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**25 July 2011**

Dear Ms Heather Mullin

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

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

It is understood that The YOS Chief Officers Group previously discharged its statutory functions as part of the Integrated Youth Support Services (IYSS) Meeting. However, they have since returned to hosting an independent YOS Chief Officers Group (YOS Management Board Meeting). The meeting is chaired by the Director of Adult and Community Services and reports directly to the Community Safety Partnership and Children's Trust for specific agenda items. Below this management level is the multi-agency management team consisting of all the distinct sections of the service e.g. CAMHS Service Manager.

The Borough Director Barking and Dagenham – ONEL PCTs is responsible for the commissioning of health provision for the YOS but was not previously represented on the IYSS Board. As recently as the 24 March 2011 the Chief Officers Group invited the PCT to attend their meeting although our expectation is that Health should contribute as a mandatory partner.

The YOS health provision currently consists of two CAMHS psychologists seconded to the YOS from North East London Foundation Trust (NELFT) accounting for 1.7 positions. The Senior CAMHS Psychologist works four days a week although the service is currently carrying a full time psychologist vacancy. There are two Substance Misuse workers employed by Subwise (via the Crime Reduction Initiative) commissioned through the DAAT Partnership. One substance misuse practitioner focuses on delivering Tier 1 education and awareness information while the other worker concentrates on providing tier 2-3 interventions predominantly on a one to one base for problematic drug users such as those addicted to SM and whose dependence influences their offending behaviour. There are currently no physical health professionals on site.

The findings of this inspection are as follows: -

## **Assessment and Planning**

### **Strengths**

- Case managers have a general but good awareness of healthy living issues such as regular exercise, healthy diet and do consider the presentation of the CYP. However, they lack awareness of conditions such as epilepsy, asthma and diabetes and how these may need to be considered and managed during interventions.
- YOS Practitioners reported good completion of learning style questionnaires and using this as a discussion tool.
- The Case Practitioners have access to a broad range of specialists to inform their assessment and planning of interventions such as Parenting workers, Substance Misuse worker, Police including the Victim worker, Reparation and educational staff and CAMHS personnel. The introduction of weekly consultation surgeries by CAMHS has been welcomed by Case Practitioners assisting their understanding and development of appropriate health interventions.
- YOS CAMHS has clear referral and assessment processes. Case Practitioners are required to complete referral forms for CYP referred to CAMHS who have scored 2 or above on the ASSET. CAMHS then meet with the CYP if they are not known to the service or require extra reassurance and explanation. At the first meeting with CAMHS a client confidentiality form is completed and the initial assessment is conducted over 3 sessions. Their assessments are good, assessing the CYP at the start and end of interventions using screening tools such as strength and difficulty questionnaires and the BECS Youth Intervention Psychometric. They also are able to conduct cognitive assessments if there are concerns that the CYP may have a learning disability.

### **Areas for improvement**

- Case Practitioners currently receive no formal training in emotional/mental health, substance misuse or physical health. Training, however, has previously been provided by the DAAT in substance misuse. All referrals to specialists are based on ASSET scoring levels of 2 or above. Where physical health needs are identified, such as chest pains or insomnia, CYP and their families are signposted to their GP or A&E. However, the practitioner is unable to determine if the YP attends unless they willingly disclose the fact, due to patient confidentiality and they do not have sufficient time to accompany them to all appointments, if requested. Some case practitioners use Personal Advisors where available to assist and advocate on behalf of the CYP.
- Case Practitioner's have no access to physical health professionals to assist/advise them on assessing the health needs of the CYP and ensuring appropriate referrals are made to agencies.
- The Substance Misuse workers currently employ no screening tools in addition to ASSET to assess CYP need. Consequently potential physical health issues that may be a consequence of their SM may not be identified.
- Although some health and specialist practitioners (parenting) reported routine monitoring of all ASSET scores below their referral criteria to identify unidentified need, this was not a QA requirement of the YOS.

