



Inspection of
Youth
Offending

Archwilio Rhaglen Troseddwyr Ifanc

 **Criminal Justice
Joint Inspection**

Arolygiad ar y Cyd Cyfiawnder Troseddol

Message in a Bottle

A Joint Inspection of Youth Alcohol Misuse and Offending

An Inspection by the Care Quality Commission, HMI Probation,
Healthcare Inspectorate Wales and Estyn

Independent Inspection of
Youth Offending Work

06.2010



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Note: The names used in the effective practice examples within this report are fictitious.

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Foreword

This report by the Care Quality Commission, HMI Probation, Healthcare Inspectorate Wales and Estyn presents the results of a joint thematic inspection carried out in England and Wales. This inspection of youth offending work explored the work undertaken by Youth Offending Teams with children and young people who have been offending but who were also misusing alcohol.

This report re-emphasises the known link between alcohol misuse and health problems, underachievement in school and offending behaviour. Whilst it is pleasing to note the many examples of good practice and the level of recent progress in several Youth Offending Team areas, there are still a number of aspects which require attention to ensure high quality, consistent responses and the best possible outcomes for these young people and the potential victims of crime in their local communities.

The '*message in the bottle*' from this particular report emphasises the importance of all alcohol-related needs being well identified through good systems of assessment in the first instance. From this position, it is more likely to lead to appropriate interventions either within Youth Offending Teams themselves or through strong and supportive links with mainstream services. The *message* includes the necessity of fully engaging with children and young people as well as parents/carers in both assessments and interventions while also reinforcing the use which needs to be made of outcome measures to demonstrate effectiveness.

We hope that the recommendations in this report are acted upon appropriately so that service delivery can be further improved.

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Introduction

1. Alcohol consumption by children and young people has become a major concern over recent years and has prompted the UK Government to offer both strategic leadership and guidance to assist agencies working in this field. The National Alcohol Strategy¹ highlighted the fact that deaths caused by alcohol consumption had doubled in the previous two decades with more people becoming ill and dying younger. That report also indicated that, although overall consumption of alcohol had reduced for 11-15 year olds, those who did consume alcohol were drinking more, and more often.
2. Many studies have shown a significant association between alcohol misuse and offending and antisocial behaviour, particularly in relation to violent offending². Although fewer children and young people appear to be drinking alcohol, those who are tend to start at a younger age and are drinking greater quantities while also doing this more frequently. Concerns have therefore grown over the past few years, particularly about the health risks of this degree of alcohol misuse generally, as well as the links to antisocial behaviour, offences of violence, injuries and sexual health issues.
3. Alcohol Concern has stated that *'for adolescents going through a period of rapid growth and physical change, risk-free drinking does not exist'*³. Alcohol misuse is recognised as directly affecting both physical and mental health. The risk of liver damage, for example, is universally understood although, even here, the impact is now recognised as happening more quickly than previously thought with those who misuse alcohol from an early age. The effects of alcohol misuse on bones, endocrine and brain development, including the possibility of impaired memory and the ability to assimilate new information, is less well understood by children and young people.
4. This thematic inspection therefore sought to determine whether youth offending and health services were sufficiently engaged and involved in efforts to reduce the impact of alcohol misuse by children and young people who offend.
5. The initial hypothesis was that those services are sufficiently aware of the links between alcohol misuse and offending behaviour, to ensure that considerable efforts had been made to promote a reduction of alcohol use generally and also to offer significant and effective health resources where alcohol misuse is seen to relate directly to specific offending behaviour.
6. The inspection undertaken here related specifically to national healthcare standards in England and Wales as well as HMI Probation criteria. For this inspection, the criteria included both Public Protection and Safeguarding elements.

¹ See *'Safe, Sensible, Social. The next steps in the National Alcohol Strategy'*, Department of Health, 2007.

² For example: Alcohol misuse and juvenile offending in adolescence and underage alcohol use, delinquency and criminal activity. (see additional reading)

³ Alcohol Concern's information and statistical digest – March 2009

Key Findings

1. Most Youth Offending Teams⁴ (YOTs) have made some good progress towards recognising, identifying and meeting alcohol-related needs in children and young people over recent years. There are too many inconsistencies across both England and Wales where alcohol-related needs are not identified; not linked to offending behaviour; and remain unmet.
2. Arrangements for assessments varied greatly from one extreme where each individual engaging with the YOT went through a triage system⁵ where their holistic health needs were comprehensively assessed at a very early stage, to other situations where a case manager assessed needs and made decisions as to whether to refer to a specialist or not. In some areas there was an acceptance by case managers as to what they saw as a normal level of alcohol consumption, despite this level being problematic, which then impacted on their assessment. Alcohol-related needs were more likely to be identified and appropriate intervention offered where a holistic health assessment had been undertaken.
3. Assessments were being completed in a timely fashion but were seen to be of a good quality in only half of the cases examined. The specific assessment of alcohol-related issues was a little better. Recording of liaison with other agencies needed to be improved. The scoring of substance misuse issues was varied and there was inconsistency in terms of the thresholds for referrals to specialist health workers. There also needs to be a greater recognition in YOTs of the significantly high percentage of children and young people where issues of alcohol misuse had predated their current offence and the high number of offences involving alcohol and violence or public order.
4. Although diversity needs were considered reasonably well, physical health needs were not well assessed, even where documented chronic alcohol misuse was highly likely to have impacted on health. Appropriate attention was given to *Risk of Harm to others* and Likelihood of Reoffending but sometimes Safeguarding needs were marginalised.
5. In general, sufficient efforts were being made to engage children and young people and their parents/carers, although self-assessment forms were not routinely completed. Assessments were not reviewed regularly during interventions, with the 'cloning' of the previous assessment often being used where the case manager evidently felt there had been little change. Once referrals had been made to health specialists, very good screening tools were being used for alcohol misuse, but again, with too many variations of style and content. Practice also varied in terms of some contributions by health specialists being entered directly onto the YOT

⁴ Youth Offending Team (YOT) will be used synonymously for ease throughout this report to indicate youth offending teams, youth offending services and youth justice services as set up under the Crime and Disorder Act 1998

⁵ Used here in the sense of a health assessment model rather than the use of 'triage' relating to YOT workers assessing children and young people in police custody suites. See Glossary.

recording systems and others not. Intervention plans were mostly thorough and timely in relation to alcohol, but individual components were not well sequenced.

6. The range of interventions being offered was generally good and included the provision of educational support and information used in prevention. However, some of the basic information used in substance misuse work was heavily weighted in relation to drugs rather than alcohol.
7. Flexible and creative methods were being used to engage children and young people and to maintain this within a planned intervention. Good examples were also found of engaging parents/carers, but this was less well recorded. Some difficulties were seen where proposed interventions involved access to and engagement with the Child and Adolescent Mental Health Service (CAMHS). Although, where health specialists within YOTs had good links, these difficulties were often overcome. Relationships between YOT substance misuse workers and secure establishments were variable, often relying on proximity and level of resources. Smooth transitions to adult alcohol facilities were difficult to achieve. Although, in some areas the employment of specialist transition workers had reaped dividends.
8. There was little evidence of the needs of victims being well managed in relation to many of the cases seen.
9. Workers encouraged compliance with court orders, with clear expectations outlined to children and young people from the outset. There were instances, however, where absences were not sufficiently challenged and occasions where health intervention elements were closed too readily. Although a reasonable number of home visits took place during an intervention, the purpose and nature of these visits were often not well evidenced in case files. Feedback from parents/carers and children and young people during this inspection was very positive about their relationships with YOT staff and health workers.
10. The recording of outcomes from alcohol interventions was inconsistent and there were instances where positive change, or the management of a difficult situation, was not recorded well enough. Even where good outcome measures were used by substance misuse services, these were not consistently shared with YOTs and equally, some changes in assessments were not being shared appropriately with health workers.
11. National policies and guidance were mainly being used effectively by YOTs to shape local strategies, even though some of this impetus in relation to alcohol was of fairly recent origin. Additional guidance was also being drawn up by areas to reflect recent changes, such as the introduction of the youth rehabilitation order and the Scaled Approach⁶. Where partnership protocols were in place we found some gaps for example with information-sharing. The level of partnership working continued to develop

⁶ youth rehabilitation order and Scaled Approach – the YRO was introduced as a new youth community sentencing order in November 2009. It offers sentencers a greater degree of flexibility with a range of requirements which can be used to address offending and respond to victim's needs. The Scaled Approach matches the intensity of a YOT's work with the assessed Likelihood of Reoffending and *Risk of Harm to others*.

positively in most YOTs. However, substance misuse services were not sufficiently well represented on Management Boards and dual diagnosis pathways were also underdeveloped, particularly significant given that three-quarters of the cases inspected demonstrated evidence of dual alcohol and drug use. Full needs assessments of substance misuse, including alcohol, by adequately trained and knowledgeable workers were not routinely undertaken. However, substance misuse services were well established, often with very effective relationships between health professionals and YOT case managers.

12. Positive line management and clinical supervision arrangements frequently existed within this field. There were good examples of induction and training of case managers in relation to alcohol misuse. Although, not all case workers had received, or taken advantage of these.
13. There were examples of the views of children and young people being sought in innovative ways but seeking those of parents and carers appeared to be less active.
14. Some YOTs did not have the capacity to deliver the required service and there had been some problems in attracting and recruiting the right calibre of staff. There were some examples of interventions being well evaluated, but data collection and monitoring remained both underdeveloped and inconsistent.

Recommendations

Youth Offending Team Management Boards, the Department of Health and the Youth Justice Board should ensure that:

- each child or young person engaged with a YOT (or equivalent prevention service) receives a nationally validated holistic health assessment (which includes an assessment of substance misuse, alcohol and speech and language needs) by an individual with relevant specialist knowledge
- substance misuse assessments on Onset/Asset⁷ take account of all substance misuse issues, both directly in relation to specific offences, previous offending behaviour and previous antisocial behaviour
- alcohol-related interventions are evaluated to identify positive outcomes
- substance misuse issues, including alcohol, are appropriately prioritised at a strategic level.

Youth Offending Team managers, provider trusts and health managers should ensure that:

- assessments (Onset/Asset) are monitored and reviewed in accordance with National Standards to reflect significant changes in circumstances
- intervention plans are specific, sequenced and appropriately reviewed to enable health needs to be met
- evidence based interventions are used in keeping with the level of need and the age of the child or young person
- *Risk of Harm to others* and vulnerability are more consistently assessed and reviewed, taking account of health and substance misuse issues
- smooth transitions are effected between child and adult services and community to secure environments and subsequently resettlement services in order to enable continuity of treatment.

National Health Service Commissioners and Health Boards should ensure that:

- there is clarity and consistency in relation to referral pathways, criteria and thresholds for both substance misuse and emotional and mental health interventions; including a negotiated fast track system for those with suspected high levels of need.

⁷ Onset/Asset being the validated electronic tool promoted by the Youth Justice Board to assess risk and protective factors – see Glossary

1. ASSESSMENT AND INTERVENTION PLANNING

Criteria:

1. *An assessment has been completed and is both timely and of sufficient quality. It includes alcohol aspects and is comprehensive and accurate while also considering diversity needs. The assessment also includes any previous assessments or relevant information which includes remand episodes.*
2. *There is active engagement with the child or young person, parents/carers and others (taking into account relevant diversity issues).*
3. *Partner agencies contribute to the initial assessment.*
4. *An intervention plan exists and is of sufficient quality. It is timely, comprehensive, appropriately sequenced and addresses diversity needs.*
5. *Assessments and plans appropriately consider Risk of Harm to others (RoH), Likelihood of Reoffending (LoR) and Safeguarding.*
6. *The intervention plan addresses alcohol needs.*
7. *Intervention plans are appropriately shared with partner agencies and are linked to any other relevant plans.*

Findings:

- 1.1 The accuracy of the assessment of health needs, including the extent of the misuse of alcohol, is vital to the process of successfully working with those who have offended or who are likely to offend. Although initial assessments were being completed, and on time, only half of the assessments were determined by us to have been of sufficient quality. Alcohol-related issues, however, were assessed sufficiently well in 67% (85) of cases which meant that one-third were not picking up alcohol issues.
- 1.2 Assessment arrangements were inconsistent. A child or young person could go through a triage system⁸ where their holistic health needs were assessed by a health specialist or they could simply have had their needs initially assessed by a case manager and a decision made on whether to refer on to a health specialist or not. Additional variations also existed where an initial health assessment concentrated on the particular area of expertise of the health specialist, for example, where a mental health

⁸ The triage system highlighted here is where a specialist undertakes a full health assessment on every child or young person coming into contact with a youth offending team. See Glossary.

specialist looked predominantly at needs in this area or a general nurse concentrated on the assessment of physical health needs. A further variation was whether a health specialist was placed within the team and was able to offer initial advice and support within the assessment process. This was seen to have been particularly useful in relation to assessing possible vulnerability and the need for an onward referral for a health intervention.

