





**Please cite the Published Version**

Smithson, Hannah , Gray, Paul , Jump, Deborah , Lerner, Samuel  and Nisbet, Andrea (2021) The Youth Justice System's Response to the Covid-19 Pandemic: research paper. Research Report. Manchester Centre for Youth Studies.

**Publisher:** Manchester Centre for Youth Studies

**Version:** Published Version

**Downloaded from:** <https://e-space.mmu.ac.uk/628564/>

**Enquiries:**

If you have questions about this document, contact [openresearch@mmu.ac.uk](mailto:openresearch@mmu.ac.uk). Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from <https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines>)

# The Youth Justice System's Response to the Covid-19 Pandemic

## Research Paper

---

Professor Hannah Smithson  
Dr Paul Gray  
Dr Deborah Jump  
Dr Samuel Larner  
Andrea Nisbet

---

June 2021

# About this Research

**During and after the Covid-19 pandemic, there will be societal implications for all children. However, for those in the youth justice system the impacts are likely to be particularly detrimental. There is an urgent need to develop a clear understanding of the impact of the pandemic on these children and those who work with them.**

This research is funded by UK Research and Innovation. It is led by Professor Hannah Smithson at the Manchester Metropolitan University in partnership with the Alliance for Youth Justice. The project focuses on each stage of the youth justice system. It will document the impact of the pandemic on adaptations to working practices, barriers and enablers to effective practice, children's experiences and views of these adaptations, and the lessons learned for policy and practice.

This research paper presents the initial findings from 74 interviews with professionals from eight of the nine Youth Offending Teams (YOTs) across the Greater Manchester (GM) region. The interviews took place between January 2021 and May 2021. The paper focuses on **adaptations to practice and service delivery**. It is the first in a series of papers that will be produced over the life of the project.

# Key Findings

## Responding to Covid-19

- The Covid-19 Pandemic has presented myriad challenges for the GM YOTs
- YOTs have continued to respond quickly and with agility to adapting service delivery and provision throughout the different stages of the pandemic
- Although evolving, service provision and delivery has not resumed to 'normal' levels and many council buildings (YOT offices) remain closed
- The dedication of staff to their work has been YOTs' greatest strength

## The Digital Divide

- The digital divide has been a considerable challenge for staff and for children

## Adaptations to Service Delivery: Staff Views of Remote Working

- YOT staff had mixed views about the appropriateness and efficacy of remote service delivery with children:
  - Some experienced high levels of engagement with children, while others did not
  - They were concerned that the welfare needs of children could not be met adequately through remote working
  - They were concerned about cases recorded as non-completed if a child did not engage remotely with the YOT
  - Pre-existing cases were viewed as easier to engage remotely, compared with children new to YOTs during the pandemic
- Staff missed the opportunity for sharing knowledge and advice in an office environment

## Adaptations to Service Delivery: Engagement with Children

- Certain aspects of service delivery were more challenging to deliver remotely:
  - Reparation work (although referral order panels continued to be delivered)
  - Speech and language therapy
  - Counselling and mental health work

## Statutory Guidance

- Staff seconded to a YOT, or those not delivering statutory provision, such as speech and language therapists, CAHMS workers and nurses, received contradictory Covid-19 working guidance from their 'home' employer, such as the NHS compared with local authorities under which YOTs sit. This caused frustration and confusion for staff and children

## Local and Regional Guidance

- Feedback from staff about the local and regional guidance that teams have received during the pandemic was resoundingly positive

## National Guidance

- Heads of YOTs recognised that the pandemic presented the Youth Justice Board (YJB)<sup>1</sup> with inordinate challenges. However they were frustrated by what they perceived to be the YJB's lack of direction and guidance, particularly in the early stages of the pandemic

