

Southampton YOT Improvement Plan

Recommendation	What will be done?	Who will do it?	Timetable for completion:	Review date and progress:
<p>1. Asset assessments should be timely and of good quality providing a robust analysis of the current needs of the case that is not obscured by previous information except where it is relevant.</p>	<p>a) Development locally of quality audit and inspection document addressing issues identified in inspection toolkit in order to facilitate improvement.</p>	<p>Area Manager for Southampton</p>	<p>By end of August 2011.</p>	<p>March 2012</p>
	<p>b) Three case files will be scrutinised by Team Managers with the case holder during supervision. Team Manager will check that asset is not cloned and that the analysis is robust, incorporating previous offending history and behaviours. Manager to record file check on YOIS.</p>	<p>Team Manager with supervising case holder.</p>	<p>On going. Three files from each officer to be discussed and QA during supervision by 30th September 2011 and monthly thereafter and ongoing in order to improve and consolidate practice.</p>	<p>March 2012</p>
	<p>c) From case file supervision, individual training needs will be identified and addressed either within a team training session, or one to one as appropriate.</p>	<p>Team Manager and case holder.</p>	<p>Training will take place within 3 months of identification of need, either in house, or externally, depending upon availability. All training completed by June 2012.</p>	<p>July 2012</p>
	<p>d) Monthly QA Asset and intervention plan audits to continue. Staff attending required to convey learning to Supervising officer and team in order to promote active engagement within the QA process.</p>	<p>Area Manager (Performance & training); Team Manager and staff member.</p>	<p>30th September 2011 & monthly thereafter</p>	<p>March 2012</p>

	<p>e) Local QA audits prior to supervision of staff member. Discussion with Area Manager during supervision to identify consistent approach.</p> <p>f) Dip sampling of case record to ensure assets are not cloned. Supervising officers will be informed of any assets identified as cloned and be required to resubmit within one week.</p>	<p>Team Managers</p> <p>Team Managers</p>	<p>31st December 2011 and ongoing.</p> <p>By 30th September and monthly thereafter.</p>	<p>March 2012</p> <p>Dec 2011</p>
<p>2. Specifically, a timely and good quality assessment of the individual's vulnerability and risk of harm to others is completed at the start in appropriate cases.</p>	<p>a) Evidence on file of supervising officer's involvement of social care/police/education as appropriate, in addition to young person, in order to inform assessment and ensure assessment is accurate and that a relevant plan is in place which identifies appropriate anticipated outcomes.</p> <p>b) Training in assessment of risk of harm and vulnerability to be provided for staff where identified as a learning need. Staff to feedback learning to Team Manager in written format within one week of training.</p> <p>c) Introduction of feedback form for staff attending training, indentifying how practice will change as a result of training. Results to Area Manager.</p>	<p>Team Managers during file check and in supervision. Information to be taken to supervision with Area Manager.</p> <p>Area Manager / Workforce Dev. Officer. Supervising Officer and Team Manager</p> <p>Area Manager.</p>	<p>30th September 2011 & monthly thereafter</p> <p>31st of March 2012 and ongoing.</p> <p>By 31st December, 2011 and ongoing.</p>	<p>Dec 2011</p> <p>March 2012</p> <p>March 2012</p>

	d) Team Managers to observe practice both in supervision with young people and at attendance at meetings. Observations to be advised to Area Manager in order to inform overall practice and relayed to staff during supervision.	Team / Area Manager	By 31 st March, 2012 and ongoing.	Sept 2012
3. Children and young people, and their parents/carers are actively and meaningfully involved in assessment and planning, including the timely use of self assessments and the assessment of learning styles	a) 'What do you think' Assets entered on YOIS and evidence to demonstrate young person's views informed the supervision plan and that the young person's learning styles were accounted for.	Head of Service / Area / Team Managers / Supervising Officer.	31 st December 2011	March 2012
	b) Parent's views are listened to and identified in the plan of supervision.	Team Managers and Sup. officer	31 st December 2011 and ongoing.	March 2012
	c) Use of Learning Styles assessment tool evidenced in case record.	Team Manager and Sup. officer	30 th September 2011 & quarterly thereafter.	March 2012
	d) Monitoring of use/quality of learning styles questionnaires by WYOT Diversity Group.	Head of Service/WYOT Diversity Group	30 th September 2011 & quarterly thereafter.	March 2012
4. The intervention plan will be specific about what will be done, by whom and when in order to safeguard the child or young person from harm, to reduce the likelihood of reoffending and reduce Risk of Harm to others. In particular the plan of work should set	a) See also Actions 1a, 1b) & 2b).	Area Manager	See Actions 1a) 1b) & 2b)	
	b) Safeguarding training to be provided for staff which is outcome focussed, clearly improves the knowledge base and enables staff to understand the process adopted by children's services.	Area Manager Workforce Dev. Officer. Team Managers & Area Manager	31 st of March 2012	Sept 2012

