Supporting the desistance of children subject to court orders

HM Inspectorate of Probation

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HM Inspectorate of Probation is committed to reviewing, developing and promoting the evidence-base for high-quality probation and youth offending services. Our *Research & Analysis Bulletins* are aimed at all those with an interest in the quality of these services, presenting key findings to assist with informed debate and help drive improvement where it is required. The findings are used within the Inspectorate to develop our inspection programmes, guidance and position statements.
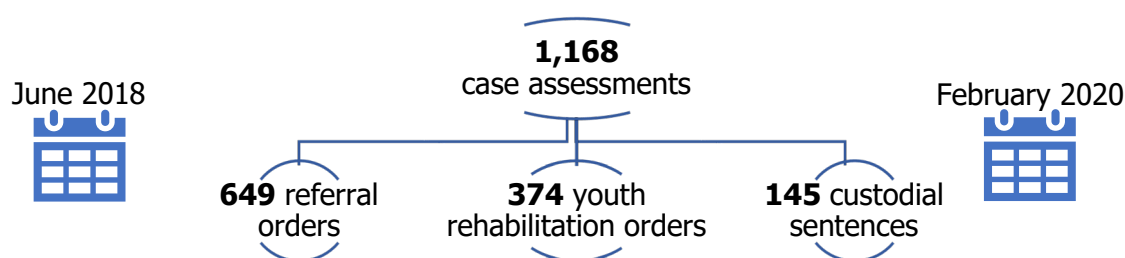
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Context

A primary goal for Youth Offending Teams (YOTs) is to support the desistance of children. According to a wide range of models and frameworks, attention should be given to a range of factors and to developing the strengths of the child, supported by the building of positive relationships and collaborative working. The focus in this bulletin is upon the extent to which recent YOT delivery has met these requirements for children receiving court disposals.

Approach

The findings presented in this bulletin are based on 43 YOT inspections conducted between June 2018 and February 2020. Within each inspection, we examined the volume, range, and quality of services in place and assessed individual cases (n=1,168). In each case, our inspectors considered key questions and prompts relating to the child's desistance, recording the reasons for their judgments alongside notable instances of good or poor practice.

1,168
case assessments

June 2018

February 2020

649 referral orders

374 youth rehabilitation orders

145 custodial sentences

Key findings and implications

- Many YOTs had a wide range of services available, including those provided in-house and those provided by partner agencies, third sector providers, and through other commissioned services. We saw many strong examples of multi-agency working, with hubs available in some locations, acting as one-stop shops with a range of services for children to access. We also saw many examples of positive relationships between staff and children, providing a sound basis for the work undertaken.

- We also found examples of gaps in provision. Gaining access to mainstream Child and Adolescent Mental Health Services (CAMHS) could be challenging, and figures for those not in education, employment or training (NEET) were high, with not enough being done by partners to address this issue. We found gaps in the services available for girls, and a lack of suitable reparation services was notable across a number of YOTs. Across teams, there was also a lack of provision for speech and language therapy.

- In three-quarters of the inspected cases, it was judged that there were three or more factors linked to desistance, highlighting how often careful attention needs to be paid to the sequencing and alignment of interventions. The combinations of factors increased in line with heightened concerns regarding the safety of the child and the safety of other people – there was a similar increase in relation to the number of previous sanctions.

- Lifestyle was most frequently identified by inspectors as a desistance factor, recorded in three-quarters of inspected cases. Learning/education, training and employment (ETE) and substance misuse were also identified in over half of the cases. There were sub-group differences in prevalence rates by age and gender and for Looked After Children.

- Looking at delivery in relation to identified factors, the levels of sufficiency ranged from 59 per cent for mental health to 75 per cent for learning/ETE. Across six factors, the quality of delivery was significantly lower for Looked After Children.

- In the majority of cases, we found that YOTs were paying attention to strengths/ protective factors and involving/engaging the child. Inspectors were less likely to judge this focus to be sufficient for those with a high number of previous sanctions and for Looked After Children.

- A number of common enablers and barriers were identified by inspectors. Key enablers included:
  - timely assessment, using up-to-date information from a range of sources
  - persistence in connecting with the child and finding opportunities right for them
  - having an awareness of Adverse Childhood Experiences (ACEs), and addressing these at a pace comfortable for the child
  - recognising the learning style of the child, as well as any cultural and diversity needs
  - paying attention to the sequencing of interventions, and the need for flexibility
  - identifying role models and more generally role modelling positive behaviours
  - having a clear exit strategy to enable the child to sustain or continue to make positive progress.

- The quality of delivery in supporting the desistance of all children will remain a focus of our YOT inspections. It is imperative that each child benefits from a holistic, personalised, supportive and responsive service, irrespective of their background or individual characteristics and circumstances. Integrated services and pathways of delivery are particularly important for those children with the most chaotic backgrounds and complex needs, with a focus on overcoming any potential obstacles and establishing stability where necessary to enable the child to begin to move forward and realise their potential.

1. Introduction

In recent years, the number of children involved with YOTs on a statutory basis has significantly reduced, with an increasing number being diverted away from court disposals. As a result, those children receiving court disposals have tended to have multiple needs and more serious offending profiles (Youth Justice Board, 2020). This bulletin examines the extent to which YOTs have supported the desistance of these children, encompassing a focus upon developing strengths, the building of positive relationships, and collaborative working.

There are a number of models and frameworks which have underpinned recent approaches to working with children in the youth justice system. The *Risk-Need-Responsivity (RNR)* model now includes 15 principles, grouped into: (i) overarching principles; (ii) core RNR principles and key clinical issues; and (iii) organisational principles (Bonta and Andrews, 2017). The need principle states that relevant criminogenic needs should be the focus of targeted interventions, with the goal of moving these needs in the direction of becoming strengths, while the responsivity principles specifies that interventions should be tailored, among other things, to the child's strengths. The organisational staffing principle characterises quality relationships as respectful, caring, enthusiastic and collaborative.

Desistance research has developed over recent decades, highlighting the importance of individuality – since the process of giving up crime is different for each child – and the need to focus upon working with children, the development of relationships, and building upon their strengths and protective factors (Ward and Maruna, 2007). Desistance theories draw attention to the significance of social and situational contexts. Similar to risk factors, protective factors have been identified at the individual, family, community and society levels (Early Intervention Foundation, 2015; Public Health England, 2019; Youth Endowment Fund, 2020), recognising the importance of considering the child in the context of their lives and the society they live in. The term 'assisted desistance' has been used to describe the role that YOTs (and other agencies) can play, recognising that while children can be supported to desist from crime, there are too many factors at play for an agency to 'cause' desistance.

There has been increasing focus on *trauma-informed practice*, which is rooted in desistance and strengths-based models, with the child at the centre of the process, allowing their voice to be heard and enabling them to move forward at a sustainable pace (McCartan, 2020; Evans et al., 2020). The *Good Lives Model (GLM)* is another example of an approach which emphasises the importance of identifying strengths. GLM proposes that those who offend are (like everyone else) trying to obtain primary human goods such as a sense of belonging or knowledge and skills (Ward and Brown, 2004).

Child-friendly justice, which highlights the importance of social justice responses, has its origins in international human rights legal frameworks, specifically the Council of Europe guidelines for implementing the United Nations Convention on the Rights of the Child (Goldson, 2019). A *social-ecological framework* has been promoted, which sees children in terms of 'their relationships with their immediate environment of family, friends, school and neighbourhood and the wider sociocultural, political-economic context' (Johns et al., 2017). As set out in Figure 1 below, children's positive identity can develop and grow through YOT workers building trusting relationships and negotiating access to opportunities

and resources. Similarly, the *Child First* model promotes the importance of children's individual strengths and capacities to develop their pro-social identity for sustainable desistance, alongside the need for meaningful collaboration with children and supportive relationships that empower them to fulfil their potential (Case and Browning, 2021).[1]

Figure 1: Positive identity development (Source: Johns et al., 2017)

Aligning to the four key principles of *procedural justice* – voice, neutrality, respect and trust (Hunter and Jacobson, 2021) – children themselves have reported that they value being listened to and given a chance to 'tell their story', with practitioners taking the time to recognise them as individuals, understanding their specific needs and expectations. The *relationship-based practice framework* for youth justice highlights the value of establishing relationships that are non-blaming, optimistic and hopeful, open and honest, and empathetic. Genuine relationships demonstrate 'care' for the child, their desistance and their future.

The development of these differing models and frameworks led to a change in the assessment process for children, with a move from Asset to the AssetPlus framework, which places a greater emphasis on the strengths of the child, compared to the prior emphasis on risk factors. The potential for assessment processes to integrate RNR and desistance principles, while paying attention to the facilitation of effective engagement has been highlighted by Wong and Horan (2021). A small number of YOTs have been developing and testing alternative approaches; in our North Yorkshire inspection,[2] we highlighted the 'My Assessment Plan' (MAP) model which builds on the strengths of children and is written in

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[1] The Child First model also promotes diversion and the importance of seeing children as children.
[2] https://www.justiceinspectorates.gov.uk/hmiprobation/inspections/nyorksyos/

simple direct language and with full participation by the children and families.[3] More generally, other commentators have highlighted the potential value for practice and supervision from integrating the key findings and principles from differing models and frameworks (see, for example, McNeill, 2009; Willis and Ward, 2014; Serin and Lloyd, 2017; Maruna and Mann, 2019; McCartan, 2020; Evans et al., 2020).