## Short-term Challenges for YOTs in a post-Covid-19 world

- Staff were concerned about how well children will respond to a return to more structured youth justice work and the associated requirements of their orders and interventions in a post-Covid-19 world
- The balance between reprimands and breaches, and an understanding of the challenges (eg mental health issues, school, education to employment, and a range of adverse childhood experiences) that justice-involved children faced during the pandemic, and are likely to face in a post-Covid-19 world is not underestimated by staff
- Staff recognised that the return to schooling had been challenging for many justice-involved children and continues to be so due to their negative experiences pre-Covid-19
- Justice-involved children's employment prospects concerned staff and they recognised that the YOTs' employment and training may need to be transformed to equip children for the job market in a post-Covid-19 world
- Staff were anxious about 'life returning to normal' and what this means for further adaptations to their work
- Team managers acknowledged that their colleagues will need support and re-skilling on a return to the office
- Staff were overwhelmingly in favour of a more 'blended' approach to working ie office based and remote

<sup>1</sup>The YJB is a non-departmental public body responsible for overseeing youth justice in England and Wales.

## Youth Offending Teams in the Context of Covid-19

There are 157 YOTs in England and Wales. They work with children at risk of and/or involved in offending behaviours. Despite the crucial role they have played throughout the pandemic, research into the impacts of Covid-19 on YOTs has been minimal. YOTs have proactively attempted to assess and manage safeguarding and risks for children in an entirely new environment alongside, in some instances, losing staff through redeployment to other priority areas of service (e.g. child protection, children's homes, secure children's homes)<sup>2</sup>.

They have continued to provide face-to-face support in new ways where possible, but have moved a lot of their work online, providing digital contact and service delivery. This has led to difficulties overseeing some sentences, and in particular communicating with sentenced/remanded children in custody, including preparing for resettlement (HMIP Thematic Review of Work of YOTs during the Covid-19 Pandemic)<sup>3</sup>

<sup>2</sup> <https://www.mmu.ac.uk/news-and-events/news/story/12283/>

<sup>3</sup> <https://www.justiceinspectorates.gov.uk/hmiprobation/inspections/edmyouth/>

# Research Findings

## **Greater Manchester Youth Offending Teams' Adaptations to Pactice**

GM encompasses one of the largest metropolitan areas in the country and comprises 10 boroughs: Bolton, Bury, Oldham, Rochdale, Stockport, Tameside, Trafford, Wigan, and the cities of Salford and Manchester. There are nine YOTs teams across the region (Bury and Rochdale are combined), each with a remit to work with children at risk of, or involved in, offending behaviours.

**“You couldn’t just say, “Well we’re not seeing anybody. We’re not going in houses.” So, we did RAG ratings of our cases and it was around high risk, prioritising high risk”.**

### **Head of Service**

## **Responding to Covid-19**

The ‘overnight’ impact of the pandemic on service provision and delivery has been acute for youth offending services across England and Wales and GM is no different. In the early stages of lockdown, staff were not identified as key workers, justice-involved children were not categorised as vulnerable (in education terms), and access to PPE equipment was limited. Despite these challenges, each of the GM teams were able to continue working with children, albeit in very different ways. Teams spoke of the resounding pride and admiration they have for their colleagues. References to “pulling together” and going “above and beyond” were routinely mentioned in interviews. Many staff spoke of wanting to do more but were restricted by the national guidelines on lockdowns and social distancing.

*“You can’t do without... flexible staff. That’s the most important part of your services, isn’t it, your staff. You can’t do without your staff. And they have been flexible and they have been really good and creative and resilient and willing to go the extra mile and look at things differently.”  
(Head of Service)*

The current research substantiates many of the findings from an earlier research report into the role of YOTs during the pandemic (see HMIP Thematic Inspection<sup>3</sup>). YOTs across the region adapted quickly to the challenges of the pandemic. During the first national lockdown between March – July 2020, each team embarked on a process of prioritising children through ratings based on their vulnerability and risk.

The majority of the YOTs are housed in local council buildings, which closed in the earlier stages of the pandemic (many remain closed at the time of writing). Teams have been agile in adapting their service provision from face-to-face-work with children to remote ways of working. For some teams, the access to community buildings has provided a means of offering scaled-back face-to-face work with children prioritised as high risk and highly vulnerable. A smaller number of teams have not had any access to their offices since the first national lockdown. Others have been able to work from their offices on a rota basis and see smaller numbers of children.