## Delivery and review of interventions

### Strengths

- There is evidence of good information sharing between partner agencies at the Friday morning multi-agency case planning meetings held at the YOS. In advance of these meetings, the Parenting workers reportedly check all ASSETS for discussion irrespective of the assessment grade to identify any unmet needs. In addition information is exchanged between partner agencies via YOIS, case discussions and formal consultations and all may contribute towards vulnerability management plans. YOS CAMHS practitioners do input directly onto YOIS however they provide a sanitised account of their interaction with the CYP. This is regarded by some practitioners as insufficient. We feel that it is necessary for all parties working with the CYP to understand their needs and complement the work of one another e.g. avoiding conflicting or inappropriate appointment times, reminding the CYP about medication if appropriate, understand the side effects or symptoms of conditions and where the broader YOS intervention strategy fits within specialist intervention plans.
- CAMHS provides a good accessible service to CYP and their families. There is currently no waiting list for assessments or interventions and they utilise Children Centres and outreach provision to secure the co-operation of CYP and families who may have been difficult to engage with. The YOS CAMHS have established good care pathways into Tier 3 CAMHS provision and dual work CYP enabling them access to a CAMHS Psychiatrist for the prescribing of medication, if appropriate. They also have access to learning disability psychologist, nurse and medic who operate from Children Centres. Forensic assessment services (Tier 4) are commissioned externally, where appropriate, in addition to the current service provision from Providers such as SLAM located in South London.
- 'Subwise' provides a good and accessible substance misuse (drugs and alcohol) service for CYP. It is confidential, enabling YP to self refer or to take referrals from specialist agencies and partners such as GP, Social Services, Youth Service, YOS or health professional. It is available to all CYP until 19 years of age and provides information and advice to individuals, families, friends and professionals, provides individual counselling, care pathways to other appropriate services, an overdose prevention facility and harm immunisation. Their website 'HEADS UP' also provides accessible information on 'the basics' of SM and 'Drugs, sex and the law.' The YOS SM workers also refer CYP to community 'Subwise' outreach services delivered in schools, homes etc at the end of the CYP order if the CYP still requires or may benefit from additional support.
- The YOS SM service has developed good interventions. They utilise a range of resources from the drugs box, DAAT playing cards, calorie counting cards, leaflets and booklets and their monitoring box an interactive (if dated) tool to engage and assist CYP understanding of the risks associated with SM. They have also developed programmes aimed at addressing the causes and effects of drug dealing as an economic driver to gang related activity. This complements the work of the "Deter Scheme" designed and developed to provide a specific set of interventions tailored for use with gang members and families through partnership working with CAMHS, parenting teams, Borough Intelligence Units, schools and commissioned services.

- Case practitioners and SM workers who are 'Young People Friendly' trained have good general sexual health awareness. They are able to provide limited sexual advice and distribute condoms following the CYP registering with them and undergoing a short discussion. The programme is aimed at 16-25year olds boys and girls who are sexually active. If such disclosures are made this is updated onto their YOIS record. In addition the SM workers have also established good links with community sexual health provision for CYP to have BBV and STI screening at the GUM clinic in Barking Hospital (Sydenham Centre). CYP are encouraged to attend, where appropriate, on Monday from 7pm.
- There is good evidence of joint working amongst SM and the parenting workers who jointly identify families who may benefit from programmes such as 'Drug Proof your Kids' and the 'Strengthening Families and Strengthening Communities' 7 week programme. This is due to be delivered again at the end of this summer 2011.
- The 'Strengthening Families and Strengthening Communities' programme has been well received by CYP families and Case Practitioners. It is delivered over 13 weeks and addresses a broad spectrum of issues from managing behaviour, to understanding parents upbringing and how this has informed their parenting, how to access community resources (for free), access to promotional fliers and other literature, rights of passage addressing independent living skills, washing, hygiene and healthy eating and the opportunity to have two guest speakers on subjects of the groups choice such as substance misuse, police, gangs or education. In addition the parenting workers have access to 'Speak Easy' materials on sex and relationships and have worked with psychologists to develop a sexual exploitation programme. However, importantly the parenting workers showed sensitivity to when, where and how such a programme should be delivered as some of their parents have been subject to such incidents. Nevertheless, all their programmes are aimed at the family including all members, some delivered within the home environment with workers attending together and conducting separate tasks with family members to give them individual and uninterrupted time.
- There is good access to sporting activities for CYP on the ISSP scheme. They can attend the gym two sessions a week and the programme includes cardio activities and nutrition advice. This is supplemented by Saturday sporting activities where the CYP can chose from a range of sports e.g. badminton and table tennis etc. However, this is not available to all CYP attending the YOS on lower orders.
- The YOS delivers good life skills courses for CYP living independently or semi independently. The course includes taking the CYP shopping, making informed choices regarding what to purchase and how much, cooking and conducting a food profile including pictures of what they have cooked. This is supplemented by research on the internet.

