



SWINDON YOT POST INSPECTION ACTION PLAN 2015/16

**Exception Report
21st January 2016**

SUMMARY

Reducing reoffending

Overall work to reduce reoffending was satisfactory. Case managers had a good understanding of the reasons why children and young people offended. They used their knowledge to provide sound information to court both to inform sentencing decisions and to put appropriate intervention plans in place. A holistic approach with the family and specialist workers was taken to work to reduce the likelihood of reoffending. This led to a range of positive, sustainable outcomes that, some young people advised, could be accredited to their time with the YOT.

Protecting the public

Overall work to protect the public and actual or potential victims was unsatisfactory. The YOT often underestimated the level of harm a child or young person posed to others and the subsequent need to plan to manage this. Work relating to risk of harm was not always given sufficient priority, especially when there were other needs in a case to address. There was a lack of guidance and structures in place for managing high risk of harm cases and too little use was made of the expertise held by YOT police staff and the information they could access.

Protecting children and young people

Overall work to protect children and young people and reduce their vulnerability was unsatisfactory. The YOT worked proactively to manage safeguarding issues as they arose. Case managers made determined efforts to link with partner agencies and contributed to interagency safeguarding processes in order to protect children and young people. However, case managers were not good at assessing the vulnerability needs in their cases. There were issues relating to the quality of planning, and delays in the delivery of some specialist interventions.

Ensuring the sentence is served

Overall work to ensure that the sentence was served was good. The YOT's key asset was its staff. The YOT worked holistically with other agencies to build effective relationships with children and young people and their families. Case managers worked flexibly to take the specific needs of a case into account and remove potential barriers to engagement in order to encourage engagement. They also took appropriate and effective measures to encourage and enforce compliance where necessary.

Governance and partnerships

Overall, the effectiveness of governance and partnership arrangements was unsatisfactory. The YOT Management Board had a clear appreciation of the role and importance of the YOT's work. However, the success of the YOT was underpinned by strong, informal relationships and ambitions rather than

governance, scrutiny and challenge by its Management Board. Its evident commitment to improving services lacked strategic direction and planning. Despite a range of internal assurance mechanisms, there was more to be done to ensure the effectiveness of work to protect the public and safeguarding.

Interventions

Overall, the delivery and management of interventions to reduce reoffending were satisfactory. The YOT had access to a good range of interventions to reduce offending behaviour, protect the public and safeguard children and young people. They also paid due consideration to addressing the needs of victims. Case managers gave thought to what should be delivered, and how, in order to achieve the greatest level of engagement by children and young people, many of whom showed positive progress in key factors linked to their offending behaviour.

RECOMMENDATIONS

Post-inspection improvement work should focus particularly on achieving the following outcomes within 12 months following publication of this report:

1. The work of the YOT should be targeted, meet local need, and driven by a clear YOT strategy and effective delivery plan (Chair of YOT Management Board).
2. Governance arrangements, at all levels, should provide appropriate support, scrutiny and challenge to the YOT's work and outcomes (Chair of YOT Management Board).
3. Systematic, effective critical oversight of the YOT's work should be used to identify and help to address areas for improvement in practice relating to safeguarding, protecting the public, and children looked after by the local authority (Chair of YOT Management Board).
4. Effective YOT and partnership working arrangements should promote the safeguarding of children and young people and the protection of the public and victims: specifically, assessment, planning, and the delivery of interventions should be of good quality and underpinned by effective joint working structures, protocols and guidance (YOT manager).

Key areas of focus will be in the following areas:

- Seeking a greater take up of victim involvement in Restorative Justice.
- Improving staff skills in reflecting, analysing and recording risk of harm and vulnerability issues more widely and in more depth.

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- Seeking to strengthen links to local colleges and education providers to better understand the quality of educational provision – to inform placements.
- Reviewing agreements and protocols with partners in regards to health provision, especially into the secure estate.
- Training related to the role of Police personnel with regards to intelligence sharing and risk management.
- Improving governance relating to Looked After Children, improving links with ICT and Social Care teams such as Family Contact Point.
- Improving communication with young people, mainly around understanding their Court Order.
- Review the working of the Board to ensure there is leadership and challenge from all agencies.