## **The Digital Divide**

The digital divide - those who have good access to the internet and IT equipment and those who do not - has been highlighted throughout the pandemic. It was discussed widely by YOT staff. In the early stages of lockdown, children on YOT caseloads were not classified as vulnerable in terms of education and therefore not eligible for IT provision from the DfE. Despite this, teams were able to provide iPads and laptops to children. While extremely useful, a lack of access to the internet in the home made remote engagement challenging.



**“Because if the family have not got internet access that’s the big issue, isn’t it? Even if we got them something, they wouldn’t be able to use it. So, it is difficult.”**

**Head of Service**

**“The IT has been crap...But it has improved. It was bad at the beginning. We have very old laptops, which are not great.”**

**Head of Service**

The lack of appropriate IT was experienced by some teams in the early stages of the pandemic. A number of local authorities had provided laptops and smartphones to teams prior to the pandemic, and they were therefore able to make use of them throughout the national lockdowns.

Access to equipment was not the only issue for staff, and like many other large organisations, local authorities took decisions to use certain remote platforms and prohibit the use of others.

*“We were told don’t use, like, WhatsApp’s video service or anything like that, and don’t use FaceTime... “It’s not necessarily secure, so just don’t do it.” I’d try Teams, and I’d generally give up, and then I would revert to just, you know, old-fashioned speaking on the phone.” (Education Officer)*

Managers spoke of the difficulties involved in the up-skilling of their teams to be able to respond quickly and effectively to remote ways of working. Like any other organisation, some individuals were more ‘tech savvy’ than others. Staff were very candid about their struggles to use remote technology.

*“I think, some staff can think more that way [technology] and have probably got more skills or previously had skills that they require really to be able to do that and move into it quite fluidly. Whereas I think with others it’s been a bit more of a challenge in terms of their access to technology and understanding it.” (Team Manager)*

**“The other thing is from an intelligence point of view, the amount of information I pick up from being in the office, I can’t even put it into words how important that is.”**

**Probation Officer**

## **Adaptations to Service Delivery: Staff Views of Remote Working**

Adaptations and responses to service delivery and provision have brought unexpected benefits as well as challenges. As described above, remote working has brought specific challenges to staff in terms of the use of IT. The lack of face-to-face contact with colleagues was a difficulty discussed by the majority of interviewees. Given that YOTs are multi-agency in nature, staff value and rely on the type of ‘corridor conversations’ that can be had in shared offices. Many described this as an opportunity to gather ‘intelligence’ about a child.

For staff seconded to YOTs and not offering statutory services, for instance, speech and language therapists (SALTs), child and adolescent mental health services workers (CAMHS) and school nurses, concerns were raised about the impact of remote working on referrals to their services by YOT staff.

*“We used to get referrals from a multitude of practitioners across Youth Justice, and I think that’s just reduced. It might be one of those things, communications have broken down because everyone’s working remotely now.”*  
(CAMHS Worker)

For others, whilst not necessarily a preferred way of working, it was acknowledged that remote working has enabled them to offer remote consultations and training to colleagues. A mental health nurse explained,

*“It’s the best thing that’s ever happened because I’m actually doing consultation .... how it should be. ... Even when ... we’re back in the office, I think I’ll continue to have consultations via MS Teams.”* (Mental Health Nurse)

**“They prefer face-to-face, a lot of my young people have said they hate video calls, they hate phone calls, they prefer to come in and see me once a week like it was.”**

**Case Manager**

**“So initially when we first went into full lockdown we weren’t seeing any young people face-to-face at all. That was basically just telephone contact. It was difficult because a lot of the young people we work with don’t have telephones or they change their phone every two or three weeks for one reason or another.”**

**Advanced Practitioner**

## **Adaptations to Service Delivery: Engagement with Children**

Staff reported being creative and imaginative within very restrictive circumstances. Methods of engaging with children ranged from telephone calls, zoom calls, garden meets and walk and talks, to sending out resources for children to distribute food parcels for the homeless, writing thank you cards to NHS workers, and sending cards to the elderly.

There were mixed views about the efficacy of and engagement with remote delivery. Some staff viewed it positively and spoke in detail about the benefits it was creating for children with respect to their levels of engagement with the service.