“Helped her turn her life around”

Comment by parent/carer

- 1.3 There has been a growing expectation by the YJB that a specialist substance misuse assessment should be provided to all children and young people accessing a YOT, However, the expectations of universal substance misuse screening within YOTs remains largely unfulfilled. The majority of services we saw continued to rely on case managers making an initial assessment of substance misuse needs and then, usually where substance misuse was scored highly, referring on for a specialist assessment. Although some case managers had a simple, locally devised, specialist substance misuse screening tool available to them, inspectors saw little use of this tool in the cases inspected. This led to some inappropriate referrals but even more cases of alcohol misuse being under-assessed.
- 1.4 Where substance misuse was under-assessed, there was a gap in the cross-referencing of assessed needs. In some cases alcohol had been correctly linked to offending but was then not assessed in relation to the health implications or even the child or young person’s vulnerability. As an example, a 15 year old young woman had been convicted of criminal damage to a police car, while drinking from a bottle of vodka, was appropriately assessed as having an alcohol-related need. However, no other health issues were identified and vulnerability was assessed as low, even though this offence was committed in the early hours of the morning.
- 1.5 Where holistic health assessments had been carried out by specialists from the outset, it was much more likely that health needs, including alcohol-related issues, had been identified and appropriate interventions sought. Given the variety of assessment and screening tools being used to identify the existence and extent of health needs, it would appear essential to have a clear and nationally validated tool for this purpose.
- 1.6 Assets were seen to have been generally well completed and of a good quality. There were, however, specific YOTs where the extent of consultation with, or consideration of, information held by external health services was not well recorded. For example, cases where no consultation with health services was recorded despite good use being made of collated health information. There were variations in the scoring of Asset in relation to

Well embedded procedures existed in Solihull where health workers initially comprehensively assessed all health needs and input information onto the Asset assessment at the start of contact. (Solihull)

substance misuse needs and where the thresholds existed for referral on to a specialist. The recommendation by the YJB, and embedded within the Asset system, is that a score of two or more should result in a referral to a specialist but there were still variations where a score of one or

The drug use screening tool (DUST) being used in this YOS is comprehensive and well used and helps to ensure that the level of health needs are well identified, complementing the information on Onset and Asset. (Tower Hamlets)

more (or even the necessity of a score of three) was expected to lead to a further assessment. We found a great deal of confusion by case managers in relation to the scoring of a substance misuse need where this was not seen to relate specifically to the individual's offending behaviour.

- 1.7 Sometimes with Assets, there was a lack of cross-referencing of the information which had been gathered. An example of this was where a specific health issue was not linked to an assessment of vulnerability and there was a lack of consideration given to prevention work which had been undertaken previously. Information about other family members was sometimes not recorded and this was significant, given that 78% of the cases inspected demonstrated evidence of a history of alcohol abuse or domestic violence within the family. There was also a mixed picture in relation to the comprehensive nature of assessments where Asset was not sufficiently well used as a tool to drive forward intervention plans and interventions themselves.
- 1.8 We found varying degrees of recognising the significance of a level of alcohol misuse. Sometimes, problematic behaviour was ignored or implicitly accepted, both of which resulted in a skewed assessment and a subsequent lack of proactive discussion or intervention. There were areas where informal higher thresholds had been adopted by case managers because of an accepted high level of underage drinking. In particular towns only unusual or more excessive use prompted a referral for specialist intervention. It is important for YOTs to guard against the 'normalisation' of this type of problematic behaviour through referencing this against what is known to be safe practice⁹.
- 1.9 In some areas, where an additional substance was being widely misused by children and young people, (for example, in parts of Wales alcohol was often partnered with street Valium) there was a tendency on the part of case managers to view alcohol as the lesser misuse and focus work on the drug element.
- 1.10 Physical health needs and their relationship to both substance misuse and offending were not well assessed by YOTs. Examples included a breathing issue that was not recognised in the Asset scoring despite information recorded that a general practitioner (GP) had specifically linked this issue to the use of alcohol. A further example scored the physical health element of the Asset as zero despite an extensive and long-term misuse of alcohol, cannabis and antidepressants. Even where the overall substance use

⁹ See Chief Medical Officer advice: <http://www.nhs.uk/chq/pages/2595.aspx?categoryid=62&subcategoryId=66>

section score was low and not seen to directly link to offending behaviour, physical health should still be considered and noted on Asset. This ensures that some critical elements are acknowledged, for example, the potential impact of alcohol misuse but also other aspects such as migraines or asthma.

One case emphasised the importance of recognising alcohol misuse needs where a young female had become so intoxicated that she was involved in a number of serious incidents including a reported rape while also reported as being dragged into a car by a group of young males. Physical health, however, had been scored low on Asset despite this individual suffering from bulimic concerns, a possible pregnancy, irregular periods, previous child neglect and a history of self-harming (including cutting and swallowing bleach and tablets). The initial substance misuse service assessment indicated that she had reported starting to use alcohol at 12, drank weekly and alone, suffered from lethargy and irritability, was regularly aggressive, had memory loss, was paranoid and had suffered from loss of consciousness.

1.11 Diversity was well considered in the assessment process, particularly in relation to age, cultural diversity and gender. Nottinghamshire, for example, had a very active equality and diversity lead within the DAAT who ensured that the needs assessment had been equality impact assessed and that black and minority ethnic, gender, age and sexual orientation issues were considered. We found that discussions with case managers were able to demonstrate a high level of consideration of diversity issues but that these had not been well recorded on case files.

Michael was assessed as having issues with both alcohol and sexuality – successful work was split between alcohol, safety and sexual health, with each component part being effectively linked. With a further case in the same area, there were obvious issues relating to clear and fixed religious beliefs held by parents/carers and a tailored package of intervention was brought in to deal effectively with that element combining parenting work and local community links with the work on offending behaviour and alcohol misuse. (Leeds)

1.12 In parts of Wales, diversity issues were not given the attention required. Examples included cases where the child or young person was of mixed heritage and another where an individual with ADHD had stopped taking prescribed medication. Although both aspects were linked to alcohol misuse and offending, these issues were not felt to be significant by case managers. Diversity here was too often seen as synonymous with ethnicity rather than the identification of wider diversity needs.

1.13 There were variations amongst YOTs, generally in relation to the assessment of communication difficulties and learning styles. Good practice in Milton Keynes ensured that appropriate speech and language assessments were undertaken which then informed the intervention

approach. In other areas, an assessment of speech and language did not take place or it was assumed that any specific needs in this area would previously have been identified within an education setting. The correct assessment of learning needs is essential to maximising possible changes in behaviour through ensuring engagement and potential responsiveness to interventions. However, the use of learning styles questionnaires was inconsistent between workers. One YOT, for example, indicated that those questionnaires to identify learning styles had been taken out of their induction pack because they were taking too much time to complete.

“X is brilliant at his job”

Comment by Child or Young Person

- 1.14 Assets were often not updated sufficiently to reflect significant changes, particularly where health interventions had been completed. We found that there was too much cloning of information from one Asset to a subsequent assessment with minor additions or updating rather than reviewing the case thoroughly. In one instance, there was a lack of attention paid to potential alcohol misuse even though the young person had attended one casework session under the influence of alcohol, had an alcoholic father and had indicated the extent he enjoyed drinking to excess at parties.
- 1.15 Where referrals to substance misuse specialists took place, these were generally actioned swiftly and followed up with comprehensive assessments. These assessments identified risk factors, analysed the extent of alcohol use, identified protective factors (potentially including the family and their environment) and examined Safeguarding and child protection needs. Despite the variety of substance misuse screening tools which were used in YOTs, there were local examples which ensured that alcohol-related needs were clearly identified. For example, the DUST (Drug Use Screening Tool) in Suffolk, which could itself be supplemented by a specialist alcohol assessment tool, or the alcohol-themed ‘screening tool’ in Tower Hamlets.
- 1.16 Specialist substance use screening was well supported by quality assurance processes where case audits checked on the accuracy of assessments. There was an issue in a few YOTs where there was too much reliance on the child or young person’s own view within an assessment and a lack of challenge to what they said, or the seeking out of corroboration. This was significant because, where alcohol use was identified; claims by children and young people can be either exaggerated for bravado or deliberately minimised to divert attention. A more realistic picture is only gained once a productive working relationship has been established with a child or young person. It can be very useful to repeat the screening at a later stage and to use this to gain a more accurate picture of use or assess progress.

Teen Talk specialist assessments and worksheets were available for use within the YOS office for preventative work and intervention focused work on developing coping mechanisms and social skills. (Bridgend)

David, a 16 year old boy, was placed with his grandmother having been abused at a very young age. He was on a referral order in relation to public order offences linked to alcohol. Alcohol misuse was identified as a significant issue at assessment and David was referred to Face-It (contracted substance misuse service). They undertook a comprehensive specialist assessment very quickly. Work undertaken by the case manager concentrated on cognitive behaviour therapy while a worker from Face-It (local substance misuse team) worked on the extent of the alcohol use. David's grandmother was signposted to a support group. A further referral was made to Head2Head (contracted emotional and mental health service), in order to address underlying issues. David unfortunately did not engage with this service. However, very positive outcomes were nevertheless achieved, which included regular TOP (treatment outcome profile) analyses which indicated a reduction in the number of units of alcohol consumed. Effective communication took place between the case manager and the substance misuse worker with relevant information being inputted onto CareWorks by the Face-It worker. David was able to contribute to a youth offender panel meeting when the contract was reviewed, by saying that he was *"more able to identify high risk situations"* and describe his improved coping mechanisms. At the time of the inspection David was attending college, not drinking and enjoying a much improved relationship with his grandmother. (Nottinghamshire)

- 1.17 *What do YOU think?* and *Over to you* self-assessments were not routinely completed by children and young people.¹⁰ We found many good examples of substance misuse workers, however, who had actively engaged children and young people and their parents/carers in the assessment process, including through the use of self-assessment questionnaires or relevant standard work sheets.
- 1.18 Engagement was often seen (in the better YOTs) in the context of an assertive outreach approach, although this could also be dictated by transport issues within a rural community. As well as the YOT office and home settings being used, health workers engaged with children and young people in venues as diverse as libraries, GP surgeries, fitness centres, hostels and coffee bars. Flexible appointment times assisted compliance although in one YOT, comments by health workers conveyed a degree of lip service being paid to the need for flexibility. Creative means, nevertheless, were often used by health workers to ensure that appointments were kept, including the use of reminder texts or phone calls. Where there had been issues with health worker engagement, other options had been actively pursued such as adding the health session onto the end of a case manager appointment or carrying out joint visits to establish an initial relationship.

¹⁰ A child or young person had completed a self-assessment in only 52% of cases inspected. Of those who completed the questionnaire, 79% said they often drank alcohol, 70% stated that they spent a lot of money on alcohol and 73% said they had committed crimes through being drunk.

