

# **Committee: Children and Young People Scrutiny Panel**

**Date: 15 November 2011**

Agenda item: **9**

Wards:

**Subject:** Update on the areas of development identified by the December Ofsted visit and the November peer review, as set out in the bullet points on pages 43 and 44 of the supplementary agenda from 15<sup>th</sup> June Panel.

Lead officer: Yvette Stanley

Lead member: Cllr Maxi Martin

Forward Plan reference number:

Contact officer: Melissa Caslake

**Reason for urgency:** The legal requirements for Access to Information have not been met. The Chair has agreed to this report being submitted as a matter of urgency in order to meet the committee's request for this information and to comply with its work programme.

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## **Recommendations:**

- A. That members note the progress in relation to two areas for development identified through inspection and peer review and also consider updates on other key developments in recent months.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1 To update members of the committee on the areas of development identified by the December Ofsted visit and the November peer review and other key developments.

## **2 DETAILS**

- 2.1 Since the last unannounced Ofsted inspection of Merton's Access & Assessment Service in December 2010, there has been continued action to maintain and accelerate improvements to the service and more widely work continues across the department and with partners to address areas of potential further developed raised through the peer review process.

### **2.2 Unannounced Inspection.**

Following the inspection in December 2010 a detailed action plan was produced and is regularly reviewed and updated. The latest version of the action plan is attached as an appendix A.

- 2.3 The improvements in the Access & Assessment Service have been greatly assisted by the consistent leadership of a permanent team and service manager. However, whilst we have worked hard to improve numbers of

permanent social workers and managers, there were difficulties over the summer due to a combination of sickness and leave which meant additional locum support was necessary. This has helped managers to reduce staff caseloads and assisted in the retention of experienced and competent permanent staff who have been able to achieve improved standards of practise and who report improved job satisfaction.

- 2.4 Since the inspection we have further strengthened management oversight with more rigorous processes which hold both managers and staff to account for performance standards. The result of which has been a tightening of management supervision and monitoring practices which has lead to some staff/managers moving on, but also to better quality, more committed staff joining the team and existing staff feeling better supported to produce good quality work.
- 2.5 The morale of the team has steadily improved also assisted by the successful recruitment of permanent social workers and assistant team managers. We have also recruited high quality graduates who joined the service as screeners, who have all developed to become valued First Contact Officers who support the work of duty social workers, freeing them from more bureaucratic tasks so they are able to focus on more complex social work interventions.
- 2.6 Audits, supervision records, team meetings, development days, staff training events, compliments, multi-agency groups/panels, have demonstrated an improvement in the responsiveness of the service, partnership working, timeliness and quality of assessments undertaken, improved management decision making and supervision of staff and case transfer processes and staff satisfaction.
- 2.7 There remains ongoing issues to address which are referred to in the accompanying A&A Continuous Improvement Plan but the team are confidently able to identify the work needing to be done and the methods for achieving and evidencing improvements.

## **2.8 Peer Review**

Areas for development from the Peer Review have been built into service planning and our continuous improvement programme more generally. An update on key issues follows below.

## **2.9 Closer working with Health colleagues in regard to shared expectations and more effective communication.**

Work continues to strengthen work with Health at all levels and is even more important due to the significant changes within and across the Health economy.

- 2.10 The Council has established a shadow Health and Well Being Board (HWBB) which will oversee whole population issues and which is working closely with the Children's Trust who will continue to have its focus on children and young

people and family related issues. Hence the development of the HWBB will not dilute our strong local focus on children and young people. The Lead Member for Children's Services and Director of CSF sit on the HWBB. The HWBB has received the Merton Safeguarding Children Board (MSCB) annual report and Children and Young People Plan 2011/12.

- 2.11 The Director of CSF also sits on the new Merton Commissioning Group (MCG), chaired by GPs and has ensured children and young people issues and, in particular, safeguarding issues are built into new local health commissioning arrangements. She is also working closely with Public Health colleagues regarding the transfer of Public Health functions to the borough as a significant proportion of the funding relates to under fives and school health services. The MCG has had an input from the Head of Social Care and Youth Inclusion on local safeguarding issues and the PCT is recruiting a Designated GP who will provide training and advice to GPs on safeguarding issues. This is an important role which has been historically covered by interims and a permanent post holder will significantly enhance local arrangements.
- 2.12 Health provider services have transferred to the Royal Marsden (RM) and good relationships have been established with the new senior management. The RM undertook a review of safeguarding arrangements and have put in place key post holders to ensure links with Merton and the other local authorities with whom they work.
- 2.13 The Director and other members of her team meet regularly with PCT Commissioners and commissioners and providers attend the MSCB and Children's Trust.
- 2.14 Operationally work has been undertaken, led by Children's Social Care (CSC) to establish stronger links with all GPs, but particularly those with high numbers of children with a child protection plan.
- 2.15 The MSCB Quality Assurance Sub Group has good representation from Health and has been looking at particular cases as well as multi -agency case audits to ensure good frontline practice and shared understanding.
- 2.16 The work of the MSCB and the Merton Children and Young People's Well Being Model has been highlighted in newsletters and training events for front line practitioners.
- 2.17 **An improvement in evidencing of equalities activities**
- The CSF Equality and Community Cohesion Action Group meets quarterly chaired by the Head of Strategy Commissioning and Performance. The ECCA action plan 2011/12 receives regular scrutiny and has fed into the corporate plan for the Council. Equality Impact Assessments have been completed for key changes including budget proposals using the Councils standard form and processes. At a casework level improvements have been made to the recording

of equalities issues and evidence of improvement seen through the CSC case audits.

#### **2.18 Further development of the role and identity of the MSCB**

Elsewhere on the agenda is the annual plan for the LSCB. The Plan's development involved all agencies and there were development days to ensure shared understanding and shared priorities. The work of the MSCB has been cascaded through the Young Merton Together e-newsletter and through our focussed work on continuous improvement. The role of the MSCB in challenging all agencies has been strengthened through the development of an agreed set of indicators. The MSCB sub groups have been strengthened with more agencies chairing them and contributing more equally to our joint work. MSCB conferences and the joint training have increased the MSCB's visibility with practitioners.

#### **2.19 Improved understanding of the Merton Children and Young People's Well Being thresholds**

The Merton Children and Young People's Well Being Model has been highlighted in newsletters and training events for front line practitioners including the Children's Workforce Induction sessions which are available to new staff and volunteers across agencies in Merton. The MSCB multi-agency training programme uses examples from the model to develop a shared understanding regarding thresholds. The Quality Assurance Sub Group is looking at particular cases with feedback to agencies to ensure shared understanding on thresholds and expectations on all agencies below level 4 and 5 (statutory intervention).