- The YOS has developed and delivers good sexual health programmes (independently of the PCT) to both boys and girls. The three sessions are delivered over three weeks and are generally aimed at 14 year olds to 18 year olds who are sexually active. The sessions include relationships, sexual health screening (including the opportunity to be screening for Chlamydia and Gonorrhoea), condom distribution, sexually transmitted diseases (including those orally transmitted), and information on the symptoms (including images). The sessions explore religious and cultural differences and deliver the educational input through interactive quiz's and scenarios involving examples including gay, lesbian and bisexual CYP.
- The parenting workers provide an important, and arguably invaluable, service to CYP and their families while supporting the work of the YOS. They receive referrals from a number of agencies including statutory orders (parenting and education) averaging 6 months. To generate awareness and understanding of the service, they give regular presentations to the case practitioners at team meetings and accept all referrals of 2 or above scores on ASSET under the category of 'family and relationships'. All parents are assessed on the 'parenting stress index', a psychological tool to identify and assess triggers. They also complete family trees on all attendee's to identify safeguarding issues and enable them to develop an understanding of relationships and communities. All material is read to participants reducing barriers to learning such as poor educational and literacy skills. Learning materials can and have been provided in picture form and in sign language for a deaf parent. Currently the team is delivering their interventions with two deaf signers and an interpreter to meet the individual needs of participants.
- There is good evidence of Case Practitioners amending practice to meet the individual needs of some CYP. Timetables have been produced in different colours to help the CYP differentiate between activities and narrative therapy approaches are being used to work with CYP exposed to, and involved in, gang cultures.
- Case practitioners have adopted a good pragmatic approach to engaging with CYP and their families. They conduct assessments within the home and use YOS and community services such as Dagenham Library, satellite stations for delivering interventions. This has become increasingly important as some CYP associating with gang activities are fearful of their own safety when in certain areas of the Borough.
- The YOS has designed a good range of interventions for CYP and their families with CAMHS such as the 'Getting to grips with anger' - a 6 week course for adolescents with anger difficulties. This was a selective programme with over 11 CYP identified as potentially suitable. The age, gender and risk profile of the CYP was considered in the selection process and the programme was offered to 6-8 CYP; 6 CYP are attending and progressing well.

- There is good access to CYP who are first time mothers through the Family Nurse Partnership programme. This is specifically targeted at reducing repeat pregnancies, reducing or preventing offending, encouraging and improving breast feeding rates, reducing safeguarding risks and cigarette use whilst improving bonding with the baby and assisting the CYP into education, training and employment. Although in its infancy, CYP accepted onto the programme have reportedly found the practical and sustained support of health professionals invaluable in helping them address their own needs and that of their child, mitigating risk taking behaviours.