- 1.19 We found that whilst the majority of YOTs involved children and young people in the initial assessment and sentence planning, there was little evidence that the child or young person's views had influenced the intervention plan itself. This led to a lack of ownership of planned work by children and young people. There were, nevertheless, examples of good involvement of young people in the assessment and planning of their order:

In Leeds, one YOS case manager printed off a copy of the intervention plan template. She then used this to structure the session in order to focus on the child or young person's assessed needs. The case manager used both the pre-sentence report and *What do YOU think?* self-assessment to ensure that the individual recognised what aspect of their offending behaviour needed to be addressed. This resulted in intervention plans being relevant to them and contributed to greater levels of compliance. (Leeds)

- 1.20 Arrangements existed with health services in terms of obtaining consent and agreeing to the sharing of information between agencies and other parties, such as parents/carers. The best examples of consent forms avoided a simple blanket agreement and instead broke down the agreement so that children and young people could choose to share information within the YOT, but not necessarily all the time with parents/carers. A poor example, in one YOT, was where the lack of consent by a child or young person would have been overridden where this was seen as necessary, even where the reason did not involve Safeguarding. This appeared to us to defeat the object of the consent, although the positive issue was that any disclosure was, at least, discussed first with the child or young person.
- 1.21 Children and young people generally accepted the need for the YOT to share information with partner agencies. Despite this and agreements with health services, there were still examples where relevant information was not shared in practice and this is unacceptable, particularly in cases where there may be Safeguarding issues.
- 1.22 The Estyn survey of Welsh schools, undertaken in parallel to this thematic inspection, indicated that in many schools the personal and social education coordinator and teachers were either not made aware of pupils who were at risk of misusing alcohol or given little information about these pupils. Where information was shared, schools were able to undertake positive work to deal with identified pupils sensitively and to refer on where appropriate.

"Since the YOS, my son has a future and a good-looking future"

Comment by parent/carer

- 1.23 Although parents/carers could be engaged with both assessments and interventions by YOT workers (even where there were significant issues relating to that engagement such as estrangement), this was inconsistent.

In many YOTs parents received an initial letter and a home visit routinely as part of the assessment process. Limited support, however, was sometimes given to parents/carers by the YOT and one parent complained about the initial engagement, where it was felt that the workers were siding too much with his child and effectively working against him. He felt they failed to take his views into account. Despite this, his views changed and he became much more positive during the course of involvement.

- 1.24 We saw some excellent examples of more direct input with parents/carers through parenting groups and direct support through a programme of detoxification. Where there had been positive engagement with parents/carers, there was sometimes little evidence of this information being well used in the child or young person's assessment and in subsequent intervention planning.

In 78% of the cases inspected in this thematic in England and Wales, there was evidence of a history of alcohol abuse or domestic violence within the child or young person's family.

- 1.25 One significant aspect in many of the YOTs visited was the

One young person indicated a lack of engagement by workers with his parents during his time with the YOS although others in the group talked about the engagement being "too much".

demonstration of positive relationships which had been created between workers and the children and young people, even where there had been considerable resistance in the first instance. Children and young people being interviewed as part of this inspection frequently commented on being treated well and being "*spoken to properly*" and with respect.

- 1.26 A range of written information was provided in relation to alcohol misuse by health services. Leaflets, information packs and posters helped to draw attention to the dangers of alcohol misuse, although information in relation to other drugs sometimes took precedence. There were some very good examples of specific information used by case workers.

- 1.27 Relationships between different agencies were mixed. While there were some very good examples of particularly productive relationships between the YOT, external health services, the police, the youth service and children's social care services¹¹. There were also examples of less productive relationships; these included a lack of clarity about thresholds for CAMHS intervention or a reluctance to refer to health by the police and probation. There sometimes appeared to be insufficient involvement with other agencies where the assessment simply highlighted the Crown Prosecution Service (CPS) and children's social care service as having been consulted, but this related more to a lack of recording than the actual level of liaison.

- 1.28 Relationships between YOT health workers and courts varied considerably between little or no contact to productive and supportive links and liaison. There was limited evidence of health contributions to bail support

¹¹ This terminology relates to England and some parts of Wales – for other areas in Wales it would be referred to as social services

packages where alcohol was involved, but there were good examples of useful health information being used within PSRs or even in addenda, to support sentencing options. In the Estyn survey of specific schools in Wales, it was found that there were weaknesses in communication between schools, youth clubs, YOTs and other educational settings in planning joint approaches to reinforce messages about alcohol misuse education.

- 1.29 One other aspect to consider here is the issue of dual diagnosis, where a child or young person has substance misuse as well as emotional or mental health problems. There was sometimes confusion amongst case managers as to who to approach. This can be exaggerated where substance misuse services have their own CAMHS specialist. This referral pathway needed greater clarity. We noted one case where a young person had made several suicide attempts but because she was 16 years old and not in full-time education, she was deemed ineligible for support from the local CAMHS¹².
- 1.30 Where there was a query in terms of a referral to a substance misuse specialist, this inspection highlighted the added value of having a health specialist on site to offer information, advice and support. There was one YOT where an external duty worker provided a useful health reference point. We found that the absence of a contingency plan to cover vacancies, leave or sickness absences left a significant and substantial gap in provision.
- 1.31 In the best YOTs, children and young people involved in alcohol misuse were identified through the collation and verification of assessments from a range of sources, including Asset, self-assessments, offence-related information, direct observation, information pertaining to the family and information from other relevant professionals. In a number of YOTs there was particularly good liaison with the police where intelligence checks supported assessment information regarding alcohol misuse.

“She is so supportive”

Comment by Child or Young Person

- 1.32 Practice varied in relation to the contribution by health workers to assessments and reviews of Asset. Sometimes they offered advice on the completion of the health components within Asset and the scoring. This level of consultation was repeated when Asset was rescored. Information from substance misuse interventions could also be inputted directly onto YOIS or Careworks. With others, the information provided from a substance misuse assessment and intervention was singularly unhelpful when limited to simple indications of attendance.
- 1.33 Intervention plans were mostly good in terms of recording interventions and being completed quickly, but plans were, in general, not well sequenced. Careworks appeared unable to allow for the sequencing of interventions, with only the ordering of interventions providing insight into

¹² In Wales this issue is further reinforced by the all Wales CAMHS Review – Services for children and young people with emotional and mental health needs (November 2009)

the urgency of particular components. Even with YOIS there were too many occasions where all elements were tagged as urgent or all the completion dates reflected the date when the order was due to be completed. Intervention plans were sometimes too generalised.

- 1.34 Interventions sometimes dovetailed with what was available in the YOT, rather than meeting the specific evidence-based needs of the individual concerned. Plans were also not well reviewed in specific YOTs. One plan, for example, was drawn up prior to the start of custody and was only reviewed at the conclusion of the community supervision with nothing in between. Alcohol interventions were often appropriately considered in relation to the overall plan but there were a number of occasions where this was not recorded.
- 1.35 In all but one case where a child or a young person was sentenced to custody the YOT forwarded the initial assessment to the custodial establishment within 24 hours. In all of these cases, where the individual had assessed alcohol or health issues, the custodial establishment was alerted to these needs. For one case in Wales, this had resulted in the child or young person being moved to another custodial establishment, where their alcohol misuse needs could be better addressed.
- 1.36 We saw thorough plans to meet the demands of the Scaled Approach¹³. One element considered was the opportunity to create parallel intervention plans with health services. There was also a growing recognition and understanding of the gender differences in relation to alcohol misuse and particular programmes were designed to meet gender specific needs. There were examples of education based programmes, such as focused group work and targeted one-to-one interventions for young women and different groups and individual work for young men.
- 1.37 Assessments and intervention plans appropriately considered the *RoH*, LoR and, to a lesser extent, Safeguarding. Where alcohol misuse was concerned, there was some inconsistency in screening for *RoH* compared to the perceived level of vulnerability. It was noted in a number of cases, for example, that where a child or young person was out of control while under the influence of alcohol and posed a clear *RoH*, the vulnerabilities for the individuals themselves were less likely to be considered fully. Safeguarding was more likely to be considered where the child or young person in question was a young woman and particularly where sexual health was involved.
- 1.38 In one instance, the *RoH* classification was rescored without any evidence to support this change. Another was where this was *not* rescored, despite a number of factors having clearly changed. Even where vulnerability and *RoH* had been assessed well initially, management plans were not reviewed thoroughly and there was too much reliance on simply duplicating information – even where, in one instance, the overall assessment had moved from ‘high’ to ‘very high’. There were, however,

¹³ The Youth Justice Board in partnership with YOTs has developed a new model of working known as the Scaled Approach which matches the intensity of work undertaken to a child or young person’s assessed LoR and RoSH to others. See Glossary.

very good examples of vulnerability and *RoH* assessments being completed quickly and accurately in-line with comprehensive risk management and vulnerability policies, while also being subjected to good quality assurance oversight, particularly in cases classified as high *RoH*. In the best examples, the substance misuse workers had attended team meetings to discuss these cases and had also contributed to RMPs and VMPs.

Bridgend YOS had two practice management groups which met on alternate weeks. One group reviewed *Risk of Harm to others* and the other vulnerability. Any member of the team could refer a case to these groups if they were concerned about the child or young person's risk of harm or vulnerability; this included substance misuse workers. All professionals involved with the child or young person were invited to these meetings and contributed to the intervention or management planning. The group could also recommend the referral to a specialist service to address any assessed need. (Bridgend)

- 1.39 Intervention plans were well linked between the YOT case managers and substance misuse workers and included alcohol needs where appropriate, despite the occasions where there was a clear welfare/justice dilemma. We found examples where very useful interventions had taken place in relation to alcohol misuse, despite Asset scoring in this area having been low because of the lack of an obvious link with specific offending.
- 1.40 Specific health intervention plans were shared with YOT case managers and this was seen to assist with dovetailing other plans for the individual. Communication was sometimes more difficult where the substance misuse service was run externally to the YOT or was part of the third sector.

SECTION SUMMARY:

Strengths:

- **advice and support from health specialists within YOTs**
- **holistic health assessments where these had been introduced**
- **well completed and good quality Assets in many YOTs**
- **specific diversity needs being well considered in some YOTs**
- **referrals to substance misuse specialists being picked up quickly**
- **diverse, creative and flexible arrangement made to engage children and young people**
- **arrangements by health workers to obtain consent to share relevant information about health**
- **relationships between YOT and health workers and between those workers and children and young people**
- **examples of direct interventions with parents/carers**

- levels of written information provided in relation to alcohol misuse by health services
- intervention plans containing appropriate areas for intervention, being completed swiftly and linking with substance misuse intervention plans
- appropriate consideration of the *RoH* and *LoR* within assessments and in relation to intervention plans.

Areas for improvement:

- inconsistent quality of assessment
- variable arrangements for assessments
- lack of recording of consultation with external agencies on Asset and a lack of cross-referencing of information gathered
- assessment of all health needs, including physical health needs, on Asset
- impact of case manager acceptance of a level of substance misuse by children and young people on assessments
- variation in scoring substance misuse issues on Asset and lack of consistency in thresholds for referrals to specialist workers
- self-assessment forms not routinely completed by children and young people
- assets not updated sufficiently to reflect significant changes and too much cloning of information from previous Assets
- some inconsistency in relation to engaging parents/carers of children and young people
- insufficient sharing of meaningful information between health services and the YOT, particularly with CAMHS
- intervention plans not well sequenced
- intervention plans not sufficiently including safe practice in relation to the extent of individual need
- Safeguarding needs of children and young people not being considered sufficiently.

2. DELIVERY AND REVIEW OF INTERVENTIONS

Criteria:

1. *Interventions relating to alcohol have taken place as planned, are child centred and also evidence-based.*
2. *Interventions are sufficiently well resourced and are timely and appropriately sequenced with relevant links to partner agencies.*
3. *Sufficient account is taken of RoH, LoR and Safeguarding needs while consideration is also given to victim safety.*
4. *Staff actively motivate children and young people throughout the course of their sentence and reinforce positive and healthy behaviour.*
5. *Staff actively engage parents/carers in their work.*
6. *Purposeful home visits are carried out in accordance with the assessed level of RoH and any Safeguarding issues, throughout the course of the sentence.*
7. *YOT staff promote the health and well-being of children and young people and support them throughout the course of their sentence.*

Findings:

- 2.1 There was a wide range of interventions offered by health workers to those with identified alcohol misuse problems. Specific evidence based approaches were being used in many areas with those children and young people who had higher levels of dependence and these approaches included cognitive behavioural therapy, brief interventions, relapse prevention and motivational interviewing. Useful basic focused work included the provision of information. Educational support was also offered, but principally as part of prevention work. Innovative initiatives included the highlighting of alcohol-related issues by the 'Pint-Size' theatre group in Nottinghamshire and the pre-court 'youth alcohol-related disorder' summer programme in Leeds.