SWINDON YOT POST- INSPECTION ACTION PLAN 2015-16 (02/03-20/03/15)					
Insp. Report Ref. No.	Inspection Key Findings and Explanations of Findings:	Actions by YOT Lead and others who can help	Deadlines	Progress	RAG
THEME 1: REDUCING RE-OFFENDING					
EF - 1	Some reports, however, contained too much description about the index offence which could have been condensed into a shorter analysis from the report writer's perspective.	i. Operational Manager and PSR writers to meet and discuss. Assess PSR gatekeeping form to ensure less narrative/ more analysis.	Dec '15	i. New Interim Senior Practitioner has been tasked with tackling this with PSR authors in supervision. Ongoing briefing notes to follow.	AMBER
		ii. In house training to be delivered outlining the difference between narrative and analysis.	Feb '16 (1/3 of PSR staff on sick leave)	ii. Not yet planned but will follow the above.	RED
EF - 3	They were not as good at planning how to change the level of the child or young person's motivation to change.	i. Staff to look at new modules available on YJILS. Post YJILStraining Jan '16	Feb '16	i. Not yet started as ASSETPlus training will incorporate this.	AMBER
		i. Interactive briefings to be delivered at Team meetings.		ii. N/A see above.	N/A

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EF - 4	The majority of assessments and plans were reviewed sufficiently but the YOT should be aware that in some cases previous assessments were copied and labelled as reviews without sufficient update.	<ul style="list-style-type: none"> i. When copying an assessment need to ensure that it is sufficiently updated - Even if there has been no change this fact must be recorded. ii. Managers to monitor this through QA process e.g. Dip Sample of live cases. Assess PRAISE to ensure this aspect is monitored. 	Dec '15	<ul style="list-style-type: none"> i. Staff have been advised of this. PRAISE audits are ongoing to ensure this takes place. Senior Practitioner and Ops Manager to monitor this via Q&A processes/ supervision. ii. Ongoing. 	<p>AMBER</p> <p>AMBER</p>
EF - 8	There were fewer indications that core offending behaviour work, focusing on attitudes to offending and motivation to change, was undertaken. There also appeared to be cases where we identified a need for work to address drugs misuse, but there was no evidence this had been delivered. We recognise that this may have been due to a lack of recording in the YOT relating to interventions.	<ul style="list-style-type: none"> i. Case Managers need to specify on the Intervention Plan who has provided the awareness session - need to record evidence and be more descriptive when doing so. 	Dec '15	<ul style="list-style-type: none"> i. Senior practitioner and Ops Manager have begun to monitor this via Q&A processes/ supervision. 	AMBER
THEME 2: PROTECTING THE PUBLIC					
KF – 1	The YOT was not exploring risk of harm thoroughly enough and often underestimated the level of harm a child or young person posed to others and the need to plan to manage this.	<ul style="list-style-type: none"> i. Staff need to take into account any historic information relevant to the analysis of the current offence. ii. Ops Manager to deliver training to Case Managers, followed by PRAISE audits. 	Dec '15	<ul style="list-style-type: none"> i. Senior Practitioner is currently researching/ sourcing best practice materials for new Risk Panel – which will closely monitor and guide practitioners in risk assessment/ analysis/ management. ii. New 'Risk' aides following launch of SHARP panels have been created/ distributed to all staff. 	<p>AMBER</p> <p>AMBER</p>
EF – 1a	Not all case managers had sufficient understanding around risk of harm and frequently focused their analysis on the current offence. As a result, previous serious offending behaviour was often overlooked and the level of risk of harm to others underestimated.				