*“Since we’ve been doing them virtually and at home, we’ve found that young people are more open. When we were face-to-face, they were quite guarded about what they said. We’ve always said that young people respond better when you’re in a car or when you’re just walking down the street and we’ve found that that’s been the situation with Covid. We’ve had better engagement levels, we’ve reduced with, and we’ve still managed to keep business as usual by doing our compliance panels over the phone.”*  
*(Intensive Supervision and Surveillance Worker)*

For some children, remote delivery was challenging due to a lack of access to a mobile phone, and in particular smart phones, and the frequency with which children change their phones, making it difficult for staff to keep in contact. They spoke about these barriers to engagement at length.

**“When you see somebody face-to-face, you can see any marks, bruising, anything that’s concerning, anything that’s on their face, tiredness, any drug use. Whereas over the phone you can’t see those things.”**

**Youth Justice  
Support Officer**

Staff voiced concerns about the longer-term impacts of non-engagement with remote delivery. In a number of cases this led to recordings of non-compliance, and cases being closed, while other children were sent back to court.

*“All the kids completely disengaged straight away so they’ve not finished their orders. We’ve had to put it down as unsuccessful. My argument is if we’d have kept seeing those kids at YOT, they would have continued to engage. They quite like coming to YOT. They like the routine. The minute I said I couldn’t see him in the office, he completely disengaged. He wouldn’t answer his phone. I tried to meet him in the park, he wouldn’t turn up. As it stands now, that case is closed. It’s closed for non-engagement. It doesn’t sit comfortably with me because I actually don’t think it’s not because of non-engagement. I think it’s the decisions that we’ve made.” (Out of Court Disposal Lead).*

Engagement with children whom staff had pre-existing relationships with pre-Covid-19, was, on the whole, viewed as easier to manage in comparison with new cases.

*“I inherited a case, I’d never met the young person. Obviously trying to engage him, he was already a difficult young person to engage and trying to engage him turned out really very difficult because it was a case of never having seen him and he doesn’t really know me. He went down the road of having to go back to court for not keeping contact.” (Youth Justice Support Officer)*

The reluctance to engage remotely has wider implications for staff and children, whether through a lack of confidence or dislike of remote service delivery, and/or a lack of access to a mobile phone. Many staff raised concerns about the limited opportunity that remote working provided for thorough welfare checks. They spoke of the difficulties of being able to informally assess if a child was experiencing what would normally be seen and assessed as safeguarding issues such as neglect, physical abuse and substance misuse.

**“The only difficulty with the home visits and it really is more of a tick box and a welfare check because we can’t have those conversations on the doorstep that we need to have. They’re not labour intensive.”**

**Intensive Support and Surveillance Worker**

Door-step home visits have continued to some extent during the different stages of the pandemic. In the early stages, children deemed to be a risk to the community and/or themselves received welfare checks. While these enabled some contact, not all staff were convinced of their usefulness as a method to meaningfully engage with children.

Although home visits have continued throughout the pandemic, staff did not consider them as an example of ‘business as usual’. Significant concerns were raised about the pressure for families to have workers in their homes and the safety of families and staff when undertaking the visits.

*“One of our young people who we did do a home visit, myself and the Youth Justice Officer, and after going there, it’s a multi-story block of flats. Well, for social distancing, it’s a nightmare because they don’t even have a two-metre-square lift for goodness sake, in that multiple occupancy. So you can’t social distance just getting to the flat and you’ve got overpopulated spaces where families are living, you know, they’ve got the bed in the living room and like, so I was like, I can’t do that home visit again because it’s not safe for them or for us.” (YOT Case Worker)*

## **Reparation**

Certain aspects of service delivery proved very challenging to deliver remotely, if at all. Reparation work, speech and language therapy, counselling and mental health work were all identified as being considerably impacted by remote delivery.

All YOT work involves an element of reparation. This work can include anything from involving children in bike maintenance, litter picking, to writing letters to victims. The work can be very practical and therefore not a natural fit with remote delivery. Staff responsible for reparation spoke of the impact of social distancing and associated health and safety requirements that made practical face-to-face work impossible.