2.20 The work of our Supporting Families team which focuses on prevention below the 4/5 threshold was given specific mention in the Munro Report and is a finalist in the Children and Young People Now Awards for preventative services 2011. A multi-agency review of preventative services has been undertaken as part of the CSF Service Review process to inform budget saving for 2011-15. As part of the review we have looked at the issue of common assessment, referral for services, and evidence of interventions which prevent higher tariff more intrusive interventions. This has also contributed to wider understanding across agencies of expectations of all partners at lower levels of the model and to work to prioritise future commissioning of in house and procured services as the resources available are contracting.

#### **2.21 Improve the use of data to inform service development**

Data analysis has been a strong feature of our reviews of early intervention work as detailed above. Work has also progressed on a multi-agency data set to enable mutual challenge across the MSCB partnership as detailed in the separate agenda item. Part of the Carefirst review is looking at ways to more easily extract data to inform management decision making and quality assurance as well as service commissioning based on analysis of needs.

2.22 Work with Health on the Joint Strategic Needs Assessment continues to strengthen and develop to enable a richer data picture on which service development, commissioning and indeed decommissioning decisions can be based. Health are currently working on a detailed needs analysis for under fives which we expect will provide very useful information for both early years and preventative services more generally.

### **2.23 Other related developments**

A number of other related developments have happened more recently which Children and Young People Scrutiny members may wish to be updated on as follows.

### **2.24 Youth Justice Casework Inspection.**

Our action plan was submitted to deadline and has been received and approved by Her Majesty's Inspectors of Probation. A copy is attached as appendix B.

### **2.25 Adoptions**

The Department for Education has released league tables about the performance of local authorities for adoption and a wider set of indicators relating to children's social care. This is a new set of indicators with some new definitions not previously used and a number of the measures are comprised of three year rolling averages.

2.26 This league table uses a three year average and as such Merton is placed near the bottom of the table for most measures. Our 3 year average for adoptions completed is 5% which puts us low in the table and is below the England average of 12%. However for Special Guardianship Orders it is 7% which is above the England average of 6%. Special Guardianship Orders (SGOs) are used to secure permanency for a child similarly to adoption but may be used where family members put themselves forward to care for children rather than children being placed outside of their birth family. This is often the preferred option for some Black and Minority Ethnic (BME) groups to support parenting within the extended family. As such, London authorities tend to have higher levels of SGOs than other areas with lower BME populations.

2.27 The headlines that have been widely publicised in the media naming and shaming, for example Brent and Hackney, have been focused on one statistical measure of adoption, namely numbers of children to be placed for adoption within 12 months of the decision being made by an Adoption Panel. The highest performing authorities on this statistic alone in 2010-11 scored 100%, Brent and Hackney were around 50% and Merton scored 80%.

2.28 It is clear that in 2008-09 Merton's performance on adoption was poor both in terms of numbers and time taken. Whilst our percentage of adoptions and SGOs combined has hovered around 10-12%, we have improved considerably since then in terms of numbers of children adopted, SGOs and timeliness as

can be seen from the data below and our score of 80% of children placed within 12 months of a decision for 2010-11.

	<u>2008/2009</u>	<u>2009/2010</u>	<u>2010/2011</u>
Adoptions Completed by 1 <sup>st</sup> Birthday	0	0	0
No of children placed for adoption (year in which first placed for adoption)	0	6	8
Current average length of time children wait to be adopted (calculated from best interest date to date of adoption)	1494 days	940 days	598 days
Average age at time of adoption	6 years old	4 years old	3 years old

2.29 Last year we exceeded the target we set for ourselves and achieved an overall adoption and special guardianship rate of 10% of our looked after children population. We continue to seek to improve on this in the context of an overall extremely low looked after children population with proportionately higher numbers of teenagers in the system and with the majority of our looked after children only being in care for short periods of time leaving relatively small numbers available for adoption or SGOs.

### 2.30 Children Services Assessments 2011

Each year in November Ofsted produce an overall assessment of each Children's Services Authority. Whilst the final assessments are yet to be published we anticipate that we will be rated as adequate overall. The majority of Merton services, settings and schools inspected by Ofsted are good or better overall and in helping children and young people stay safe and our areas of strength and for development continue to improve we cannot reach the next level performing well until the overall effectiveness judgements of secondary schools mean that more are rated good or outstanding. .

## 3 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

3.1. None

## 4 LEGAL AND STATUTORY IMPLICATIONS

4.1. None

**5 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

5.1 Have covered in main body of the report.

**6 CRIME AND DISORDER IMPLICATIONS**

6.1. None

**7 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

7.1. None

**8 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

- **Appendix A:** Access And Assessment Team Action Plan
- **Appendix B:** Merton Youth Justice Core Case Inspection (HMIP) Action Plan – October 2011

**9 BACKGROUND PAPERS**

9.1. None

## Appendix A

### ACCESS AND ASSESSMENT TEAM ACTION PLAN IMPROVING PRACTICE IN CHILD PROTECTION

Managers Name: Month: November Year: 2011

M W-S- Service Manager

M B-K- Team Manager

L M, N M, C F & F H- Assistant Team Managers

C K, Senior Business Support Officer.

#### Monthly evaluation will take place through Performance Management statistics.

The Access & Assessment Team has been the subject of two unannounced inspections from OFSTED in May & December 2010

The inspection undertaken in December 2010 identified the following **strengths** in the Access & Assessment Service.

- There is ready access to a wide range of preventative resources and targeted services within the community.
- Funding had been made available to fund additional social worker & supervisory posts to address high caseloads, improving the timeliness of assessment, contributing to the team exceeding national targets for timely assessment in November & December 2010.

#### Areas where the team was meeting the requirements of statutory guidance included:

- 1) The Merton Wellbeing Model provides clear multi agency thresholds for service delivery and is understood by staff & partners as a result, appropriate referrals are made to Children's Social Care and resources are targeted effectively.
- 2) Contacts and referrals to access & assessment receive a timely response. In most cases well documented decisions are made by duty managers in progressing cases and where cases do not meet the threshold for the involvement of children's social care, appropriate referrals are made to preventative services.



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- 3) Referrals about children at risk of significant harm receive a prompt response from a qualified social worker. Good working relationships with the police ensure strategy discussions are timely and Section 47 investigations commence on the day of the initial contact.
- 4) All social workers are suitably qualified, experienced and committed to improving outcomes for children & young people. Staffs are encouraged to participate in the comprehensive training opportunities that are available to enhance their practice.
- 5) The recent appointment of permanent social worker & management posts to the Access & Assessment Team has reduced the use of agency staff. This has improved the overall stability of the team and provides a more consistent approach to children and their families.
- 6) Children and family members are routinely seen during assessments and their views are recorded and contribute to case planning.
- 7) Assessments of children and their families take account of their culture, language and personal identity.
- 8) A developing culture of performance management in children's social care is improving the timeliness and provision of services to children and their families. Managers to monitor the progress of work within the team and to address any deficits or inconsistencies actively use weekly meetings and regular performance reports.
- 9) Transfer arrangements between the access and assessment team and children in need teams are clear and robust. Cases are allocated promptly on transfer and appropriate liaison undertaken between teams.
- 10) Effective out of hours arrangements are in place which link well to daytime services.

