

Appendix 2

ROTHERHAM METROPOLITAN BOROUGH COUNCIL - CHILDREN AND YOUNG PEOPLE'S SERVICES Youth Offending Services - Improvement Action Plan

In response to the Short Quality Screening (SQS) of youth offending work 12th-14th November 2012 by HM Inspectorate of Probation

Ref No	AREA REQUIRING IMPROVEMENT (Recommendations)	Action Required	Planned Completion Date	Lead Officer / Agency	Progress against agreed action and impact monitoring
YOS 1	Timeliness of initial assessments (ASSET – Youth Justice Board Assessment Tool). Completion required within 20 working days for Referral Orders, 15 days for all other Court Orders.	(1a) Raise performance from 78% (inspection findings) to 98% completion of ASSET.	Completed	<i>Operations Managers Sharon Fellows (SF), Carol Davison (CD)</i>	<p>Action completed.</p> <p>The current target of 98% needs to be reviewed and redefined. This is due to assessments being out of time because a percentage of young people are not turning up for assessment appointments.</p> <p>Whilst efforts are made to ensure young people do keep appointments (including, if necessary, a return to court) this is not always possible and is not always in the control of the YOS.</p> <p>Update (July 2013)</p> <p>53 assessments completed between April – July 2013 of which 45 were completed on time (84.9%). In 8 cases assessments were not completed on time and this was due to young people missing appointments in 6 cases and a difficulty obtaining interpreters in 2 cases.</p> <p>Further work will be undertaken to review and define this measure and regular monitoring and reporting will commence to the YOT Management Board as a standing performance item.</p>

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					<p>CYPS P&Q are undertaking a service quality review (SQR) which includes compliance audits for this area.</p>
		(1b) Weekly information system reports to managers detailing ASSET due times, case manager responsible and, days to completion.	Completed	YOS Information Officer (Carole Watt)	Action completed and evidenced.
		(1c) Address underperformance of completion of ASSET in supervision and record in supervision notes. Record actions taken in respect of underperformance e.g. target setting/training/coaching.	Completed	Operations Managers SF, CD	Supervision policy in place from March 2013. Action completed.
YOS 2	<p>The quality of assessments ASSET requires. Improvement to assess the likelihood of re-offending.</p> <ul style="list-style-type: none"> - Inclusion of other sources. - Quality of analysis of information gathered. 	(2a) Establish best practice through benchmarking and advice/training from other sources (YJB and Probation Service).	Completed	YOS Manager, Paul Grimwood (PG)	<p>Advice sought from Youth Justice Board, performance advisor and Probation training delivered by both (see below). The Benchmarking exercise that was to be undertaken by the regional Youth Justice Board Assessment, Planning and Intervention forum will now not take place as the focus is now on the new assessment format ASSET Plus.</p> <p>A Quality Assurance schedule is to be implemented within YOS which will be carried out by service managers and team leaders</p>

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		<p>(2b) Roll out training programme to staff in conjunction with external agencies</p> <p>(2c) Workforce Development Plan to be updated indentifying training needs.</p>	<p>Completed</p> <p>Completed</p>	<p>YOS Management Team, PG, SF, CD</p> <p>YOS Management Team, PG, SF, CD</p>	<p>using the short screening tool along with random sampling of individual cases.</p> <p>November update: Action completed. Schedule now in place and short screening is underway and business as usual. Future monitoring and reporting will be via the proposed performance report (being presented to SRP/YOS Board on 29th Nov).</p> <p>All external training has now been completed.</p> <p>YOS workforce development plan currently being aligned with IYSS Workforce Development Plan.</p> <p>PDR's all diarised to be completed by the end of September and the workforce development plan will be informed by any identified training requirements in addition to the IYSS needs already identified.</p> <p>November update: Action completed. PDR's all now complete and YOS training plan included in the IYSS workforce development plan.</p>
YOS 3	Review assessments ASSET at regular intervals (3 months) or following significant	(3a) Monthly management information on forecast for review schedules. Reviews monitored and completion recorded with an	Completed	Operations Managers SF, CD	Action completed. Since the inception of the Action Plan, the government has revised National Standards such that the 3 month requirement for review is