Much of the data in this report is based upon inspectors' judgements about the quality of practice in individual cases. When designing our inspection standards, we considered all the relevant evidence – encompassing findings from differing models, disciplines, types of research and jurisdictions – alongside our own inspection evidence and learning. As set out in this bulletin, we pay attention to the development of strengths, collaborative working, and the building of positive relationships. The importance of all these areas was highlighted in our 2016 thematic inspection report *Desistance and young people*, particularly the influence of individual relationships. We found that those successful in desisting lay great store on a trusting, open and collaborative relationship with a YOT worker or other professional, seeing it as the biggest factor supporting their progress.[4]

> *"The most important thing my worker did was to listen and ask me what I liked to do and what I wanted to do with my life. She didn't judge me even though I'd done some pretty bad things. She took me seriously – when I said I wanted to get into boxing she helped me do it. When I was looking for work, she helped me find work."*

> *"She [the case manager] respected me, talked to me, not down to me. I could trust her and talk about anything. I shared a lot with her, stuff I'd been bottling up inside. I never used to talk. I always lied about everything. She helped me change."*

Inspection standards

In spring 2018, we introduced changes to the way we inspect. We began to inspect YOTs against a new set of published standards.

This new set of inspection standards reflect the high-level expectations that government and the public have of YOTs. They are grounded in evidence, learning and experience and focus on the quality of delivery. In developing the standards, we worked constructively with providers and others to build a common view of high-quality youth offending services and what should be expected.

The standards framework focuses upon those key 'inputs' and 'activities' which are the drivers of positive outcomes. Getting to the heart of current delivery through inspection is where we believe we add most value – based on our independence and the expertise/experience of our inspectors, we can uniquely focus on the effectiveness of work with individual children.

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[3] Youth justice services have also started to explore ways to adopt a Contextual Safeguarding approach by reviewing how they use assessment frameworks. This requires practitioners to consider contexts beyond individual children and their families (see, for example, https://www.csnetwork.org.uk/en/toolkit/assessment?tier=two).
[4] The responses from children also highlighted the importance of a personalised plan and the need to address structural barriers and to create opportunities for positive activities through community networks.

The first domain within the standards framework examines organisational inputs, with a specific standard on partnerships and services, considering whether 'a comprehensive range of high-quality services is in place, enabling personalised and responsive provision for all children'. Domains two and three cover the quality of work in individual cases, with domain two focusing on court disposals and domain three focusing on out of court disposals. The standards in both of these domains are based on the well-established ASPIRE model for case supervision (see Figure 2), which recognises that for delivery to be tailored to the individual child, both assessment and planning must be undertaken well.

Figure 2: ASPIRE model

- needs
- strengths
- barriers
- safety of the child/ safety of others

- set objectives of supervision
- identify appropriate interventions/services/ opportunities
- consider sequencing and alignment
- decide what action is to be taken, when and by whom

- put plan into action
- keep records
- monitor progress
- troubleshoot difficulties

- review progress on objectives
- identify evidence of progress
- highlight achievements
- decide what needs to be done next

2. Findings

Many of the findings presented in this bulletin (sections 2.2 and 2.3) are based upon the domain two case assessment (court disposals) data from 43 youth inspections completed between June 2018 and February 2020.[5] We inspected cases for 1,168 children, broken down as follows:

- 135 (12 per cent) girls
- 290 (27 per cent) Looked After Children
- 456 (40 per cent) children with a high or very high safety and wellbeing classification
- 310 (27 per cent) children with a high or very high risk of serious harm classification.

Across all these cases, our inspectors considered key questions linked to the ASPIRE model. In this bulletin, judgments relating to the following key questions and prompts are analysed:[6]

Assessment:

- Does assessment sufficiently analyse how to support the child's desistance?
  - o Does assessment focus on the child's strengths and protective factors?
  - o Is the child and their parents/carers meaningfully involved in their assessment, and are their views taken into account?

Planning:

- Does planning focus sufficiently on supporting the child's desistance?
  - o Does planning take sufficient account of the child's strengths and protective factors, and seek to reinforce or develop these as necessary?
  - o Is the child and their parents/carers meaningfully involved in planning, and are their views taken into account?

Implementation and delivery:

- Does the implementation and delivery of services effectively support the child's desistance?
  - o Does service delivery build upon the child's strengths and enhance protective factors?
  - o Is sufficient focus given to developing and maintaining an effective working relationship with the child and their parents/carers?

Inspector judgments are presented for the sample as a whole and, in some instances, broken down by the child's demographics (age, gender, and ethnicity), whether they are a Looked After Child, type of disposal (youth rehabilitation order (YRO), referral order (RO) or custody), safety concerns (safety of the child and the safety of others), and number of

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[5] We will undertake analysis of the data relating to our domain three out of court cases as the sample size increases further. We will also publish further *Research & Analysis Bulletins* which focus upon other components of our standards framework.

[6] The standards framework includes further prompts covering structural barriers, consideration of the wider familial and social context, and opportunities for community integration.

previous sanctions. Logistic regression models were used to assess which sub-group differences were significant when accounting for the relationship between the variables.

Inspectors also recorded rationales for their judgments, alongside case summaries and notable instances of good or poor practice. This information was analysed and used to highlight enablers and barriers to supporting desistance, as well as producing the good and poor practice examples in the bulletin.

In addition to these case-level findings, the bulletin presents (section 2.1) our organisational-level judgments on the overall volume, range, and quality of services in place. Alongside the case assessment data, our inspectors considered evidence and information from a range of other sources.[7]

2.1   Services at an organisational level

At an organisational level, inspectors considered whether a comprehensive range of high-quality services were in place, enabling personalised and responsive provision for all children – the 'partnership and services' standard within domain one of our standards framework. Across the 43 inspections, we saw huge variance in the range and quality of services available. As shown by Figure 3, 22 YOTs were rated as 'Good' or 'Outstanding' for this standard, with 21 rated as 'Requires improvement' or 'Inadequate' (see Annex B for the 'Outstanding' rating characteristics).

Figure 3: YOT ratings for partnerships and services
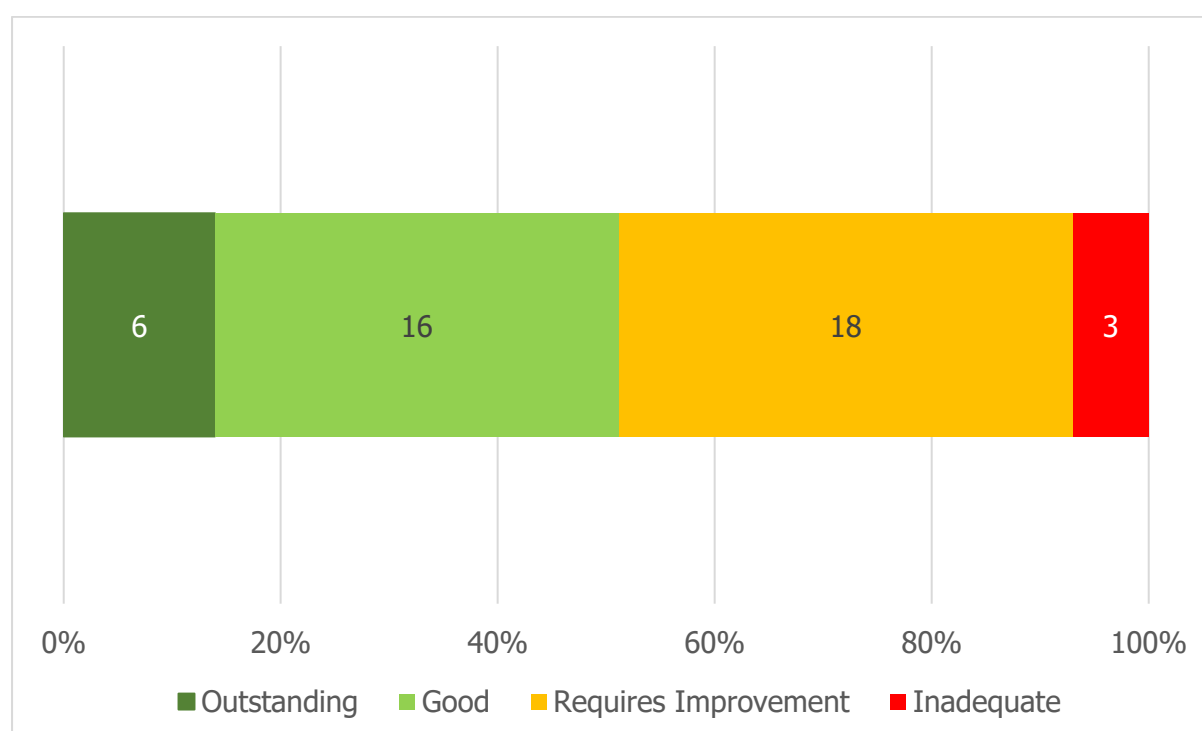
Inspectors considered whether there was access to the right specialist and mainstream services and interventions to meet the needs of children, with sufficient attention being paid to building on strengths and enhancing protective factors.

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[7] See Annex A for further information about our inspection methodology.

Many YOTs had a wide range of services available, including those provided in-house and those provided by partner agencies, third sector providers, and through other commissioned services. Access to appropriate services was often timely, with interventions based on best practice and research/evaluation evidence – in some instances, interventions had been evaluated by academic institutions. We also saw examples of children gaining certification for the work undertaken. Hubs were available in some locations, acting as one-stop shops with a range of services for children to access.