### **The areas for development identified of Merton's front line social care response service by Ofsted are:**

1. Although the frequency of formal staff supervision is improving, the quality is inconsistent and does not generally provide sufficient opportunity for reflective practice.
2. Recording in case files is timely, but in some cases, not sufficiently comprehensive to reflect all the key issues.
3. Some core assessments lack sufficient analysis of all the identified risk factors and the impact of the welfare of the child. This is particularly evident in more complex cases where plans are not sufficiently realistic and outcomes are not always achievable.
4. The overall quality of management oversight is not sufficiently rigorous. As a result assessments with deficits in analysis or with limited plans are authorised by managers.

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5. The role and importance of the local authority designated officer in safeguarding children and vulnerable adults is not fully understood and utilised by the service.
6. Information sharing protocols with the probation service regarding adults who pose a risk to children are not sufficiently developed.

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Recommendation	Action Required	Who Responsible	Time Scale	Performance Indicator	Target	Progress to Date
<p><b>Areas of Development arising from OFSTED Inspection</b></p> <p>1. Although the frequency of formal staff supervision is improving, the quality is inconsistent and does not generally provide sufficient opportunity for reflective practice.</p>	<p>Permanent managers recruited to improve management stability and consistency of management direction and support to staff. Manager's to receive supervision standards training. SW's in A&amp;A to confirm whether they are satisfied with their supervision and support they receive from line and team manager.</p>	<p>TM &amp; ATM's</p>	<p>Social workers and ATM's to be supervised at least monthly. NQSW's to be supervised in accordance with probationary procedures. Supervision reviews to be undertaken 6 monthly and areas for improvement taken forward to team/service manager</p>	<p>Good quality supervision will result in more timely and effective assessments and plans, this should reduce the referral rate as well as enhance the timeliness of service provision.</p>	<p>100% of staff in A&amp;A to receive supervision at least once a month.</p>	<p>There have been changes to the management Team improving the quality of supervision and management oversight.</p> <p>Improved quality of Sw's recruited to A&amp;A has led to improvements in quality of work undertaken/outcomes for children and their families.</p> <p>CSC managers have attended an internal supervision training event.</p>

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<p>2. Recording in case files is timely, but in some cases, not sufficiently comprehensive to reflect all the key issues.</p>	<p>SW's to ensure recordings accurately reflect the key issues</p>	<p>SW's to ensure case recordings adequately reflect all relevant key issues. ATM's to review quality of case recordings as part of case management authorisation, supervision &amp; auditing processes.</p>	<p>Ongoing monthly case file audits to be completed by TM &amp; ATM's.  Ongoing periodical sample case audits by managers throughout CSC including senior managers.</p>	<p>Relevant, appropriate, attributable case recording of a good grammatical standard, aids the management decision making process and can assist, provide the 'evidence' required to productively work with families and partner agencies in order to develop appropriate multi agency plans that meet identified needs.</p>	<p>All cases allocated for assessment to have assessments/plans that adequately reflect the key issues in respect of casework.</p>	<p>Recent case file audits indicate progress is being made in this area, with assessments and recordings reflecting all key issues involved in casework enabling the child &amp; family story to be understood and the rationale and reasoning for case decision making was also clear. This is an ongoing developmental issue for the team and rolling discussions &amp; training on casework standards occur within the team meeting on a regular basis as well as on formal training courses. Good recording standards are a core function of the social work task and will be included as a key objective in staff appraisals.</p>
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<p>3. Some core assessments lack sufficient analysis of all the identified risk factors and the impact of the welfare of the child. This is particularly evident in more complex cases where plans are not sufficiently realistic and outcomes are not always achievable.</p>	<p>Record analysis of risk and impacts on the welfare of children in each assessment. Through direct work and agreements with parents, plans are formulated that are realistic and achievable. Peer Auditing to be further developed to improve SW development in this area.</p> <p>ATM's &amp; TM to ensure that assessments are not signed off without sufficient case analysis informing a realistic plan with actions, timescales and outcomes to be achieved.</p>	<p>Social Workers</p> <p style="text-align: right;">ATM's &amp; TM</p>	<p>Ongoing Continuous Improvement programme</p>	<p>Timeliness of assessments, improved quality of analysis within assessments will lead to plans being developed that meet the needs of children and their families at the earliest point thus reducing the re-referral rate. In the longer term, it could lead to reduction in numbers of children subject to a CP Plan or LAC as assessed needs will be appropriately addressed and risk adequately managed without requirement of statutory interventions.</p>	<p>All core assessments completed within A&amp;A should show sufficient analysis of risk and have appropriate plans to meet identified needs.</p>	<p>Improved caseload management through caseload weighting will lead to more time for social workers to reflect on casework and develop analytical skills sets with the assistance of their line managers.</p> <p>SW's &amp; ATMs who have struggled with working with complexity have been replaced with a more competent workforce.</p> <p>Continued provision of training to all A&amp;A staff in respect of putting analysis into core assessment and case-working complex cases.</p> <p>Team Meetings to continue to be utilised to discuss casework and practice issues and to create a learning and development culture within A&amp;A.</p>
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	<p>Supervision to be developed to allow for time to reflect on plans-caseloads are quite manageable in A&amp;A so this is achievable.</p> <p>Supervisors to record whether supervisees are satisfied they are enabled and facilitated to be reflective of their practice.</p>	<p style="text-align: center;">ATM's &amp; TM</p> <p style="text-align: center;">ATM's &amp; TM</p>				
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<p>4. The overall quality of management oversight is not sufficiently rigorous. As a result assessments with deficits in analysis or with limited plans are authorised by managers.</p>	<p>Managers not to sign off casework with deficits in analysis or limited plans.</p> <p>Improve auditing of casework</p> <p>Practice Management meeting to be utilised to discuss casework &amp; management oversight standards</p>	<p>SM, TM, &amp; ATM's</p>	<p>Monthly auditing undertaken</p> <p>Monthly management meeting to discuss management oversight and casework planning.</p>	<p>Managers Decision routinely recorded on care first records.</p> <p>No plan with limited analysis or assessment with deficits to be signed off without TM oversight.</p>	<p>All work undertaken within A&amp;A from contacts- referrals – assessment, to have sufficient management oversight.</p> <p>All work processed by the Team should evidence that managers have had oversight of the work undertaken and agree with the plan to move work forward be it refer to another service, progress to assessment or close.</p>	<p>Increased capacity of A&amp;A management has led to improvements in respect of management oversight of casework.</p> <p>Improved quality of both ATM's &amp; SW's through moving on underperforming staff has led to an improvement in the quality of work undertaken within A&amp;A.</p> <p>Recent audits by Senior Management are reflecting the improvements that have been made.</p>
<p>5. The role and importance of the local authority designated officer in safeguarding children and vulnerable adults is not fully understood and utilised by the service.</p>	<p>All Team members to understand the role of the LADO and the circumstances in which a referral to the LADO might be warranted.</p>	<p>A&amp;A Team</p>	<p>Continuous Professional Development</p>	<p>Details of referrals to LADO are kept by Safeguarding Team which evidence the A&amp;A team are familiar with the LADO role.</p>	<p>Team to continue to refer to the LADO as appropriate.</p>	<p>Training has been rolled out to the Team.</p> <p>All team members are aware of the Role of the LADO and the circumstances that trigger a referral to the LADO.</p> <p>This information is also provided to new staff through induction programmes.</p>