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EF – 1b	Some case managers were not identifying relevant links between drugs use and offending behaviour.	i. Operational Manager to audit regularly.	Dec '15	i. Ongoing – U-Turn Manager is Dip sampling/ Q&A any young person with 2 or more score in SMU in Asset.	AMBER
KF – 2	Assessment and plans were not reviewed or updated well enough.	i. YJB and HMIP have different views on definitions. Irrespective, we need to embed a culture of 'risk of harm' assessment as per agreed guidelines/ definitions.	Dec '15	i. YOT have moved away from risk of serious harm, Senior practitioner is now embedding training and briefing materials which look at harm. (SHARP panel materials).	AMBER
EF – 1c	Reviews were not improving understanding around risk of harm; many were copied from previous assessments and were not updated sufficiently.	ii. Senior Practitioner to issue practice direction on what risk of harm is (based on shared consensus) and this should be reflected in PRAISE. iii. Staff need to obtain and record details from secure estate about any information relating to a young person's behaviour whilst in custody e.g. sanctions (To inform understanding around risk).		ii. Flow charts created/ work in progress. iii. Case Managers routinely contact weekly Secure Estate to ensure they have up to date and relevant information about their young people in custody.	AMBER AMBER
EF - 2	It stands to reason that good planning	Senior Practitioner/ Ops Manager	Feb '16	• Incorporated in PRAISE	AMBER

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	will link to the quality of assessment. We identified planning in the community as an area for improvement with the planned response too often not meeting the needs of the case. Some plans would have benefited from greater focus on future potential harm, with better contingency planning and more thought to how information would be shared with other agencies.	to review plans as part of supervision and PRAISE.		review form. <ul style="list-style-type: none"> Plans also routinely QA'd via the SHARP process to ensure risks/ vulnerabilities are addressed/ managed in young person's intervention plan. 	
EF – 3	Plans for work in the community were not reviewed well enough. Health workers were not involved in case reviews and, as they shared little information through formal systems, there was a risk that case managers could remain unaware of issues that would impact on their work or that should be addressed at review stage.	<p>i. If Health Worker is made aware of any information which affects the level of risk it is their duty to share that info with the YOT. This information needs to formally sent (via e-mail) to the Case Manager who should then record it on ChildView.</p> <p>ii. If the change in risk is significant the Asset needs to be updated and also record what is going to be done about it. Review in supervision and PRAISE.</p>	Feb '16	<p>i. YOT Health Nurse now routinely records health discussions/ liaison with case managers on YOT Case Management System. Will attend reviews in custody. Will attend other reviews as/ when required.</p> <p>ii. <ul style="list-style-type: none"> PRAISE review ongoing. Risk Panel developed and activity has commenced. </p>	<p>AMBER</p> <p>AMBER</p>
KF – 4	Interventions to manage risk of harm were not consistently delivered.	ROH training for case managers. Group and YJILS ROH module.	Feb '16	Not yet started will be incorporated into ASSET and YJILS learning which covers Risk of Harm amongst other areas.	RED
EF - 6	However, there was more that should have been done to address risk of harm in over one-third of the 21 cases where there was a need to undertake such work. In three cases, no interventions had been delivered.				

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EF – 7	There were also gaps in assessment and planning around victims. We found that case managers weren't often enough considering the impact of offending behaviours on actual or potential victims and planning how to manage or reduce this.	Case Managers to liaise with RJ Workers who will now be taking the lead in completing the RJ Assessment Form on each case file.	Aug '15	Restorative Justice workers are taking the lead and reparation options are new, more closely linked to the victim.	AMBER
KF - 5 EF - 10	There was no effective written guidance or structures in place to help YOT workers manage cases where it was considered a child or young person posed a high risk of harm to others. However, we identified two cases that may have benefited from a referral into MAPPA but no action had yet been taken to start this process. While the police YOT officers were clear about the process and potential positive outcomes linked to MAPPA, we were not assured that this appreciation was shared across the YOT, at an organisational or individual case manager level.	MAPPA definitions to be included in new Risk Guidance being developed by Senior Practitioner.	Dec '15	<ul style="list-style-type: none"> Flow chart completed. Lunch and Learn earlier in the year. Guidance is work in progress. We have established routine reporting of all eligible MAPPA cases to Wiltshire MAPPA Co-ordinator on quarterly basis. 	AMBER
EF - 12	Work to manage risk of harm to others was underpinned by a Managing Risk Procedure. This was a short document setting out some basic procedures linked to the management of risk of harm to others and Child Protection cases. While supported by a number of joint working protocols, this lacked clarity, especially around MAPPA, and did not contain enough detailed guidance for the management of risk of harm within the YOT or in partnership with others.	New guidance being developed by Senior Practitioner as above.	Dec '15	Work in progress – SHARP panel and materials have been disseminated / commenced. Routine QA of all cases via SHARP will focus on these specific areas	AMBER