Of note in some areas were the services to address sexually harmful behaviour. This included having appropriately trained YOT staff and social workers delivering interventions jointly and YOT staff promoting sexual health through schools. Other areas of focus for YOTs included gangs, county lines, knife crime, and child criminal/sexual exploitation. Many practitioners were mindful of the need for flexibility in terms of meeting locations, ensuring that it was a location where the child felt safe.

Examples of innovative practice included the following:

- A commissioned sport-based mentoring programme in Brent, available to children during the evenings and at weekends to provide support at a time when many statutory services were not available
- Hampshire offering a summer arts programme for children approaching 18, using the discipline of dance to build self-esteem and structure. This initiative was supported by YOT volunteers and had been independently assessed and rated as a good practice example by Ofsted
- In Leeds, the Think First programme had been adapted for Romanian children and was available alongside drop-in sessions to engage this specific cohort.

We saw many strong examples of partnership working, with case managers working with specialists to provide appropriate services and interventions. There was collaborative working with substance misuse, mental and physical health, education, speech and language, and accommodation specialists. Work with appropriate third sector organisations was also beneficial.

However, we also found examples of gaps in provision. Across a number of teams, there was a lack of provision for speech and language therapy. Gaining access to mainstream CAMHS could be challenging due to waiting lists or threshold levels. In one area it was noted that children had to be in an acute state before they could access CAMHS. We found gaps in the services available for girls, and in some instances, there was no strategy in place for how to work with this population.

A lack of suitable reparation services was notable across a number of YOTs, including an absence of placements at weekends, as well as limited placements suitable for girls. However, there were also positive examples of creative and innovative reparation work, with activities ranging from bike repair, work in charity shops, litter picking, baking, and woodwork projects. Some of these projects led to apprenticeship opportunities.

There were various issues in relation to the provision of education and its tailoring to learning needs. NEET numbers were high, with not enough being done by partners to address this issue. Senior representation at YOT management boards was inconsistent, and some YOTs did not have dedicated ETE workers. Work with post-16 children seemed to be especially challenging, both in terms of opportunities to motivate children to engage in

provision, as well as the availability of services to meet their needs. Nonetheless, some good work was seen.

- In Lambeth, the YOT had a dedicated ETE worker, with joint working to strengthen the capacity of schools to manage challenging behaviour.
- Leeds YOT had developed a local partnership in which small cohorts of children, usually those who were the most complex and challenging, were on six-month work placements which allowed them to gain both work-based qualifications and secure employment.
- In Warwickshire, educational psychologists were placed within the service to work with those children subject to an education health and care plan (EHCP) as well as helping children to access the right provision for their needs from schools. Services were also offered around engagement to try to ensure that children remained in school and were not excluded.

Across a number of YOTs, there were dedicated staff who were undertaking roles in relation to specific needs. This included staff trained to work with gangs, education, substance misuse, as well as health service workers, speech and language therapists, parenting workers, CAMHS workers, youth counsellors, drama therapists, psychologists, youth workers and the police. We saw many examples of positive relationships between staff and children, providing a sound basis for the work undertaken and enabling change.

At the same time, we also found instances of staffing issues which had an impact on the volume, range, and quality of services available. Vacancies due to maternity leave, long-term sickness, staff leaving, or retirement were not always promptly filled. In most instances, some form of contingency was in place, but it was not always well-communicated to staff. The lack of an allocated probation officer was raised as an issue in some areas, particularly smaller YOTs, which had an impact on the transition from youth to adult probation services. There could also be inconsistencies with the support and resources received from seconded staff.

Finally, practice across YOTs was inconsistent with regards to working with victims. In some areas we saw examples of good victim work taking place. This included dedicated victim workers contacting all relevant victims, making sure they could make an informed choice regarding their involvement, and offering restorative justice where appropriate. However, in other YOTs, the needs of victims were not always being taken into consideration, and even where there was general victim awareness, this did not necessarily translate into proactive approaches.

2.2 Factors linked to desistance

In each individual case within our domain two court disposals sample, inspectors identified those factors which were most related to the child's desistance. The factors considered included the following:

- Living arrangements
- Learning and ETE
- Speech, language and communication
- Lifestyle
- Substance misuse
- Mental health
- Resilience
- Self-identity.

Figure 4 shows the prevalence rates for each of these factors. The factor most frequently identified by inspectors was lifestyle,[8] recorded in three out of four of cases. Learning/ETE and substance misuse were also identified in over half of the cases (61 per cent and 56 per cent respectively).

Figure 4: Prevalence of identified factors
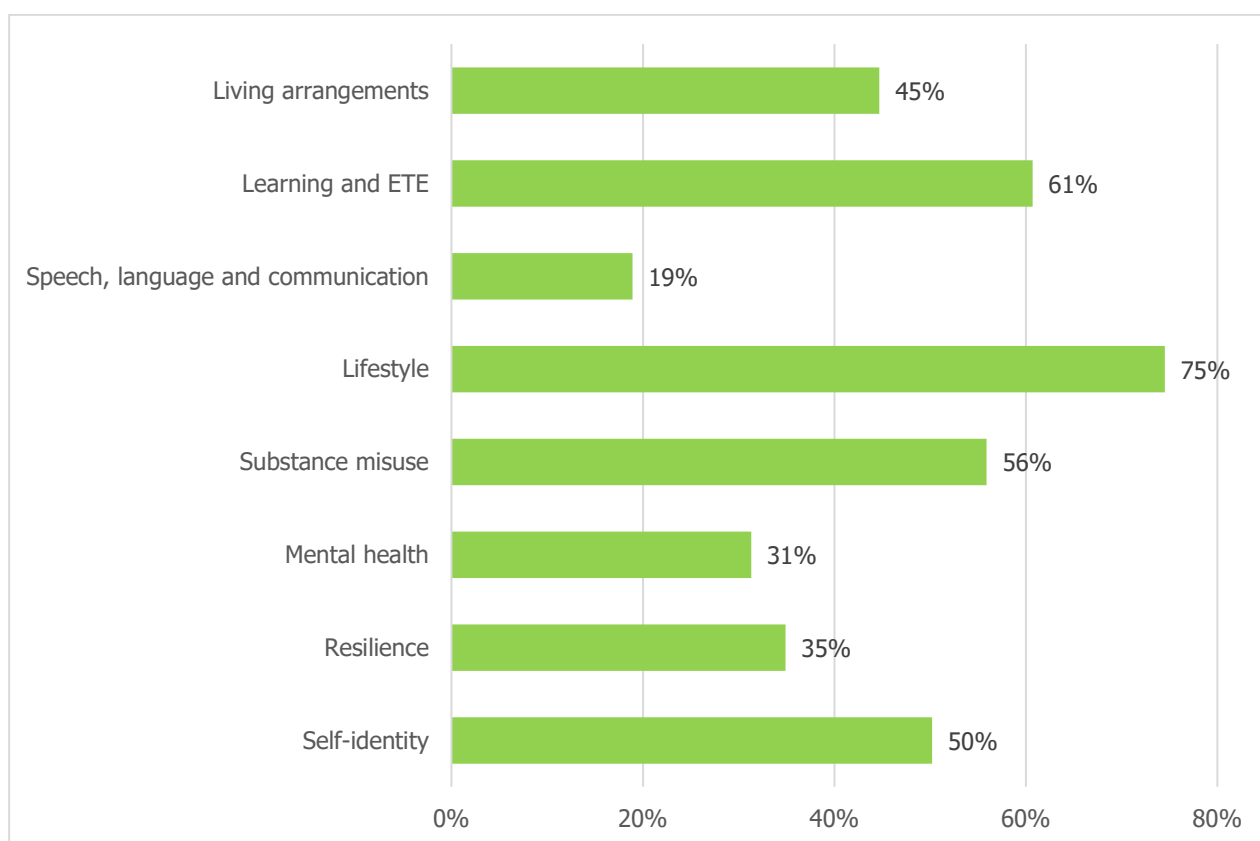
The prevalence rates for sub-groups are set out in Annex C (see Table C1). A number of significant differences were found, including the following:

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[8] Lifestyle encompasses how children spend their time, who they spend it with, and what they do.

- Living arrangements, substance misuse and resilience more commonly identified for Looked After Children. The first two factors were identified in about two in three of these cases
- Resilience and self-identity more commonly identified as factors for girls, and substance misuse and lifestyle more commonly identified for boys
- Substance misuse more commonly identified for older children and those with more previous sanctions (70 per cent of those cases with more than five previous sanctions), and self-identity more commonly identified for younger children (64 per cent of those cases where the child was aged 10 to 14)
- Substance misuse, learning/ETE and living arrangements more commonly identified for those children with the highest concerns in terms of their own safety and wellbeing. Living arrangements was identified as a factor in 55 per cent of these cases, compared to 28 per cent of those cases with a low safety/wellbeing classification
- Self-identity more commonly identified for those with the highest concerns in terms of the risk of serious harm to others; 60 per cent of these cases, compared to 40 per cent of those cases where the risk was judged to be low.

