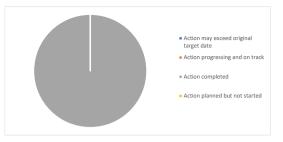
HM Inspection of Probation report: Inspection of youth justice services in Rotherham: Inspection Action Plan

CURRENT RAG STATUS	No. of actions:
Action may exceed original target date	0
Action progressing and on track	0
Action completed	61
Action planned but not started	0







^{*}All dates have taken into consideration the current Government Covid guidance and the impact of the Tier requirements and current Lockdown restrictions. The Management Board reserves the right to amend deadlines if there is evidence that the planned work has been adversely affected by the pandemic.

No.	Action/Notes:	Lead Action Owner	By When	Progress Update:	Status:
	mmendations			<u> </u>	
1. Ma	ke sure that Board members understand the spec	ific needs of children known to	the YOT and advoca	ate on their behalf in their own agencies.	
1.1	Presentation on specific needs of YOT cohort to Board members	Chair of the YOT Management Board	Jan-21	Complete -Extraordinary Board Meeting took place on 20th January 2021 and information presented to the board.	Action completed
				EVIDENCE REQUIRED: Minutes of meeting and powerpoint.	
	sure the partnership understands the reasons for t ices of all agencies to minimise the possibility of cl				
2.1	Presentation to Board Members and Corporate	Service Manager Evidence Based	Mar-21	·	Action completed
	Parenting Board regarding looked after children known to the YOT.	Hub and YOT		20th January 2021 and information presented to the board. Corporate parenting board on 2 March 2021	
				EVIDENCE REQUIRED: Minutes of meeting and powerpoint.	
2.2	Review local Authority Policy – Looked after Children and Youth Justice	Head of Service LAC	Feb-21	Policy has been revised and was agreed at Board on 21/06/2021.	Action completed
2.3	Hold workshops for staff across CYPS and partnership to update knowledge and skills	CYPS Training	Mar-21	Complete	Action completed
2.4	Provide bespoke training in Restorative Justice for staff in residential care homes and foster carers	CYPS Training	Mar-21	CYPS training to coordinate – agreed 5th January 2021. Training has now been commissioned. Currently working with LAC and Placements Team to arrange suitable delivery dates. Foster Carer sessions were run on the 16th, 17th, 18th and 19th of March 2021. 75 Foster Carers trained which	Action completed
				is the equivelent of 52 households across the borough	
2.5	Review own agency policies and procedures to ensure that these are aligned with protocol for LAC.	Management Board	Mar-21	Presented to the Board on 21/06/2021 and added to the Board's action log. To review at the next Board on 22/09/2021.	Action completed
3. Un	dertake a comprehensive health needs analysis of	YOT children to better understa	and the health prov	ision being delivered and what needs to be develo	pped
3.1	Health needs analysis to be completed SAME AS 6.1	Management Board – CCG Manager	Feb-21	Screening tools shared with CCG Manager 29/12/20 agreed to complete SALT, MH and PH Screening in January across current YOT cohort.	Action completed
3.2	Review of Health Needs Analysis Findings - SAME AS 6.2	Management Board – CCG Manager	Mar-21	Information sharing arrangement currently being worked on. Paul Theaker updated Board on 15th March 2021. Report circulated to Board members.	Action completed
3.3	Development of Health Pathways including: CAMHS, SALT, 0-19 - SAME AS 6.3	Management Board – CCG Manager	Mar-21	All pathways are now completed and operational.	Action completed
3.4	Implementation of pathways - SAME AS 6.4	Management Board – CCG Manager	Apr-21	All pathways are now completed and operational.	Action completed
4. Rev	view the quality and accessibility of education, tra	ining and employment provision	n for post-16-year-o	old children known to the service.	