*“Every time I came up with something, it was like you can’t do that because of Covid and we can’t do this for health and safety; it was just so, so, so, very, very hard. So, for all the things that we tried there was always a hurdle to jump over or to get over and we’re still kind of in that situation now.” (Reparation and Victim Worker)*

**“If you can’t conference the kid into it, which quite often you can’t, then it’s usually just me having a discussion with a panel member, me then having a discussion with the young person.”**  
**Restorative Justice Worker**

**“I think we offered about 25 virtual sessions in the first lockdown and we got two taken up.”**  
**Speech and Language Therapist**

Although reparation work proved challenging, the majority of teams explained that their referral order panels have continued throughout the different stages of lockdown. Referral orders involve an element of reparation and/or restorative justice. The panels comprise two trained community volunteers and a member of a YOT. Children meet with a panel to agree appropriate reparation or restitution. Similar to other elements of service delivery, panels have moved to remote delivery through the pandemic. A number of teams explained that the panels worked better remotely, mainly due to the lack of travel demands placed on volunteers to attend. However, in some cases they were disjointed as conversations happened in stages, with practitioners and volunteers discussing a case and then information being relayed to children and parents due to difficulties in getting everyone to attend at the same time or issues with accessing technology.

*“The person who coordinates referral orders got one volunteer who she would send the stuff to, and then they’d have a conversation on the phone. And that would be relayed to the young people. So, we didn’t stop referral order panels altogether. We just had to very much change, not in line with what they’re meant to look like but we managed to keep them going and we managed to keep a panel member on board with it, which I thought was quite good.” (Head of Service)*

### **Speech and Language Therapy**

Around 60% of justice-involved children experience speech, language and communication needs.<sup>4</sup> Some (not all) of the GM teams have speech and language therapists (SALTs) seconded to them from the NHS. Much of the work of a therapist in a YOT involves receiving referrals from YOT staff, assessing children and providing appropriate interventions. SALTs spoke of the impact of remote working on their service delivery. The impacts were vast and included the inability to provide any sort of service in the early stages of lockdown, to the evolution of remote delivery and its associated challenges, and the subsequent impact on assessments and interventions.

<sup>4</sup>Macrae, A M and Clarke, A. (2020) ‘Police officers’ awareness of the speech, language and communication needs of young offenders’. The Police Journal: Theory, Practice and Principles. <https://journals.sagepub.com/doi/10.1177/0032258X20968591>



**“Video contact is useless when it comes to mental health. I don’t care what people say, it’s only good for me if you know the young person. There’s nothing takes away that face-to-face with somebody.”**

**Mental Health Worker**

SALTs spoke about the particular challenges of delivering remote communication sessions.

*“With the ones where you’ve got young people who have got social communication difficulties, you can’t really get that good observation via a video link. So, even in those situations, you knew you wouldn’t get the information that you wanted.” (Speech and Language Therapist)*

Although the service that they were able to deliver was limited, each of the SALTs we spoke to described the unintended benefits of using their time to deliver additional training to their YOT colleagues. They all spoke positively about this and the need to have the time and the space to continue once restrictions were lifted.

### **Mental Health Provision**

In terms of mental health provision, a number of teams have dedicated seconded CAHMS workers, while others ‘buy in’ services from local mental health charities. The impact of the pandemic on children and young people’s mental health has received widespread attention. For instance, the charity Young Minds found that 80 per cent of children agreed that Covid-19 had made their mental health worse.<sup>5</sup> For these professionals, adaptations to practice and the delivery of their service to children was more challenging due to the sensitive and often confidential nature of their work. While practice such as welfare checks could be done on the doorstep and certain interventions carried out remotely, the view from the majority of mental health practitioners was that provision works best on a face-to-face basis in a clinical office.

Similarly, for some counsellors, remote ways of working such as Zoom and FaceTime, is not considered appropriate,

*“I know that it puts young people off, especially in counselling, it’s all about eye contact and body language.” (Counsellor)*

For others, the efficacy and appropriateness of remote working was dependent on the type of mental health work they were undertaking with children. Some workers embraced the opportunity to undertake sessions while walking with children.