<p>appropriate goals, be clearly sequenced and outcome focussed. ROSH assessments must draw adequately on all appropriate information including MAPPA.</p>	<p>c) Ensure that the safety of any other young person associated with the case has been considered and acted upon when required.</p>	<p>Team Managers</p>	<p>30th September 2011 & monthly thereafter</p>	<p>March 2012</p>
	<p>d) As 1a) above.</p>	<p>Area Manager</p>	<p>By end of August 2011</p>	<p>March 2012</p>
	<p>e) Following MAPP meetings, all supervision plans to be updated to incorporate MAPPA actions, within 5 working days of receipt of MAPPA minutes.</p>	<p>Team Managers</p>	<p>March 2012</p>	<p>Sept 2012</p>
	<p>f) All MAPPA cases to be reviewed monthly by Team Managers in supervision with staff member, ensuring effective use of the MAPP process. MAPPA decisions must be clearly recorded, followed through and acted upon, and reviewed appropriately.</p>	<p>Team Managers and supervising officers.</p>	<p>December 2011</p>	<p>March 2012</p>
	<p>g) Evidence that the victim's safety has been assessed and included within any supervision plan/licence conditions.</p>	<p>Team Manager and staff member.</p>	<p>March 2012</p>	<p>Sept 2012</p>
<p>5. Vulnerability management plans are completed on time and are of good quality and clearly link with care plans when available. They clarify the roles and responsibilities of staff and include planned responses to changes in the child or young person's own vulnerability</p>	<p>a) See Actions in section 2</p>	<p>Team Managers</p>	<p>30th September 2011 & monthly thereafter</p>	<p>Dec 2011</p>

<p>6. For both custodial and community cases, the plan of work is regularly reviewed and correctly recorded in Asset with a frequency consistent with national standards for youth justice. Work not undertaken in custody must be demonstrated in the community part of the plan.</p>	<p>a) Team Managers to review in supervision to ensure seamless transition from custody to community and that plans are updated and incorporate work which has not been completed in custody.</p>	<p>Team Managers and in liaison with the Wessex Resettlement Co-ordinator.</p>	<p>30th September 2011 & monthly thereafter.</p>	<p>Dec 2012</p>
<p>7. There is regular and effective oversight by management, especially of screening decisions, ensuring planned actions are delivered. Management comments should be recorded within the case record as appropriate to the case.</p>	<p>a) Case discussions/decision in supervision sessions to be promptly recorded on case file by line managers.</p> <p>Risk of Serious Harm Assets to continue to be quality assured before counter signing by managers, and incorporating any identified changes in case diary.</p>	<p>Area / Team Managers</p> <p>Area / Team Managers</p>	<p>From 30th September 2011 onwards</p> <p>From 30th September 2011 onwards</p>	<p>Dec 2012</p> <p>Dec 2012</p>
<p>8. The case record should at all times contain accurate, sufficient and up to date information, in order to support the continuity of services to children and young people. This should include sufficient information on interventions delivered by others.</p>	<p>a) See also Actions in section 1 and 2.</p> <p>b) Local training package to be completed to ensure staff are fully aware of the requirements of good case management.</p>	<p>Area Manager, Southampton and Team Managers</p> <p>Area Manager, Southampton and Team Managers.</p>	<p>From 30th September 2011 onwards</p> <p>October 2011</p>	<p>March 2012</p> <p>March 2012</p>
<p>Name of person completing this plan: Sue Morse</p>		<p>Designation: Area Manager, Southampton</p>		<p>Date:</p>