4.1	Meet with stakeholders across Sheffield City Region to ensure that provision is accessible, inclusive and sufficient to meet the needs of the cohort.	Service Manager Evidence Based Hub and YOT	Apr-21	Met with post 16 providers in Rotherham regarding YOT cohort and contextual safeguarding < <insert date="">>. Confirmed there is currently no stakeholder meeting within the region. Regular meetings with YOT heads of service across South Yorkshire to ensure consistent approach and identifying and resolving any shared barriers.</insert>	Action completed
4.2	Meet with existing post 16 providers to develop pathways for YOT young people.	Service Manager Evidence Based Hub and YOT	May-21	Variety of pathways and support in place for YOT cohort.	Action completed
4.3	To attend people and skills working group. Economic recovery group to ensure YOT cohort are considered in recovery planning.	Early Help ESF Lead	Jan-21	Discussion with Jenny Lawless/ Rachel Jackson – RJ to take this action forward at next P&S Working Group. YOT cohort is considered in planning. EVIDENCE: Minutes from P&S Working Group.	Action completed
4.4	Provide opportunities via ESF pathway ESF Lead to	Early Help ESF Lead	Feb-21	Invited to YOT Team meeting 14th January 2021	Action completed
4.5	attend YOT team meeting in January 2021 Undertake skills audit to identify gaps in provision, accessibility and/or barriers to inclusion and ensure	YJ Operations Coordinator	Mar-21	Skills audit undertaken - to be included in Management Board report for 15th March 2021.	Action completed
	that commissioning arrangements are in place to meet these gaps.				
	view the quality of risk of harm work and improve				
5.1	Develop QA tool for Post court and out of court disposal to audit risk of Harm and Safety and wellbeing. - SAME AS 13.1 AND 21.1	Service Manager Evidence Based Hub and YOT	Feb-21	Meeting arranged for 13th January to develop new QA tool. Training booked for March for YJ Coordinator and Snr Practitioners. Tool been developed and first audits took place in Jan-21, now need to analyse.	Action completed
5.2	Monthly Case audits to be undertaken and findings collated and presented to YOT management board quarterly - SAME AS 13.2 AND 21.2 BUT DIFFERENT ACTION OWNERS	Service Manager Evidence Based Hub and YOT	Mar-21	QA tool has been developed. 9 audits undertaken in February and will be 9 in March. Summary of findings to be presented to YOT Board on 21st June 2021.	Action completed
5.3	Themed multi agency Audit to be completed bi-	CYPS QPD team and Management Board	Mar-22	Meeting arranged for 13th January to schedule MA Audits and review current audit tools.	Action completed
	annually to QA partnership working arrangements SAME AS 13.3 AND 21.3 BUT DIFFERENT ACTION OWNERS				
5.4	SAME AS 13.3 AND 21.3 BUT DIFFERENT ACTION	YJ Operations Coordinator	To commence January 2021	Training booked and commencing in January 2021. (YOT Social Worker no longer doing).	Action completed
5.4	SAME AS 13.3 AND 21.3 BUT DIFFERENT ACTION OWNERS Senior Practitioner and YOT Social Worker to undergo Management training provided by YJSIP - SAME AS	YJ Operations Coordinator Service Manager Evidence Based Hub and YOT			Action completed Action completed
	SAME AS 13.3 AND 21.3 BUT DIFFERENT ACTION OWNERS Senior Practitioner and YOT Social Worker to undergo Management training provided by YJSIP - SAME AS 13.4 Mentor to be requested for YJ Operations Co-ordinator	Service Manager Evidence Based	January 2021	(YOT Social Worker no longer doing). Request was signed off by YOT management board on	

5.8					