#### Areas for improvement

- It is not regular practice within the YOS to produce health reports as a supplement to court reports.
- There is no monitoring of response rates in relation to referrals for external health services
- Health transition arrangements between community and secure environments are not well managed.
- Health packages are not offered as part of bail support packages.
- There is a lack of awareness by case managers of universal health provision to signpost CYP and their families to. This is necessary to supplement and sustain educational awareness programmes such as eating healthy programmes being delivered to the CYP. To the YOS's credit they have initiated a meeting with the PCT Obesity Co-ordinator but these were not progressed due to the PCT employee leaving post.
- There is an absence of evidence of joint working by SM and CAMHS. Whilst SM make referrals into CAMHS, they do not receive direct referrals themselves and little dialogue takes place regarding clients known to both services. Whilst this may be partly attributed to all communication being routed through the case practitioner to determine suitability to refer and the CYP may have already been referred to the SM service.

## Achievement of outcomes

### Strengths

- Asset scores are regularly revised and an evidenced rationale entered on the YOIS capturing achievements and a full case review is conducted on the closure of a case to ensure it is appropriate and that any outstanding needs are being met by relevant services.
- ISSP case managers are encouraged to complete 'what do you think questionnaires.'
- SM workers have good data recording systems, entering data on YOIS, POPPY and contributing towards the NDTMS statistics shared with the commissioning DAAT. However, many of their performance targets are not aligned to the majority of their work as they failing to fit the demographics of the community. The majority of their work is basic awareness and advice and this is not measured or recorded for statistically purposes.

### Areas for improvement

- There is no specific or formal monitoring of how health services relate to offending behaviour or re-offending e.g. an evaluation questionnaire completed by the young person asking them to comment on whether they feel that the health intervention provided through the YOS has impacted on their offending behaviour.
- CAMHS are collecting invaluable data through the completion of the Strengths and Difficulty assessments and BECS. This information should be shared with the service commissioner and the YOS to assist in their understanding of client need and contribute towards the forecasting and commissioning of future service provision.



## **Additional health areas**

### **Strengths**

- There is a healthy eating culture with many Case Practitioners engaging in sporting activities in their own time such as attending the gym at lunch times and promoting healthy eating days e.g. Fruit Smoothies.
- DRIVE provides a good specialist substance misuse prescribing service available to appropriate clients over the age of 18 years. They provide their clients with access to a multidisciplinary team Monday to Friday 9-5pm with a late service operating until 7pm on a Thursday.
- Case practitioners have a good understanding and are confident in initiating CAF's to secure assistance for vulnerable CYP on the end of statutory orders.

### **Areas for improvement**

- CYP disengaged with education are disadvantaged from other CYP as they are unable to access leisure cards enabling them discounted access to sport activities and Freedom Travel passes for use on public transport
- Whilst case practitioners monitor and openly discuss national developments in CYP offending behaviour such as changes in drug use they are not provided with any information on local drug or offending trends.
- No health professional has had input into court training within the last year. However, the YOS has formalised work with the Magistrates Court and meets with the chair of the Magistrates. Nevertheless, the local courts currently face closure with services potentially moving to Redbridge or Havering courts with youth court dates not yet confirmed presenting additional challenges for the service.