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<p>Information sharing protocols with the probation service regarding adults who pose a risk to children are not sufficiently developed.</p>	<p>Information Sharing protocols to be developed with colleagues in probation.</p> <p>Information to be shared in accordance with the data protection act and in accordance with our duties to safeguard children.</p>	<p>All A&amp;A staff</p>	<p>Improved multi agency working between probation &amp; children's social care leading to more effective plans for children &amp; their families.</p>	<p>Enhanced collaborative working and improved multi-agency plans.</p> <p>Improved safeguarding for children through enhanced analysis of adults who pose a risk to children.</p>	<p>Issues relating to adults who pose a risk to children are incorporated into assessments completed by A&amp;A and information from probation routinely sought, understood &amp; included in Assessments as appropriate.</p>	<p>Policy &amp; Protocol that has been developed to be launched shortly.</p> <p>A&amp;A to invite probation to team meetings for learning sets about our roles.</p> <p>Improved joint working/visits between children's social care and probation.</p>
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<p><b>General Service Enhancements</b></p>	<p>1. Improve quality assurance processes &amp; understanding of casework standards in order to enhance practice quality.</p>	<p>Duty Managers quality assure assessments through pre-authorisation checks i.e. visits completed, child seen, agencies contacted, parents permission sought and feedback given.</p> <p>Diversity issues considered and assessed</p> <p><b>Areas for Dev 3 and 4</b></p>	<p>TM, ATM's &amp; SW's</p>	<p>Weekly</p>	<p>Weekly meetings with TM and ATM's.</p> <p>Weekly staff meetings.</p> <p>Quality assure through file audits and supervision processes.</p>	<p>Improvement in consistency of completion e.g. 75% of assessments in timescale with no loss of quality of casework practise and management decision making.</p>	<p>Timeliness of assessments improved steadily, effect of staffing reduction earlier in the year, appears to have contributed to pressure building up in A&amp;A which led to a decline in timeliness.</p> <p>Additional interim staffing has assisted to improve this including the introduction of new First Contact Officers in duty coupled with the ongoing recruitment of permanent staff and managers.</p> <p>Focus by ATM's &amp; TM to improve quality of case analysis &amp; evidencing the rationale for decision making on duty.</p> <p>TM to review ATM/SW supervision sessions &amp; to assist the ATM's</p>
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<p>2. Improve case tracking/casework evaluation.</p>	<p>Weekly evaluation of lists from Carefirst of core and initial assessments, and any cases open beyond 2 months.</p> <p><b>Area for Dev 2, 3 &amp; 4</b></p>	<p>SM, TM, ATM's, BS &amp; SW's</p>	<p>Weekly</p>	<p>Test through Carefirst</p>	<p>Keep throughput of cases consistent with targets of 75 % in time for both cores and IA's.</p>	<p>with developing reflective practice tools to aid reflective supervision in order to achieve higher quality management support &amp; decision making &amp; higher quality assessments.</p> <p>SW to develop better understanding of departmental casework standards and expectations and take responsibility for their role in improving the service.</p> <p>TM and BS to ensure data management information are being kept reliably updated and accurate.</p> <p>TM and SM to ensure use of data management information during supervision with all staff.</p> <p>Timeliness of assessments is now on an upward trajectory after a backlog built up</p>
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3. Improve Auditing	<p>Audits of quality of assessments and managers' decisions &amp; supervision. Quality Assurance Framework to be completed and to inform future work.</p> <p><b>Area for Dev 1,2,3,4.</b></p>	TM and SM	Weekly	Improvements in consistency scan via audits and reports	<p>Demonstrable improvement in quality e.g. better use of child's views and diversity issues.</p> <p>Development of reflective supervision- better evidence of regular supervision and management oversight on case records.</p>	<p>earlier this year.</p> <p>Action to be implemented and continued.</p> <p>Audit samples from Safeguarding Team to continue to focus on A and A cases.</p> <p>TM to sit on some supervision sessions of ATM's &amp; SW's to assess quality &amp; audit case files for evidence of supervision records and to QA ATM decision making.</p>
4. Facilitate Social Workers to have sufficient time to focus on complex case work	<p>Continue to develop efficient use of Screeners/First Contact Officers on duty as this protects duty social workers from more bureaucratic tasks such as takings messages and redirecting large numbers of referrals to family support</p>	TM, ATM's, SW & FCOs	Graduate Trainees are now in post	Graduates have been recruited to.	<p>Continued work required on quality of referrals and developing alternative family support routes for lower level referrals e.g YISP, MAT, and FST. MST and Phoenix</p>	<p>Graduates are now in post and have freed up social workers time by taking over administrative &amp; non Cp duty tasks.</p> <p>The graduates are also developing knowledge of preventative and early years services and assisting with the development of consistent practice on duty.</p>

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	<p>services.          Additionally as the Screeners have become more established and confident, they are acting as First Contact Officers able to undertake additional tasks on duty such as contacting referrers to clarify information provide advice on community resources or progress unresolved issues that would otherwise lead to complaint.</p> <p>Use of screeners also represents opportunity to establish a 'grow your own' staff development</p>					
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<p>5. Ensure sufficient &amp; timely progression of child protection work</p>	<p>project. Employing graduates who gain valuable CSC experience prior to being seconded for SW (Masters level) training who on qualification as social workers can rejoin the A&amp;A team to become Merton's future managers.</p>	<p>ATM's &amp; TM  Social Workers</p>	<p>On-going</p>	<p>Improve quality of service and safeguarding for children and YP and build consistent threshold response across duty managers</p>	<p>Ensuring parental avoidance does not result in a child considered at risk not being seen. Quality of ATM oversight &amp; supervision is of a standard that allows for the development of sufficient analysis of all issues of risk and leads to the development of appropriate care</p>	<p>On-going TM discusses all Child Protection cases in supervision with the ATM's &amp; places an observation on care first. TM &amp; SM to develop suitable audit tool. Social Workers are ensuring that children are seen and that they are spoken to alone</p>
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6. Improve multi agency working & development of multi agency planning.	1,2,3,4.	All managers & SW's	On-going	<p>Improve multi-agency work.</p> <p>Avoid duplication, increase engagement of services in safeguarding.</p> <p>Regular nominated attendees at range of multi-agency groups i.e. Designated Teachers meetings, hospital liaison meetings, CAF champions group, Phoenix monitoring meeting and Young Runaways Steering group.</p>	<p>Improved relationships, increase input into policy development and eventually reduction in number of referrals leading to no action.</p>	<p>and that this is recorded on Carefirst.</p> <p>Hospital and police (NM) and early years (LM) and young runaways (RD/JM) liaison representation already in place.</p> <p>TM/ATM's attend MARAC, Partnership Meetings.</p> <p>Develop consistent attendance by MBK at Designated Teachers meetings for information sharing and clarification particularly regarding the implementation of CAFs, thresholds and joint working between A&amp;A, VCT and schools.</p> <p>Effectiveness to be measured through evidence of more multi agency working within assessments, receipt of more appropriately completed and targeted referrals and fewer escalated</p>
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## Appendix A