The YOS substance misuse and health worker, in Tower Hamlets, had developed a number of alcohol misuse work interactive work packs, these included 'How alcohol affects the body' which provided the child or young person with information in relation to the health implications of alcohol misuse; 'Ladder of drunkenness' which proved the child or young person with advice on how to recognise how alcohol was effecting them and 'Alcohol harm minimisation' aimed at helping children and young people to stay safe. (Tower Hamlets)

Some exciting new initiatives were being planned, e.g. a triage system in the police station where prevention work would be included, a 'strengthening families' programme called A-CRA (Adolescent Community Reinforcement Approach), fostering early primary prevention and a new post for an early intervention and prevention worker based in the Community Alcohol and Drugs Team. (Cardiff)

2.2 Other imaginative interventions included workers in Milton Keynes who had used a lungs monitor to demonstrate the effects of smoking as an adjunct to alcohol work. Bridgend YOS provided a service outside normal office hours, including weekends. For children and young people with assessed alcohol-related issues, the YOS here tried to break drinking patterns at weekends by targeting support at that time, while spending time shopping with children and young people to ensure that their money was not all spent on alcohol. Some children and young people interviewed acknowledged that appointments with a YOT late on a Friday had a positive effect on their drinking habits over that evening. Examples were seen of individual programmes being well supported by leisure activities, by socialisation and behaviour initiatives and through specific parenting support. Joint intervention visits taking place in order to meet substance misuse and mental health issues were seen in some areas too.

In North Tyneside, a well supported football group was run twice a week, which also provided food for service users, with this aspect being extended positively to include Christmas Eve and New Year's Eve lunches – cleverly designed as a means of reducing the amount of alcohol consumed at those times and additionally the effects of any alcohol consumed. With this last example, a mix of late and early appointments were also made in order to help monitor alcohol use. (North Tyneside)

One young person interviewed really appreciated the efforts made by the substance misuse worker to not only talk about his level of alcohol misuse but also to discuss his ongoing feelings about his father's alcoholism and the effect on his family. He also indicated that finding out more about the effects of alcohol on his health was a significant factor in the reduction of his use of alcohol. (North Tyneside)

2.3 In many preventative interventions there was a strong, and welcome, focus on positive choices and recognition of the difference between developing an awareness of the issues and knowledge about alcohol amongst children and young people. Group work and the use of media, including drama, was well used in schools to convey clear messages about alcohol in a constructive and age appropriate way. Suffolk YOT promoted the consistent use of corporate work boxes on alcohol across their range of work – this 'toolbox' of interventions was also designed to be used both in

group work and in individual settings. Interventions were often available where health and substance misuse specialists were well linked to youth offending, youth work and education services. Where there had been vacancies or gaps in the level of support from health services to a YOT, the level of access, the activities being offered, the flexibility and the level of information exchanged had all suffered.

Interventions included an alcohol and offending group for lower Tier cases, alcohol workshops for females (part of gender specific programmes) and a holistic programme for young male offenders which includes a session on alcohol awareness. There were also one-to-one sessions, particularly for rural areas, harm reduction advice, relapse prevention, drama work and access to a clinical service. (Suffolk)

2.4 All the primary schools and secondary schools surveyed by Estyn in Wales, taught students about alcohol misuse. The physical effects and social aspects of alcohol use and misuse were covered, but the best examples linked alcohol misuse to relevant risk factors, such as homelessness and sexual health, while also understanding other influential factors, such as domestic abuse and peer pressure. Useful work was carried out by police school liaison officers, who were able to respond well to trends and patterns of alcohol misuse in the local community.

Cardiff YOS had standard alcohol misuse sessions forming part of the YOS prevention programme and all ISSPs contained an alcohol misuse session. The YOS had also developed an alcohol awareness session to be delivered at their local Attendance Centre. (Cardiff)

2.5 Some YOTs recognised the need to acknowledge cultural norms and barriers and had adapted programmes to meet those particular needs. We saw workers being fully conscious of particular cultural aspects such as religious expectations and, in Tower Hamlets, the YOT was making good use of black and Asian media to sensitively highlight alcohol misuse issues.

Examples were found of diversity needs being well met, e.g. with interpreters, consideration of cultural issues and the provision of a mobile phone and text messaging to keep a grandmother with a hearing disability informed. (Tower Hamlets)

2.6 Some planned interventions relating to alcohol misuse remained difficult to achieve for YOTs, given the often chaotic nature of individual cases coupled with a lack of commitment by the child or young person. Flexible and creative means of engagement were not always employed by

The YOS ran a group work programme for young men called 'from Boyhood to Manhood' which looked at all aspects of this important stage in their lives, including health and peer pressure linked to alcohol misuse. (Nottinghamshire)

specialist health workers. One young person who had engaged initially with the service, indicated that the sessions were *“boring and just monitored how much alcohol I was drinking”*. There was, sometimes, limited evidence of both what had been achieved and what further work needed to be undertaken, even with very successful cases. Sometimes, where interventions were successful in, at least, managing a difficult situation and improving the level of awareness and understanding rather than it deteriorating, this was not acknowledged positively.

- 2.7 The majority of alcohol-related interventions undertaken within YOTs concentrated on educational elements and, while this was useful, there needed to be more of a deliberate focus on specific evidence based interventions which were tied in with the level of need and age of the child or young person¹⁴.

One looked after child, a young girl with learning difficulties, was both drinking to excess and being exploited by young men. Joint work took place between the substance misuse worker and another health worker which included work on alcohol consumption and safety aspects. Good progress was made with the case, particularly after tapping into a specific interest in art where, for example, a collage was created in relation to alcohol. (Leeds)

- 2.8 Some interventions relating to emotional and mental health issues and linked to ongoing work on substance misuse, had not taken place for a variety of reasons. CAMHS personnel, outside the YOT, were perceived as less flexible, with variable referral criteria and thresholds. In one YOT, cases could not be referred while there was ongoing involvement with any aspect of substance misuse. In others, appointments were offered in writing and then abruptly closed following missed appointments. In another YOT there was a tendency for the workers there to simply try and work with any emotional and mental health issues, due to the lack of involvement by CAMHS. One-third of the case managers interviewed expressed the view that the level of CAMHS available was insufficient, again reinforcing the results of the Welsh CAMHS review. There were issues in terms of limited resources, a lack of clarity and insufficient feedback to referrers on what constituted a reasonable referral and what might have been offered.

“She has started to take things on board and the work has helped our relationship – my daughter does think the substance misuse worker is amazing”

Comment by parent/carer

- 2.9 One case manager said that she was not sure how CAMHS worked or what they did. She had followed the procedure to refer but then felt that the

¹⁴ See example: *Principles of Drug Addiction Treatment: A Research Based Guide* - National Institute on Drug Abuse

referral simply disappeared. A case manager in another YOT described the attitude of CAMHS as 'armour-plated' in relation to the receipt of referrals.

- 2.10 Where health workers linked to a YOT had direct line management or clinical supervision (or other direct links) through CAMHS, the level of understanding and the degree of support was much more positive and led to the fast-tracking of referrals for this vulnerable group of children and young people. The growth in 'early intervention in psychosis' teams had also helped to provide more assistance to YOTs, particularly where there were dual diagnosis issues.

The YOS had trained a number of volunteer mentors in not only supporting children and young people through their order but also to deliver low level interventions, including alcohol awareness. The YOS CAMHS worker was also flexible enough to provide short notice assessments of children and young people displaying mental health issues and to provide support and guidance as required. (Wrexham)

- 2.11 There was confusion in relation to boundaries, where there were a number of different staff working with one individual. Sharing of relevant information was often problematic when different outside agencies were involved. Even though there were issues in terms of recording all relevant information between YOT workers and health workers on the same site, it was still far more likely that information would, at least, have been informally exchanged.

- 2.12 During the custodial phase of sentences; planned alcohol-related interventions, were delivered in the majority of cases. However, in almost one-quarter of these cases, we found that they were not sufficiently well resourced. In the same number of cases, alcohol-related interventions were not considered to have been delivered within an appropriate timescale. Interventions were appropriately sequenced in only half the relevant cases. The situation for community based sentences, including the licence supervision period of a custodial sentence, was better, with the vast majority of alcohol-related interventions having been assessed as sufficiently well resourced.

Occasional and very useful, joint work had been undertaken between Head2Head and Face-It in relation to Traveller sites and with Dual Diagnosis cases. (Nottinghamshire emotional and mental health services and substance misuse services)

- 2.13 The effectiveness of links with secure environments varied for health workers. This very much depended on resources, primarily the geographic spread of institutions. Where there were reasonable health resources within a YOT and the placement was local, it was likely that the community based health worker would have attended, at least, the final secure review and would have maintained some degree of contact during the sentence. We saw examples of YOT health workers and case workers creating mutually supportive arrangements with local YOIs, secure training centres and secure children's homes. Where there were resource and distance

issues, liaison was limited and could lead to a lack of continuity in treatment. We saw deterioration in cases where appropriate interventions weren't delivered or followed through. For example, one young person, on release from custody, was placed in a bed and breakfast accommodation and did not have their mental health medication prescription renewed promptly, leading to a loss of commitment.

Daniel was an 18 year old coming to the end of a detention and training order (DTO). He had a long history of offending which was directly linked to his alcohol misuse. Work on his substance misuse had begun whilst he was in custody. Daniel had been assessed as tier 4, and was in need of significant intervention. Daniel's case manager realised that given his age he was unlikely to receive the interventions he needed if he was released on licence to the YOT. She therefore liaised both with the local probation team and a local substance misuse provider to ensure that conditions could be placed on Daniel's licence, which ensured he would be able to access tier 4 services and that he would be managed, in-line with case transfer guidance, by the local probation service. (Ceredigion)

- 2.14 Sometimes, the ability to provide continuity was undermined by the lack of flexibility in planning or commissioning or, even, on the reliance of resettlement and aftercare provision, for example, to provide the right level of transitional support. We found that secure placements a long way from the home area were likely to disproportionately impact on young women, and young men from Wales due to the location of provision for these groups.
- 2.15 Continuity of treatment was problematic where there was a transition between child and adult services. We saw examples of unsuitable adult oriented tier 4 facilities being used for rehabilitation and referrals on to adult alcohol misuse services which proved too difficult to engage for the child or young person. There were, nevertheless, some very positive examples of flexibility in substance misuse services such as NORCAS¹⁵ in Suffolk, who maintained support where necessary, having recognised the extent of the gap for the 18-25 age range, and the employment of transition workers to support children and young people through a potentially difficult time. Sufficiently good links existed in Leeds between T3 (children and young people's substance misuse service) and adult health services to enable T3 to accompany the child or young person to initial appointments to try to effect a smooth transition.
- 2.16 Safeguarding needs were generally well considered. There were occasions where the focus on the *RoH* and the reduction of reoffending conflicted with the nature of safeguarding issues. An example of this was where a child or young person could be seen to be out of control, and a *RoH* whilst under the influence of alcohol but was not considered to also be 'at risk to themselves' in Safeguarding terms.

¹⁵ NORCAS is an independent provider of drug and alcohol services across East Anglia.

One young person with alcohol-related needs was assisted by Face-It in accessing a GP for tests on liver functioning. She was told that she would die if she continued to abuse alcohol in the same way. This helped her to reduce her intake. The additional threat of a possible loss of accommodation was also a factor in her alcohol reduction. (Nottinghamshire)

2.17 We saw specific factors being appropriately considered in assessments and intervention plans, including sexual health, 'hidden harm'¹⁶ and pregnancy. Sometimes, other factors were given precedence over work on alcohol. An example of this was where a young girl was misusing alcohol, to a large extent, and becoming sexually promiscuous as a result. The focus of work was on sexual health while the alcohol intake and the reasons for this were largely ignored.

The YOS general nurse provided an exceptional service in helping to prevent, identify and address issues of safe sex, bullying and alcohol abuse in children and young people referred to the YOS. She had also developed an innovative communication tool through the use of glove puppets in her work. (Rhondda Cynon Taff)

2.18 The needs of victims were not sufficiently well managed, despite good examples of reparation work being undertaken and the use of letters of apology. Too often, an initial attempt at contacting the victim was made with little follow-up. There were examples of family members being the victims in cases and no attempt being made to consider their needs. One example of a lack of consideration to victim safety was where a shopkeeper, who had been offended against, was still living opposite the young person who perpetrated the offence and did not receive an offer of support.