	Introduction of new Countersigning framework, All Assessments (Out of court or ASSET+) with Low rating across ALL 3 domains will be self signoff. Management Oversight to be undertaken during Case Discussions, Supervisions and Audits. Staff with Performance issues and New staff will be exempt from this process.	Zulfiqar Shaffi	Dec-22	Staff consulted. Technical discussion relating to ASSET+ completed, signoff Asset+ switch on	Action completed
5.9	Intoduction of Local Standard, All ASSET+ to be sent for countersigning within 20 working days. Countersigners will now have 5 working days to sign off Assessments which would enable quality feedback and appropriate time for ammendments.	Zulfiqar Shaffi	Jan-23	Completed - New local standard in place from October 2022.	Action completed
5.1	YJS Board members to observe and participate in Out of Court decision making panel. Board members to receive final report of the work undertaken/progress and distance travelled for each young person discussed at the panel.	Zulfiqar Shaffi	Mar-23	Process now in place for oversight. Dates for observation sent out in May 2023 for Board members to observe and participate for Out of Court decision panel decision, Board memberts attending will receive a end case summary of the progress and work undertaken.	Action completed
5.2 PR-7	Enhance Board oversight of effectiveness of Out of Court Disposal decision making across the partnership.	Zulfiqar Shaffi	Mar-23	Up to 3 cases referred to the South Yorkshire Scrutiny panel for Out of Court Disposals. YIS has now setup a process to closing the feedback loop from SY scrutiny panel and discussed at the partnership board meeting.	Action completed
5.3 PR-11 YJS AP 4.1	Review the partnership sharing and escalation processes and include in new working agreements.	Zulfiqar Shaffi	Mar-23	Escalation policy/process embeded with the Risk Policy. Completed as part of PR-12	Action completed
12YJS	Review the Youth Justice Service's Risk Management Policy and clarify the role of the wider partnership (for example, CAMHS, Education and the Police) and their input into child specific risk management plans	Zulfiqar Shaffi	Mar-23	The new YJS Risk Policy has been agreed, this policy will include and clarify the roles and responsibilities of external partners including how information is recorded in their organisations. The date of completion has been initially extended to 24th April to	Action completed
_	nisational delivery				
	hough health provision is available through the Ea including physical and emotional, mental health a		nts do not recognis	e the specialised needs of children known to the	
6.1	Health needs analysis to be completed SAME AS 3.1		Feb-21	See 3.1.	DUPLICATE ACTION
6.2	Review of Health Needs Analysis Findings - SAME AS 3.2	Management Board Health representative	Mar-21	See 3.2.	DUPLICATE ACTION
6.3	Development of Health Pathways including: CAMHS, SALT, 0-19 - SAME AS 3.3	Management Board Health representative	Mar-21	See 3.3.	DUPLICATE ACTION
6.4	Implementation of pathways - SAME AS 3.4	Management Board Health representative	Apr-21	See 3.4.	DUPLICATE ACTION
6.5	Partnership training to be delivered to YOT and Health colleagues.	Management Board Health representative	Apr-21	CAMHS attended YOT team meeting on 25th March 2021 to deliver training on pathways and service offer. YOT are attending CAMHS team meeting on 21st April	Action completed
7. The	e pathways for YOT staff to access health services,	for example speech, language	and communication	2021 to deliver training around YOT. n provision, lack clarity.	
7.1	Screening tools to be revised and pathways developed	Management Board Health	Apr-21	Complete. SALT forms agreed at YOT Team Meeting on	Action completed
	and communicated to all YOT staff.	representative		15/07/2021.	