7. Enhance Skill base/continuous professional development of the service	Increase skills base. <b>All Areas for Dev impacted.</b>	All managers & SW	Ongoing Continuous Improvement	Increased use of training courses re-safeguarding to include decision making. Updated training audit required	Higher quality assessments of children, more analytical decision making regarding safeguarding, more consistency of thresholds. Development of specialist skills and knowledge e.g substance misuse, immigration issues.	complaints from partner agencies as issues hopefully addressed through increased interface at 1 <sup>st</sup> line management level. Work in progress – team away day held in September 2011. Awayday focussed on practice standards & this will feed in to an A&A practice standards document to be developed by TM.  This is on-going – updated audit required of permanent and agency staff skills and training needs. Training Manager to attend team meeting for specific feedback.  A&A practice/case management meetings held on a monthly basis looking at practice & case management issues & development. (TM & ATM)
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## Appendix A

						<p>TM to regularly audit supervision files to review quality of decision making discussion.</p> <p>Team Meetings to include regular slots for case discussions utilising reflective practice tools such as Kolb supervision cycle.</p> <p>Compliments are now regularly received and staff's good work is acknowledged by ATM's, TM, SM &amp; HoS.</p> <p>Excellent work and developing practise standards will be included in staff appraisals so staff can assist in developing further in their career.</p> <p>Data profile from performance officer (CMcS) re quantity of referrals from A &amp; A into support services.</p> <p>Develop project for graduates and students to review</p>
8. Acknowledge positive work undertaken by A&A Staff	Give positive feedback. <b>Area for Dev 1.</b>	All managers	On-going	Encourage staff to consolidate improvements	Discuss as an ongoing topic in Team Meeting. Encourage specialist interests/self development	
9. Utilise Early intervention Service/Reduce Referrals	Pooling of resources to ensure prompt responses to referrals e.g for Bond Road Family Centre and FST. Regular liaison	Team Manager	On-going	As above. Increase use of family support response including Phoenix. Hold regular meetings between duty managers and profs/representative to ensure work flow	Improved flow of referrals	



## Appendix A

	with representatives from Health, Police, VCT and Phoenix, to redirect referrals to these agencies in a more timely fashion.				of referrals continues.	reasons for the fluctuation in levels of re-referrals, to help to develop A&A team to be become more effective in ensuring the needs of families are being adequately addressed.
10. Recruit and retention of permanent qualitative workforce	Continue to recruit social work staff. Continue 'golden hello' for A & A SW recruits.	All Managers	Ongoing		Priority for A & A both locum and permanent social workers.	Achieved and ongoing. 2 permanent ATM's & 1 secondment recruited. 6 permanent SW's. 3 Graduate trainees.
11. Continuing Multi-agency work with Police on quality & quantity of Merlins.	Continue Triage Project – further develop protocols and evaluative work.	Head of Social Care and Service Manager.	November 2011		Maintain levels of Merlins received in CSC.	Move project into multi agency status by engaging health in process.
12. Improve tools provided to staff to undertake the work.	Carefirst Project.	MS / CMc	Report progress December 2010.		Improve data quality. Improve performance management. Staff report easier use of systems.	Project started, scope and team established.
13. Complete A&A Team Lean Review.	Implement Lean Review.	TM and staff team with Lean Team			Identify wasteful processes and eliminate to increase	Process has restarted. 'To Be' process workshop is scheduled

## Appendix A

	Should positively impact all Areas for Dev.				contact time between social workers and families, improve recording in case files and quality of work done.	for week of 4 <sup>th</sup> November 2011.
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## Appendix B

### Merton Youth Justice Core Case Inspection (HMIP) Action Plan – October 2011

The Case Core Inspection was conducted in June 2011. The HMIP report published in September 2011 highlighted the following 8 recommendations. This improvement plan addressing the recommendations was submitted to the HMIP on 3<sup>rd</sup> October. The plan will also be forwarded to the Youth Justice Board to monitor its implementation.

A project group led by the Head of Social Care & Youth Inclusion was set up July 2011 to draft the action plan and take forward the service improvements required. The Council's Partnership Youth Crime Prevention Executive Group and CSF department's Continuous Improvements Board will monitor the Action Plan. The action plan and progress will also be reported to the Council's Children and Young People Scrutiny Panel and the Lead Member for Children's Services.

HMIP recommendations for improvement: changes are necessary to ensure that, in a higher proportion of cases:

- (1) a timely and good quality assessment and plan, using Asset, is completed when the case starts
- (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
- (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, and to minimise any identified *Risk of Harm to others*
- (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
- (5) there is timely review of assessments and, as applicable, plans following receipt of significant new information, intelligence and reports of harmful behaviour or the commission of new offences
- (6) specifically, *Risk of Harm to others* is regularly reviewed, with changes anticipated where possible, recognised when they occur and responded to appropriately
- (7) sufficient attention is given to the safety of victims throughout the course of the sentence.
- (8) management oversight is effective in ensuring the quality of assessment and plans to manage vulnerability and *Risk of Harm to others*, and ensures that planned actions are delivered

**Appendix B**  
**Merton Youth Justice Core Case Inspection (HMIP) Action Plan – October 2011**

<b>Recommendation</b>	<b>Action required</b>	<b>Who/when</b>	<b>Current benchmark</b>	<b>Target/date</b>	<b>Progress</b>
<b>All recommendations</b>	<p>Ensure all staff are briefed on HMIP recommendations and are fully engaged in continuous improvement programme.</p> <p>Brief key stakeholders and share draft/final action plan</p>	<p><b>Service manager</b> Immediate effect</p> <p>Review Plan monthly with Head of CSC &amp; YI and DCS</p>	<p>All staff briefed and contributing to improvement action plan.</p> <p>Reports to CSF CIB, YJEB, CYP Scrutiny, Chief Officers Management Team and Leader's strategy Group</p>	<p>HMIP post inspection Action Plan completed for 4 October</p> <p>July - October</p>	<p>Case manager briefings on the HMIP July / August / September 2011.</p> <p>Key issues from inspection focus at all team meetings and supervision meetings All achieved or scheduled within timeline</p>
<b>Recommendation 1</b>	<p>Case managers will produce timely and quality assessments (ASSET / PSR / ROSH &amp; Intervention Plans at start of new orders)</p> <p>Managers will check this through supervision and Q/A see below</p> <p>Case managers will be trained in quality assessments as part of the weekly practise sessions see below.</p>	<p><b>Case managers</b> Immediate effect</p> <p><b>Ops managers</b> Immediate effect</p> <p><b>Ops managers</b> Oct 2011</p>	<p>75% of new orders have a timely PSR / start Asset.</p> <p>47% of Initial Intervention Plans are timely.</p>	<p>85% of new orders referred into YOT will have a PSR / Start Asset (<b>December '11</b>)</p> <p>60% Of initial intervention plans will be timely. (<b>December '11</b>)</p>	<p>Weekly screening clinic at start of order set up to improve timeliness and quality</p> <p>This is part of the overall strengthening of QA including management oversight covered across all recommendations</p> <p>Management QA reports improvements in ASSETs in Sept 2011.</p>

