



This Improvement plan is combined with an existing YOS Improvement Plan written in January 2011. Areas for improvement and actions are cross referenced accordingly.

HMIP recommendations from Core Case Inspection 2011 indicated that “changes are necessary to ensure that, in a higher proportion of cases:

- (1) *a timely a good quality assessment and plan, using Asset, is completed when the case starts ... (YOS Manager)*
- (2) *specifically, a timely and good quality assessment of the individual's vulnerability and Risk of Harm to others is completed at the start, as appropriate to the specific case..... (YOS Manager)*
- (3) *as a consequence of the assessment , the record of the intervention plan is specific about what will now be done in order to safeguard the child or young person from harm, to make them less likely to reoffend, ad to minimise any identified Risk of Harm to others.... (YOS Manager)*
- (4) *the plan of work with the case is regularly reviewed and correctly recorded in Asset with a frequency consistent with national standards for youth offending services.... (YOS Manager)*
- (5) *there is evidence in the file of regular quality assurance by management, especially of screening decisions, as appropriate to the specific case..... (YOS Manager)*

Recommendation	What will be done?	Outputs	Who will do it?	Timetable
1. Ensure that strong performance management and quality assurance systems are in place (HMIP 1)	<i>Plan to be reviewed by YOS Board, Children's Trust Planning, Performance and Quality Assurance Sub Group and Youth Justice Board</i>	<i>Managers are aware of performance measures, of their role, and how performance impacts on improved outcomes</i>	YOS Management Board; YOS Manager; Practice Development Manager; YOS staff	Every Board Meeting
	<i>Performance Management to be prioritised over other tasks this to be become core business with a drive for this to be intensive for a short period until fully embedded. (HMIP 1-5)</i>	<i>Staff understand audit and inspection and can self assess</i>		
	<i>All supervisors to use existing audit tools and the YOS Roles and Responsibilities QA Framework (Nov 2010)</i>	<i>All supervisors to use existing audit tools and the YOS Roles and Responsibilities QA Framework (Nov 2010)</i>		
	1. a) Draw up an outcome based framework for performance management (HMIP 1-5)	1. a) Outcome Based Framework in place and implemented	1. a) YOS Manager/Practice Development Manager	1. a) Oct 2011
	1. b) Review Duty Manager Role (HMIP1 & 5)	1. b) Duty manager role to include Quality Assurance and countersigning of vulnerability and risk of harm to	1. b) YOS Manager and PDM	1. b) Nov 2011

	<p>1. c) Increase regularity of data, feedback on timeliness of ASSET completion to operational managers (HMIP 1)</p> <p>1.d) Review and improve quality of assessments and plans. (HMIP 1)</p> <p>1. e) Develop concise 'good' assessment audit checklist for staff to use as a reminder in every day practice (HMIP 1,2 &5)</p> <p>1. f) Review the process for obtaining and recording structured feedback from YOS specialist staff and partners</p>	<p>others assessments increasing organisational consistency of timely oversight</p> <p>1. c) Use data management to monitor % meeting relevant national standards (timeliness) until sustained improved practice is witnessed.</p> <p>1. d & e) Increase the consistency of WDYT, increase inclusion of relevant information from partner agencies: improve analysis taking account of diversity issues</p> <p>1. f) Quality assurance reviews of plans: specificity, sequencing, and outcome focussed objectives quarterly.</p>	<p>1. c) YOS Manager, Information Manager</p> <p>1. d) Relevant managers/supervisors (ASMs, SPs) and PDM</p> <p>1. e) YOS Manager /PDM</p> <p>1. f) YOS Manager and relevant supervisory staff</p>	<p>1. c) July 2011</p> <p>1.d) Dec 2011</p> <p>1. e) July 2011</p> <p>1. f) Oct.2011</p>
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<p>2 Robust systems for management oversight and gatekeeping with focus on Risk of harm and safeguarding</p>	<p><i>Rigorous application of YOS Roles and Responsibilities QA Framework (Nov 2011).</i></p> <p><i>Counter signing, gate-keeping reviewing & supervision to be part of a structured management plan, a need to ensure that Managers move away from “just sign off of documents” but this is strengthened by clear management actions on key documents. (HMIP 5)</i></p> <p><i>Present a revised Quality Improvement Framework to the September YOS management board and agree reporting arrangements. Framework to include sequenced action points from HMIP and review of current progress on Improvement Plan</i></p>	<p><i>All ROSH Reviews and new start ROSHs will have clear management entries in the summary for decision box confirming the risk classification and key areas to work on in order to reduce/manage risk.</i></p> <p><i>Managers will take more of a challenging approach with staff, RMPs and VMPs not to be signed off until they have reached sufficient quality (as per CCI guidance) Documents will be returned to case managers to ensure analysis and clear actions.</i></p> <p><i>Managers will be trained in auditing with external support Diaries will cleared each quarter with dates set in advance for 2011/2012, 2 days will be earmarked for audit and analysis of findings</i></p> <p><i>Each manager will take a lead on an area of improvement and ensure that learning takes place across the teams</i></p>	<p><i>YOS Management Board; YOS Manager; Practice Development Manager; YOS staff</i></p>	<p><i>Every Board Meeting</i></p>
	<p>2. a)Review Duty Manager role (as</p>	<p>2. b), c) QA review of custody and</p>	<p>2.b)YOS Manager</p>	<p>2.b)Oct.20</p>