7.2	Dip Sampling of cases bi monthly to QA referrals to health services.	Service Manager Evidence Based Hub and YOT	Apr-21	Information sharing arrangement currently being worked on. Agreed at Board on 15th March 2021.	Action completed
7.3	Management oversight of all assessments to ensure				
	multi agency contribution to assessment and plan.	YJ Operations Coordinator	Jan-21	Completed in all cases and reinforced through Triage and Outcomes panel	Action completed
7.4	multi agency contribution to assessment and plan. Explore how the partnership can expedite Health pathways and access to health and wellbeing support for children and young people open to the Youth Justice Service.	Helen Sweaton	Apr-23	and Outcomes panel 2 new part time nurses have been appointed, They will provide 0.2FTE health support for young people in the YJS and strengthened the existing pathway into Health services.	Action completed
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9.2	Presentation to YOT Board in December and workshop	Chair of the YOT Management	Mar-21		Action completed
	in January. Presentation to Corporate Parenting Panel in March and ILSC January.	Board			
	OT figures for post-16-year-old children who are no view what provision is available in the locality for t		ployment are high,	and the partnership has not done enough work	
10.1	See also Recommendation 4 above.	Management Board		See also Recommendation 4 above.	DUPLICATE ACTION
10.2	Audit of YOT NEET cohort – findings presented to outreach and engagement coordinators and a specific strategy developed to meet the needs of the YOT cohort.	YJ Operations Coordinator	Feb-21	Conversation has taken place re: inclusion of this in the Outreach and Engagement NEET Strategy. YOT NEET cohort audit complete.	Action completed
	Ithough YOT practitioners can access the intervent services are regularly used for children known to		f the wider Rotherl	nam early help offer, there is little evidence that	
11.1	Focus group arranged for January 2021 to consult with staff in YOT, EBH and EH to agree how to share good practice and obtain best outcomes for Young people.	Service Manager Evidence Based Hub and YOT	Jan-21	Fortnightly YOT team meetings take place to share learning and good practice from locality teams. Team meetings have, to date, included input from: - Outreach and Engagement teams re Children's Centre activities - Early Help Managers – Assessment, planning and TAF reviews - Evidence Based Hub – Parenting programmes - Evidence Based Hub – Young People programmes - ICON training - Participation, Voice and Influence - CCE Pathways Focus group took place.	Action completed
11.2	YOT workers to be 'matched' to a locality team to develop a better understanding of support and services in localities and communities.	Service Manager Evidence Based Hub and YOT	Feb-21	completed	Action completed
11.3	Future Planned Team meetings: ESF 14/1/21 SENDIASS 28/1/21	Service Manager Evidence Based Hub and YOT	Feb-21	Rachel Jackson attended ESF meeting. Kerry Taylor attended SENDIASS meeting.	Action completed
11.4	10 YJS Staff to be trained in the delivery of 5 Specific evidence based programmes, these include Behind the Blade, Managing Anger and Crime prevention. Ur	Zulfiqar Shaffi	Mar-23	Behind the Blade and Managing Anger completed January 2023. Other programmes training have been booked for new recruitment and the Turnaround	Action completed
12. Th	he inspection found that management oversight is	poor both for post-court orders	and out-of-court d	isposals.	
12.1	See also recommendation 5 above.	Service Manager Evidence Based Hub and YOT		See also recommendation 5 above.	DUPLICATE ACTION
12.2	Case managers to record individual discussions with Managers as management oversight to ensure this is clear in case records.	Service Manager Evidence Based Hub and YOT	Jan-21	Communicated to staff via team meeting and daily check in – reinforced through supervision of cases. Will come out through audits. Monitor going forward.	Action completed
12.3	Service Manager to continue to Moderate case file Audits and review previous Audits to draw out key learning and ensure this is communicated to all staff	Service Manager Evidence Based Hub and YOT	Monthly activity – to be reviewed quarterly.	CYPS audit schedule in place, audit feedback is standing item on team meeting agenda and supervision. Audit findings to be presented quarterly to Management board. Now businesss as usual.	Action completed
12.4	As part of the new Risk Policy which includes management oversight, a new process "Post Court Intial Planning Panel (PCIPP) has been introduced to ensure a Muti-agency approach and management oversight of Post Court orders.	Zulfigar Shaffi	Mar-23	Policy and process now in Practice.	Action completed
Court	t disposals				
13. As	ssessing, delivering interventions and reviewing to	keep other people safe were p	oor areas of praction	e that require improvement.	