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>Recommendation 2</b></p>	<p>Case managers completion of quality and timely ROSH and Vulnerability screenings, and RMPS /VMPS will be audited weekly by Ops manager and reported to Service Manager with findings informing improved practice.</p> <p>Managers will check all screenings and sign off plans within timescales as above re management oversight. (Rec 8)</p> <p>Audits will ensure appropriate focus is given to vulnerability and risks to others across all aspect of assessments and that these issues are appropriately addressed in action planning reported Monthly.</p> <p>Managers will undertake a LEAN Review to: consider the possibility of a combined plan; and will also look at good practice from other successful authorities. Any combined plan will incorporate risk, vulnerability safeguarding, vulnerability</p>	<p><b>Service manager/ Ops manager/ Case managers</b> Immediate effect</p> <p><b>Ops managers</b> Immediate effect</p> <p><b>Service manager/ Ops Manager/ Case Managers</b> Immediate effect</p> <p><b>Service Manager (Project Lead) / Ops managers/ Case managers &amp; Information Officer /</b></p>	<p><b>ROSH</b> – 50% timely completion / 22% sufficient Quality</p> <p><b>Vulnerability Screening (ASSET)</b> –completed in 92% of cases – timely in 74% of cases – Sufficient Quality in 63% of cases</p>	<p>ROSH – 60% completion / 50% improved Quality (December 2011)</p> <p>VMPs - 75% sufficient Quality (December 2011)</p> <p>Weekly monitoring including supervision sessions / audits Immediate effect</p> <p>LEAN review 8 weeks current process mapping (September 2011) To be process design (October 2011) Development of action plan and implementation phase (December 2011)</p>	<p>Weekly monitoring of ROSH, VMP and RMPS</p> <p>Monthly reporting to with Head of CSC &amp;Y1 and DCS – Sept showed improvements</p> <p>LEAN review Started September 2011 to be completed in 10 weeks In principle move to use of combined / integrated plan approved by YJB</p>

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
	<p>and the intervention plan and simpler to complete for case managers.</p> <p>Activities to achieve Cultural change re improved timeliness and quality – will include: team meeting slots; visual management – posters, guidance; progress data on information boards</p>	<p><b>LBM LEAN Champion</b></p> <p><b>Service Manager</b> Immediate effect</p>		<p>Audits will demonstrate quality improvements as part of monthly report to meet quality and timeliness targets by December 2011.</p>	<p>examples from other YOT s sourced Ealing / Surrey Best practice authorities identified and telephone interviews begun. Sept 2011</p>

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>Recommendations 3, 6 and 7</b></p>	<p>Case managers will ensure that intervention plans are specific and follow from assessments, especially any safeguarding or risk of harm assessments.</p> <p>Managers will provide practice sessions to ensure that case managers are clear about sequencing of objectives and ensuring objectives are SMART and reflect ROSH and Vulnerability assessments within plans and this will be incorporated into the practice guidelines.</p> <p>Intervention Plans will set out detail about each stakeholder (i.e. Health, CSC, Education) contribution to achieve good outcomes including likelihood of reoffending and harm to others</p> <p>To improve safeguarding input into intervention plans - greater involvement of social workers in assisting safeguarding identification and planning.</p>	<p><b>Case Managers</b> Immediate effect</p> <p><b>Ops Managers + Service Manager</b> <b>planning and briefing with immediate effect</b> <b>1<sup>st</sup> session</b> From 10/11</p> <p><b>Youth Inclusion Manager/ CSC managers</b></p> <p><b>Youth Inclusion Manager</b> <b>Oct 11</b></p>	<p><b>RMPs</b>– 30% timely completion / 15% of sufficient Quality.</p> <p><b>VMPs</b> – Sufficient Quality in 37% of cases</p>	<p>RMPs – 60% timely completion / 60% Quality (December 2011)</p> <p>VMPs – 60% quality (December 2011)</p> <p>Practice sessions scheduled and delivered Oct to Jan</p>	<p>Set up Youth Rehabilitation Order planning meetings post sentence to manage and coordinate parent / YP and wider stakeholder involvement in cases to inform and enhance intervention planning and YP's engagement in the order.</p> <p>Progress reported monthly</p> <p>Senior Social work attendance at Offender Management Panel June 2011</p>

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
	<p>Pilot SW in team to cover joint SS/YOT cases</p> <p>Safeguarding Manager input to Practice sessions for case managers</p> <p>Safeguarding Manager to dip sample VMPs and screenings monthly with Ops managers</p> <p>Review staffing balance in the team re longer term recruitment of social workers as part of best practice review</p> <p>Stronger joint working to continue between YJS and CSC for cases where child is LAC/ or subject to CPP</p> <p>Case managers will do better quality work with young people through sharper methods of intervention. This will require training in a methodology for example jigsaw (Cognitive Behavioural approach) and will include purposeful home visits and other interactions</p>	<p><b>Youth Inclusion Manager</b></p> <p><b>Safeguarding manager</b> Immediate effect</p> <p><b>Youth Inclusion Manager</b></p> <p><b>Service Manager and CSC managers</b> Immediate effect</p> <p><b>Ops Managers / Service Manager</b></p>		<p>Success - quality of case work improves through audit evidence, feedback from users including YP and their families. Better outcomes: health, education and well-being plus re-offending rates.</p>	<p>Joint case planning with YJS, social care and SEN at Resources panel – 1<sup>st</sup> case taken Sept 11</p>



## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
	<p>between case managers and YP. Managers will observe more case managers with YP and assist through supervision to develop case manager skill base.</p>				