	<p>above) (HMIP1&5)</p> <p>2. b) Increase inclusion of relevant information from TVP/ASB teams regarding risk within assessments. (HMIP2 & 3)</p> <p>2. c) Ensure victim safety issues are taken into account in all assessments and plans, by producing guidance and inclusion within internal QA criteria. (HMIP3)</p> <p>2.d)Establish bring forward systems to provide an overview of forthcoming reviews so that sufficient and timely recording is taking place</p> <p>2. e)Improve sequencing of intervention planning with regard to minimising ROH (including victim safety) and ROR. (HMIP 3)</p> <p>2. f)Auditing of cases to be carried out 20 cases to start with on a quarterly basis first audit to commence early April 2011</p>	<p>community plans on sequencing regarding ROH, and consistency between safeguarding and risk management plans and IP's and sentence planning as appropriate</p> <p>2. d) System in place and implemented</p> <p>2. e) Deliver 'refresher' training and coaching as appropriate following audits – increasing learning.</p> <p>2. f & g) Increased attentiveness to national standards and case management guidance by staff and supervisors</p>	<p>2. c) YOS Manager/PDM/Restorative Justice Senior Practitioner</p> <p>2. d) YOS Manager/Information Manager</p> <p>2. e) PDM</p> <p>2. f) Auditing group</p>	<p>11</p> <p>2.c)December 2011</p> <p>2. d) Sept 2011</p> <p>2. e)Dec 2011</p> <p>2.f) From July 2011</p>
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	<p>2. g) Improve enforcement and compliance</p> <p>2. h) Strengthening of safe recruitment (e.g. CRB checks) and supervision practice and information sharing</p> <p>2. i) Strengthen system for monitoring and flagging compliance with National Standards</p>	<p>2. h) Ongoing training for staff</p> <p>2. i) System in place and applied through management structure</p>	<p>2. g) YOS Manager/ line managers & supervisors</p> <p>2. h) YOS Manager</p> <p>2. i) YOS Manager and Information Manager</p>	<p>2. g) June 2011 onwards</p> <p>2. h) Nov 2011</p> <p>2. i) Sept 2011</p>
<p>3. Improve Risk Panels that are held on a monthly basis</p>	<p><i>Review current practice of panels, there is a need to ensure that in reference to risk the Chair to include a systematic focus on any Victim Safety concerns (HMIP 2, 4 & 5).</i></p> <p><i>Also review to enable more regular timetabling and greater interagency involvement.</i></p> <p><i>1a) 2a) & 2b) also relate to this section.</i></p>	<p><i>Improve focus on Safeguarding by including Social Care Manager as Panel member to assist in improving and agreeing actions on VMPs in order to reduce/manage any safeguarding concerns. Evidence of impact to be monitored through audit process.</i></p> <p>3. a) Following on from</p>	<p>YOS Management Board; YOS Manager; Practice Development Manager; YOS staff</p> <p>3. a) All Line</p>	<p>Every Board Meeting</p>