EF - 13	There was no formal risk management forum to which to present cases.	Although this already covered in SOS and PRAISE will now also be covered by new Dashboard which identifies new cases (to be reviewed monthly).	June '15	<ul style="list-style-type: none"> Risk Panel developed – led by Senior Practitioner. Outcomes to be reported to YOT Board via data report. 	AMBER
THEME 3: PROTECTING THE CHILD OR YOUNG PERSON					
KF – 2	Decisions about the level of vulnerability of a child or young person were often inaccurate.	i. Perception of 'vulnerability' is limited. It is anything that can impact negatively in a young person's development and wellbeing. Other areas to be taken into consideration: <ul style="list-style-type: none"> Substance Misuse CLA Peer Pressure CSE Accommodation Neglect Health & Mental problems Special Educational Needs BME Travelling Community Girls Gangs ii. Staff to undertake training on 'vulnerability'. Look at AssetPlus training on YJLS and Resettlement Guidance as well as take training from other relevant Thematics.	Feb '16	i. • Senior Practitioner is working on building on a safeguarding poster which was re-launched/ revamped following Inspection.	AMBER
EF – 1	Threads of information relating to vulnerability, especially that linked to offending behaviour, were found to be spread throughout case files. Case managers were good at identifying the need for specialist assessments relating to, for example, emotional or mental health and substance misuse. However, they were not consistently pulling all the information they had together to analyse the nature of vulnerability in a case. Sometimes the screening was not being completed well enough, or information held by other agencies was not used to help inform the assessment. This lack of analysis made it difficult to make an accurate decision around the level of vulnerability in a case; we considered the level recorded to be inaccurate in 11 cases, which is unsatisfactory.			<ul style="list-style-type: none"> Girls/ young women's group to be launched. ii. Will form part of YJLS mandatory ASSETPlus training for Mar '16.	AMBER AMBER

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<p>KF – 1</p> <p>EF – 2</p>	<p>Too often, assessment focused on child protection issues, suicide and self-harm, especially in pre-sentence reports.</p> <p>Often, in a pre-sentence report (PSR), the focus of vulnerability was confined to child protection and the risk of suicide or self harm.</p>	<p>i. Report writer training in addition to the above. PSR gatekeeping form will be amended/ updated to reflect this.</p> <p>ii. Staff to look at other vulnerabilities that young people experience.</p>	<p>Feb '15</p>	<p>i. Senior Practitioner to incorporate this into briefing/ training Q&A.</p> <p>ii. As above.</p>	<p>AMBER</p>
<p>KF – 3</p> <p>EF – 3</p>	<p>The quality of planning at the start of the sentence for work in the community to address safeguarding and vulnerability was poor.</p> <p>There was a need for more careful planning to address safeguarding in relation to a range of areas; emotional or mental health, employment training or education (ETE), substance misuse, and family and accommodation issues. We noted that the YOT's health workers were not asked to contribute to the planning process, even in cases where they would be asked to deliver interventions. YOT plans did not take sufficient account of the emotional impact on children and young people of being in care and, as recognised by YOT management, there was still more to be done in making sure that 'other people's plans are [reflected] in our plans'.</p>	<p>Ops Manager/ Senior Practitioner: Assessment training for all Case Managers. Group and online modules in YJILS.</p>	<p>March '16</p>	<ul style="list-style-type: none"> • ASSET and YJILS training will incorporate this – planned for all staff in Feb/ Mar 2016. • Children's Services Plans (CHIN, CP etc.) to be incorporated into YOT intervention plan following review of YOT / Children's Services protocol. 	<p>RED</p> <p>AMBER</p>