In three-quarters of the cases, at least three factors were identified, highlighting how often careful attention needs to be paid to the sequencing and alignment of interventions. Figure 5 sets out how the average number of factors increased in line with increased concerns regarding the safety of the child and the safety of other people – there was a similar increase in relation to the number of previous sanctions. The average number of identified factors for Looked After Children was 4.3, compared to 3.6 for the other children in our inspection sample.

Figure 5: Mean number of identified factors by concerns regarding the safety of the child and the safety of other people
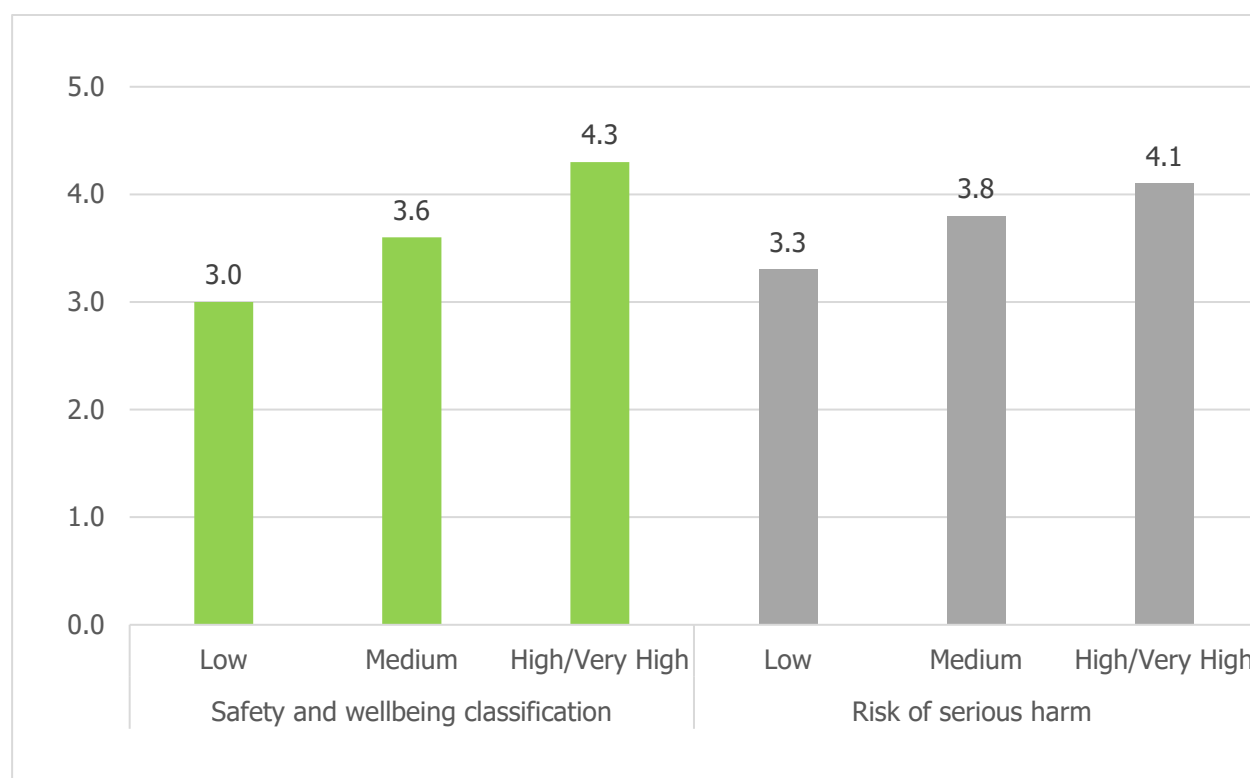
2.3 Quality of practice

2.3.1 Tailoring of delivery

Our inspection ratings for the quality of practice in individual cases are based on the consolidated results (at key question level) of all cases inspected. To achieve an Outstanding' rating, the practice needs to have been deemed sufficient in at least 80 per cent of the cases.

As shown by Figure 6, this level was almost achieved across the complete domain two sample for the desistance key questions (green bars in the figure) in relation to assessment, planning and implementation/delivery – falling to 79 per cent for the latter. In the majority of cases, YOTs were paying attention to strengths/protective factors and involving/engaging the child. Our inspectors judged that service delivery built upon the child's strengths and enhanced protective factors in 84 per cent of cases,[9] with sufficient focus given to developing and maintaining an effective working relationship with the child in 88 per cent of cases.

Figure 6: Sufficiency of assessment, planning, and delivery in supporting desistance, building upon strengths and involving/engaging the child
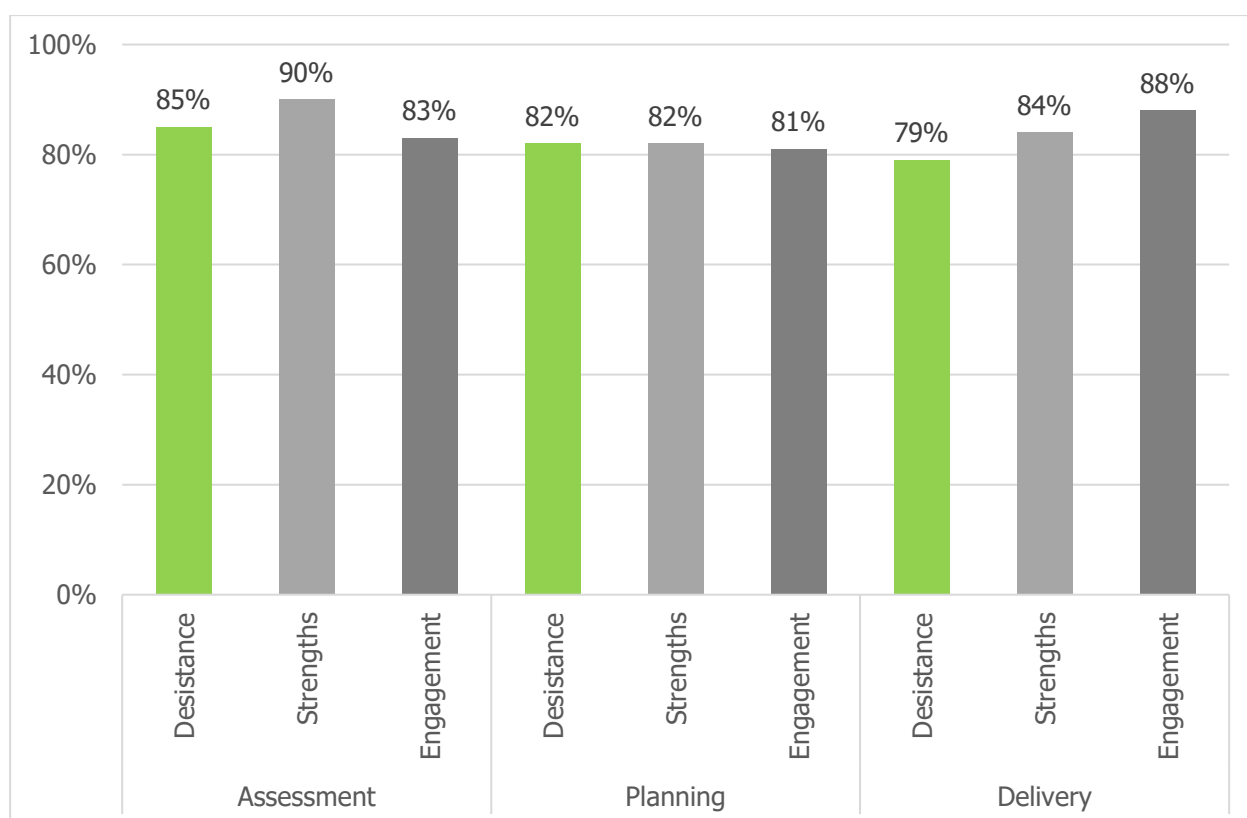
Looking at delivery in relation to identified factors, the levels of sufficiency ranged from 59 per cent for mental health to 75 per cent for learning/ETE. As we noted in section 2.1, gaining access to CAMHS could be challenging. Lifestyle was the most commonly identified factor, and delivery was deemed sufficient in about seven in 10 of these cases.

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[9] The equivalent figure across our full round of adult probation inspections conducted between June 2018 and June 2019 was 69 per cent (see HM Inspectorate of Probation, 2020a).

Substance misuse was also commonly identified, but the sufficiency of delivery fell to just over six in 10 of these cases.