*“I actually think that going for a walk is really good and also the actual fact that you’re doing actual exercise with that young person. We know that exercise is good for mental health, you’re doing the two things at once in a way. I would like to carry on encouraging the walking even when we come out of this.” (Counsellor)*

<sup>5</sup><https://youngminds.org.uk/about-us/reports/coronavirus-impact-on-young-people-with-mental-health-needs/#Covid-19-january-2021-survey>

**“We have continued with the doorstep visits, but over the summer, that was a lot easier in terms of finding places to see young people, whether it be in parks, whether it be in their garden.”**

**Head of Service**

### **The Easing of Restrictions**

As the GM region went through the different stages of lockdown and subsequent tier restrictions (note that GM remained in the strictest of tiers – tier 4 from July 2020 to January 2021), the nature of work with children evolved. For some teams, the easing of lockdown into the tier restrictions enabled them to re-start small group sporting activities and socially restricted face-to-face meetings.



**“Well, the office was shut. The direction was from the city council, “We’ll close the office, so you need to go elsewhere now.” It was quite a shock when I looked at my colleagues here in the CAMHS base, where I am now, we remained very much ‘business as usual’”.**

### **CAHMS Worker**

## **Statutory Guidance**

The myriad challenges staff faced was made more complex depending on who employed them. If they are employed by the local authority (or equivalent), their work with children is statutory and they follow local authority guidance. Roles such as SALTs, CAHMS workers and drug and alcohol workers are not always statutory. These roles can be seconded to YOTs and they remain employees of their ‘home’ service, for example, the NHS. During the pandemic, this presented a range of issues and adaptations, many of which had not been encountered by staff pre-Covid-19. The key issue for those not employed by the local authority was the divergence in Covid-19 working guidance from their employee compared with the respective local authority. For instance, some NHS employees felt that they received contradictory guidance from the NHS and the local authority. Much of this was around office working and face-to-face meetings with children. Throughout the pandemic the majority of YOT offices remained closed, while NHS offices were kept open for priority services.

Similar discrepancies were experienced with the use of PPE, and the transporting of children to and from services and appointments.

*“The issue was with the difference in PPE use. There were different rules for NHS than there was for council staff. So, for example, we’d have us turning up to appointments in different levels of PPE. So, I would be going turning up in gloves and apron and mask and then just have a colleague that was just in a mask, that could have been a fabric one. So that must have been difficult for families and young people because we didn’t have a universal response, really..” (Nurse)*

Unlike YOT staff, NHS staff were allowed to transport children in personal vehicles from the start of the pandemic.

*“The NHS guidance was that you can have someone in your car if they’re in the back seat, you’ve got the windows down, and you’ve got PPE on and so have they. And they’ve not got Covid symptoms. The YOT were, “No, you can’t do that.” (Nurse)*

**“I think it’s been a bit mind-blowing. I think as time has gone on, we seem to have got in our groove a little bit but initially it was like, “Oh my God,” and there was risk assessments and look at this website and this website and this website. It was like, “Oh, bloody hell”.**

**Head of Service**

## **Local and Regional Guidance**

Although there have been some discrepancies in Covid-19 working guidance from different organisations represented in YOTs, feedback about the local and regional guidance that teams received during the pandemic was resoundingly positive. Staff spoke of the regular updates from Chief Executives of local authorities, heads of youth offending services and team managers. Staff were empathetic to the challenges that Covid-19 presented to their respective employer organisations. They recognised that particularly in the early stages of the first lockdown, local authorities, charities and the NHS were reliant on guidance coming from the government.

While staff were understanding of the situation, the short notice changes of guidance led to some confusion amongst staff.

*“Guidance wise, they’ve done their best but there’s been a lot of conflicting guidance and a lot of arguments over what the guidance means. People have been frustrated by the fact that there isn’t information. There’s no information to give them but they still want the information. People are being almost making their own stuff up when the information hasn’t been available.” (Case Manager)*

A consistent message from staff was the confusion and inevitable frustration arising from the fact that YOTs fell under the blanket Covid-19 operational remit of their respective local authority. Many staff felt that the work of YOTs was unique in terms of the complexities and vulnerabilities of the children they work with, and the type of work that they undertake with children. This ranged from questioning why council offices had remained closed for so long, to confusion about following local authority guidance that seemed to contradict national guidance.