## **Governance and resources**

### **Strengths**

- The YOS is well represented and an active member of a number of strategic partnerships enabling them to influence commissioning and service provision. The YOS Group Manager is a member of the DAAT Integrated Commissioning Board, Chairs the Serious Youth Violence Partnership and has an active involvement with the Children's Trust Board.
- The YOS have redefined their commissioning arrangements integrating with Borough wide commissioning arrangements e.g. The YOS combined their funding from the PCT towards their SM worker and DAAT funding towards commissioning a Borough wide SM service.
- There is good line management of the health workers by the Operations Manager with their clinical supervision provided via their host organisation. For the Psychologist this is via monthly supervision with CAMHS and for the SM workers this is accessed via the North East London Foundation Trust (NELFT), Crime Reduction Initiative and 'Subwise'. However, supervision for the SM workers is recent, previously receiving none for two years. However, Substance Misuse Workers currently receive good supervision via monthly supervision with their YOS line management and three-way supervision between the YOS, 'Subwise' and SM worker is conducted quarterly. Currently there is no formal peer support or supervision arrangement although staff reported that they may find this helpful and supportive in reviewing and refining their practice. The SM workers did report receiving good accessible governance through CRI on a Thursday morning and they attend the Integrated Governance Meetings. Furthermore, a SM worker is currently being supported by CRI in their professional development to achieve a Diploma in Drugs and Alcohol (national occupational standards).
- A good level of clinical supervision operates between the CAMHS practitioners within the YOS. Practitioners share best practice and concerns providing an additional tier of transparency and governance over their actions. Furthermore, the Senior CAMHS practitioner attends the London CAMHS Forum. This is important for CAMHS practitioners working within a YOS to maintain their professional identity and exchange good practice and knowledge with other CAMHS professionals.
- Good children and adult safeguarding training is conducted by all health professionals within their host organisation. CAMHS professionals are trained to level 3 or 4 and substance misuse workers to level 2, and all are required to attend mandatory refreshment training. Case Practitioners have a good basic awareness of safeguarding and child protection issues. As Council employees they are required to attend mandatory safeguarding training arranged by the Local Safeguarding Children's Board (level 2). In addition all case practitioners have access to the local authority internet site and training opportunities. This is further complemented by the YOS Operations Manager for Partnership Services who is the nominated Safeguarding Champion.

### Areas for improvement

- The PCT Commissioning arm was not previously represented on the IYSS Board although there is evidence of health issues being discussed, namely in the action log of the meeting held on 24 March 2011 regarding linking with the Joint strategic Needs Assessment and the use of the health suite at the Foyer to be discussed with Victor Ferreira (Head of Public Health and Children's Commissioning, PCT) – detailed in earlier Integrated youth support Services Board meeting minutes, 24 May 2010. However, as recently as the 24 March 2011 the Chief Officers Group invited the PCT to attend their meeting. Our expectation is that they should be represented on the board as a founding statutory agency of the YOS. There has only been one YOS management meeting since the changes to the reporting structure and the YOS GM reported greater scrutiny and accountability. However, the minutes were not available for the inspection. However, previous meeting minutes lacked sufficient detail in identifying parties and the bodies they represent.
- CAMHS is reportedly operating independently of a service specification or service level agreement with the YOS and has no specified outcome measures. The North East London Foundation Trust (NELFT) who delivers CAMHS is employed on a yearly rolling contract, independent of a tender process. If correct, the absence of a clear commissioning intention not only leads to confusion in service delivery, but an inability to monitor the quality and appropriateness of service provision and address non compliance. Such financial uncertainty has also resulted in the suspension of need forecasts and/or services being progressed to meet evolving needs whilst the financial security of contracts and positions remain unresolved.
- There are no contingency arrangements in place between the PCT and health providers to maintain health provision during staff absences such as annual leave, sickness or awaiting new appointments. This is concerning given that the Senior CAMHS Practitioner is soon to leave the YOS to commence work with the Child Family Consultation Service and the remaining CAMHS practitioner is to leave in August 2011 resulting in no CAMHS provision, although the appointment of a Locum has been discussed by CAMHS and the YOS.
- There is no monitoring of referrals rates in specialist services. Referrals into CAMHS could be determined by interrogating the RIO system but cases would have to be individually reviewed regarding universal health provision referrals.

