up training opportunities.
- Management and team meetings were held regularly to ensure information was communicated effectively.
- There was evidence in the cases inspected that staff did all they could to encourage high levels of engagement with children. Both staff and managers were child-centred and knew their children well. Staff advocated for children and challenged services when appropriate to ensure that children received the support they needed.

- Staff and managers felt safe to undertake their work. Lone working processes were understood.
- Managers recognised effective practice at team meetings and through emails. Staff also received praise during supervision. Staff felt valued by managers and by their peers, and the service promoted a supportive culture.

Areas for improvement:

- Although the panel members felt supported in their role, they had limited opportunities to meet and share their experiences as volunteers. We found that they were not aware of the YJS's objectives, were not well integrated into the service, and had received limited individual or group supervision.
- There was a discrepancy between the quality of post-court work and the quality of out-of-court disposal work. The quality of out-of-court disposal work, especially in relation to assessing and planning, needed to improve to ensure staff had a strong understanding of both risks to children and risks to the community.
- Although we found that there was sufficient management oversight in most of the cases we inspected, it was not always having the desired impact on the quality of practice.

1.3. Partnerships and services

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

Strengths:

- As a new service developing data-gathering systems had been a significant issue. However, the wider corporate IT and performance teams had helped the YJS to gather data manually and the YJS has now produced a performance dashboard.
- The YJS had completed a manual analysis of the reoffending rates of children who received community resolutions. The analysis demonstrated the effectiveness of early intervention.
- The governance and structures for addressing exploitation and serious youth violence at a partnership level were strong. There was evidence of effective joint working with the contextual safeguarding team.
- Victim work was strong, and all victims were offered support. There was appropriate information-sharing with the police, and involvement with victims was personalised to their needs and wishes.
- Reparation activities were varied and built around children's skills and needs. They included projects that helped to develop community engagement.
- There was a positive parenting offer. A staff member worked closely with case managers and engaged with families known to the YJS.
- The partnership recognised that education, training and employment provision for YJS children was still being developed, and understood the barriers and the issues. Strategic and operational forums had been put in place. The YJS education, training and employment officer worked closely with schools and the inclusion teams to monitor children on reduced timetables and advocate for those in alternative provision. For children older than school age, the YJS worked closely with the local careers advice organisation.
- The YJS had a strong offer for children in its delivery of Open College Network awards. It was approved by the awarding body, had qualified staff and created portfolios based on the children's needs. There was a celebratory event for children who had completed the awards.
- The YJS had positive links with children's social care and we saw evidence of joint working. Staff understood how to refer a child to children's services if they were concerned children were at risk from harm.
- There was a clear framework for working with children who displayed harmful sexual behaviour.
- Provision to address substance misuse for YJS children was a strength. The YJS had its own substance misuse worker who was embedded within the service. It also had links to the local authority substance misuse team, which was managed by the YJS service manager.
- Cumbria police had a child-centred approach to policing, which was a significant strength across the partnership. YJS police officers were encouraged to be creative

and ensure that every child involved, or at risk of becoming involved, in the youth justice system was identified, assessed and signposted for intervention and support at the lowest appropriate level. Intelligence was shared daily. Police attended the YJS high-risk meetings, carried out joint visits with case managers if required, and worked directly with children and families.

- The YJS had a two-tier psychology-led enhanced case management model for all children known to the service. One tier was for children on statutory orders who were displaying complex needs. The other was for children subject to an out-of-court disposal, where the intervention was less intensive and provided through a clinic chaired by a clinical psychologist.
- Feedback from court showed that the relationship with the YJS was strong. There were effective lines of communication and YJS staff had a depth of knowledge about the children who appeared at court.