Bridgend YOS had arranged weekend activities targeted at children and young people involved in antisocial behaviour. This included arranging alternative activities during the Halloween weekend aimed at reducing antisocial activities and raising their understanding of the consequences of their actions including the misuse of alcohol. (Bridgend)

2.19 *RoH* assessments were not subject to timely reviews and we saw examples of duplicated information rather than thorough reviews.

2.20 We received very positive feedback from children and young people about their relationships with case managers and health professionals. Creative means were used not only to initially engage them but also to maintain their motivation and involvement during interventions and to reinforce positive and healthy behaviour. As well as utilising home visits, using different locations and providing reminders; specific sessional work and

¹⁶ Hidden harm refers to factors inherent in the family which contribute to a child or young person's health and well-being – for example, incidents of domestic violence or extensive alcohol misuse by parents/carers.

worksheets, interviewing techniques and counselling skills were used to maintain motivation. There were still some difficulties in engaging and maintaining motivation at times.

One health worker walked round streets rather than manage an encounter with a young person in an office – she had also used a meal, shoe shopping or even a treadmill in a gym to make an encounter less threatening and more useful. (Leeds)

“The YOT SM worker has helped me so much in every part of my life. I have cut down on my drinking and they have helped me gain an ITEC¹⁷ qualification. They are really tidy people”.

(Rhondda Cynon Taff)

In many schools, personal and social education teachers used a variety of learning and teaching strategies to engage and motivate pupils. In the best cases, teachers used drama, discussion and a range of resources that equipped pupils with useful skills to resolve complex and ‘true-to-life’ situations. (Estyn school survey in Wales 2010)

2.21 Children and young people interviewed described the positive impact on them of information relating to the effects of alcohol on their health and their degree of awareness of the number of units they were consuming. Practical activities were seen by these children and young people to have assisted their understanding of negative consequences. Specific examples included the number of calories consumed, the impact of units of alcohol and the length of time that alcohol stays in the body. The educational elements experienced by children and young people here can be a very good starting point in relation to working with different levels of alcohol misuse.

Children and young people with an assessed alcohol misuse problem were supplied with an ‘alcohol diary’ by the YOS partner ‘Drink Aware’. The YOS substance misuse ‘inroads worker’ had also devised a ‘Unit and Calories’ work book that was used with children and young people to inform them of harm reduction techniques. Case workers within the YOS also had a wide range of worksheets and books available to them which included: - drink aware calculators, facts about alcohol and a ‘big blue book of booze’. (Cardiff)

“I used to be so screwed up. I was wasting my life - X was fantastic, he knew so much about drugs and alcohol and there was nothing that shocked him. Now I have changed my life. I am so different from how I used to be. I am at college and am going to be in music or TV production and that is so great”. (Tower Hamlets)

¹⁷ ITEC is an international examination board, operating in over 33 countries worldwide offering a variety of qualifications in various fields including business, sport, beauty, hairdressing and complementary health.

“When I first came to the YOT I was so unhappy with my life, I owe the YOT workers so much I can’t thank them enough”.

(Rhonda Cynon Taff)

- 2.22 We found positive examples of involving parents/carers in interventions coupled with some good provision of direct support, particularly through parenting early intervention programmes. Sometimes, the recording of engagement and involvement of parents/carers was insufficient with one example of a case where there was a great deal of contact and very positive support for a mother, but little record of this in the case file.

“The YOT have dealt with every angle of my daughter’s problems, from her alcohol misuse to helping her make better use of her time”.

(Wrexham)

- 2.23 The likelihood of improved outcomes was better where parents/carers were kept involved, particularly where they had specific relationship difficulties with their children or where their children were looked after. Given the high number of cases where parents/carers are also involved in misusing alcohol, it is clearly vital to assess this effectively and undertake appropriate work with those parents/carers in order to further support change with the child or young person. Initial assessments did generally involve parents/carers and there were examples of exit questionnaires and evaluation forms having been used with both parents/carers and children and young people to gain useful feedback on interventions.

Exit questionnaires are sent to parents/carers and children and young people and this leads to a prize draw so the take-up is high. Quotes from these questionnaires are used with the Board. (Leeds)

- 2.24 We found that parents/carers provided useful contributions on their engagement with YOTs and health services. One parent, for example, described a distinct difference in interventions through two separate court orders, where she felt that appointments in the first order were simply ‘ticked off’ whereas the subsequent order was much more structured with a clear focus which she understood. Another parent had issues with the way appointments were made, describing this as haphazard and problematic with one example given where a telephone arrangement for an appointment was sought ten minutes before the proposed time. A better use of group work to support parents/carers was another suggestion, indicating that it would have helped to have been more aware of what was being used within the YOT so that they could be replicated at home, to reinforce progress.
- 2.25 Opportunities to involve parents/carers were sometimes missed. For example, a parent was phoned to arrange appointments with a young person but no information was provided to this parent about progress to date. One parent interviewed stated that she was well aware of the interventions being undertaken with her child but that much of this was

reported back by the child rather than the case managers. We found that there were delays in accessing group work from parenting workers and there was one YOT where the resourcing of a parenting worker had been withdrawn. This had resulted in insufficient involvement of the parents/carers in interventions.

- 2.26 Although there was evidence of home visits being carried out, the purpose and nature of those visits was less clear. An assessment, understanding of *RoH* and Safeguarding issues needs in particular, needed to be more consistently demonstrated, particularly by health workers.

“I was confused without the YOT”

Comment by Child or Young Person

- 2.27 Relationships between children and young people, case managers and health workers were generally very good and this enabled general health aspects to be well considered and healthy living to be promoted. Links between alcohol use and general health were sometimes not made or connections were not clearly acknowledged. It was interesting to see one example of a consent form where the child or young person had acknowledged the need to share information with a number of agencies, but significantly health was left blank, despite a number of health issues being present and this gap was not subsequently taken up by the case manager. We found that YOT staff had promoted the health and well-being of children and young people throughout the course of 37% of custody sentences and 28% of community sentences only.
- 2.28 General health promotion materials focused more readily on smoking and drugs rather than alcohol. Even the publicity for a specific public forum event, as part of Drugs and Alcohol Awareness week, was very bright and vibrant, but focused almost exclusively on the drugs element. This despite there being a strong recognition of alcohol as a problem within the forum itself, an event which we attended. A lot of useful literature and information certainly existed in relation to substance misuse, but too often there was a simple assumption that alcohol was part of that package, whereas alcohol needs to be made more explicit within those materials.

A useful event took place in a community school as part of a local Drug and Alcohol Awareness week with 50 children and young people taking part in a debate with an expert panel. Some very good and insightful areas were debated in relation to alcohol, including prevention, education, maximising positive opportunities, enforcement and underage sales, test purchasing and the limitations of specific punishments. Local politicians were represented on the panel, but significant and provocative, input came from the young person who was acting as the elected young deputy mayor. (Tower Hamlets)

SECTION SUMMARY:

Strengths:

- the growing prioritisation of alcohol misuse with children and young people in YOTs
- the wide range of interventions being offered by YOTs and their partners in relation to alcohol misuse
- examples of individual intervention programmes being supported by joint work, leisure initiatives and parenting support
- strong focus on positive choices in prevention work
- degree of support from 'early intervention in psychosis' teams
- very positive feedback from children and young people about YOT workers, health workers and the nature of interventions
- examples of positive general health options being promoted.

Areas for improvement:

- the quality of intervention and prevention work suffered through insufficient resources and short or long-term gaps in services
- the lack of follow-up by CAMHS in relation to missed appointments by children and young people
- confusion by case workers in relation to CAMHS referral pathways
- variable contact between YOT health workers and staff within secure environments
- continuity of treatment between child and adult services in relation to alcohol misuse
- needs of victims not sufficiently well managed
- *RoH* assessments were not sufficiently well reviewed at appropriate times
- limited evidence of the purpose and nature of home visits
- general health is not sufficiently well considered as an important factor in interventions and much of the general health promotion materials used focus too readily on smoking and drugs rather than alcohol.

3. ACHIEVEMENT OF OUTCOMES

Criteria:

1. *Children and young people comply with the requirements of the order.*
2. *There has been a reduction in vulnerability and Safeguarding needs.*
3. *Positive outcomes are achieved in relation to alcohol misuse*

Findings:

- 3.1 Just over half the children and young people complied with their court orders and of those who did not, enforcement was appropriately used. Expectations were made clear from the outset and good efforts were made by case managers to encourage compliance. Some health specialists closed cases too readily when there was a lack of engagement. There were a few examples of too many absences by children and young people being accepted without sufficient challenge by case managers. We found cases being closed with some abruptness and with no exit strategy where additional contact and support may have been offered through voluntary engagement to reinforce progress.
- 3.2 The vast majority of parents/carers, interviewed as part of this inspection process, were very positive about the nature of their relationship with the YOT, even where they had some constructive criticism, as detailed previously. Children and young people were also particularly positive about the impact of information provision in increasing awareness of the risks of alcohol misuse and safe limits, which subsequently helped to reduce vulnerability. One good specific example of this was where a young person, through the efforts of a health worker, had visited their GP and had received clear, albeit worrying, feedback on the effects of their alcohol misuse which had a positive impact on their continued engagement with a programme of work.

Aleena was a 16 year old young woman from a Muslim background who had a serious alcohol misuse problem. The YOS substance misuse worker and her case manager worked closely to support her, particularly in relation to the cultural implications of her substance misuse and offending. They demonstrated a clear understanding of the diversity issues and worked in a very sensitive manner with her family. This resulted in Aleena fully engaging with the YOS and making some good progress in relation to her alcohol misuse and offending, with the support of her family and the wider community. (Tower Hamlets)

Chris committed offences under the influence of alcohol but, with the joint intervention of the YOT and the substance misuse worker, there had been a massive change in his behaviour and he had stopped drinking. His mother expressed the feeling that Chris was “real again” and was really pleased with the intervention. (Tower Hamlets)

3.3 Where safer practices were taken on-board and alcohol use by children and young people subsequently reduced, there was evidence of clear improvements in terms of Safeguarding and levels of vulnerability. Vulnerability was, however, sometimes assessed incorrectly as low, resulting in only half of the cases then being able to indicate a reduction in vulnerability or Safeguarding. Equally, where Assets, RMPs and VMPs were only updated at the conclusion of a sentence, rather than periodically where significant changes had taken place. This often did not adequately represent the work which had been undertaken, particularly, for example, where this was within a secure environment. We found health evaluations, such as the use of Treatment Outcome Profile forms (TOPs)¹⁸, illustrating progress in reducing vulnerability and Safeguarding needs, but this information was not shared adequately with case managers. In one YOT case managers were not aware of the use of TOPs as a tool to evaluate progress in health interventions.

Sara who had started abusing alcohol from the age of 12, had increased the habit to the extent of taking vodka in a pop bottle to school and also, latterly, had alcohol supplied to her by her parents (e.g. a case of lager being offered for her to use over a weekend). A comprehensive health assessment and interventions regarding alcohol took place both in custody and in the community, which had a significant impact on Sara’s use of alcohol and a substantial improvement in offending behaviour. (North Tyneside)

3.4 Positive outcomes were recorded on case files in less than half of the cases inspected. In 59% of cases, however, there was evidence of a reduction in offending or anti-social behaviour linked to alcohol misuse. A reduction in the seriousness of offending was also recorded in 65% of the cases inspected and a reduction to the perceived *Risk of Harm to others* was indicated in 59% of cases. With a number of cases examined, it was found that the *Risk of Harm to others* was not reviewed consistently at appropriate times which again made it difficult to assess the overall progress of the case.

“The YOT has given me back my son”

Comment by parent/carer

3.5 There was a mixed picture in relation to the recording of outcomes for alcohol-related interventions with some health services. Only some areas

¹⁸ Treatment Outcome Profile forms are used to collect data on substance misuse for the over 16 year olds, for the National Treatment Agency and these forms can provide good information on self-assessed progress.

had begun to establish elements of evaluation. One YOT recognised that data collection and analysis needed to be improved in this area and links were created with a local secure training centre to potentially mirror some of their systems which were seen to be working well. In Cardiff, we found that self-reported reductions in alcohol consumption had been recorded in all the individual cases inspected.