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<p>KF - 5</p> <p>EF - 6</p>	<p>There was a delay in the delivery of some specialist interventions.</p> <p>However, in a high number of cases, relevant specialist interventions had yet to be delivered by the time of our inspection. This was especially noticeable for ETE, family and accommodation issues and emotional or mental health. There was also a small number where there had yet to be a referral to UTurn, the provider of substance misuse services.</p>	<p>Ops Managers to review systems and practice – monitor through PRAISE.</p>	<p>Dec '15</p>	<ul style="list-style-type: none"> Started and ongoing – monitored via PRAISE. Ops Manager Q&A cases and PRAISE. EWO now embedded in YOT for 1 day per week. New YEW recourse has been sourced for 1 day a week to complement this. 	<p>AMBER</p>
<p>THEME 4: ENSURING THAT THE SENTENCE IS SERVED</p>					
<p>EF - 3</p>	<p>Some of the children and young people providing us with feedback advised that they would have benefited from more support and information from the YOT at the beginning of their orders rather than having to rely on their parents/carers to understand what was happening after sentence.</p>	<p>i. Report writers need to ensure that YP/ Family understand wording – explain content in detail.</p> <p>ii. Need to review post court methods of communication – ensure service users are given overview of YOT e.g. RYS website.</p> <p>iii. Review service user feedback exercise.</p>	<p>Dec '15</p> <p>Mar '16</p>	<p>i. All panel report shared prior to first meeting. Posted if not able to so face to face. PSR's shared.</p> <p>ii. <ul style="list-style-type: none">Website being developed by Business Manager.Chat services/ Digital tools being piloted – October - March 2015.</p> <p>iii. Recommended View Point for HMIP/ YOT.</p>	<p>AMBER</p> <p>RED</p> <p>AMBER</p> <p>AMBER</p>
<p>THEME 5: GOVERNANCE AND PARTNERSHIPS</p>					
<p>KF - 8</p>	<p>The YOT's genuine commitment to management oversight and quality assurance was not improving the management of risk of harm to others or safeguarding work.</p>	<p>Service Manager to review case management practice and make necessary improvements – specifically in response to management oversight and audit.</p>	<p>Dec '15</p>	<p>i. Started and ongoing – Senior Practitioner is driving this area forward – to be continued by Ops Manager (YOT) when appointed.</p> <p>ii. Changes to auditing tools</p>	<p>AMBER</p> <p>AMBER</p>

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				under review.	
KF - 2	The YOT Management Board did not drive the direction of the YOT or provide enough challenge.	Agreed action by Board members: i) Board members to undertake front line visits – to scrutinise their specific areas of expertise or concern (as a Critical friend) as well as relevant thematics and report back to Service manager and Board. ii) YOT 'visibility' by Board (e.g. Team Days). (iii) It was agreed that current induction processes would be reviewed, seeking improvements relevant to this action plan.	Wef Jan '16 Wef Oct '15 Jan '16	i. Clerk to governing body to diary commitments from Board members wef. January 2016. ii. Board to be advised of Team Days 2015/16 and to other events. iii. Processes under review by Service Manager/ Business Manager.	AMBER AMBER AMBER
EF – 1.2	Agencies represented on the board did not always actively contribute to meetings and there was little evidence of robust challenge and guidance to the YOT from the Board. Governance arrangements were not sufficiently robust, with performance management information in a number of areas under-developed. Data reports were provided to the YOT Management Board but, in the main, the YOT decided the priority areas for scrutiny.				
EF – 1.3	YOT Management Board members had an understanding of the local and national outcome priorities for, and the work undertaken by, the YOT. However, there was no expectation by the Board that the YOT dig more deeply into these and learn from relevant incidents.	(i) Revised induction processes for all Board members to include explanation of local and national priorities / Role of Board members. (ii) Board agreed to focus on local plans . Exception reporting from the Service Manager to account for exceptions / variance at Board meeting. (iii) Performance data to fit with broader picture and to include PCC plan/ strategic needs plans	Jan '16 Oct '15 and ongoing Oct '15	i. Processes under review by Service Manager/ Business Manager. ii. Suggest a different format for reporting performance/ use of data subject to Board approval in 2016. iii. Processes under review by Service Manager/ Business Manager.	AMBER AMBER AMBER