Areas for improvement:

- Health provision to the YJS was limited. A health practitioner was connected to the service, who did initial health assessments when children first became known to the YJS. There was also an all-ages liaison and diversion service in the custody suites, which had recently expanded to include children who attended the police station voluntarily. All children were offered a triage assessment. However, there were no priority pathways for YJS children, and they were not prioritised for specialist services, so the impact of these assessments was limited in terms of meeting the children's health needs.
- There was no seconded or specialist child and adolescent mental health service worker linked to the YJS. There was no priority pathway for YJS children, so too many children were not having their emotional, mental health and wellbeing needs met.
- YJS staff used a speech, language and communication screening tool as part of their assessments to identify potential undiagnosed needs. However, there was no seconded speech, language and communication therapist, and no priority pathway for YJS children when concerns are identified. This meant that children's communication needs were not fully understood, and their speech and language needs were not being met.
- Since the local government reform, the YJS had shared a seconded probation officer with Cumberland YJS. However, the post was based within Cumberland YJS and the resource provided to both services was not equitable. The Probation Service has been waiting for the new nationally agreed formula so that it can review the situation. This has delayed the YJS receiving sufficient resourcing provision.
- There was still work to be done in terms of collating and analysing the profile of YJS children and understanding their range of protected characteristics. This will enable the partnership to better understand the specific needs of the YJS cohort.
- The YJS did not have a strategic response to addressing disproportionality, as it is still working to improve the accuracy of the information in its case management system and developing understanding of children's profiles specific to Westmorland and Furness.

1.4. Information and facilities

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

Strengths:

- The YJS was part of the local authority's accommodation plan for children's services, which had reviewed office buildings across the new local authority area. In future, the YJS will be co-located with children's services teams in each area, which will help with multi-agency working and communication.
- Staff were flexible in how they saw children and families. Case managers took a personalised approach to encouraging children to engage with the service. For example, they met in places where children felt most comfortable and safe.
- All the office bases used by the YJS had rooms that were available and accessible for meeting children and families.
- Staff could work flexibly across the region. Staff and managers had a shared understanding of lone working processes and felt safe.
- All YJS policies had been reviewed and updated recently as part of implementing the new service. Policies and guidance included local procedures and processes and reflected current practice.
- The YJS had access to children's social care and education data systems, and partners had access to their respective IT systems, which ensured that information was shared effectively. The police system was accessible and included a flag for children known to the YJS so that police in the community could share information quickly with YJS police officers.
- Information-sharing protocols were in place and understood across the partnership.
- The use of Power BI and the recent development of the performance dashboard will help YJS staff to better understand the cohort and monitor the new key performance indicators. It will also inform service delivery.
- The YJS was part of children's services quarterly 'collaborative practice week', which combined direct observations of practice, auditing, coaching and operational masterclasses. The YJS used this evidence to inform areas of learning and development and promote joint ownership of the quality assurance approach to practitioners and managers.
- In July 2024 the service commissioned a former HM Inspectorate of Probation inspector to complete a practice review using current Inspectorate standards to audit the work of the service.
- Child safeguarding practice reviews were completed across the partnership and fed back to staff through development sessions.
- Children's diversity issues were sufficiently analysed and planned for in most of the cases inspected and there was a focus on child-first approaches.
- As part of a participation group, children were involved in the rebranding of the service and the development of its new logo.

Areas for improvement:

- The YJS did not have a performance and quality assurance strategy to set out the framework for its performance monitoring and audit activity.
- Quality assurance of assessing and planning in out-of-court disposals needed to be more consistent, to ensure the safety of children and of others.
- The YJS did not have a participation strategy, although its development was part of the management action plan. The YJS was involved in various ways of seeking feedback from children and families. However, this feedback needed to be collated, analysed and used to review the effectiveness of services.

Involvement of children and their parents or carers

The YJS had various methods to encourage children and their families to participate in the development of the service, and to obtain feedback on their experiences of being involved with the YJS. Hearing the voices of children was a priority area for the board, and the YJS was trying to incorporate children's views in as many areas as possible. This included contacting children and families as part of the children's services collaborative practice week to hear about the service they had received, and to explore what went well and what they felt could be improved. The YJS also involved children in a participation group that looked at designing the new logo for the service. The management board had heard case studies. It had also received a report on the results of a survey, which had been used to learn about children's experiences of the service. Although the YJS had many ways of capturing the voices of children, it needed to collate and analyse this feedback, as it was not clear if it influenced the evaluation and review of service policy and provision.

The YJS contacted, on our behalf, children who had open cases at the time of the inspection, to gain their consent for a text survey. We delivered the survey independently to the 23 children who consented, and 15 replied.

When asked how they rated the service they had received from the YJS, 15 children responded, with seven giving a score of 10 out of 10.

Inspectors also spoke to eight children and five parents. All but one felt that their YJS workers had the right skills to do the work. Most felt that they had been able to access the right services and support to help them stay out of trouble. All stated that the places where they were seen were safe and accessible for them.