	<p>3. a) Improve clarity and sequencing of plans (community and custodial) taking account of roles, responsibilities, diversity, safeguarding and risk of harm issues.</p> <p>3. b) Improve staff skills in, and understanding of outcome focussed planning and risk management through 1c), 1d), 2d) 2e).</p> <p>3. c) Review consistency of MAPPA referral management, and YOS process for oversight of referrals</p>	<p>audits/increased performance management victim safety concerns will be addressed in key documents such as ROSH and RMP and discussed and clearly recorded at each risk panel</p> <p>3. b) Production of outcome focused guidance including victim safety to enable inclusion in IPs, RMPs (as per 2c)</p> <p>3. c) timely and consistent referrals with centralised oversight</p>	<p>Managers and Case Managers</p> <p>3. b) YOS Manager/ Line Managers</p> <p>3. c) YOS Manager</p>	<p>3. a) June-Dec 2011</p> <p>3. b) June-Dec 2011</p> <p>3. c) July – Dec 2011</p>
<p>4 To improve Bail and remand Services</p>	<p><i>Strengthen performance management systems for Bail and Remand Services (HMIP 1-5)</i></p> <p>4. a) A full review of practice to take place by September 2011, including consultation with lead manager and all staff and young people. Analysis of bail cases and recording will also be examined in detail.</p>	<p><i>An improved and more effective service both for the YOS and the courts reducing custody and custodial remands</i></p> <p>4. a) Actions from review implemented and reductions in custodial remands achieved.</p>	<p><i>YOS Management Board; YOS Manager; Practice Development Manager; YOS staff</i></p> <p>4. a) YOS Manager/Assistant Service Manager</p>	<p><i>Every Board Meeting</i></p> <p>4. a) Sept 2011</p>

	4. b) Improve consistency of recording, assessment, planning and oversight (see section 1&2)			
5 To improve the quality of service provided in order to achieve outcomes	<p><i>Restructure of the YOS to be implemented to achieve overall service improvements in line with Inspection findings to ensure sufficient senior management oversight and improved impact of quality assurance measures</i></p> <p><i>1b, 2a,2b 2d and 2e) above also relate to this section</i></p> <p>5. a) Establish greater evidence of inclusion of young people and family involvement within plans, reviews, and management of safeguarding and ROH. (HMIP 2,3 &4)</p> <p>5. b) Strengthen outcome focussed planning (see 1. a))</p> <p>5. c)Undertake dip sampling/QA of management oversight - to inform</p>	<p><i>Restructuring in place.</i></p> <p><i>Improved outcomes and delivery of court work and interventions to be monitored through Quality Improvement Framework</i></p> <p>5. a)Introduce learning style questionnaire to inform assessment and meaningful engagement of young person in plans and reviews</p> <p>5. b) Better sequenced plans and interventions/tighter enforcement</p> <p>5. c) Maintenance of improvement in managerial oversight (see section 2)</p>	<p><i>YOS Manager/YOS Board; YOS Management Team; YOS staff</i></p> <p>5. a) YOS Manager.</p> <p>5. b) YOS Manager/PDM</p> <p>5. c) YOS Manager/PDM/TV</p>	<p><i>October 2011</i></p> <p>5. a)July/ August 2011</p> <p>b) Oct 2011</p> <p>5. c)Nov.</p>