Following intervention from the YOS and the substance misuse service, Amy's use of alcohol diminished considerably and she has now stopped drinking altogether, in order to undertake a course where she will work with other children and young people who have problems with alcohol. (Nottinghamshire)

Very positive outcomes had been achieved with Tyler through the development of a programme of work by the parent and strong supportive links with the YOS worker and the substance misuse worker. Following a period of alcohol-related offending, Tyler now only tended to drink coca-cola, was living in a different environment and had a fledgling career. (Suffolk)

Matt described positive changes in relation to alcohol misuse following interventions: *"I used alcohol before as a way of solving problems but now it is just social. My mother is proud of the changes I have made and it has changed my relationship with her"*. Matt indicated that he can still associate with friends who drink excessively without feeling under pressure. (Tower Hamlets)

3.6 We found some YOTs where good progress had been made on developing outcome measures and collating data to evaluate the effectiveness of interventions. A range of sources were used for collation which included referral forms, feedback forms from children and young people, targeted questionnaires, information gained from Onset and Asset, care plan reviews, individual diaries and information from service users groups.

Where 'Viewpoint' was being used as an evaluation tool, an independent volunteer supports the completion of this by the child or young person. (Wrexham)

3.7 Many YOTs were still using previously collected key performance indicators for health and the National Treatment Agency targets coupled with National Drugs Treatment Monitoring System forms, and quality assurance information in order to evaluate performance. In many YOTs, however, the bulk of evaluation tended to focus on individual judgements of success rather than a more comprehensive analysis of what was most useful and how this effectively linked with existing YOT data.

A parent recognised that her daughter believed the substance misuse worker to be “amazing” and that both his organisation and the YOS have done her a lot of good – she only drinks occasionally now, has been signed off by the social worker, is attending school full-time again and hasn’t offended. In addition, the daughter is now raising questions about the wine her mother drinks, explaining to her the health impact of the number of units and the time alcohol remains in her system. (Suffolk)

3.8 Judgements of success in this area of work are varied and cannot simply be seen in terms of a reduction of alcohol consumption or complete abstinence. We saw examples of YOTs embracing success as demonstrations of safer and managed alcohol use as well as increased understanding of risks and commitment to intervention programmes. Other changes of behaviour and health improvements were included in individual assessments and evaluations.

One young person interviewed was able to describe positive change in a Youth Offender Panel meeting as him being “more able to identify high-risk situations”. (Nottinghamshire)

Case managers in Merthyr Tydfil discovered that a local shop was displaying solvents (specifically lighter fuel) outside the shop. This made it very easy for children and young people to steal these, which were being widely misused, alongside alcohol, in the town. The YOS shared this information with the police who then arranged with the shop owner to store the solvents securely inside the shop. There was a marked reduction in the misuse of solvents in the town as this illegal supply was stopped. (Merthyr Tydfil)

We saw media coverage of a voluntary arts project which supported young people who had offended and who needed extra help to overcome alcohol problems. Very positive feedback was received from children and young people both in terms of creative expression and the achievement of qualifications. (Leeds)

3.9 Individual outcome measures were gathered by health workers but these were not consistently shared with the YOTs. Equally, reviews of Asset were not always communicated effectively with health workers, particularly where health workers didn’t have access to the shared IT system. We found examples of Assets not having been completed sufficiently at the review stage to reflect changes. In one case, no change had been indicated in the substance misuse section of the Asset despite a self-reported reduction of use, a parent reporting that the young person was coming home drunk much less frequently and a reduction in alcohol-related offending. Other examples existed of case recording not adequately representing these positive demonstrations of progress.

One young person was difficult to engage, which was coupled with problematic parenting. They had been physically abused and referred to CAMHS at age seven, self-harmed at age eight and was misusing substances from age nine. They committed a robbery whilst under the influence of cannabis and alcohol. The YOT intervention demonstrated good partnership working between the substance misuse worker and the case manager, while also involving a degree of advocacy in relation to educational input. Motivational work was undertaken by the substance misuse worker in tandem with offending behaviour work while effective intervention took place with the parents. The young person had reduced their substance misuse and was attending college and had an improved relationship with their parents. (Milton Keynes)

3.10 Sometimes there was too much reliance on an individual worker's knowledge and skill base in terms of identifying what elements of intervention were most useful.

"I went to the workshop which helped me to understand what alcohol does to your body and would see my YOT worker afterwards. I also have a substance misuse worker at school who helped me. They have all done everything they could – it's down to me now but at least I'm not on my own".

(Young person interviewed in Leeds)

"When I was put on my ISSP, I didn't think it would be any good but my case worker was fantastic – she organised things to help me get my life back. She was always there for me and I trusted her but I know that I can't mess her around because if I did, she would have to breach me and I don't want to go back inside. I know I have to change my life for me and my mam but part of me wants to do it for my case worker – she has been such a help".

(Young person interviewed in Merthyr Tydfil)

"I used to think the YOT was rubbish but once you start to listen, it makes sense. If only everyone stopped to listen instead of rushing off, they would learn something...they have helped me in so many ways, I can't even start to tell you. The YOT health worker is great – she cares about every part of your health, she knows so much. She is a bit mad though – she carries a bag with hundreds of condoms in – crazy, but in a good way".

(Young person interviewed in Cardiff)

SECTION SUMMARY:

Strengths:

- levels of compliance with court orders where alcohol is a significant factor

- appropriate use of enforcement where required
- some good examples of outcome measures and data collection being used routinely
- wide range of sources used to demonstrate individual outcomes.

Areas for improvement:

- cases too readily closed by health services where there are issues with engagement and too often abruptly closed where additional support is required
- some absences by children and young people are accepted without sufficient challenge
- elements of work undertaken, particularly by health specialists, are not sufficiently demonstrated in YOT case recording
- health evaluations are not shared adequately with YOT case workers
- health interventions in relation to alcohol misuse are not well collated or linked with YOT outcome measures.

4. MANAGEMENT AND LEADERSHIP

Criteria:

1. *Appropriate policies and practice guidelines support the work with alcohol.*
2. *Appropriate partnerships have been formed or utilised and work together to prevent and address alcohol-related issues*
3. *Line management arrangements provide oversight and appropriate support for the work on offending and alcohol-related issues.*
4. *Staff development and deployment arrangements promote effective practice.*
5. *Commissioning and deployment of resources meets alcohol-related needs, RoH, LoR and Safeguarding issues.*
6. *The YOT and its partners analyse alcohol-related issues, identify gaps, address diversity and maximise effectiveness.*
7. *The YOT and its partners seek the views of service users and improve services appropriately as a result.*
8. *The YOT and its partners demonstrate clear leadership in its work relating to alcohol misuse and offending.*

Findings:

- 4.1 We found that the national focus on the misuse of alcohol by children and young people had moved this topic onto local agendas. National guidance used by YOTs to inform local strategies had concentrated on the Youth Alcohol Action Plan, the YJB Key Elements of Effective Practice (KEEPS), the *Alcohol Harm Reduction Strategy for England 2004*, the *Welsh Working Together to Reduce Harm The Substance Misuse Strategy for Wales 2008-2018* and the Chief Medical Officer's advice in *Guidance on the consumption of alcohol by children and young people 2009*. Other documents including the *EU Alcohol Strategy*, the National Institute of Clinical Excellence guidance on prevention work in relation to substance misuse and also *Actions Speak Louder* were all quoted as helping to shape strategy and guidance¹⁹.
- 4.2 Useful guidance was in the process of being drawn up in many YOTs during this inspection to reflect the changes in relation to the recently introduced youth rehabilitation order and the Scaled Approach. *RoH* and vulnerability

¹⁹ For these documents, please see additional reading appendix.

procedures generally, and appropriately, included references to alcohol misuse.

Strategic impetus in Leeds is provided through *The Leeds Alcohol Strategy 2007-2010* (developed by Safer Leeds) and the *Alcohol Harm Reduction Strategy for England 2004* plus the Chief Medical Officer's advice 2009. The Leeds Strategy employs a three-armed approach of prevention, treatment and control.

A wide range of relevant reference materials are used to inform alcohol strategic developments such as the consultation on the code of practice for retailers on selling alcohol sensibly and the NICE Guidance on prevention work in relation to substance misuse. (Leeds)

'Drug of the Month' information was disseminated amongst the team. This initiative started following one staff member becoming confused with the name of a drug as the street name had changed. (Bridgend)

4.3 There remained occasional gaps in protocols (for example, with information sharing) and service level agreements between YOTs and health services, although it was accepted that the ratification of draft agreements was again understandably waiting for further planning in relation to the Scaled Approach and the youth rehabilitation order. One protocol accurately cited and used national legislation, but then did not reflect local agreements and practices or more recent government advice. We found comprehensive protocols which included engagement, induction and training of staff, transition aspects, line management and clinical supervision structures, together with clear outcome measures.

Information-sharing was covered well in relation to substance misuse. Suffolk YOS were signed up to a countywide information sharing protocol and the independent substance misuse service (NORCAS) had their own procedures and associated forms. These systems appeared to work well with NORCAS accessing the YOS database and also information on alcohol-related ASB and crime, gathered by the police, being shared on request. (Suffolk)

4.4 The level of partnership working had continued to develop positively, although there remained particular issues in a number of the YOTs inspected. Relationships between one YOT and the police and between another YOT and contributing health services were acknowledged to have been highly problematic until recently when those areas began to work in a more integrated way. As one interviewee stated, "*Partnership-working is complicated with numerous competing agendas*". One complicating issue seen was where the YOT related to different NHS trusts or Health Boards which had created problems in terms of obtaining resources and maintaining consistency.

- 4.5 The linked school and local authority survey in Wales by Estyn found many good examples of partnership working to help prevent alcohol misuse and to support children and young people vulnerable to harm, although a consistent approach was not found.
- 4.6 A number of YOTs did not have substance misuse services directly represented on their Management Boards. This was often due to a historic legacy with line management and commissioning routes. Dual diagnosis processes were also underdeveloped, often relying on local informal relationships. Some good links had been established with other relevant strategic groups such as the CDRPs²⁰ and LSCBs in relation to alcohol misuse.

The CDRP delivery plan had sound objectives which include reducing alcohol-related reoffending, reducing alcohol-related crime in hotspot areas and addressing the linkages between domestic violence and alcohol misuse. It also contains clear milestones, outputs and outcomes. (Tower Hamlets)

- 4.7 A full map of substance misuse needs, including alcohol, by health services was rare and where this had happened, subsequent recommendations had been somewhat vague. Certain YOTs ensured that alcohol misuse was periodically discussed within more general substance misuse review meetings and we saw performance, delivery and capacity being reviewed and new developments tabled.
- 4.8 We were pleased to see positive line management and clinical supervision arrangements which supported specialist work well. Management oversight of casework, however, would benefit from improvement in some YOT areas. Certain YOTs were able to demonstrate a core training programme for new staff which included a useful component on substance misuse, which itself included alcohol misuse. In at least one of the YOTs, this training was mandatory. In the best YOTs, generic drugs and alcohol training was provided by substance misuse services on a quarterly basis together with regular updates for all staff. One YOT identified a specific issue through quality assurance, in relation to the appropriateness of substance misuse referrals by case managers. This YOT then produced a useful focused briefing paper to assist with knowledge based initial assessments.

It was recognised that more girls were being admitted to hospital through alcohol misuse, funding was obtained and a post was now being developed to work particularly with those young women and to raise awareness of the issues. (North Tyneside)

²⁰ Known in Wales and England now as Community Safety Partnerships

- 4.9 Not all existing case managers had received alcohol specific training; although most staff felt confident about the level of support they were able to get from line managers and health specialists. In one YOT, the level of alcohol misuse training undertaken by case managers was inconsistent with very few workers availing themselves of the good and low cost training provided by their DAAT. One significant comment made by substance misuse staff there was that, *“safe drinking levels are not accepted by case managers so how can the right messages be given to young people?”*
- Face-It (contracted substance misuse service) had trained case managers in effective practice and related this to alcohol misuse. This has included primary, secondary and peripheral workers. (Nottinghamshire)**
- 4.10 Despite many YOTs having training packages available which included alcohol misuse, a significant number of these were either in abeyance or had not been delivered or updated for some time. This was particularly significant where there had been high staff turnover which left a lack of knowledge about alcohol assessment and relevant referral processes. The Estyn school survey found that only a minority of teachers had received training specifically on alcohol education.
- Appropriate, high quality initial training was provided to YOS staff. All operational staff attended training in the use of the substance misuse screening tool as part of their induction. This input was accompanied by a full information pack which included alcohol specific information. New operational staff spent time with the NORCAS substance misuse worker as part of their induction. (Suffolk)**
- 4.11 Limited professional development opportunities were provided to some substance misuse workers within YOTs, particularly where there was a degree of isolation for an individual worker. Given the pace of change in this field, it is particularly important for them to keep abreast of developments.
- All YOS staff, including volunteers had attended Open College Network training in basic substance and alcohol misuse. The specialist health nurse used medical information boards to highlight the physical damage which alcohol caused. (Cardiff)**
- 4.12 Substance misuse services within, and as partners to, YOTs were often well established and provided a good service, while enjoying generally positive relationships with other YOT staff. Some YOTs had developed helpful contingency plans to ensure that a service was maintained through leave and sickness absence. While deployment of substance misuse staff to meet alcohol-related needs was mainly good, necessary additional support in relation to physical health services could be patchy.