Figure 7: Sufficiency of delivery where specific factors have been identified
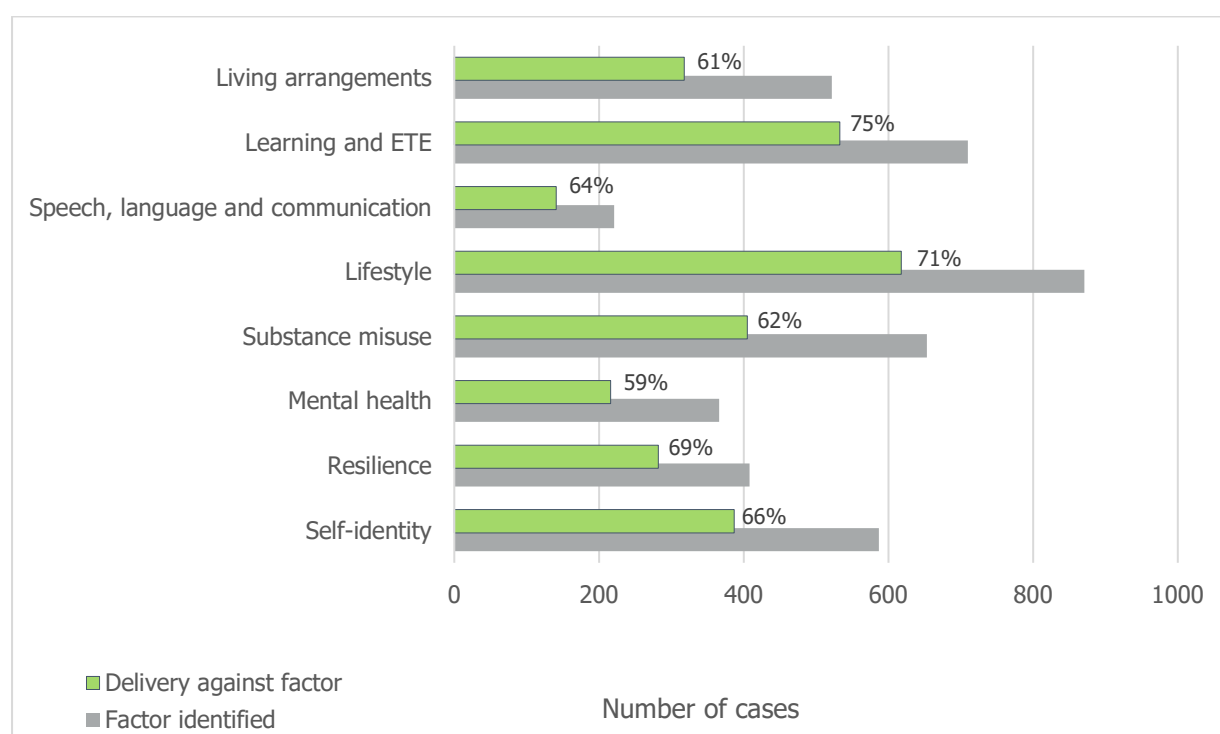
In each case, inspectors recorded rationales for their judgments. Analysis of this information revealed the following enablers and barriers to supporting the desistance of the child:

Enablers

- Assessments should be completed in a timely manner, allowing time for sufficient rapport building and gathering of evidence, but not being left for too long without concerns being addressed. In relevant cases, work should start while the child is still in custody.
- Assessments should draw on a wide variety of sources. Engaging with the child's parent, carer or wider family can yield important information. Where appropriate, their continued involvement can be a positive factor; both planned and unplanned home visits can play a crucial role in engaging with the child, monitoring their safety and wellbeing, and allowing parents/carers to be a part of planning and delivery.
- Having an awareness of the impact of Adverse Childhood Experiences and exploring these sensitively where applicable – at a pace comfortable for the child – is a further important element of good assessment.
- Connecting with the child, while at times challenging, is crucial for building understanding regarding the reasons behind their offending, as well as those factors which can both support and undermine desistance. This engagement remains crucial throughout the planning and delivery stages, and can be facilitated through a good balance between challenge and encouragement.
- The child's strengths, interests, and the positive factors in their life should be identified and actively built upon throughout the order. Good planning will also take

into consideration the learning style which best suits the child, as well as any cultural and diversity needs.

- All staff should role model positive behaviours. Where appropriate, staff or peer mentors should be identified with whom the child feels particularly comfortable, such as those with the same cultural background or gender, or positive younger role models.
- Where multiple areas of need are identified, good sequencing is essential to ensure that interventions are delivered in a way that will have the most impact. The involvement of multiple agencies at all stages is likely to lead to the best results for the child. The aim of all interventions should be clearly established.
- Flexibility is important in helping the child remain compliant and to access the services they need. This can include changing timings and locations to suit the child wherever possible. When taking steps to encourage the child into ETE, persistence is key – finding the right option may take time.
- When a child is reaching the end of their sentence, a clear exit strategy is required to enable him/her to sustain or continue to make positive progress.[10]

Barriers

- Where assessments are based too heavily on previously held information, important changes in the child's circumstances can be overlooked.
- Although key desistance factors are often identified, insufficient analysis can prevent this information from being fully utilised. Identified areas are not always followed through to the planning stages, meaning that the child's needs are not met. Likewise, the child's strengths are not always fully explored.
- Challenges can arise regarding assessments for Looked After Children, particularly when undertaken in an area which differs from the one in which they usually reside.
- Information on victims is not always readily available.
- Planning is not always realistic and achievable. If too many needs are addressed at once, this can be overwhelming, with insufficient focus on the most pressing areas of concern.
- Where contact with the child is not regularly maintained, or there are multiple changes in case manager, it is difficult for the required relationships to be built or the appropriate oversight provided. This in turn can lead to an increased risk of disengagement.
- Where relationships are not established while a child is in custody and there is a lack of early resettlement planning, it is more challenging to connect with the child once back in the community and ensure timely access to the necessary services.
- Staff illness or absence can lead to a delay in interventions being delivered in a timely manner.

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[10] In 82 per cent of cases, inspectors judged that service delivery promoted opportunities for community integration, including access to services post-supervision.

Good practice examples

Charlie, who had recently reached the age of 18, had been sentenced to a detention and training order for grievous bodily harm, criminal damage, and breach of his previous order for an assault. He had a pattern of violent offending in the home and had been diagnosed with Autism Spectrum Disorder (ASD).

The assessment and plans were robust, with the case manager having been responsive to Charlie's needs and vulnerabilities. The plan had been adapted to overcome barriers linked to his ASD and his home environment. Charlie refused to work with CAMHS after leaving custody but did express an interest in the gym and was willing to see a wellbeing worker to look at his physical health and weight; the aim of the case manager was to continue to build a rapport which would then allow them to address his mental health needs. The case manager utilised Charlie's positive relationship with his brother to encourage him to engage in a positive hobby. Flexibility was shown around the delivery method of the planned interventions, with these being sequenced according to Charlie's needs.

Good working relationships were also seen with social care, the police, and Charlie's mother, with the case manager acting as the point of contact for continuity, often making the first contacts with other agencies or providers as joint visits. She had ensured Charlie's diagnosis of autism had been flagged on the police system, alongside advice on how he may respond during any police contact and how this could be best managed.

Lewis, now 18 years old, had been sentenced to a nine-month youth rehabilitation order for violence and theft. He had a number of previous convictions and had received a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). Alcohol consumption and peer group influences were triggers for his offending.

The case manager had worked with Lewis over a substantial period of time across various court orders. This sustained relationship allowed the case manager to build up knowledge to tailor interventions in a way which met the needs of Lewis, including the delivery of short, practical sessions using a strength-based approach. To support ETE, the case manager referred Lewis to a local further education provision where he could develop his interest in horticulture in a manner which did not require a classroom-based approach to which he was unsuited. Lewis was then successful in gaining an interview for a job. Support with interview preparation from the case manager enabled him to identify his strengths and transferable skills, and he was subsequently recruited to the role.

The order was returned to court and revoked on the grounds of good progress. Lewis continued to contact his case manager on a voluntary basis when he required support.

Jay, a 17-year-old boy, had received a three-month referral order for the offence of possessing an offensive weapon. The case manager involved Jay in assessment and planning, and they worked together to identify the main elements of his plan, namely consequential thinking, victim awareness, ETE support, and support with his mental health needs.

Jay was diagnosed with anxiety by his G.P. and prescribed medication. The case manager appropriately referred him to an in-house appointment with the psychologist to complete work around triggers and coping strategies. He also assisted Jay to access an apprenticeship, helping to support Jay in desisting from crime in the long term. Jay's mother was identified as a protective factor in his life, and the case manager had communicated with her on a number of occasions.

The holistic support on offer helped Jay move away from his peer group and focus on more pro-social goals.

Poor practice examples

Jess, a 17-year-old girl, had received a three-month referral order for an offence using threatening/abusive behaviour. She had previously been subject to a referral order for an offence of assault. Jess had difficulties in controlling her emotions and could engage in both verbal and physical aggression when angry.

The initial assessment was not completed in a timely manner and the previous offence of assault was not brought through to the current assessment and therefore not considered. The plan, which focussed on restorative justice, lacked any work to support Jess's ETE. There was also no work building on any strengths or protective factors. While there was a target in relation to anger management, nothing was planned to explore the possible reasons why Jess struggled to control her emotions, with no links made to possible past experiences.

It was difficult to fully assess if the planning and delivery of services was adequate to address Jess's needs due to these not being adequately analysed at the assessment stage. There was limited evidence of other agencies or specialist staff being involved in the case, with the case manager delivering most of the interventions.