*“They were sending out guidance, but some of it didn’t quite fit with us. So although we come under Children’s Services, we’re not, well, some of us are social workers, but that’s not our role. So there’s been a lot of conflicting guidance and a lot of arguments over what the guidance means.” (Case Worker)*

For many large organisations such as local authorities, the pandemic has resulted in the adaptation of the delivery of communications and guidance. Many staff spoke of the weekly newsletters they received from Chief Executives and local authority led information about wellness and mental health support.

*“Locally, our guidance has been phenomenal. Our chief exec was sending out a daily e-mail to the whole of the council, to everyone, and then I was obviously passing that on. They set up really good websites with ‘frequently asked questions’, and it was just really, really good. I was really impressed, actually, how quickly it was set up, and how quickly we had a portal that we could go to straight away.” (Head of Service)*

As the country moved through the different stages of the pandemic and lockdowns, guidance for YOTs was adapted accordingly and the frequency with which staff received updates reduced accordingly. For the majority of staff this was welcomed. Some staff felt overwhelmed by the amount of information they had received in the earlier stages: “death by email” was often cited by staff. Support from Heads of Service and line managers was cited as invaluable and the majority of staff felt very well supported by their managers.

**“The YJB set up, weekly regional meetings and they dropped off to fortnightly, monthly, whatever. And actually, they were really helpful because you got a chance to talk to other Heads of service.”**

**Head of Service**

## National Guidance

The usefulness of the guidance and support received at a national level from the YJB produced mixed responses.<sup>6</sup> In the main, this was an issue that the Heads of Service of each of the YOTs spoke about in detail: they have the most frequent contact with the YJB. There was recognition that the pandemic presented the YJB with inordinate challenges. National and regional meetings with YJB representatives were viewed positively. Heads of Service valued the opportunity to speak with and share experiences across the region.

While appreciative of the space to share experiences, frustrations were focussed on the lack of advice and what was perceived as advice that was ‘too late in the day’.

*“I don’t recall them giving advice. They were very late. And what they tend to do is they tend to ask you what you’re doing, and then they bring it all together, and then they regurgitate that, and they share it with everybody – “So here’s good practice guidance from around the country.” ...Well, you know, by that stage, we had already decided how we were going to work and we’d tested it out.” (Head of Service)*

Operational issues such as the suspension of national standards<sup>7</sup> was a main cause of concern and frustration for staff. Many felt that without this suspension, it was impossible to be able to deliver a safe and effective service.

*“So I don’t think there has been a quick response in terms of operational need for this cohort until we got the message that National Standards could be suspended. I think that was a thing and the most important thing. Apart from that, people were really scrambling in the dark because nobody really knew how we were going to move forward.” (Head of Service)*

<sup>6</sup>The YJB is a non-departmental public body responsible for overseeing youth justice in England and Wales.

<sup>7</sup>These standards define the minimum expectation for all agencies that provide statutory services to ensure good outcomes for children in the youth justice system.

**“I felt like we were having a lot of demands put on us – “Do the Recovery Plan, do the national standards audit,” and whatever. Not a lot has come back in terms of, “Well, okay, so what did you get from that?” It does feel like a one-way process.”**

**Head of Service**

There was consensus about what was perceived to be additional and unnecessary administrative burdens placed on teams by the YJB. A number of Heads of Service were irritated by what they felt was a lack of flexibility when it came to producing reports and plans. At a national level, the YJB requested that all YOTs produced a Covid-19 Recovery Plan. The timing of this was questioned by Heads of Service who felt that producing a recovery plan during the early stages of the pandemic was not an operational priority. Similar frustrations were raised about the need to complete national standard audits.

### **Short-term Challenges for YOTs in a post-Covid-19 world**

The country's return to pre-Covid-19 levels of functioning will be a gradual process. This was recognised by the YOTs and was widely discussed by staff when discussing the short-term challenges their teams would face. These discussions fell into two broad groupings: (i) resuming face-to-face work with children and (ii) how staff will adapt to new ways of working.