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		<p>etc.</p> <p>(iv) Board to take a more proactive role in the drafting of the YOT Plan and revisit progress seeking promotion of areas of good practice and innovation at Board meetings.</p> <p>(v) Service Manager / YOT to use 'live tracker'. This will enable the Board to begin to identify trends as well as scrutinise and challenge current cases.</p> <p>(vi) Take opportunities to raise awareness of the core YOT work in areas including: -</p> <ul style="list-style-type: none"> • ETE • YPs who are CLA 	<p>Jan '16 to April '16</p> <p>Post Oct '15</p> <p>Post Oct '15</p>	<p>iv. Drafting of Plan 2016/17 underway, with Board meeting in February planned to progress.</p> <p>v. Planned for scrutiny at Jan '16 meeting.</p> <p>vi. New reports due for scrutiny from Jan '16.</p>	<p>AMBER</p> <p>AMBER</p> <p>AMBER</p>
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<p>KF - 3</p> <p>EF – 1.6</p>	<p>The YOT committed to improving services but there was no structured approach to this.</p> <p>The YOT, with other providers, introduced a number of good and sometimes innovative initiatives that were of benefit to children and young people who offend but these were not driven by the Board, were not part of a strategic plan and were not underpinned by an assessment of need. The YOT's annual plan met YJB minimum criteria but was high level and contained no specific objectives. It did not include work to address additional, locally identified, specific needs of Swindon's children and young people who offend.</p>	<p>Board members to develop annual plan of themes, take responsibility for their key performance area and seek detailed analysis of data including trends.</p>	<p>Oct '15 and beyond</p>	<p>Progress to be monitored by Board and evidenced via minutes.</p>	<p>AMBER</p>
<p>EF – 1.8</p>	<p>The YOT Management Board did not provide effective oversight of the work of the YOT in relation to critical areas of their work, for instance looked after children, safeguarding and public protection activity.</p>	<p>(i) The Service Manager to review examples of other performance reports to incorporate good practice from elsewhere.</p> <p>(ii) Case studies and the possibility of case holders attending the Board to be considered.</p>	<p>Oct '15</p>	<p>i. Progress with Board wef Jan '16.</p> <p>ii. Progress with Board wef Jan '16.</p>	<p>AMBER</p> <p>AMBER</p>
<p>EF – 1.9</p>	<p>A range of data relating to ETE was available to the YOT but, again, not scrutinised regularly by the Board. Data systems used by partners for collecting information were not always aligned, making it difficult to assess the true picture around ETE and identify outcomes for the YOT's children and young people after referral to education providers.</p>	<p>Board members will align themselves to particular cohorts of YP's (e.g. Girls, LAC, custody cases) and track their journey through the YOT and CJS; as well as follow and report back to the Board.</p>	<p>Oct '15 onwards</p>	<p>To be confirmed following outcome of Board (Lead) meetings with YOT staff.</p>	<p>RED</p>

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EF – 2.4	The YOT would have benefited from more formal links with partners in order to enhance service delivery in a small number of areas. For instance, case managers had found it difficult to help children and young people access courses at the college. This issue could have been ameliorated through better working agreements relating to the admissions policy.	The YOT will establish more formal links with FE and other providers/ partners.	Wef Jan '16	Work in progress.	AMBER
KF - 6 EF – 2.5	There were gaps in joint working practice with children's social care. There was also potential for tighter joint working with Swindon's children's social care services. The interface with Family Contact Point was still a work in progress. However, there were still examples of children's social care being slow to respond to concerns raised by the YOT. There was a reluctance to use the escalation process, leaving children and young people at possible risk.	The new Service Manager will establish links with FCP / CS's to look at possibility of incorporating 'edge of offending' concept and service response and provision	Planned for Sept '15 Mar '16	<ul style="list-style-type: none"> Initial links established with Service Manager and revision of SLAs in respect of PACE, remand and YOT/ Children's Services joint working protocol. Further planned work to look at 'edge of offending' possibility. 	AMBER
EF – 2.9	Year six pupils were recruited and trained to deliver crime prevention messages to their peers in other schools. We would urge the YOT to take a more targeted approach, to maximise the positive outcomes of the scheme.	Business Manager to explore a wider approach to providing prevention messages in schools.	Dec '15	Meetings being held with relevant contacts, following advice & guidance from Peter Nathan.	AMBER
EF – 3.3a	Protocols and memorandums of understanding were in place for all health care providers except the speech and language therapist. These	Service Manager to draft and implement a Protocol re Speech and Language Therapy.	Dec '15	Meeting set up with providers/ Service Manager/ Business Manager to discuss and agree protocol.	RED