“The support has helped and I get on better with my family now as well as being back in school full-time again”

- 4.13 There were capacity issues with some substance misuse services, both within YOTs and with those external services linked to YOTs. The capacity in one service, for example, was described by workers as *"tight and getting tighter"* and in another, external agencies were temporarily covering gaps in services. Scarce resources in another YOT had affected the timeliness of some specialist assessments, whilst capacity issues in a rural YOT largely related to the geography of the area. There had been long-term vacancies for health workers in two YOTs (one lasting for ten months) and with one of those, there had been clear problems in recruiting an appropriately skilled mental health worker to meet dual diagnosis and physical health needs.
- 4.14 Funding issues affected particular strands of work including, as mentioned earlier, parenting support but also some levels of intensive support. One case examined indicated that resource issues had prevented a therapeutic residential environment from being used with one child or young person despite this being acknowledged as the best option.
- 4.15 Some efforts had been made to ensure that the commissioning and deployment of available resources met the right alcohol-related needs. In one area, a substance misuse needs analysis, for example, identified alcohol as second only to cannabis as the most misused substance and also found that hospital admission rates were higher than the national average for women. It can often be problematic for YOTs to get appropriate and comparable information from health services regarding hospital admissions and teenage health, particularly where there are competing priorities. Strategic assessments of community safety issues had highlighted alcohol misuse or alcohol-related crime and ASB as priorities. Commissioning priorities for the ISSP and Resettlement and Aftercare Provision (RAP) in another YOT area had been well informed by data collection in relation to alcohol misuse.

Good use was made of data to focus resources on specific aspects of alcohol use and achieve positive outcomes e.g. the use of community work picnics, pro-social modelling and the use of a specific police car to meet ASB needs in a specific area. The arrest and referral initiative had proved itself to be a success through focusing on one area and on a specific pathway and there was now a system where admission to the Accident and Emergency department prompted a letter to the relevant school nurse regarding serious alcohol abuse and this was then followed up individually. (Nottinghamshire)

- 4.16 We found examples of YOTs and partners analysing a number of alcohol-related issues in order to identify gaps and effectively targeting interventions. Gender aspects had more recently come to the fore with a clearer recognition of the problem of 'binge' drinking and the increase in the ratio of young women misusing alcohol and committing offences, particularly in urban areas. Trading Standards departments, in specific

areas, were working alongside the police, the youth service and the YOT, in order to reduce the promotion and purchase opportunities for alcohol in relation to children and young people.

- 4.17 Information from children's services and links with schools had allowed the most vulnerable to be targeted for positive intervention in some parts of the country. Links between alcohol misuse, Safeguarding and domestic violence were also being considered by a community safety team and the police were using schemes such as 'Operation Staysafe' to place children and young people, who were misusing or were at risk of misusing alcohol, back in their home setting. Scrutiny reports commissioned by councils had also helped to identify area 'hotspots' where alcohol-related crimes were being committed by children and young people.
- 4.18 Diversity monitoring was beginning to provide some insight into the extent of alcohol misuse with specific cultural or gender based groups, but also including additional factors such as the influence of rurality. Tower Hamlets had made very good links with the local Muslim community to explore and manage alcohol misuse in a culturally sensitive way. One interesting element was the variety of different drugs, or substances, that were used by children and young people in different areas to a lesser or greater degree and over time, where the underlying constant was often the level of alcohol misuse.

Good analysis has taken place of alcohol-related issues e.g. the need to "win the hearts and minds of parents" since over 50% of children and young people obtain their alcohol from within the family home. It is acknowledged that it is often easier to obtain parental support in relation to drugs and more difficult with alcohol, despite there often being greater problems linked to the latter. (North Tyneside)

- 4.19 Even with some relatively recent progress in monitoring and data collection, this was still underdeveloped and inconsistent. There was little evidence seen during the inspection of discussions taking place in relation to alcohol misuse at YOT Management Board meetings. The Estyn school survey concluded that the monitoring and evaluation of personal and social education was not good enough. Without a clear system of measuring how well pupils were taught about alcohol misuse, teachers were unable to effectively assess the impact of the programme on pupils' knowledge, understanding, values and attitudes.
- 4.20 The analysis of cases in this inspection highlighted significant aspects which would benefit from further scrutiny, such as the high percentage of children and young people (87%) where their alcohol misuse pre-dated their current offence. In over half of the cases inspected, the offences being considered involved violence and public order. We found that three-quarters of the cases inspected demonstrated evidence of dual alcohol and drug use. Positive outcomes were recorded in less than half of the cases seen. A more robust and consistent method of recording, monitoring and evaluating would help both health services and YOTs to effectively and appropriately target resources.

“At one time I would lie in bed at 1am worrying where she was and if she was safe. She is still going out and still drinking but, at least, now she phones me to let me know she is safe and arranges for me to pick her up...it may not seem much but it means everything to us”

Comment by parent/carer

- 4.21 Most YOT areas had participation agendas and there were many examples of views being sought from children and young people in relation to alcohol misuse. Nottinghamshire DAAT, for example, had received funding from the local PCT to conduct a series of innovative consultation exercises with children and young people involved in crime, to establish their views on the successes and failures of the alcohol policy and what improvements could take place in the future. Some reporting by children and young people had taken place in Leeds and plans were underway to include a child or young person's element in the reviewed alcohol strategy. The national Tellus²¹ surveys of children and young people had been used to capture the views of some children and young people in different YOTs.
- 4.22 Milton Keynes engaged children and young people through a forum during 'Alcohol Awareness' week and among some surprising observations, was the feeling that raising the current legal age for drinking would help the current level of misuse and reduce ASB. Consultations with children and young people had also taken place in Milton Keynes, Tower Hamlets and Solihull to ensure that service users were involved in developments. The substance misuse service in Suffolk also undertook a significant study in relation to substance misuse and alcohol, which involved obtaining the views of 1,000 children and young people. Feedback which had been taken on board by YOTs had included the request to see more factual and relevant education in relation to alcohol misuse.

We attended a useful event took place in a community school as part of the Tower Hamlets Drug & Alcohol Awareness week. Approximately 50 children and young people took part and some very good and insightful questions were asked of the expert panel (these included topics such as: prevention and education, maximising positive opportunities, enforcement and underage sales, test purchasing and limitations of punishment). (Tower Hamlets)

- 4.23 The views of parents/carers were less actively sought in relation to service development. However, we found constructive examples of parents/carers engaged with a development group and a delivery group in relation to alcohol misuse. One mother, in particular, indicated that she had previously misused alcohol herself but was now able to make a positive contribution to this group.
- 4.24 The YOT and its partners were beginning to drive forward work on alcohol-related issues. Reducing levels of substance misuse was now beginning to

²¹ Tellus surveys are questionnaires used by Ofsted/Department of Children, Schools and Families to gather the views of large groups of children and young people in schools

explicitly include alcohol. One of the ten improvement priorities in the *Children and Young People's Plan 2009-2011* for Nottinghamshire, for example, was to reduce the problems caused by drugs and alcohol for children and young people, families and communities. Equally, North Tyneside had alcohol as one of the NHS Trust's ten main indicators linked to world class commissioning, as well as it being a local area agreement stretch target. It was also in the trust's five-year plan where capacity was being built in order to address the identified alcohol problems.

The alcohol plan developed by Nottinghamshire attempted to ensure a consistent way forward of targeting and prioritising alcohol-related actions for prevention, treatment, commissioning, reducing alcohol-related crime and disorder, working with the alcohol-related industry, the consequences for children and young people, and key messages for communities, families, carers and a strategic approach. (Nottinghamshire)

4.25 Recent improvements in the strategic oversight of alcohol-related issues, with a renewed focus on children and young people, were complemented by the development of operational managers who now had clear responsibility for substance misuse services within a YOT. The local collection of data around alcohol also paralleled the evolution of national data in this field. The level of understanding of alcohol issues among both strategic leaders and case managers was inconsistent but improving. There still needed to be a greater awareness, and a more holistic view of the importance of health in this area of work in relation to offending behaviour.

SECTION SUMMARY:

Strengths:

- **appropriate policies and guidance generally cited and used within YOTs in relation to alcohol misuse**
- **local guidance was being updated to reflect recent changes in relation to the introduction of the youth rehabilitation order and the Scaled Approach**
- **the general level of partnership working**
- **line management and clinical supervision arrangements**
- **examples of core training in alcohol misuse undertaken by YOT staff**
- **substance misuse services within, and as partners to, YOTs are often well established and provide good services**
- **examples of YOTs and their partners analysing alcohol-related issues**

- most YOTs have participation agendas with good examples of views being sought from children and young people.

Areas for improvement:

- some policies are incomplete, outdated or in draft form
- some YOTs do not have substance misuse services directly represented on their management boards
- dual diagnosis processes are generally under-developed
- full assessments of substance misuse needs are not routinely undertaken by health services
- with many YOTs, substance misuse training was either in abeyance or had not been delivered or updated for some time
- limited professional development opportunities are provided to some substance misuse workers within YOTs
- there are capacity and funding issues for some substance misuse services
- monitoring and data collection in relation to alcohol issues for use in the development of services is underdeveloped and inconsistent.

Appendix 1: Glossary

ADHD	Attention Deficit Hyperactivity Disorder
ASB/ASBO	Antisocial behaviour/Antisocial behaviour order
Asset	A structured assessment tool based on research and developed by the Youth Justice Board looking at the young person's offence, personal circumstances, attitudes and beliefs which have contributed to their offending behaviour. Each section is scored on a scale of 0 (not associated with likelihood of further offending) to 4 (very strongly associated with likelihood of further offending)
CAF	Common Assessment Framework: a standardised assessment of a child or young person's needs and of how those needs can be met. It is undertaken by the lead professional in a case, with contributions from all others involved with that individual
CAMHS	Child and Adolescent Mental Health Services: part of the National Health Service, providing specialist mental health/behavioural services to children and young people
Careworks	One of the two electronic case management systems for youth offending work currently in use in England and Wales. See also YOIS+
CDRP	Crime and Disorder Reduction Partnership
CQC	Care Quality Commission
DAAT	Drugs and Alcohol Action Team
DTO	Detention and training order: a custodial sentence for the young
Estyn	HM Inspectorate for Education and Training in Wales
FIP	Family Intervention Project
FTE	Full-time equivalent
HIW	Healthcare Inspectorate Wales
HM	Her Majesty's
HMI Prisons	HM Inspectorate of Prisons
HMI Probation	HM Inspectorate of Probation
HMIC	HM Inspectorate of Constabulary
Interventions; <i>constructive</i> and <i>restrictive</i> interventions	<p>Work with an individual that is designed to change their offending behaviour and/or to support public protection.</p> <p>A <i>constructive</i> intervention is where the primary purpose is to reduce Likelihood of Reoffending.</p> <p>A <i>restrictive</i> intervention is where the primary purpose is to keep to a minimum the individual's <i>Risk of Harm to others</i>.</p> <p>Example: with a sex offender, a <i>constructive intervention</i> might be to put them through an accredited sex offender programme; a <i>restrictive intervention</i> (to minimise their <i>Risk of Harm</i>) might be to monitor regularly and meticulously their accommodation, their employment and the places they frequent, imposing and enforcing clear restrictions as appropriate to each case. NB. Both types of intervention are important</p>
ISSP	Intensive Supervision and Surveillance Programme: this intervention is attached to the start of some orders and licences and provides initially at least 25 hours programme contact including a substantial proportion of employment, training and education
LoR	Likelihood of Reoffending. See also <i>constructive</i> Interventions