The majority of staff expressed concerns about children's responses to a return to more structured face-to-face work and the associated requirements of their orders and interventions. The overwhelming response was that children will struggle. For instance, during Covid-19, many children had a relatively unstructured experience of the youth justice system. Staff spoke of their expectations of children during the pandemic being lower than pre-Covid-19. This was often in relation to their compliance with orders and interventions. For many staff, the balance between reprimands and an understanding that children will take time to ease back into the 'new normal' was met with trepidation.

**“...like a lot more breaches and all that type of stuff, to get them back into that expectation of this is what we have to do now. There’s going to be some resistance there, they’re going to really struggle”**

### **Case Worker**

Staff were also mindful of the short-term challenges of working with and supporting children who might have been struggling with mental health issues, school, education, employment and a range of adverse childhood experiences prior to the pandemic. The balance between reprimands and breaches and an understanding of the challenges that children have faced during the pandemic was not underestimated by staff.

*“I suppose we don’t really know what’s been missed until it becomes apparent. I mean, I feel like I’m responding to and trying to deal with any concerns with regards to health. But especially with emotional health, I think, it will almost be like PTSD or something, you know, for young people. And the experiences that they have lived through at home, you know. It may take some time for all of that to kind of come out.” (Nurse)*

Eight out of ten children in custody have been excluded from school.<sup>8</sup> The role of schools was mentioned by large numbers of staff. During different periods of lockdowns, schools were closed and teaching was provided remotely.

*“As a service, we have always felt that the biggest challenge was going to be getting children back into school, because most – if not all – of our young people have a very negative experience and view about education. And obviously, if the economy... if we are going into an economic recession, that whole thing about poverty and futures for our young people, it would look grim.” (Probation Officer)*

<sup>8</sup>Excluded, exploited, forgotten: Childhood criminal exploitation and school exclusions’ is online at [www.justforkidslaw.org](http://www.justforkidslaw.org). ‘good outcomes for children in the youth justice system.

**“There’s an anxiety about things returning to normal, but then we’re being told things will never actually return to normal. Why are we all in offices when we don’t need to be, when we’ve got these working from home capabilities?”**

**Probation Officer**

Employment opportunities, or lack of, was raised by staff. They questioned how healthy the job market will be and what types of jobs are going to be available for young people. In view of this, many staff recognised that their education to employment and training opportunities might have to be transformed to ensure that young people are adequately trained for the job market in a post-Covid-19 world.

The concerns raised by staff about resuming ‘normal’ levels of service themselves were not dissimilar to the concerns they expressed about children. The majority of YOT staff have predominately worked remotely and from home during the pandemic. They expressed anxieties about ‘life returning to normal’ and what this will mean for the way in which they would have to adapt their work. Not knowing what a new normal would look like contributed to their concerns.

For many staff, the uncertainty of the structure of their work was a source of anxiety. Many held the opinion that it was unlikely that they would resume working in an office full-time.

*“I can just, with my crystal ball, see that everybody will want to rush back in the office and be as we were... so I can see that some of the challenges there will be getting the staff on board as to how is this going to look.”*  
(Operational Manager)

Staff were not adverse to new ways of working; indeed some spoke of the pandemic as having provided an opportunity to re-think the way in which they worked and more generally how the youth justice system functions.



*“We’ve got to think now about our methods, our methodology of service delivery, how much of this should now be digital? How much should it be face-to-face? What do we bin? What do we keep? What’s made us stronger? What’s made us weaker? It would be very helpful for someone to say, “Actually, we can make some funding available for the next two years to deal directly with this cohort that are going to need additional support, either through delays in the system or because they’ve not got what they ought to have got because the services have been reduced.” (Head of Service)*

Equally, they recognised that they need time to think through the new ways of working and its potential impact on their teams and the children with whom they work. Managers were cognisant of the support that colleagues will need when they return to offices. This support ranges from supervisions, to team meetings and training.

*“Team meetings may kind of increase again, going back to kind of seeing each other. Supervision will probably increase at that time. Checking in with staff will probably increase at that time. And a more visible management team will probably be introduced just so that you are there for... I suppose it’s just like kind of managing... what our staff would be doing for their young people is what we would be doing for our staff.” (Team Manager)*



For further information about the project, please contact,  
Professor Hannah Smithson [h.i.smithson@mmu.ac.uk](mailto:h.i.smithson@mmu.ac.uk)