One child, talking about their case manager, said:

> *"My worker listens to everything I say and offers me good alternatives to have fun and stay out of trouble. I think they have given me really good advice, especially around drinking alcohol and the impact."*

Another child commented:

> *"My worker is good, they are really nice, knows how to talk to me and listens to me."*

A parent commented:

> *"The worker is great; they are keeping everything on track with school and attends early help meetings to support us. They do not label my child and speak to him about all things that worry him, and he wants help with."*

Another parent said:

> *"My child's worker is very down to earth, very personable. They are very respectful; they do not look down on my child and do not treat him in a negative way. She has an excellent rapport with my child."*

Diversity

- The largest proportion of Westmorland and Furness residents identified their ethnic group as 'White British' (94.6 per cent); this was much higher than the national average (74.4 per cent). For the YJS cohort during 2023-2024, 89 per cent of children identified as 'White British', with another 5 per cent as 'White European'. As this is the baseline figure for the YJS, it will be monitored closely over the coming year.
- At the time of the inspection there was no over-representation of children who are black, Asian or minority ethnic, although the numbers were low and so can fluctuate.
- The YJS data is not developed enough at this stage to accurately reflect which children with protected characteristics are over-represented in the YJS cohort. However, the YJS had collated data manually and through this had identified an increase in the number of girls becoming known to the service and a high number of children with special education needs and disabilities (SEND).
- According to the data, children with SEND are over-represented within the YJS. In the cohort for 2023-2024, 28 per cent of 10–17-year-olds had an education, health and care plan. Work was underway through the management board's education subgroup to address this disproportionality and support these children.
- Out of 182 children involved with the service during 2023-2024, 49 were female, which was 27 per cent of the total cohort. The YJS is part of the Cumbria Female Justice Partnership board, and work will continue to support this cohort of children.
- The YJS had to implement a new case management system and set up new performance reporting data sets. As the YJS has only existed since April 2023, there was no trend data that it could analyse. This impacted on the board's ability to monitor the diversity of children known to the YJS and analyse any over-representation of children from particular groups.
- There were representative levels of diversity within the team compared to the local population, with male and female staff from different ethnic backgrounds and cultures, although none were registered with a disability. At the time of the inspection, there were nine volunteers within the service. These were all White British, with five women and four men.
- There was evidence in the cases and the focus groups that staff understood the local context and challenges within the specific communities across Westmorland and Furness.
- Both the local authority and the YJS are new, and the partnership was still developing its understanding of disproportionality in the YJS cohort and what provision was available for children from groups that were over-represented.
- The partnership still had work to do in terms of collating and analysing the profile of YJS children, and their range of protected characteristics, so that it could understand their specific needs.
- The YJS did not have a strategic response to addressing disproportionality, as it was still working on the accuracy of the information in its case management system and developing children's profiles specific to Westmorland and Furness. However, there were pockets of targeted work.
- The YJS was not yet using data to inform and monitor the services delivered to children and their families. It was still developing the way it gathers data to ensure

that it accurately reflects the groups of children who are over-represented. Once it has done this, the data can be used to improve the delivery of services for these groups.

- The inspection case data indicated strengths in the YJS's diversity practices. In 18 out of 20 cases, the children's diversity issues were sufficiently analysed and in 17 out of 20 cases, diversity issues were sufficiently addressed as part of planning. In both resettlement cases, the practitioner had paid appropriate attention to meeting the child's diversity needs.
- In the staff survey, most staff who had diversity needs said that these had been met either 'very well' or 'quite well'.

Domain two: Court disposals

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

2.1. Assessment

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

Our rating[2] for assessment is based on the following key questions:

Does assessment sufficiently analyse:	% 'Yes'
how to support the child's desistance?	100%
how to keep the child safe?	88%
how to keep other people safe?	**75%**

Assessment activity was consistently strong for both children's desistance and keeping children safe. In assessing desistance, case managers showed an awareness of the trauma that children had experienced and its impact on their behaviour and engagement. Case managers completed an appropriate analysis of children's attitudes towards, or reasons for, their offending. They focused on children's strengths and motivation to change and involved children and their parents or carers in the assessment. They analysed children's diversity needs, including the impact of their culture and their lived experiences. In one example, the case manager explored the possibility of the child experiencing adultification by agencies as part of understanding the child's interactions with criminal justice professionals. In nearly all cases the victim's needs and wishes had been considered as a result of the assessing activity.