LSCB	Local Safeguarding Children Board: set up in each local authority (as a result of the Children Act 2004) to coordinate and ensure the effectiveness of the multi-agency work to safeguard and promote the welfare of children in that locality
Ofsted	Office for Standards in Education, Children's Services and Skills: the Inspectorate for those services in England (not Wales, for which see Estyn)
<i>Over to you?</i>	Self assessment part of Onset for the child or young person to complete
PCT	Primary Care Trust
PSR	Pre-sentence report: for a court
RMP	Risk management plan: a plan to minimise the individual's <i>Risk of Harm</i>
<i>RoH</i>	<i>Risk of Harm to others. See also restrictive Interventions</i>
<i>'RoH work', or 'Risk of Harm work'</i>	This is the term generally used by HMI Probation to describe work to protect the public, primarily using <i>restrictive interventions</i> , to keep to a minimum the individual's opportunity to behave in a way that is a <i>Risk of Harm to others</i>
RoSH	Risk of Serious Harm: a term used in Asset. HMI Probation prefers not to use this term as it does not help to clarify the distinction between the <i>probability</i> of an event occurring and the <i>impact/severity</i> of the event. The term <i>Risk of Serious Harm</i> only incorporates 'serious' impact, whereas using ' <i>Risk of Harm</i> ' enables the necessary attention to be given to those offenders for whom lower <i>impact/severity</i> harmful behaviour is <i>probable</i>
Scaled Approach	The Youth Justice Board in partnership with youth offending teams has developed a new model of working known as the Scaled Approach which matches the intensity of work undertaken to a young person's assessed likelihood of reoffending and risk of serious harm to others.
SIFA	Screening Interview for Adolescents (Youth Justice Board approved mental health screening tool for specialist workers)
SQIFA	Screening Questionnaire Interview for Adolescents: Youth Justice Board approved mental health screening tool for use by YOT workers
'Triage' system of assessment	The triage system highlighted in this report is where a specialist undertakes a full health assessment on every child or young person coming into contact with a youth offending team
VMP	Vulnerability management plan: a plan to safeguard the well-being of the individual under supervision
<i>What do YOU think?</i>	Self assessment part of Asset for the Child or Young Person to complete
YJB	Youth Justice Board for England and Wales. The YJB oversees the youth justice system in England and Wales.
YOI	Young Offenders Institution: a Prison Service institution for young people remanded in custody or sentenced to custody
YOIS+	Youth Offending Information System: one of the two electronic case management systems for youth offending work currently in use in England and Wales. See also Careworks
YRO	Youth rehabilitation order. The YRO was introduced as a new youth community sentencing order in November 2009. It offers sentencers a greater degree of flexibility with a range of requirements which can be used to address offending and respond to victim's needs.

Appendix 2: Inspection Methodology

Inspection team and areas

The inspection team consisted of inspectors from the Care Quality Commission, Her Majesty's Inspectorate of Probation and Healthcare Inspectorate Wales. In addition to a pilot area to test the methodology, six areas were identified in England and six in Wales to visit. The choice of these sites depended on several factors but we wanted to see if the alcohol misuse agenda operated differently depending on the nature of the locality. We therefore chose a mix of urban and rural areas, and mixed ethnicity in both countries.

Research was also conducted by Estyn in six authorities across Wales to examine alcohol misuse education in schools.

Evidence in advance

Each of the youth offending services inspected was asked to supply some evidence in advance through a focused questionnaire.

Case sample

We asked each of the twelve areas to identify all the cases which contained alcohol-related needs that had commenced in the period no more than nine months prior to our inspection and all those that had terminated no more than three months before our inspection. We then selected eleven cases for our inspection sample. The sample was further adjusted to reflect, as far as possible, the mixed ethnicity and gender profile in the overall case load.

For the purpose of the inspection, we examined the case files of 132 children and young people who had been identified as having alcohol-related needs. We also interviewed, wherever possible, the child or young person's key worker/case manager. A case assessment tool was designed to collect evidence about the quality of assessment and planning, delivery and review of interventions and the achievement of outcomes on these cases.

To ensure that we covered particular elements in this inspection, we included a reasonable sample of girls or young women, looked after children and young people and individuals from black and minority ethnic communities.

The final sample of cases inspected was made up of 93 (71%) boys and young men and 38 (29%) girls and young women. The race and ethnic sample was 111 (85%) white and 20 (15%) children and young people from the black and minority ethnic community. There was one case where the race and ethnicity of the young person was not recorded.

Inspection interviews

Managers, senior staff and front line practitioners primarily from youth offending and health services were interviewed together with children and young people and their parents/carers to gain insights from their experiences.

Feedback

Each individual interviewed as part of this inspection was also asked to complete a feedback sheet at the conclusion of the inspection with those being

sent to a central point for collation by HMI Probation. 78 responses were received with two-thirds of these being provided by case managers and the remainder involving health and substance misuse workers, YOT Management Board members and others outside the YOT. 94% of the responses indicated that they had been given sufficient advance notice of the inspection and 96% were clear about the purpose of the inspection with no respondent indicating that the inspection demands were unreasonable. All respondents indicated that discussions with the inspectors were undertaken in a professional, impartial and courteous manner and all those who received individual feedback felt it to be helpful. One issue which was raised by 9% of respondents was that insufficient attention was felt to have been paid by us to race equality and wider diversity issues.

Comments on what could have been improved in the inspection:

"Nothing. I was very impressed at the inspection team on this occasion"

"More information on what questions will be/what is being looked for in advance"

"Not enough notice given in relation to appointment with inspectors"

"Less changes to the timetable"

"My role in this inspection was so tangential that it would have been a better use of everybody's time, especially mine, if any questioning could have been conducted over the phone or by email"

"Some questions made workers feel defensive about the work they do with young people. Possibly not intentional but did feel as though we needed to defend our service"

Comments on what worked well in the inspection:

"Very efficient, courteous, on time, approachable"

"There seemed to be a clear framework (including objectives), good understanding based on background information provided and good selection of professionals interviewed"

"Plenty of notice and made me feel very relaxed"

"They tried to minimise any disruption to people getting on with their jobs"

"Very supportive feedback and willing to listen to my viewpoint – clear aims set out"

"Inspector was very courteous and able to converse with young people and their families well. Received positive feedback from the young people involved"

Appendix 3: Contextual information

"This vice (drunkenness) has very fatal effects on the mind, the body, and fortune of the person who is devoted to it" (Addison's Essays from the Spectator - 1870)

Alcohol misuse is a significant issue for youth in general. Research has found that a high level of drinking by children and young people is regularly linked with other matters such as antisocial behaviour and crime; long and short-term serious health problems, (including impairment of adolescent brain development); drug-taking; unprotected sex (and its associated risks of teenage pregnancy and sexually transmitted infections); and underachievement in school. Studies have also shown an association between alcohol misuse and offending behaviour, particularly in relation to violent offending.

The UK Government responded to this through the issue of *Safe, Sensible, Social, an updated Alcohol Harm Reduction Strategy*, published in June 2007 which identified under 18s as a priority group, and the Chief Medical Officer's public health guidelines on safe drinking for young people issued in 2009²². The Welsh Assembly Government also published a substance misuse strategy, *Working Together to Reduce Harm* in 2008 which stressed the importance of school based prevention and support. Local Crime and Disorder Reduction Partnerships in England were required to have a strategy by April 2008 to tackle crime, disorder and substance misuse (including alcohol-related disorder and misuse). The YJB and the National Public Health Service for Wales have also issued effective practice documents to assist in work with young people who have substance misuse problems.

The most recent advice by the Chief Medical Officer²³ has gone significantly further than previously in highlighting both the risks and in making explicit recommendations in relation to drinking by children and young people. What is now stated is that children should not drink alcohol until at least 15 years of age and that 15 to 17 year olds should only consume alcohol infrequently (not more than a day a week) and under guidance and supervision. Although it had been recognised that children and young people are susceptible to the same chronic conditions associated with excessive consumption of alcohol in later years, deaths from liver disease are now seen as happening at increasingly young ages. Some risks to health are even higher in adolescents than with adults – for example, the vulnerability to subtle brain damage and long lasting cognitive defects, as well as executive functioning and long-term memory. What has become clearer is that the effects of excessive drinking by children and young people, particularly those who 'binge-drink', can be rapid and significant with far-reaching consequences both to the individuals themselves and to others.

²² see Appendix 8 – Additional reading

²³ Suggested initial link for basic information and signposting to the full report published in December 2009: - <http://www.drinkaware.co.uk/facts/children,-young-people-and-alcohol>

Appendix 4: Role of HMI Probation and Code of Practice

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

<http://www.justice.gov.uk/inspectorates/hmi-probation>

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

*HM Chief Inspector of Probation
2nd Floor, Ashley House
2 Monck Street
London, SW1P 2BQ*

Appendix 5: Role of the Care Quality Commission

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

www.cqc.org.uk

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

*Care Quality Commission
National Contact Centre
St Nicholas Building
St Nicholas Street
Newcastle Upon Tyne NE1 1NB
Telephone: 0300 061 6161*

Appendix 6: Role of Healthcare Inspectorate Wales

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

www.hiw.org.uk

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

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

Appendix 7: Role of Estyn

Information on Estyn can be found on our website:

<http://www.estyn.gov.uk/>

Appendix 8: Additional Reading

1. Healthy Children, Safer Communities - Department of Health, 2009
2. Guidance on the consumption of alcohol by children and young people - A report by the Chief Medical Officer, 2009
3. National Standards for Youth Justice Services - YJB and Home Office, 2004
4. Key Elements of Effective Practice - Youth Justice Board (YJB), 2008
5. Risk and Protective Factors - YJB, 2005
6. National Specification for Substance Misuse - YJB, 2009
7. Youth Alcohol Action Plan - Department of Health, 2008
8. Meeting the speech, language and communication needs of vulnerable young people - Royal College of Speech and Language Therapists, 2008
9. 'Actions Speak Louder' – a second review of healthcare in the community for young people who offend - Healthcare Commission, 2009
10. Safe, Sensible, Social. The next steps in the National Alcohol Strategy - Department of Health, 2007
11. Alcohol and Violence among young male offenders in Scotland - The Scottish Centre for Criminal Justice Reform, 2009
12. Vulnerable Young People and Alcohol - University of the West of England, 2009
13. Impact of Alcohol Consumption on Young People - Institute of Health and Society Newcastle University, 2009
14. Evidence-based information tool for public service agreements - Centre for Public Health, 2008
15. Interventions in schools to prevent and reduce alcohol use among children and young people - National Institute for Health and Clinical Excellence, Nov 2007
16. Under the Influence? Young People Alcohol and Offending - Jeanette Leech, 2008
17. Alcohol misuse and juvenile offending in adolescence – David M. Ferguson, Michael T. Lynskey and L. John Horwood – Christchurch Health and Development Study.
18. Underage alcohol use, delinquency and criminal activity – Michael T. French and Jahanna C. Maclean – University of Miami
19. Factsheet: Young People and Alcohol – Alcohol Concern, 2009
20. Factsheet: Young People and Alcohol in Wales – Alcohol Concern, 2009
21. Principles of Drug Addiction Treatment: A Research-Based Guide – National Institute On Drug Abuse, 2010
22. A national survey of problem behaviour and associated risk and protective factors among young people - Review by Joseph Rowntree Trust, 2002
23. Crime Reduction Toolkits - Alcohol-related Crime - Home Office, 2006

24. Drugs and Alcohol – Whose problem is it anyway? Who cares? - Royal College of Psychiatrists, 2010
25. Evidence based information tool for public service agreements - Centre for Public Health, 2008
26. The last chance saloon - Jon Mack discusses the operation of the new drinking banning orders – Criminal law & justice weekly, 2009
27. The trouble with girls today: professional perspective on young women offenders - Gilly Sharp, School of law University of Sheffield, 2009
28. Youth crime: Findings From The 1998-1999 Youth Lifestyle Survey - Home Office, 2000
29. Services for children and young people with emotional and mental health needs – Auditor General for Wales, 2009
30. Working Together to Reduce harm – Welsh Assembly Government, 2008

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