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>4.</b></p>	<p>Case managers will review intervention plans and assessments in line with Youth Justice Board National Standards for timeliness and correctly record within Asset—as set out in the Quality Assurance framework</p> <p>Managers will review Intervention plans as above in line with the management oversight above</p> <p>Case Managers and Ops Managers will review and update assessments when new offending takes place, an offender leaves custody/ placement or other significant change. The will inform revised risk assessments and action plans, vulnerability and risk of harm to others.</p> <p>Managers to use visual management to highlight timescales and key activities – information board and laminated checklists</p>	<p><b>Case managers</b> Immediate effect</p> <p><b>Ops managers</b> Immediate effect</p> <p><b>Service Manager</b> <b>Oct 11</b></p>	<p>Intervention Plans reviewed in 44% of cases</p> <p>ASSET reviews in 53% of cases</p>	<p>Intervention Plan Reviews - 75% of cases December 11</p> <p>ASSET reviews -65% of cases December 11</p> <p>Success measure will be: audit dip samples, supervision, outcomes for YP re risk e.g. education, substance misuse, re-offending, relationships, and feedback from users.</p>	<p>Referral Orders – now include intervention plans as well as contracts</p>

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Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>Recommendations 5 and 6</b></p>	<p>Case managers will add significant new information to ASSET and re - assess scores and activities that will reduce risk on receipt of this new information.</p> <p>Ops managers will produce a checklist of what is significant information that would need to be added to file, based on HIMP criteria.</p> <p>Case managers will be briefed on this through weekly practice sessions.</p> <p>Managers will use panels and supervision to encourage a culture of adding new information to case files and reviews, especially where this may affect ASSET /ROSH scores</p>	<p><b>Case managers</b> Immediate effect</p> <p><b>Ops Managers</b> <b>Service Manager</b></p> <p><b>Service manager</b> Immediate effect</p> <p><b>Ops Service Managers</b> Immediate effect</p>	<p>Reviews are currently undertaken(when ROSH identified) in 47% of cases</p>	<p>70% of cases have reviews (RoH) completed following additional significant information. December 11</p> <p>Mid Oct 2011</p> <p>Supervision sampling will demonstrate increased focus on assessing vulnerability and risk of harm to reach improvement targets by Dec 11.</p>	<p>Management oversight Audits show 50% in Sept</p> <p>Briefing started in august.</p> <p>Improved recording at Risk Management Panel specifically around changing circumstances, risk of harm and the escalation of risk Sept 2011.</p>

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>Recommendations 5 and 6 (contd.)</b></p>	<p>Case managers will anticipate (where possible), recognise and respond to likely risk of harm to others - review ROSH quarterly – in line with national standard and managers will sign off – outcomes reported to service manager.</p> <p>Team meetings, away days, and peer and individual supervision will focus on using the YJS practice guidelines to improve the quality of case work with young people for ROSH and vulnerability. This will include feedback from audit on accuracy of screening and effective use of asset evidence in ROSH, RMP and VMP and subsequent action planning focused on reducing risk to and from young people.</p> <p>Managers will ensure that all supervision sessions to include issues around escalation of risk and update assessment.</p>	<p><b>Case managers/ Ops Managers</b> Immediate effect</p> <p><b>Service manager</b></p> <p><b>Case managers / Ops Managers</b> Immediate effect</p>	<p>Reviews (when ROSH identified) in 47% of cases</p>	<p>70% of cases have reviews (RoH) completed following additional significant information. December 11</p> <p>Success measure will be Audit dip samples, supervision, outcomes for YP re risk e.g. education, substance misuse, re-offending, relationships, and feedback from users</p> <p>Dip sample supervision notes shows improvements to reach targets by Dec 11</p>	<p>Offender Management Panel / Risk Management Panel ensures new intelligence is promptly shared across the partnership</p> <p>Team Briefings on the priority of victim safety within case management.</p> <p>OMP partners briefed re</p>

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Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
	<p>Audits of supervision records by managers demonstrate improved attention to risk of harm, vulnerability and victim awareness – Dip sample</p> <p>Service manager will ensure that Monthly Panels – Medium and high risk cases to be monitored via RMP &amp; YP of high concern at OMP panel – Both Panels to record information in line with HMIP requirements – re issues / change in risk and agency actions / responsibilities. Recording straight to database by ops manager from risk panel. OMP notes to be recorded in a format that allows them to be added to case file.</p> <p>Challenge culture to improve understanding of risk and vulnerability of young people – both referred to YJS and potential victims – through supervision, team meetings, briefings, practice sessions.</p>	<p><b>Service Managers and YI manager</b> Immediate effect</p> <p><b>Service Manager</b> Immediate effect</p>		<p>Service Manager to ensure robust recording of issues and actions following panels.</p>	<p>recommendations from HIMP and interventions by all partners to reduce risk of harm (including to others) or risk of re - offending agreed</p> <p>Youth Inclusion Manager co chair of OMP from July 11</p>

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>Recommendation 7</b></p>	<p>We will have a strong focus on the safety of victims throughout all aspects of our work.</p> <p>Case managers when reviewing ROSHs &amp; other assessments will consider impact on victims and record judgments and provide constructive feedback to strengthen practice</p> <p>Managers will run training to ensure: Use of victim empathy in case management work ; All Intervention plans must have a more specific focus on work with victims: YP in custody – ensuring victim focus within release plans: RMP to have greater focus upon victim impact; ROSHs &amp; other assessments to consider impact on victims</p> <p>Police and managers will run Whole team training on witness protection</p> <p>Managers Oversight to check for victim focus in reviews/ supervision dip</p>	<p><b>Service manager</b> Immediate effect</p> <p><b>Case managers</b> Immediate effect</p> <p><b>Case manager / RJ Coordinator / Ops managers /Service Manager</b> Briefing with immediate effect further practice session in Nov '11</p> <p><b>Police / RJ Coord</b> Jan 12</p> <p><b>Ops managers</b> Immediate</p>	<p>Full assessment in 33% of relevant cases.</p> <p>RMP Panel to more proactively include victims within case discussions</p> <p>Service manager / Ops manager with RJ coordinator to dip sample cases</p>	<p>Safety of victims embedded in all practice December 11</p> <p>Increase 66% of identified Victim work within court orders</p> <p>Audit will demonstrate improved quality practice to meet targets for Dec 11</p>	<p>Restorative Justice pilot to engage more victims within Referral Order Panels started in June '11</p> <p>Team Briefings on the priority of victim safety within case management</p>

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
	<p>sample quarterly</p> <p>Agree with Police how to increase the number of Victim impact statements received by YJS.</p>	<p>effect</p> <p><b>Police/ Service manager/CPS Dec 11</b></p>			