Case managers identified potential risks to keeping children safe. They showed a clear understanding of the impact of the child's past experiences on their current lifestyle. They used information from other agencies to help support children's safety and worked alongside the child-centred policing team, children's social care and the contextual safeguarding team. They liaised well with the education specialist worker and the substance misuse worker. There was a clear written record of children's wellbeing and how to keep them safe.

In assessing how to keep other people safe, case managers did not consistently consider who was at risk, or the nature of that risk. They did not clearly evidence why they had excluded some children's relevant risky previous behaviours and convictions in their current risk analysis. For example, they did not consider previous inappropriate sexualised behaviour when assessing the current level of risk posed by the child. Although case managers had access to information from other agencies, they did not always use it when analysing how to keep other people safe. In most cases, the controls and interventions needed to manage and minimise the risk of harm presented by the child were analysed appropriately.

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

2.2. Planning

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

Our rating[3] for planning is based on the following key questions:

Does planning focus sufficiently on:	% 'Yes'
supporting the child's desistance?	100%
keeping the child safe?	88%
keeping other people safe?	**50%**

The service prioritised allocating cases to case managers who had already worked with the child and their family. There was evidence that the enhanced case management model had helped case managers to plan the interventions that best met the children's needs. Planning had been co-produced with children and their families and focused on including positive activities to keep children engaged with the interventions. Planning showed that the case manager knew the child well, considered their personal circumstances, and understood their motivations and strengths. Case managers also considered where children lived, the accessibility of their local area and the best way to deliver interventions.

Planning linked to the child's desistance factors was strong. Plans were multi-agency and coordinated with other agencies. For example, they considered the child's substance misuse, their engagement with education, and their risk of exploitation. Case managers took account of children's learning styles when creating plans and how best to work with children when delivering interventions. Planning included parents or carers, especially when building on children's strengths and goals. However, there needed to be greater focus on victim awareness work at the planning stage.

Planning to keep children safe involved other agencies, although there was limited evidence that it included planning to meet children's emotional, mental health and wellbeing needs and their speech, language and communication needs. Case managers used updated information from partners to make sure that planning stayed relevant to the child's current situation. There was evidence of effective multi-agency working with the child-centred policing team, the substance misuse team and children's social care to keep children safe. Regular information-sharing and updates from the police enabled practitioners to consider wider safeguarding issues outside of the home.

Case managers used the YJS multi-agency risk management meeting and information from other agencies, where appropriate, in the planning process. There were positive examples of planning to manage and reduce the level of risk of harm when children had been involved in violent offences. Multi-agency public protection arrangements were used appropriately. However, planning promoted the safety of other people and considered the safety of specific victims in too few cases. Risk management planning was too generic and did not focus on children's other concerning behaviours. Contingency planning to address escalating concerns about the safety of the child and other people was not sufficiently detailed or relevant to the child's specific circumstances in enough cases.

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

2.3. Implementation and delivery

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

Our rating[4] for implementation and delivery is based on the following key questions:

Does the implementation and delivery of services:	% 'Yes'
effectively support the child's desistance?	100%
effectively support the safety of the child?	88%
effectively support the safety of other people?	**75%**

Case managers had built strong relationships with children and their families, and this was evident in the children's engagement. All cases demonstrated the high priority that case managers gave to developing and maintaining an effective working relationship with the child and their parents or carers. There was evidence of staff advocating for children to make sure their educational and learning needs were met. The service had an excellent offer for children to gain Open College Network awards for their education, training and employment portfolio. Children achieved various levels of awards when completing their interventions. Managers encouraged staff to deliver interventions that were innovative and tailored to help motivate children. There were positive examples of case managers using reparation activities to help the child to build relationships and to facilitate community integration.

In nearly all cases, the case manager identified interventions to help keep children safe. The involvement of other agencies was evident in most cases. There were examples of joint working with specialist staff, including the substance misuse worker, and with partner agencies, including children's social care and the contextual safeguarding team. Although case managers felt confident in assessing children's emotional and wellbeing concerns, and their speech, language and communication needs, they were aware that provision was limited. They advocated for children and used escalation procedures when they felt that the child was not receiving the provision they needed. However, there was a lack of specific identified health pathways and provision for YJS children, which meant that their needs were not being fully met.