> *Brad, a 14-year-old boy, had received a referral order for threatening to stab a member of the public. He had committed serious offences previously and had been criminally exploited by older males across county lines. He had experienced significant childhood trauma and had witnessed serious domestic violence.*
>
> *At the assessment stage, Brad's previous offending was not fully analysed, despite its significance to his current offending and the barriers to future desistance. In addition, an inquisitive approach was not taken by the case manager to obtain additional assessments from partner agencies around the psychological factors influencing his offending. There was a considerable number of objectives listed in the intervention plan but, given the complexities of the case and the significant concerns about the welfare of the child, they could not be realistically completed. In addition, given the seriousness of the offending behaviour and the context in which Brad was offending, the case manager should have considered issues around trauma and other psychological issues. A trauma-informed approach was not considered, despite the significant impact of childhood abuse resulting in Brad's ongoing violence towards staff. There was no coherent strategy about how to engage Brad, resulting in almost all staff failing to have any meaningful relationship with him. The language used in meeting notes was inappropriate, labelling him as manipulative, cold and callous.*
>
> *At the time of inspection, Brad had been missing for almost a month.*

2.3.2 Variations in the quality of practice

Further analysis of our domain two court disposals data revealed differences in the quality of practice according to the child's number of previous sanctions. As shown by Figure 8, our inspectors were less likely to judge that implementation and delivery effectively supported the child's desistance for those with a high number of previous sanctions; sufficiency fell from 85 per cent in those cases where the child had no previous sanctions to 74 per cent where the child had at least six previous sanctions. Delivery was also less likely to be judged sufficient in terms of supporting desistance for Looked After Children; 76 per cent compared to 83 per cent for the other children in our sample. We found similar differences in our inspectors' judgements on how well delivery built upon the child's strengths and enhanced protective factors – in terms of both offending history and for Looked After Children (see Table C3).

Figure 8: Sufficiency of implementation/delivery in supporting desistance, by number of previous sanctions
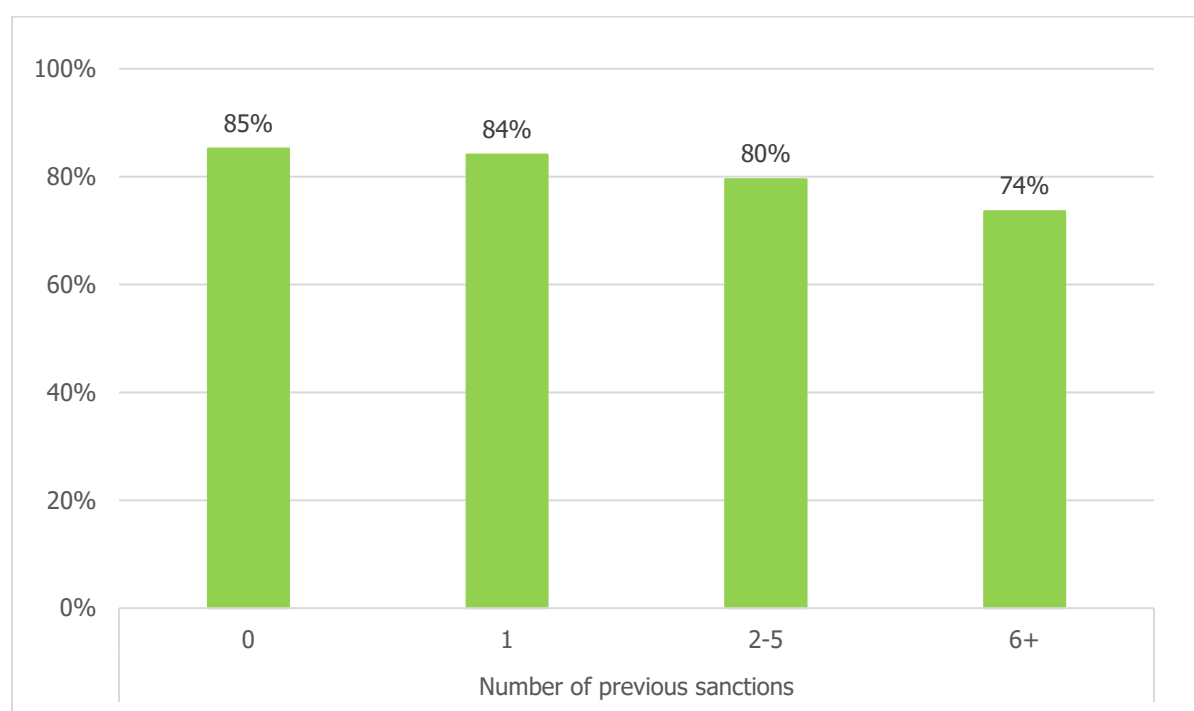
Our inspectors' judgements on the sufficiency of the focus given to developing and maintaining an effective working relationship with the child and their parents/carers differed according to the age of the child. The focus was deemed sufficient in 95 per cent of those cases where the child was aged 10-14, but this fell to 86 per cent for 17 year olds (see Table C4).

Looking at specific factors, differences were most commonly found for Looked After Children (see Table C5). As shown by Figure 9, the sufficiency of delivery was significantly lower for this cohort across six factors. Delivery was also less likely to be judged sufficient for:

- older children in relation to mental health
- black and Asian children in relation to lifestyle
- children with more previous sanctions in relation to both lifestyle and mental health.

Figure 9: Sufficiency of delivery where specific factors have been identified; Looked After Children vs. other children

Learning and ETE
- Looked After Child: No — 81%
- Looked After Child: Yes — 56%

Speech, language and communication
- Looked After Child: No — 70%
- Looked After Child: Yes — 43%

Lifestyle
- Looked After Child: No — 68%
- Looked After Child: Yes — 47%

Substance misuse
- Looked After Child: No — 68%
- Looked After Child: Yes — 47%

Resilience
- Looked After Child: No — 76%
- Looked After Child: Yes — 52%

Self-identity
- Looked After Child: No — 72%
- Looked After Child: Yes — 54%

■ Looked After Child: No   ■ Looked After Child: Yes

3. Conclusion

YOTs work with children to support their desistance, helping them to move towards pro-social and fulfilling lives, realising their potential. This requires attention being given to a wide range of factors and to developing the strengths of the child, supported by the building of positive relationships and collaborative working. The focus in this bulletin has been upon the extent to which recent YOT delivery has met these requirements for those children receiving court orders.

Across our inspections, we found that many YOTs had a wide range of services available, including those provided in-house, by partner agencies, by third sector providers, and through other commissioned services. Examples of innovative practice were observed, as well as excellent partnership working and dedicated staff who were able to establish positive relationships with children and undertake roles to address a range of specific needs.

However, gaps were also apparent in some areas in relation to the services available and/or specialised staff. Gaining access to mental health services through CAMHS was a notable challenge, and high threshold levels meant that children often could only be seen when they were already in considerable crisis. Across many of the inspected YOTs, education was found to be an area with a number of issues, and learning needs were not always sufficiently addressed. Inspectors also noted a lack of provision for girls. With regard to specialist roles, positions in some YOTs had been vacant for a while, with staff often unaware of any contingency measures. There was also clear scope for increased independent evaluation of new approaches and interventions.

For many children, we found that a number of factors were linked to their desistance, with combinations increasing in line with heightened concerns regarding their safety and the safety of other people – there was a similar increase in relation to the number of previous sanctions. Lifestyle was the factor most frequently identified by inspectors, recorded in three-quarters of inspected cases. Learning/ETE and substance misuse were also identified in over half of the cases. There were sub-group differences in prevalence rates by age and gender and for Looked After Children.

Looking at delivery in relation to identified factors, the levels of sufficiency ranged from 59 per cent for mental health to 75 per cent for learning/ETE. Across six factors, the quality of delivery was significantly lower for Looked After Children. In the majority of cases, we found that YOTs were paying attention to developing strengths/protective factors and involving/engaging the child. However, inspectors were less likely to judge this focus to be sufficient for those with a high number of previous sanctions and for Looked After Children.

The importance of adopting a holistic, personalised, supportive and responsive approach for all children is clear. Careful attention needs to be paid to the sequencing and alignment of interventions, considering how to maximise the engagement of the child and overcome any potential obstacles, establishing some stability where necessary to assist further constructive, future-focused work. Opportunities to provide integrated services and pathways of delivery, particularly for children with complex needs, should be well developed, with attention given to the necessary interventions at the individual, family and community

levels. There is potential for smaller neighbouring YOTs to maximise resources and strengthen delivery through shared access to specialist services.[11]

Looking across the cases examined by our inspectors, common enablers and barriers were identified. Key enablers included the following: (i) timely assessment, using information from a range of sources and up to date information; (iii) persistence in connecting with the child and finding opportunities right for him/her; (iii) having an awareness of ACEs and, where applicable, addressing these at a pace comfortable for the child; (iv) identifying role models and more generally role modelling positive behaviours; and (v) having a clear exit strategy to enable the child to sustain or continue to make positive progress after their order has ended.

The quality of delivery in supporting the desistance of children will remain a focus of our YOT inspections. While we have found that many YOTs have a wide range of services available, with committed, hardworking staff paying attention to developing strengths/protective factors and involving/engaging the child, we have also found gaps in some areas and some differences in the quality of delivery between sub-groups, e.g. for Looked After Children. It is imperative that each child benefits from a high-quality, personalised and supportive service, irrespective of their background or individual characteristics and circumstances.

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[11] In our Kensington and Chelsea inspection report, we highlighted how the YOT's tri- and bi-borough partnerships had been instrumental in the provision of specialist services that small YOTs can find difficult to commission on their own, such as CAMHS, speech and language therapists, and art therapists (https://www.justiceinspectorates.gov.uk/hmiprobation/inspections/rbkc-yos/).