13.1	Develop QA tool for Post court and out of court disposal to audit risk of Harm and Safety and wellbeing. - SAME AS 5.1 AND 21.1	Service Manager Evidence Based Hub and YOT	Feb-21	See 5.1.	DUPLICATE ACTION
	Monthly Case audits to be undertaken and findings collated and presented to YOT management board quarterly - SAME AS 5.2 AND 21.2 BUT DIFFERENT ACTION OWNERS	Hub and YOT	Monthly activity to be reviewed quarterly and presented to board	See 5.2.	DUPLICATE ACTION
13.3	Themed multi agency Audit to be completed bi- annually to QA partnership working arrangements SAME AS 5.3 AND 21.3 BUT DIFFERENT ACTION OWNERS	CYPS QPD team and Management Board	Mar-22	See 5.3.	DUPLICATE ACTION
13.4	Senior Practitioner and YOT Social Worker to undergo Management training provided by YJSIP - SAME AS 5.4	YJ Coordinator	Jan-21	See 5.4.	DUPLICATE ACTION
13.5	Mentor to be requested for YJ Operations Co-ordinator via YJSIP - SAME AS 5.5	Service Manager Evidence Based Hub and YOT	Apr-21	See 5.5	DUPLICATE ACTION
13.6	All YOT staff to complete refresher training on AssetPlus - SAME AS 5.6 BUT DIFFERENT COMPLETION DATE	Service Manager Evidence Based Hub and YOT	May-21	See 5.6.	DUPLICATE ACTION
14. Th	he needs and wishes of victims were not always co	nsidered, and the potential imp	pact on victims was	not adequately assessed.	
14.1	Develop QA tool for Post court and out of court disposal to audit victim involvement.	Remedi manager	Feb-21	On target to be completed	Action completed
14.2	Review victim engagement at quarterly contract reviews with Remedi.	Remedi manager	Mar-21	Contract reviews are in place and take place quarterly	Action completed
14.3	Remedi to liaise with SYP to encourage victims to give consent to engage with services.	Remedi Manager	Mar-21	Deep dive audits being completed by Remedi. Issue of time taken from offence to sentencing has been escalated to the Local Criminal Justice Board and will be discussed at the Complete Victim Care Meeting. Remedi are liaising with adult victim services to identify good practice in engaging victims in restorative justice.	Action completed
	lack of health input in relevant cases meant that s		met.		
15.1	See also recommendation 4 above.	Board Members – Rotherham CCG Representative and TRFT Manager		See also recommendation 4 above.	DUPLICATE ACTION

				T	
15.2	Health services to be represented at YMARAC and Triage and Outcome Panel SAME AS 18.2	Board Members – Rotherham CCG Representative and TRFT Manager	Jan-21	Complete - Liaison and diversion attending both meetings	Action completed
	Thage and Outcome Paner SAME AS 16.2	Representative and TRF1 Manager		meetings	
16. W	hen children were discussed at multiagency meet	ings it was not always evident i	n their cases what i	impact this had on their level of risk and the interv	ventions delivered.
			•		
16.1	Monthly Dip sampling of case files to ensure case records reflect risk levels and intervention addresses	Service Manager Evidence Based Hub and YOT	Feb-21	Dates for dip sampling scheduled for 2021 – findings to be reported to YOT management Board quarterly.	Action completed
	risk identified.	That and 101		be reported to 101 management board quarterly.	
				Dip sampling commenced 25th January 2021, first	
				report to Board in June 2021.	
16.2	New Risk Policy which include new Case manager	Zulfigar Shaffi	Mar-23	New Template introduced and now in practice	Action completed
	Templates mirroring the ASSET+ tool to assist with	,			
	review of Impact and Risk.				
17. AI	though staff had received training on signs of safe	ety and trauma-informed practic	e, there was limite	d evidence that these approaches were used with	children in the cases inspected.