Other agencies were involved in delivering services and interventions to keep other people safe, in particular the child-centred policing team and the contextual safeguarding team. Case managers and the police regularly shared intelligence and updates, and there was evidence of the use of external controls, including doorstep curfews. However, the case manager considered the protection of actual and potential victims in too few cases, for example not taking account of other family members who may be at risk of domestic abuse, missing opportunities to ensure that their needs were being met. There was a multi-agency approach to monitor risks, and timely communication and information-sharing across agencies.

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

2.4. Reviewing

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

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

Does reviewing focus sufficiently on:	% 'Yes'
supporting the child's desistance?	88%
keeping the child safe?	88%
keeping other people safe?	**50%**

Reviews were completed at key points in the order, and in nearly all cases there was an ongoing review of desistance factors as the order progressed. Case managers considered children's engagement with interventions and the progress they were making, and adapted interventions and sessions to meet the child's needs. For example, the timing of appointments was reviewed when the child gained employment. Case managers continued to build on children's strengths and consider changes in their personal circumstances. Reviews considered the child's motivation appropriately and the child and their parents or carers continued to be involved in the reviewing process. Case managers reviewed the progress the child was making with other agencies, for example with schools and substance misuse services. In nearly all cases the child's plan was adjusted when necessary. Case managers and partner agencies were involved in multi-agency discussions and meetings to ensure that provision was in place for the child when their involvement with the YJS ended.

Reviews of work to keep children safe detailed the changes in children's circumstances and identified positive and sustained progress in children's lives. Case managers were responsive to changes and information was shared across agencies so that all practitioners were up to date with the child's situation. Referral order panels appropriately reviewed the progress the child was making and reflected on positive changes to their safety and wellbeing. Case managers used children's social care statutory meetings to help them manage any concerns or escalations in the risk to keeping children safe.

We found that, when reviewing to keep other people safe, case managers did not consistently identify new risks that were emerging or review their potential impact on the level of risk posed by the child. Reviews did not always take place when there was a significant change, and there was not always a timely response or change in approach. However, where progress had been made, this was evidenced. Parents or carers were kept up to date and included in the reviewing process.

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

Domain three: Out-of-court disposals

We inspected 12 cases managed by the YJS that had received an out-of-court disposal. These consisted of three youth conditional cautions, two youth cautions and seven community resolutions. We interviewed the case managers in 10 cases.

3.1. Assessment

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

Our rating[6] for assessment is based on the following key questions:

Does assessment sufficiently analyse:	% 'Yes'
how to support the child's desistance?	83%
how to keep the child safe?	50%
how to keep other people safe?	**25%**

To help identify children's desistance factors, case managers accessed a range of sources from partner agencies, including from colleagues working in special educational needs and disability (SEND) teams, schools, and the police, as well as the contextual safeguarding team. They offered an appropriate analysis of children's attitudes towards, or reasons for, their offending and focused on children's motivation to change. Case managers considered children's life events and trauma that they may have experienced. However, they also needed to recognise and highlight children's strengths. They involved children and their parents or carers in assessment activity, but they did not always consider the needs and wishes of victims. In nearly all cases, assessment activity took account of the child's diversity; in one example, the case manager had considered the child's identity as of Eastern European heritage and the impact this had on them and their family.

In only half of the cases inspected, the potential risks to keeping children safe were sufficiently analysed. Case managers did not consistently use information from other agencies to inform their assessments. They did not appropriately consider previous concerning behaviours that put the child's safety at risk, for example their mental health, low mood, and previous suicide attempts. However, there was evidence of case managers taking into account children's safety when considering their substance misuse and whether they had witnessed domestic abuse.

In too many cases, assessing activity to keep other people safe did not clearly identify and analyse who was at risk, or the nature of that risk. There was a lack of understanding of potential risks to others and of how to keep people safe, for example where the child had been violent towards family members. Information from other agencies was not consistently used to inform assessment activity. For example, case managers did not always consider police intelligence about the child's concerning behaviours in local areas when assessing the risk children posed to the community. Case managers had not considered the wishes and needs of victims in some relevant cases. Assessing activity did not always consider previous

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

risky behaviours. Case managers missed some key actions, including how they would consider and address risk to others, including potential victims. Case managers needed to identify triggers and motivating factors in the child's past behaviours and recognise wider risks to other people, to analyse children's potential harmful behaviour more appropriately.