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Annex A: Methodology

The findings presented in this bulletin are based on data from 43 youth inspections completed between June 2018 and February 2020 (fieldwork weeks), with the reports for 39 of these being published (as set out in Table A1 below). [12]

Table A1: Youth inspections, June 2018 – February 2020

YOT	Month of report publication
Derby	August 2018
Hampshire	September 2018
Hertfordshire	September 2018
Bristol	September 2018
Sandwell	November 2018
Essex	December 2018
Warwickshire	December 2018
Blackpool	December 2018
Barking and Dagenham	December 2918
Hounslow	January 2019
Manchester	February 2019
Wandsworth	March 2019
Wrexham	March 2019
Western Bay	March 2019
Oldham	April 2019
Lambeth	April 2019
Sefton	May 2019
East Riding	May 2019
Liverpool	June 2019
South Tees	June 2019
Walsall	June 2019
Dudley	June 2019

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[12] Solihull, Stoke on Trent, West Berkshire, and Wokingham were pilot small YOT inspections and did not result in a published report.

YOT	Month of report publication
Lancashire	July 2019
Sheffield	August 2019
Surrey	August 2019
Newham	September 2019
Leeds	November 2019
Leicester City	November 2019
Croydon	December 2019
Brent	December 2018
Bradford	January 2020
Southampton	January 2020
Gloucestershire	January 2020
Nottingham City	March 2020
Camden	May 2020
Oxfordshire	May 2020
Luton	May 2020
Medway	June 2020
Cardiff	July 2020

Domain one: organisational delivery

For each inspection, the YOT submitted evidence in advance with a presentation being delivered by key staff members in relation to the following:

- How do organisational delivery arrangements in this area make sure that the work of your YOT is as effective as it can be, and that the life chances of children who have offended have improved?
- What are your priorities for further improving these arrangements?

During the main fieldwork, interviews were conducted with case managers, asking them about their experiences of training, development, management supervision and leadership. Various meetings were held which allowed for the triangulation of evidence and information, including meetings with managers, partner organisations and staff.

Domain two: court disposals

The cases selected were those of children who had been given court disposals and had been under YOT supervision for approximately six to eight months. This enabled work to be examined in relation to assessing, planning, implementing and reviewing.

The overall sample size in each inspection was set out to achieve a confidence level of 80 per cent (with a margin of error of five percentage points), and we ensured that the ratios in relation to gender, type of disposal, and risk of serious harm level/safety and wellbeing classification matched those in the eligible population.

All sampled cases were allocated to individual inspectors. To support the reliability and validity of their judgements against our standards framework, all cases were examined using standard case assessment forms, underpinned by rules and guidance[13].

Analysis

In this bulletin, logistic regression has been used to analyse case assessment data related to court disposals, examining which sub-group differences were significant when accounting for the relationship between the variables. The independent variables were entered using a forward stepwise approach, incorporating the most significant variables in turn (statistical significance <0.5) and then removing them at a later stage if necessary (significance >0.1). This approach was considered appropriate as the analysis was exploratory in nature and there was no clear evidence as to the relative importance of various independent variables. Associations which were found to be statistically significant are highlighted in the bulletin, i.e. those unlikely to have occurred randomly or by chance.

In each case, inspectors recorded rationales for their judgements. Key enablers and barriers to supporting the desistance of the child were identified through randomising the cases (to ensure that views from a mix of areas were considered) and undertaking thematic analysis, using NVivo software, until it was felt that a reasonable saturation point had been reached. Qualitative analysis was also undertaken in relation to our organisational-level judgments on the overall volume, range, and quality of services in place. Our ratings panel reports were analysed, again using NVivo software, with the main themes identified.

Outcomes for children were outside the scope of the analysis, as our standards framework focuses upon those key 'inputs' and 'activities' which are the drivers of positive outcomes. We are planning to match our case assessment data with appropriate outputs/outcomes data, enabling further analysis and validation of the inputs→ activities → outputs → outcomes logic model.

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[13] The reliability and validity of judgements was further supported through training and quality assurance activities.

Annex B: 'Outstanding' rating characteristics for partnerships and services

'Outstanding'

The range and quality of services fully enable a personalised and responsive service for all children and young people.

There is an in-depth understanding of the characteristics of the children and young people, based upon a wide range of recent and reliable information. Particular efforts are made to anticipate future demands and to understand complex cases and the diversity of cases, recognising the need to develop services which meet the specific needs of all children and young people.

There is a strong mix of targeted, specialist, and mainstream services, providing the necessary range and depth of interventions to meet the full range of needs. There is sufficient flexibility and options to cater for those with often chaotic and unstable circumstances, and the most vulnerable children and young people. The services are easy to access and child/young person-centred, with all efforts having been made to identify and remove any obstacles or barriers to access. Robust evaluation and quality assurance is an intrinsic part of service delivery, involving partners and other providers where appropriate, with a focus on identifying good practice and aspects for improvement.

Collaboration with partners, providers, and the local community is integral to how services are planned, ensuring that the services meet the needs of the children/young people and allow for appropriate innovation. Opportunities to provide integrated services and pathways of delivery, particularly for children and young people with multiple and complex needs, are well-developed. The YOT promotes understanding of the needs of the children and young people and provides advice to help other providers make sure that their services are relevant and readily accessible. There are clear and sound inter-agency protocols, including, for example, referral processes and transitional arrangements, supporting a seamless approach to accessing services. Information is exchanged in a spirit of partnership, while adhering to privacy and confidentiality requirements.

Annex C: Analysis outputs

Table C1: Identified factors linked to desistance

		Mean number of factors	Identified factor (% yes)							
			Living arrangements	Learning and ETE	Speech, language and communication	Lifestyle	Substance misuse	Mental health	Resilience	Self-identity
All cases		3.76	44.7%	60.7%	18.9%	74.5%	55.9%	31.3%	34.9%	50.2%
Gender	Male	3.76	44.4%	61.0%	20.0%	76.1%	57.4%	29.9%	32.8%	49.5%
	Female	3.75	46.7%	57.8%	9.6%	62.2%	44.4%	41.5%	50.4%	55.6%
Age	10-14	3.67	44.0%	67.0%	24.2%	71.4%	24.2%	30.8%	39.6%	63.7%
	15-16	3.93	49.6%	65.4%	21.3%	73.7%	54.9%	34.3%	34.1%	54.6%
	17+	3.66	41.6%	56.6%	16.9%	75.1%	60.5%	29.3%	34.6%	45.7%
Ethnic group	White	3.77	47.4%	62.4%	18.8%	71.9%	56.5%	34.1%	34.7%	46.6%
	Black	3.67	36.6%	54.1%	19.1%	81.4%	55.2%	21.6%	35.6%	58.2%
	Asian	3.61	42.6%	63.9%	13.1%	82.0%	52.5%	19.7%	29.5%	50.8%
	Mixed	4.05	43.9%	64.9%	21.9%	78.9%	54.4%	37.7%	38.6%	59.6%
	Other	3.76	47.6%	52.4%	28.6%	76.2%	42.9%	23.8%	33.3%	57.1%
Looked After Child	Yes	4.28	64.5%	56.6%	18.3%	79.0%	64.1%	41.0%	41.7%	56.6%
	No	3.58	37.8%	62.3%	19.7%	72.1%	52.3%	28.5%	31.7%	48.9%
Disposal	YRO	4.14	52.1%	67.6%	23.5%	81.0%	60.4%	32.9%	35.0%	55.1%
	RO	3.53	40.1%	59.5%	16.9%	67.8%	51.9%	31.4%	34.5%	45.5%
	Custody	3.83	46.2%	48.3%	15.9%	87.6%	61.4%	26.9%	35.9%	58.6%
Risk of serious harm	Low	3.25	32.5%	56.7%	14.7%	65.5%	50.0%	27.0%	34.5%	40.1%
	Medium	3.80	47.1%	62.5%	19.7%	74.6%	55.6%	30.5%	34.4%	49.2%
	High/Very High	4.13	50.6%	61.3%	20.3%	83.2%	60.6%	35.8%	37.1%	60.0%

		Mean number of factors	Identified factor (% yes)							
			Living arrangements	Learning and ETE	Speech, language and communication	Lifestyle	Substance misuse	Mental health	Resilience	Self-identity
Safety and wellbeing classification	Low	3.01	27.7%	53.2%	16.5%	64.9%	42.6%	19.1%	30.3%	39.9%
	Medium	3.61	42.2%	60.9%	18.3%	72.6%	55.8%	28.6%	32.7%	47.7%
	High/Very High	4.25	55.0%	64.0%	20.4%	81.1%	61.2%	39.5%	39.0%	56.8%
Number of previous sanctions	0	3.38	35.5%	54.4%	16.9%	69.0%	46.6%	27.0%	34.0%	48.1%
	1	3.87	47.1%	64.3%	16.0%	71.8%	57.6%	33.2%	39.1%	53.4%
	2-5	3.96	48.7%	65.5%	21.2%	77.4%	59.6%	33.4%	34.3%	52.6%
	6+	4.18	58.5%	63.8%	22.3%	86.2%	70.0%	31.5%	29.2%	50.0%

N.B. Shaded cells indicate that the sub-group differences were significant (based upon logistic regression analysis).