17.1	Refresher training TIP to be completed by all YOT staff	CYPS training and development	Mar-21	Agreed with CYPS Training and development. TIP has	Action completed
	and practice lead identified.			been offered and delivered by Violence Reduction Unit	
		Service Manager Evidence Based Hub and YOT		in line with CYPS workforce plan.	
		That and 101			
17.2	Refresher training in SOS to be completed by all YOT	CYPS training and development	May-21	SoS training was delivered to YOT team in April and	Action completed
	staff and practice lead identified.			May 2021.	
		Service Manager Evidence Based Hub and YOT		The advanced training for managers and senior	
		nub anu 101		practioners now complete.	
Out-c	of-court disposals				
	e lack of health provision in relevant cases hampe	ared the work done to keep shil	drop cafe		
10. 11	le lack of fleattif provision in relevant cases flampe	ered the work done to keep thin	uren sare		
18.1	See also recommendation 4 above.	Board representatives – CCG		See also recommendation 4 above.	DUPLICATE ACTION
				See also recommendation 4 above.	
18.2	Health services to be represented at YMARAC and	Manager and TRFT Manager	lan-21		
18.2	Health services to be represented at YMARAC and Triage and Outcome Panel SAME AS 15.2		Jan-21	See 15.2.	DUPLICATE ACTION
		Manager and TRFT Manager Board representatives – CCG Manager and TRFT Manager	Jan-21		
19. No	Triage and Outcome Panel SAME AS 15.2 of all children were assessed before a disposal wa	Manager and TRFT Manager Board representatives – CCG Manager and TRFT Manager s delivered.		See 15.2.	DUPLICATE ACTION
	Triage and Outcome Panel SAME AS 15.2	Manager and TRFT Manager Board representatives – CCG Manager and TRFT Manager s delivered.	Jan-21 Mar-21		
19. No	Triage and Outcome Panel SAME AS 15.2 at all children were assessed before a disposal wa All children to be referred to the YOT for screening and	Manager and TRFT Manager Board representatives – CCG Manager and TRFT Manager s delivered.		See 15.2. Agreed with SYP District Commander to commence March 2021.	DUPLICATE ACTION
19. No	Triage and Outcome Panel SAME AS 15.2 at all children were assessed before a disposal wa All children to be referred to the YOT for screening and	Manager and TRFT Manager Board representatives – CCG Manager and TRFT Manager s delivered.		See 15.2. Agreed with SYP District Commander to commence March 2021. New pathway has been agreed. Review of capacity in	DUPLICATE ACTION
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Action may exceed original target date
Action progressing and on track
Action completed
Action planned but not started

	Acronyms
YOT	Youth Offending Team
LAC	Looked After Children
CYPS	Children & Young People's Service
SALT	Speech & Language Therapy
МН	Mental Health
PH	Physical Health
CAMHS	Child & Adolescent Mental Health Service
0-19	Health Service
ESF	European Social Fund
QA	Quality Assurance
MA	Multi-Agency
YJSIP	Youth Justice Sector Improvement Partnership
Asset Plus	Youth Justice Approved Assessment Tool
SEND	Special Educational Needs & Disabilities
BAME	Black, Asian and Minority Ethnicity
ETE	Education, Training & Employment
	Public Health message with the ultimate purpose to reduce Shaken Baby Syndrome.
	*I – Infant crying is normal
ICON	*C – Comforting methods can help
	*O – It's Ok to walk away
	*N – Never, ever shake a baby
ILSC	Improving Lives Select Commission
NEET	Not in Education, Employment or Training
EH	Early Help
CCE	Child Criminal Exploitation
TAF	Team Around Family
SENDIASS	Special Educational Needs & Disabilities Information Advice & Support Service
TRFT	The Rotherham Foundation Trust
YMARAC	Youth Multi Agency Risk Assessment Conference
SOS	Signs of Safety
TIP	Trauma Informed Practice
TOR	Terms of Reference
PSR	Pre-Sentence Report
SYP	South Yorkshire Police
P&Q	Performance & Quality