	continued practice improvement workshop with managers		Probation	2011
6. To sustain strong interagency and Partnership working	<p><i>Ensure strong partnership arrangements at a strategic and practitioner level are maintained through period of intense change for all partner agencies</i></p> <p>6. a) Ensure information sharing arrangements are clarified reviewed and updated within all inter agency protocols at next review</p> <p>6. b) Develop greater integration and dialogue with Thames Valley Police ASB teams to enable relevant information sharing regarding risk/ vulnerability</p> <p>6. c) Establish and formalise links regarding early intervention services following OCC reorganisation</p> <p>6. d) Review risk management panel attendees to promote greater interagency involvement</p>	<p><i>YOS Management Board sustains regular senior level membership from all key partners and this is reflected in ongoing improvements in service delivery and in resourcing</i></p> <p>6. a) Protocols updated</p> <p>6. b) Improved information informing assessments/ and risk management plans and regular and well attended risk/vulnerability management panels</p> <p>6. c) Establish systems to share information/maintain links to preventative work; improved use of CAF/TAC</p> <p>6. d) Representation regular and sustained</p>	<p><i>YOS Manager/YOS Board; YOS Management Team; YOS staff</i></p> <p>6. a)YOS Manager</p> <p>6. b) YOS Manager</p> <p>6. c) YOS Manager and designated senior manager</p> <p>6. d) YOS Manager</p>	<p><i>October 2011</i></p> <p>6. a) March 2012</p> <p>6. b) Dec 2011</p> <p>6. c) Dec 2011</p> <p>6. d) Sept 2011</p>

<p>7. To ensure sufficient Training and Coaching is in place for staff to implement improvements</p>	<p><i>To develop robust Learning and Development programme integrated into wider Children's Social Care planning to develop skilled, integrated workforce able to meet demands of excellent youth justice practice</i></p> <p>7. a) Implement new audit tools.</p> <p>7. b) Implement tools to increase attention to diversity issues.</p> <p>7. c) Organise joint training for managers and supervisors together with regard to judgements/impacts on ROH of changes in circumstances together with colleagues at TV Probation to share skills</p> <p>7. d) Ensure staff are briefed on the Working Together 2010 and implications for</p>	<p>Learning and Development Programme in place and fully accessed leading to service improvement and outcomes</p> <p>7. a) Audit tools in place and implemented</p> <p>7. b) Evidence of diversity taken into account in planning/ intervention and reviews Increased engagement of young people Incorporate and build on recommendations from SCLN assessment within YOS</p> <p>7. c) increased knowledge and skills risk management</p> <p>7. d) Monitor and maintain attendance at occ training for staff</p>	<p>YOS Manager/YOS Board; YOS Management Team</p> <p>7. a) PDM/ YOS Manager</p> <p>7. b) YOS Manager/ Line managers</p> <p>7. c) YOS Manager</p> <p>7. d) YOS Manager</p>	<p>October 2011</p> <p>7. a) Sept 2011</p> <p>7. b) Sept 2011</p> <p>7. c) Oct 2011</p> <p>7. d) July 2011</p>
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	<p>YOS practice</p> <p>7. e) Continue to extend recent learning opportunities by providing refresher training/ coaching opportunities, including seminars following 'good practice' recognition to assist in the learning and improvement across the service together with colleagues from Children's Social Care</p> <p>7. f) Ensure training in auditing good quality is made available to all relevant managers and supervisors</p>	<p>7. e) Coaching opportunities for staff provided</p> <p>7. f) Guidelines designed and disseminated and audit checklists designed, used and reviewed.</p>	<p>7. e) Deputy Director Children's Social Care/YOS Manager</p> <p>7. f) YOS Manager/PDM</p>	<p>7. e&f) Oct 2011</p> <p>7. f) Sept 2011</p>
Name of person completing this plan:	Designation:			

This template is for guidance only - you are welcome to use your own template, or include these actions in other plans.

GLOSSARY

CCI	Core Case Inspection
PDM	Practice Development Manager
QA	Quality Assurance
HMIP	Her Majesty's Inspectorate of Probation
WDYT	What Do You Think?
ASM	Assistant Service Manager
SP	Senior Practitioner
TVP	Thames Valley Police
ASB	Anti-Social Behaviour
IP	Intervention Plan
ROH	Risk of Harm
ROR	Risk of Reoffending
CRB	Criminal Records Bureau
ROSH	Risk of Serious Harm
RMP	Risk Management Plan
CAF	Common Assessment Framework
TAC	Team Around the Child
SLCN	Speech, Language & Communication Needs