Table C2: Sufficiency of assessment, planning and delivery in supporting desistance

		Does assessment sufficiently analyse how to support the child's desistance?		Does planning focus sufficiently on supporting the child's desistance?		Does the implementation and delivery of services effectively support the child's desistance?	
		n	% yes	n	% yes	n	% yes
All cases		1,168	85.1%	1,156	81.8%	1,127	79.4%
Gender	Male	1,024	85.3%	1,014	81.3%	985	80.9%
	Female	135	84.4%	133	85.7%	127	84.3%
Age	10-14	91	90.1%	90	88.9%	88	84.1%
	15-16	399	86.5%	394	81.2%	382	83.0%
	17+	667	83.5%	661	80.9%	640	80.0%
Ethnic group	White	756	85.2%	749	82.8%	732	81.7%
	Black	194	88.7%	191	81.2%	178	77.5%
	Asian	61	75.4%	60	73.3%	60	78.3%
	Mixed	114	86.0%	113	82.3%	109	87.2%
	Other	21	76.2%	21	71.4%	21	81.0%
Looked After Child	Yes	290	81.0%	283	75.3%	254	75.6%
	No	807	86.5%	803	83.1%	799	82.5%
Disposal	YRO	374	84.5%	368	76.9%	351	77.8%
	RO	648	85.0%	642	85.5%	633	83.3%
	Custody	145	87.6%	145	77.9%	136	82.4%
Risk of serious harm	Low	252	81.7%	250	82.8%	247	83.0%
	Medium	589	86.8%	583	82.7%	573	82.7%
	High/Very High	310	86.5%	306	81.0%	284	79.2%
Safety and wellbeing classification	Low	187	81.8%	185	84.9%	183	81.4%
	Medium	507	86.6%	502	80.9%	489	82.6%
	High/Very High	456	86.0%	451	83.1%	431	81.2%
Number of previous sanctions	0	396	85.9%	394	88.1%	386	85.2%
	1	238	86.6%	236	82.2%	226	84.1%
	2-5	359	84.7%	354	77.1%	346	79.5%
	6+	130	82.3%	128	75.8%	121	73.6%

N.B. Shaded cells indicate that the sub-group differences were significant (based upon logistic regression analysis).

Table C3: Sufficiency of assessment, planning and delivery in focusing upon child's strengths and protective factors

		Does assessment focus on the child's strengths and protective factors?		Does planning take sufficient account of the child's strengths and protective factors?		Does service delivery build upon the child's strengths and enhance protective factors?	
		n	% yes	n	% yes	n	% yes
All cases		1,166	89.6%	1,156	82.4%	1,123	83.9%
Gender	Male	1,022	89.9%	1,014	82.3%	986	83.5%
	Female	135	87.4%	133	83.5%	128	85.9%
Age	10-14	91	92.3%	90	81.1%	88	85.2%
	15-16	398	89.9%	393	82.2%	382	85.9%
	17+	666	88.9%	662	82.3%	642	82.4%
Ethnic group	White	755	89.5%	750	82.7%	732	83.7%
	Black	194	90.7%	191	83.8%	179	83.3%
	Asian	61	85.2%	61	75.4%	61	77.0%
	Mixed	113	91.2%	111	82.9%	108	87.0%
	Other	21	85.7%	21	71.4%	21	85.7%
Looked After Child	Yes	290	86.2%	283	77.4%	253	74.7%
	No	804	91.0%	802	83.9%	800	86.6%
Disposal	YRO	373	87.9%	367	78.7%	351	80.9%
	RO	647	90.9%	643	84.9%	633	85.2%
	Custody	145	88.3%	145	80.0%	138	85.5%
Risk of serious harm	Low	252	87.7%	250	80.8%	248	87.5%
	Medium	588	91.2%	582	82.8%	573	83.9%
	High/Very High	309	89.6%	307	85.0%	285	81.8%
Safety and wellbeing classification	Low	188	91.5%	187	80.7%	186	87.6%
	Medium	505	90.1%	500	81.8%	488	84.0%
	High/Very High	455	89.5%	451	85.4%	431	82.8%
Number of previous sanctions	0	395	92.2%	394	84.5%	389	88.4%
	1	237	92.8%	236	82.2%	224	85.7%
	2-5	359	86.9%	353	81.3%	347	81.6%
	6+	130	85.4%	129	79.1%	120	75.8%

N.B. Shaded cells indicate that the sub-group differences were significant (based upon logistic regression analysis).

Table C4: Sufficiency of assessment, planning and delivery in involving and engaging children

		Is the child and their parent/carers meaningfully involved in their assessment, and are their views taken into account?		Is the child and their parents/carers meaningfully involved in planning, and are their views taken into account?		Is sufficient focus given to developing and maintaining an effective working relationship with the child and their parents/carers?	
		n	% yes	n	% yes	n	% yes
All cases		1,164	82.7%	1,150	81.0%	1,122	88.3%
Gender	Male	1,020	82.9%	1009	80.3%	984	88.4%
	Female	135	81.5%	132	86.4%	129	87.6%
Age	10-14	91	89.0%	90	87.7%	86	95.3%
	15-16	398	85.2%	393	81.9%	382	90.3%
	17+	664	80.3%	656	79.1%	643	86.0%
Ethnic group	White	755	82.1%	743	82.9%	734	88.4%
	Black	191	83.8%	191	78.5%	178	86.5%
	Asian	61	88.5%	61	72.1%	61	85.2%
	Mixed	114	85.1%	112	79.5%	106	93.4%
	Other	21	71.4%	21	61.9%	21	85.7%
Looked After Child	Yes	290	70.7%	284	73.6%	255	85.5%
	No	802	87.0%	797	83.2%	798	89.1%
Disposal	YRO	373	77.7%	368	75.0%	351	86.9%
	RO	647	85.5%	639	85.0%	633	88.3%
	Custody	143	83.9%	142	78.2%	137	92.0%
Risk of serious harm	Low	252	82.9%	249	85.1%	249	88.4%
	Medium	588	84.0%	580	80.5%	573	88.3%
	High/Very High	307	81.1%	304	79.0%	283	89.0%
Safety and wellbeing classification	Low	188	85.1%	185	86.5%	186	87.1%
	Medium	506	83.4%	497	79.9%	488	88.5%
	High/Very High	452	81.6%	450	80.7%	430	89.5%
Number of previous sanctions	0	395	88.6%	392	87.8%	388	90.7%
	1	236	88.1%	236	83.1%	225	91.6%
	2-5	358	76.3%	353	75.1%	345	85.8%
	6+	130	75.4%	126	73.0%	121	84.3%

N.B. Shaded cells indicate that the sub-group differences were significant (based upon logistic regression analysis).

Table C5: Sufficiency of delivery against identified factors

		Sufficiency of delivery against identified factor (% yes)							
		Living arrangements	Learning and ETE	Speech, language and communication	Lifestyle	Substance misuse	Mental health	Resilience	Self-identity
All cases		61.1%	75.1%	63.8%	70.8%	62.2%	59.0%	69.1%	66.4%
Gender	Male	60.0%	73.9%	64.4%	70.8%	62.1%	56.2%	67.9%	65.9%
	Female	69.8%	82.1%	46.2%	71.4%	65.0%	73.2%	73.5%	70.7%
Age	10-14	55.0%	82.0%	63.6%	75.4%	59.1%	85.7%	69.4%	65.5%
	15-16	62.6%	75.1%	63.5%	74.8%	63.0%	62.0%	75.0%	67.9%
	17+	60.1%	73.3%	63.7%	67.7%	62.6%	53.6%	64.9%	65.6%
Ethnic group	White	62.4%	74.6%	59.9%	71.3%	62.1%	60.5%	68.4%	68.3%
	Black	50.7%	71.4%	75.7%	66.5%	61.7%	52.4%	65.2%	59.3%
	Asian	50.0%	74.4%	75.0%	66.0%	65.6%	58.3%	83.3%	67.7%
	Mixed	66.0%	79.7%	60.0%	73.3%	62.9%	58.1%	72.7%	64.7%
	Other	80.0%	81.8%	83.3%	87.5%	77.8%	40.0%	71.4%	66.7%
Looked After Child	Yes	56.7%	56.1%	43.4%	53.7%	47.3%	48.7%	52.1%	53.7%
	No	63.9%	81.1%	70.4%	77.1%	67.8%	64.3%	76.2%	71.9%
Disposal	YRO	57.9%	71.9%	62.5%	67.3%	52.7%	61.8%	64.9%	62.6%
	RO	63.8%	77.5%	62.7%	75.2%	68.2%	58.3%	71.9%	69.5%
	Custody	59.7%	72.9%	73.9%	63.8%	64.0%	53.8%	67.3%	64.7%
Risk of serious harm	Low	62.2%	79.0%	51.4%	75.8%	69.0%	55.9%	72.4%	76.2%
	Medium	65.1%	78.9%	72.4%	72.7%	62.8%	63.9%	72.4%	68.6%
	High/Very High	54.1%	65.8%	58.7%	64.3%	56.9%	55.9%	60.9%	60.2%
Safety and wellbeing classification	Low	55.8%	80.0%	64.5%	78.7%	65.0%	61.1%	77.2%	77.3%
	Medium	63.6%	77.7%	73.1%	71.7%	64.0%	58.6%	69.9%	70.2%
	High/Very High	61.0%	71.2%	54.8%	67.8%	59.9%	60.0%	65.7%	61.4%
Number of previous sanctions	0	61.0%	81.9%	28.4%	78.5%	69.7%	61.7%	76.3%	73.3%
	1	60.7%	75.2%	65.8%	75.4%	66.4%	69.6%	73.1%	60.6%
	2-5	63.4%	73.6%	63.2%	67.6%	62.6%	62.5%	69.9%	70.9%
	6+	56.6%	62.7%	44.8%	59.8%	42.9%	26.8%	44.7%	47.7%

N.B. Shaded cells indicate that the sub-group differences were significant (based upon logistic regression analysis).