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	were all in need of updating and needed to be clearer about aspects such as lines of accountability, targets and expectations.				
EF – 3.3b	The link between YOT operational management and direct line management of some health practitioners (e.g. nurse and CAMHS) was limited and there was no evidence of joint supervision or appraisals, or sharing of the contents of these. It was difficult, therefore, to ascertain how operational management monitored the work and outcomes of the health professionals.	Service Manager to review practice re 3 way supervision of seconded and linked staff.	April '16	<ul style="list-style-type: none"> Awaiting outcome of RYS tier 4 management restructure/ appointments then move to AMBER. Agree supervision/ appraisal arrangements with seconded staff/ agency line managers. 	RED
EF – 3.5	At least three YOT workers had had AIM assessment and intervention training. However, not all workers were up to date. We noted that one case manager had not had any health related awareness training since joining the YOT and several case managers advised that they would like to improve their knowledge relating to speech, language and communication.	Service Manager to review staff training re AIM and speech and language communications and resource as appropriate.	Dec '15	SALT launched and promoted resource at Dec.'15 RYS Team Day. To follow up with 1 to 1 meetings with case managers.	AMBER
EF – 3.6	While the YOT kept a log of training, this was not up to date. As a consequence, it was difficult to monitor the skills mix of the team effectively and ensure key courses were being undertaken.	Service Manager to update training log.	Dec '15	Currently work in progress.	AMBER
EF - 4.5	The YOT had plans to continue to assess the quality of work for looked after children but had yet to implement these, potentially leaving some of its most vulnerable children and young people at higher risk of offending.	Service Manager to implement new practices and reporting processes re LAC (CLA).	Oct '15 Feb '16	<ul style="list-style-type: none"> Bail/ Remand processes updated and agreed Oct '15. YOT/ Children's Services joint working protocol update/ refresh draft completed. 	AMBER AMBER

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EF – 4.7	To complement this, regular line management checks were performed on the work of case managers, to see if case management processes were being completed and to sufficient quality. It was disappointing to see that case managers were not necessarily addressing areas identified as needing improvement.	Service Manager to require Operational Managers to review practice of case holders following supervision and audits re compliance.	Feb '16	Work in progress.	RED
KF - 8	The YOT's genuine commitment to management oversight and quality assurance was not improving the management of risk of harm to others or safeguarding work.	Service Manager to seek best practice, implement changes, and monitor progress.	Feb '16	Work in progress.	RED
EF – 4.8	The YOT's commitment at a senior level to management oversight and quality assurance is to be commended. However, despite the range of systems in place and the time dedicated to this work, there was no evidence that it led to overall improvements in the management of risk of harm to others or safeguarding work.				
THEME 6: INTERVENTIONS					
EF - 9	We noted a small number of areas of delivery that could be developed further: making more use of the Youth Justice Centre programme and the enhancement of courses through greater use of group work (although we acknowledge the difficulties inherent with so doing in a small YOT). There was also an apparent need to deliver more work relating to substance misuse, and work to change children and young peoples' attitudes to offending, or their motivation to change	Attendance Centre was transferred from Home Office to the YOT who together with the YJC Manager will be working to develop it further.	Wef Oct '15	i. YOT together with YJC Manager working to develop Attendance Centre further. ii. Group work programmes under review, including On Trak (Beginning Oct '15) and for Girl's Group (Wef Jan '16). iii. Substance Misuse work under review.	AMBER AMBER AMBER

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	their behaviour. In some cases it was unclear what was being delivered and the YOT could benefit from more detailed recording of work being undertaken.	Recording on ChildView – part of previous action.		iv. Work around attitudes to offending to be based on best practice – under review.	AMBER
EF - 11	However, the focus of case managers appeared to be on the child or young person who had offended rather than the victim and we found some disconnect between the work taking place with victims and the level of knowledge of case managers about this.	RJ workers to work more closely with Case Managers - from outset RJ workers will now also be doing an assessment on the young person.	Dec '15	Progress to be reported in April '16.	AMBER