3.2. Planning

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

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

Does planning focus on:	% 'Yes'
supporting the child's desistance?	92%
keeping the child safe?	42%
keeping other people safe?	**33%**

Planning for children who were subject to out-of-court disposals was enhanced by the help of the multi-agency out-of-court disposal panel in formulating plans. Planning addressed the child's desistance factors, and case managers took account of children's diversity and learning needs when planning for interventions. Case managers included strengths-based factors, such as children's hobbies and pro-social pursuits, as part of their planning. They also included parents or carers. Planning was coordinated across agencies and included liaison with education and substance misuse agencies. However, the wishes and needs of victims were not always reflected in planning activity. As some of the interventions were delivered within a short period, case managers and partner agency staff focused effectively on children's access to mainstream services and opportunities for community integration after the disposal had ended.

In planning to keep children safe, case managers worked alongside other agencies, including children's social care and substance misuse workers. Partnership working with the contextual safeguarding team was evident, and there were discussions about children's risks in other forums across the partnership. However, case managers missed opportunities to work with the whole family and include early help services. Planning of interventions for children's speech, language and communication and emotional, mental health and wellbeing needs was limited.

Planning promoted the safety of other people in too few cases. It was not clear how planning addressed the safety of potential victims, such as family members, peers and professionals. Risk management planning was too brief and focused too much on the offence and not on the child's other concerning behaviours. Case managers did not consistently involve specialist workers and other agencies to help inform the planning process. Contingency planning to address escalating concerns about the safety of the child and of other people was not sufficiently detailed or relevant to the child's specific circumstances in enough cases.

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

3.3. Implementation and delivery

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

Our rating[8] for implementation and delivery is based on the following key questions:

Does service delivery effectively support:	% 'Yes'
the child's desistance?	100%
the safety of the child?	83%
the safety of other people?	**58%**

Case managers could access all the services and interventions available for children on court orders for those subject to an out-of-court disposal. The interventions delivered showed that case managers had built a strong relationship with the children. They had considered the children's diversity needs in all cases. Examples included practitioners being creative and innovative when trying to engage girls in their interventions. Case managers worked hard to establish effective working relationships with children and their parents or carers. Managers encouraged and supported them to be creative in delivering interventions that were personalised to the child and met their needs. For example, one had sessions outside, walking through parks talking, as this better met the learning needs of the child. In nearly all cases, practitioners had considered how children could be linked to mainstream services once their interventions had ended.

Case managers were aware of the gaps in partnership services for children. They were tenacious in advocating for children to ensure that partner agencies provided appropriate services, especially for children's health and speech, language and communication needs. Case managers liaised well with the child-centred policing team, children's social care and the contextual safeguarding team. They used multi-agency meetings to share information so that agencies were up to date with children's circumstances. In nearly all cases inspected, service delivery and interventions supported children's safety effectively.

In too many cases the interventions with children to support the safety of other people were not managing and minimising the risk of harm. Case managers had not taken account of incidents that could heighten the risk the child posed to others, in particular to family members. They did not always follow up concerns with other agencies to ensure they were up to date with the child's circumstances. Case managers also needed to give greater consideration to how best to protect potential and actual victims when delivering interventions. However, there was evidence of appropriate interventions being delivered on anger management, violence and weapons awareness.

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

3.4. Out-of-court disposal policy and provision

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

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

Strengths:

- The YJS had drafted a new strategy for the out-of-court disposal process, which was due to be implemented after the inspection. The previous process did not include an assessment before the disposal was given. This has now been changed so that all children will be assessed using the YJB prevention and diversion tool before the decision is made for the out-of-court disposal.
- The YJS had a joint protocol for decision-making with the Cumbria Police's child-centred policing unit. This set out the importance of understanding a child's circumstances and prioritising opportunities for prevention and intervention.
- The YJS aimed to support families at the earliest opportunity, providing a range of interventions to meet highlighted needs. This was evidenced in the local police data, which showed that the reoffending rate of children subject to out-of-court disposals had decreased.
- Every youth crime for Cumbria is reviewed by YJS police officers, who then advise accordingly. They have developed a specific community resolution form, which includes the victim's views.
- The out-of-court disposal panel is chaired by the police inspector and attended by the YJS team manager, the YJS police officers, the restorative justice worker, and a member of the liaison and diversion team. The first out-of-court disposal panel using the new model was due to be held after the inspection. The intention was that case managers would attend the panel to present their assessment and recommendation.
- The revised out-of-court disposal process requires that the case is allocated before the panel. The YJS was using the YJB prevention and diversion assessment, and the case manager had three weeks to complete it. This included a visit to the child's home and liaison with other agencies.
- Escalation processes were understood during the focus group meetings and generally panel members felt comfortable to share their views.
- If a child was struggling to engage then staff were persistent in encouraging them. This included YJS police officers doing home visits and speaking to children and families. They could also use the enhanced case management clinic model to develop case formulations for children and analyse reasons why the child was not engaging.
- The YJS had reviewed the previous out-of-court disposal policy and developed a new approach, including changing the processes involved.
- The Cumbria criminal justice out-of-court scrutiny panel is the forum that scrutinises oversight of police decision-making. A joint Westmorland and Furness and Cumberland panel reviews both adult and youth decision-making.

Areas for improvement:

- At the time of the inspection, the YJS and police were still developing their approach to the use of Outcome 22 for suitable 'no comment' and silent interviews to enable equal access to diversion.
- The prevention and out-of-court disposal strategy needs to specifically refer to disproportionality for children with protected characteristics and set out how Outcome 22 can be used when a child has diversity needs and vulnerabilities.
- The strategy was in draft form and the changes to the processes were yet to be fully implemented. Inspectors found the quality of assessing and planning for out-of-court provision was poor. In the inspected cases, assessing to keep others safe and planning to keep children and others safe were rated as 'Inadequate'.
- The out-of-court disposal panel did not include representatives from education or from children's social care. This arrangement should be reviewed to ensure that both the educational and safeguarding needs of children are fully discussed and considered before the panel makes its decision.

4.1. Resettlement

4.1. Resettlement policy and provision

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

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

Strengths:

- The YJS had a resettlement policy that included the principles of constructive resettlement, the seven pathways to resettlement and case management guidance.
- Before the midway point of the custodial phase, the YJS holds a multi-agency resettlement meeting that is chaired by a team manager and attended by appropriate professionals. The aim of this meeting is to ensure a child has appropriate services in place to support their resettlement.
- The YJS was pro-active and timely in identifying accommodation needs. There was evidence of effective multi-agency planning to meet the child's accommodation needs on their release from custody.
- YJS staff were proactive in ensuring that contact was maintained with the parents and carers of children while they were in custody. Practitioners took families with them on visits to make sure that they were included in the planning for the child's release back into the community. They supported families and ensured they were meaningfully involved throughout the sentence.
- YJS case managers attended review meetings and regularly visited children in custody in person to maintain and develop their working relationship.
- YJS staff made joint visits with partnership staff, including social workers and the education worker.
- Release on temporary licence was considered by practitioners to help them explore opportunities for children, especially to maintain family relationships through family days out.
- We found the YJS management team understood resettlement and the needs of each child in custody.
- Resettlement training was identified in the YJS training strategy for all managers and practitioners.

Areas for improvement:

- The resettlement policy needs to be more specific when outlining partnership arrangements. To ensure that resettlement is the responsibility of the partnership, and that agency roles are clear, the policy would have benefited from co-creation with key partners.

- The policy sets out how the YJS will respond to diversity needs and the importance of a personalised approach. However, it would benefit from greater detail about children's protected characteristics and lived experiences, and how resettlement planning integrates with the service's enhanced case management formulation process for children who have experienced trauma.
- The resettlement policy does not refer to victims or to the importance of supporting the victim, reviewing their safety and vulnerability, and ensuring that the voices of victims are heard to inform licence conditions.
- The policy needs to emphasise the importance of working alongside the parenting worker to make sure that family and carers are involved in reviews.
- Although the journey of one child in custody was recently presented to the management board, the board is not currently reviewing all remand and custodial cases. As part of the board's development, members should know the profile of children in custody, what their needs are and what services will be required from partner agencies on their release.

Further information

The following can be found on our website:

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