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	change in circumstances.	<p>expectation that 98% will occur within timescale.</p> <p>(3b) Case Managers to inform Operations Managers of significant change in circumstances in cases e.g. change in circumstances (homelessness, further re-offending etc).</p>	Completed	Operations Managers SF, CD	<p>amended to 6 months.</p> <p>Dip sampling - 100% of reviews sampled in July 2013 are occurring on time.</p> <p>Dip sampling of Assets in July 2013 indicates that assessments are being updated in relation to changes.</p> <p>The P&Q service quality review compliancy audits include this measure and the measure will be included in any future monitoring and reporting arrangements.</p>
YOS 4	Initial Assessments ASSET screen for vulnerability, and Risk of Serious Harm. A Vulnerability Management Plan (VMP) is required for medium to high vulnerability and a Risk of Serious Harm (ROSH) assessment required for all identified risk . In addition, a Risk Management Plan (RMP) to be completed for medium to high risk cases. (Inspectors	(4a) Risk/ vulnerability register updated with levels of risk/ vulnerability management oversight sign off and review dates	Completed	Operations Managers (SF, CD)	<p>Action completed.</p> <p>Risk / vulnerability register in place since January 2013. Dip sampling of reviews in July 2013 indicates the majority are up-to-date.</p> <p>The P&Q service quality review compliancy audits include this measure and the measure will be included in any future monitoring and reporting arrangements.</p>
		(4b) External training on completion of risk and vulnerability documents in relation to quality and analysis	Completed	YOS Management Team (PG, SF, CD)	<p>Action completed.</p> <p>Training completed.</p>

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	identified issues with timeliness and quality).				
YOS 5	Management oversight of cases and quality assurance arrangements	5(a) Management oversight	Completed	YOS Manager (PG)	<p>Completed.</p> <p>Dip sampling of Management oversight in July 2013 indicates that this has increased considerably.</p> <p>The P&Q service quality review compliancy audits include this measure and the measure will be included in any future monitoring and reporting arrangements.</p> <p>Where there is a medium or high risk case there is a significant amount of management oversight.</p> <p>A minimum standard will be established to ensure that low risk cases have appropriate management oversight.</p> <p>The recent re-structure of IYSS has resulted in one operations manager being responsible for oversight of cases (previously two). For low risk cases oversight will be devolved to Band I staff (M1 Managers).</p> <p>November update: Full case audits are now underway and scheduled in to ensure 5 are completed each month from December onwards. Progress will be monitored and reported to SRP/YOS Board as part of the quarterly reporting arrangements being proposed on 29th November 2013.</p>

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		5(b) Strengthen governance arrangements of the service	Completed	YOS Management Team (PG, SF, CD)	<p>First Meeting of Management Board May 2013 (completed)</p> <p>Monitoring and reporting arrangements are being developed and a quarterly performance update will be provided to the YOS Management Board</p>
		5(C) Ensure all staff in service understand responsibilities, accountability and consequences in relation to governance arrangements and quality assurance	Completed	YOS Management Team (PG, SF, CD)	<ul style="list-style-type: none"> • Service Wide Meetings have addressed quality assurance arrangements and governance. A regular (6 weekly professional practice forum to share good practice has been established. • Revised job descriptions incorporating quality assurance have been implemented as part of IYSS reorganisation (July 2013)
		5(d) work with CYPS strategy standards and development team to develop YOS specific quality assurance framework	Completed	YOS Manager (PG)	<ul style="list-style-type: none"> • Meeting held with CYPS team 18/01/13 • Issues identified that QA systems are good but require simplification now there are less Operations Managers • Some tasks to be devolved to Band I. • Service quality review being conducted by CYPS P&Q team. Service improvements will be implemented as a

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					result of any findings.