

GWASANAETHAU CYFIAWNDER

IEUENCTID GWYNEDD MÔN

GWYNEDD MÔN YOUTH JUSTICE

SERVICES



Report to: YJS Management Board

Date: 25th June 2025

Reporting Officer: Stephen Wood

Subject: Quality Assurance Audit (Assessment May 2025)

1. Purpose of the report and content

- 1.1 To provide the Management Board with information on how the Quality Assurance Audit was conducted.
- 1.2 To provide the Management Board on the outcomes of the Audit.
- 1.3 To explain how the service will use the results of the audit to affect change/improvement.

2. Context

2.1 Case management quality assurance is conducted by managers during information gathering and on all completed assessments, with formal feedback given to case managers for changes and improvements.

2.2 Our HMIP Inspection in Nov 2023 identified that there were improvements to be made in our assessment and planning work in the following areas;

- *Safety and Well Being*
- *Risk of Harm*
- *Contingency Planning*
- *Evidence of professional analysis*

2.3 In addition there have been significant changes and demands made to our assessment processes with the introduction of the YJB Mandated *Prevention and*

Diversion Assessment Tool in Sept 2024. This new assessment is considerably larger and more comprehensive than the previous prevention assessment.

2.4 In the last 12 months Board members have been regularly updated on the commissioned training provided to staff, this training was a response to HMIP findings and our Implementation Plan;

- **Risk of Harm (RoH)** training has been commissioned from Silver Bullet (long established YJ provider) Sept and Oct 2024 staff and managers.
- **Safety and wellbeing (S&W)** has also been commissioned from Silver Bullet as part of Assessment Planning Intervention and Supervision Training. Both sets of training will include **Consistency of Recording** and **Contingency Planning**.
- Dr Kathy Hampson has agreed to deliver training on **Analytical skills and Recording**, this training will take place in Oct and Nov 2024.
- All Case management Staff and Managers received **MAPPA training** in Jan 2024 and March 25 from local NPS coordinator, now mandatory training.

2.5 Results from the Audit will be included in our YJ Plan 2025-26 and we will update our HMIP Implementation Plan, thus providing evidence of progress on actions.

2.6 There are two main assessments completed by the service which are the basis for all planning, safeguarding, interventions and risk management work we conduct with children;

- **Prevention and Diversion Assessment Tool** (PaDAT was introduced in Sept 2024), this assessment is used for all cases where a formal out of court disposal is to be delivered, it is now the YJB/MOJ mandated assessment.
- **AssetPlus** (current iteration has been in use for 10+ years) used for all court orders, Pre-Sentence Report and has been used for Youth Conditional Cautions. YJB/MOJ Mandated assessment.

3. The Process

3.1 A Long sample list was created from our management Information System (*ChildView*) of all AssetPlus Assessments completed by the service in the period 1st April 2024 – 31st March 2025 (**24**)

3.2 A Long sample list was created from ChildView of all PaD Assessments completed by the service in the period 1st Sept 2024 – 31st March 2025 (**82**)

3.3 For impartiality and transparency purposes, audit case selection was completed by members of the YJS Operational Management Group. They were provided with an anonymised long-sample and asked to select cases on the basis of gender, case manager, and risk level.

- **7** AssetPlus cases were selected (29%)
- **14** PaDAT cases were selected (17%)

3.4 Using the Assessment Audit tools recommended by the YJB, the service has worked with other YJSs to create bespoke Audit Tools, please see **appendices 1 & 2**. The tools offer a scoring systems for the completion of areas of the assessment and opportunity for additional scoring and notes on quality and evidence analysis.

3.5 At the YJS OMG meeting on 30th April the dates of 29th and 30th of May were agreed by members to complete the Audits, members also agreed to provide additional oversight to the Audits by joining us as *critical friends*. (Please see **appendix 3**)

3.6 The service manager took the opportunity to dip-sample Audit results following completion, the aim was to ensure consistency of audit scoring across the two samples. 6 cases were sampled; 3 AssetPlus and 3 PaDAT.

4. Results

4.1 Please refer to Results Table **Appendix 4**

4.2 Table 1 (findings)

Asset+	Very Good	Good	Requires Improvement	Inadequate
7	3	4	0	0
PaDAT				
14	5	7	2	0
Totals	8	11	2	0

Please note.

During a scoring verification exercise conducted by the Service manager, it became evident that the audit tool over-scored assessments due to errors in the development of the tool. The scoring system was altered, the result of which was a reduced (and more accurate) score levels for some assessments.

4.3 **20%** of the of the total Assessments completed in the period were audited.

4.4 No assessment were of an **Inadequate standard**, and only 2 PaDAT assessments were of a **Requires Improvement** standard.

4.5 **38%** of assessments audited very of a **Very Good** standard and **52%** score **Good**.

4.6 Staff who complete Asset+ have been completing these assessments for a considerable period of time, they have experienced previous audits and have

completed 1 or more HMIP Inspections. The majority have professional qualifications (Social Worker, Probation).

4.7 Staff completing PaDAT are new to comprehensive assessment completion, and PaDAT was only introduced to staff in Sept 2024, training was provided. The majority do not have professional qualification, although we do have 2 qualified teachers working in this team.

4.8 Overall findings are good and demonstrate a high standard of assessment standard within the service. There are a number of issues which were identified in our HMIP Inspection (Nov 2023) that persist;

Service needs

- Professional Analysis skills are not effectively embedded within the service.
- Contingency planning remains weak for some staff.
- Safety and Wellbeing and Risk of Harm recording has improved, however, there is evidence that some staff are not; fully utilising information from wider services or including these elements in all areas of the assessment.
- Explanations and accounts, at times, continue to be narrative driven and not demonstrating the case managers ability to understand the nature of the child's behaviour and the possible reasons for this.

Individual staff

- 'Voice of the Child' recording didn't always reflect the child's voice, 3rd person wording, and was of inconsistent quality.
- Spelling and Grammar errors were too common, with typing errors contributing to confusion.
- PaDAT assessments completed in the period sept-Oct 2024, had a significant number of sections that were incomplete, (un-ticked boxes).
- Evidence of rushed assessments and '*assessment fatigue*', (end sections of assessments are of a poorer quality than the earlier sections)
- Evidence of 'Copy-Paste' information from other external documents.

5. Recommendations

5.1 Managers will review assessment audit results with individual staff within supervision, with individual action plans created.

5.2 Managers will review our QA Audit Tools, address issues identified during the audit process and responding to some of the feedback from external auditors. We will include YJB Cymru in this process.

5.3 The service will commission further staff training for *Analysis Skills* and *Contingency Planning*.

5.4 The service will arrange peer-auditing sessions for staff using the revised Audit Tool.

5.6 The service will create a short QA tool for general feedback to staff, to be used where necessary at Start, Review and End stages.

6. Appendices

Appendix 1 AssetPlus Audit Tool



Gwynedd Mon A+
Audit tool May 2025-

Appendix 2 PaDAT Audit Tool



Gwynedd Mon
PaDAT QA Audit Tool

Appendix 3 Case Allocation and Schedule



Gwynedd Mon YJS
Audit Schedule and C:

Appendix 4 Table of results



Appendix 3 Audit
Results Table June 20.