- Operational Case Practitioners, specialists and YOS Management all raised concerns regarding the management and disclosure of information between CAMHS and the YOS. CAMHS requires their client to complete an additional consent and confidentiality disclosure form from that of the YOS. Whilst the CAMHS document is a detailed, informative one page guide to understanding consent and confidentiality issues for CAMHS clients it appears that in doing so CAMHS is operating independently of the overarching Barking and Dagenham Crime and Disorder Partnership Information Sharing Protocol. CAMHS own documents state “information may be discussed with agencies and workers outside NELFT (North East London Foundation Trust).” However, the protocol does state “The Youth Offending Service (YOS) is made up of representatives from public services. The Home Office have provided a legal position statement to show that YOS’s are a separate legal entity for the purpose of information exchange. This means that information disclosed from one agency may, legally, be shared between the representatives within the YOS” and continues to explain the applicability of the Caldicott principles. However, the protocol is not dated or signed by any party including Barking, Dagenham and Havering NHS PCT and therefore it is not known if this is a live document.

## **Recommendations**

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

CQC Outcomes	Reg	Outcome	Recommendations
6	24	Co-operating with other service providers	<p>There should be overarching clarity by the Commissioning services on the management (especially the disclosure) of information to ensure consistent practice is employed amongst the YOT partners to ensure that the health and well being (inc. safeguarding) of the child is central.</p> <p>Health professionals should input into court training to enhance understanding of the needs of CYP and how these can be best facilitated within the CJS.</p> <p>Joint working should be encouraged between health partners to ensure a holistic service is delivered to CYP to meet their needs.</p> <p>Case Practitioner's should have access to health professionals to assist/advise them on assessing the health needs of the CYP and ensuring appropriate referrals are made to agencies or community services.</p>
14 (c)	23	Supporting workers [children confident they are trained to provide child appropriate treatment]	<p>Case Practitioners should receive training in identifying emotional/mental health, substance misuse or physical health issues to enable them to conduct informed initial assessments of CYP needs.</p>
16	10	Assessing & monitoring the quality of service provision	<p>As a statutory partner of the YOS Management Board, health must take an active interest in promoting and securing health services and ensuring service delivery to YOS CYP. Commissioned health services should operate in accordance with clear service specifications and outcome measures to ensure the quality of service delivery can be monitored and non compliance can be enforced. Their contracts should include contingency arrangements to maintain health provision during staff absences such as annual leave, sickness or awaiting new appointments.</p> <p>There should be specific or formal monitoring of how health services relate to offending behaviour or re-offending.</p> <p>Health practitioners should monitor ASSET scores below their referral criteria to identify unidentified need.</p>

In summary, Barking and Dagenham is a socially and economically deprived area with new challenges emerging from the increase in gang identities and associated activities. Gang members appear to operate according to postcodes and drugs are the currency of choice. YOS personnel are aware of how such factors may become barriers to CYP accessing services and receiving interventions and are committed to mitigating such risks.

Health has been an absent partner in the planning, review and delivery of health provision within the YOS, including the development of healthy eating and sexual health programmes. Health should have an active and integral involvement in the promotion and delivery of the wider health agenda within the YOS. Their attendance and input into the YOS Chief Officers Groups is critical and extends beyond commissioning services to developing and ensuring accessible care pathways for YOS service users into universal provision.


With the departure of the remaining two CAMHS practitioners in August 2011, health commissioners have recognized that it is a good time to revise the appropriateness of commissioned health provision within the YOS. The PCT Director for Outer North East London Community Services Primary Care Trust (ONEL) outlined three key steps to achieving this;

1. The conducting of a needs assessment of young offenders within the YOS potentially involving Public Health e.g. including it within the broader Joint Strategic Needs Assessment being undertaken at present,
2. The review of current commissioned health provision contracts to determine ownership, quality assurance and the inclusion of risk mitigation measures such as the maintenance of services in the event of staff leaving or being absent,
3. The development of service specifications with the YOS. These should include clear outcome measures and governance arrangements relating to the sharing of information between parties to ensure safeguarding is at the forefront of their work with CYP and their families.

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

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

Yours sincerely

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

Fergus Currie

CQC Youth Offending Development Manager

Cc.

Colin Hough – CQC London Regional Director (Operations)

Anthony Deery – Head of Mental Health and National Inspections

Dan Hales – YOT Manager

Sharron Morrow – PCT Borough Director