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Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<b>Recommendation 8</b>	<p>Case managers will inform ops managers re sign offs for ROSH, VMPS and RMPs</p> <p>Ops managers to record from ASSET and PSR gate-keeping sign off dates for ROSH, VMP and RMP</p> <p>Ops managers to inform Service Manager of all RMP / VMP sign offs</p> <p>Audit sampling of supervisions and cases to check for improvements against recommendations</p> <p>Monthly reporting of progress against actions in this action plan and scores re Q/A. to Head of CSC &amp;YI and DCS</p>	<p><b>Case managers</b> Immediate effect</p> <p><b>Ops Managers</b> Immediate effect</p> <p><b>Ops Managers/</b> Immediate effect</p> <p><b>Service Managers/ Youth Inclusion</b> <b>Service Manager</b></p>	<p>75% of new orders have a timely PSR / start Asset.</p> <p>47% of Initial Intervention Plans are timely.</p> <p>Effective management oversight in ROSH in 31% of community cases</p> <p>VMPs in 23% of cases</p>	<p>85% of new orders referred into YOT will have a PSR / Start Asset (December '11)</p> <p>60% Of initial intervention plans will be timely. (December '11)</p> <p>ROSH 60% of cases (December '11)</p> <p>Management Oversight</p> <p>VMPs 60% of cases (December '11)</p> <p>Management Oversight</p> <p>Audits will show improvements against the recommendations</p> <p>Actions met in timely fashion and evidence of service improvement</p>	<p>Case manager briefings on the HMIP July 2011.</p> <p>Audit reporting tool developed and agreed by CSF and YJEB</p> <p>Sept 2011, Initial report to YJEB</p> <p>Sept 2011</p>



## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<b>Recommendation 8 (contd.)</b>	<p><b>Managers will produce a Quality Assurance framework/ practice guidelines for staff</b> document including:</p> <p>Implementing a monitoring tool for operational managers;</p> <p>Enhancing an audit programme scheduled to ensure impact and improved quality and timelines</p> <p>Improving systems to inform case managers of timescales;</p> <p>Good Practice guidelines for staff on each HIMP recommended area</p> <p>The new QA framework and [practice guidelines will include key aspects for case managers on ROSH and vulnerability assessments and Intervention plans.</p>	<p><b>Youth inclusion manager + Service manager</b></p> <p><b>Service Manager</b></p> <p><b>Ops managers Service Manager</b></p> <p><b>Ops managers</b></p> <p><b>Ops managers Service Manager</b></p> <p><b>Ops managers Service Manager</b></p> <p><b>Ops managers Service Manager</b></p>	<p>YJB Case management Guidance, HMIP Criteria &amp; National Standards</p> <p>Use of spreadsheet &amp; Outlook Calendar.</p> <p>Use of spreadsheet &amp; Outlook Calendar</p> <p>YJB Case management Guidance, HMIP Criteria &amp; National Standards</p> <p>YJB Case management Guidance, HMIP Criteria &amp; National Standards</p>	<p>Fully in place Nov 11</p> <p>Sept 11</p> <p>Sept 11</p> <p>Immediate effect</p> <p>To be produced in line with weekly practice sessions on each area of the recommendations – completed by Dec 11, started Oct 11</p> <p>Completed by Dec 11,</p>	<p>Monitoring tool spreadsheet in place September 2011</p> <p>Audit reporting tool developed and agreed by CSF and YJEB Sept 2011</p>

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>Recommendation 8 (contd)</b></p>	<p><b>Management Oversight</b> Managers will gate keep all new orders for court for quality weekly.</p> <p>Managers will review cases weekly for timeliness and quality in line with agreed schedule reporting to Service Manager who will oversee progress against targets and improved focus on vulnerability and ROSH through all assessments and action planning.</p> <p>Managers will report bi weekly on number of cases reviewed and document sign off against HIMP outcomes.</p> <p>Service manager will produce reports on progress to date in timeliness, and quality of YJS assessment processes and management sign off to senior management in CSF/ Youth Justice Executive/ YJB</p>	<p><b>Service manager</b> Immediate effect</p> <p><b>Ops Managers / Service manager</b> Immediate effect</p> <p><b>Info officer</b> From Oct 11</p> <p><b>Ops Managers Business Support/ Info officer</b> <b>Service manager</b> Immediate effect</p> <p><b>Service manager</b> Immediate effect</p> <p><b>Service</b></p>		<p>All new order checked weekly pre court Immediate effect</p> <p>All cases reviewed Immediate effect</p> <p>Managers reporting bi weekly to service manager</p> <p>Service manager reports to exec board will show improvements in targets above that will improve case work from substantial to moderate improvement in 6 months.</p>	<p>Temporary restructure to double capacity for management oversight relating to supervision of case managers, enhancing the QA process &amp; focus upon priorities for the HMIP July to ensure action plan is implemented on time.</p> <p>Recruitment of additional case manager to reduce case loads.</p> <p>1<sup>st</sup> report to Exec Board Sept 2011 using monitoring tool reporting progress in casework.</p>

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Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
	<p>Service manager to weekly dip sample the cases reviewed by managers to check managers sign off and address issues with ops managers re sign off</p> <p>Information Officer will produce regular reports for manager on timeliness, completion, and new orders.</p> <p>Management sign off will check completed orders to ensure evidence in asset is apparent in subsequent assessments using the HMIP tool</p>	<p><b>manager</b>  <b>YI manager</b>                      Immediate effect</p> <p><b>Info Officer</b>                      Immediate effect</p> <p><b>Service Manager</b>                      Immediate effect</p>		<p>Regularised reporting that can be used by managers and case workers to check timeliness and reporting</p> <p>Use of HMIP toolkit – 1 case per case manager each monthly audit cycle.</p>	<p>Dip sampling from August 11 &amp; initial report prepared for Senior Management</p> <p>Spreadsheet prepared incorporating all new court orders</p>

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>Training and Development activity linked to all recommendations</b></p>	<p>Managers will run weekly practice seminars for case managers to address each recommendation of the HIMP report</p> <p>Managers will work with case managers through the practice seminars to develop a case manager peer audit pilot that will help case managers to benchmark their own quality of cases work recording.</p>	<p><b>Ops managers + Service manager planning and briefing with immediate effect – First full practice session</b> From 10/11</p> <p><b>Case managers Ops managers</b> From 01/12</p>	<p>YJB Case management Guidance, HMIP Criteria &amp; National Standards</p>	<p>Practice seminars run (Oct - March) All recommendations addressed by Dec 11</p> <p>Exemplars disseminated as part of Quality Assurance Framework in place immediately – practice guides produced for each session building up to practitioner level practice document by end of Dec 11</p> <p>Training evaluations show improved understanding, skills and competence which is evidenced in audits and ops managers feedback.</p> <p>Practice seminars with immediate effect followed by Peer Audit Pilot post development sessions (Jan – March '12)</p>	<p>Briefing immediate effect - 18<sup>th</sup> Oct start of weekly practice sessions.</p> <p>Program content agreed for sessions.</p>

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Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>Training and Development activity linked to all recommendations (Contd.)</b></p>	<p>Managers will undertake a training audit of current staff and gaps to lead to training and recruitment plan</p> <p>Case workers and managers will attend training YJB – Risk assessment &amp; Management and will incorporate learning into practice.</p> <p>Case workers and managers will attend training on victim safety and will incorporate learning into practice as part of briefing and practice session</p>	<p><b>Ops managers + Strategic manager</b> Oct 11</p> <p><b>Case managers</b> <b>Ops managers</b> 12/11</p> <p><b>Case managers</b> <b>Ops Managers</b> <b>Immediate effect</b></p>		<p>Audit to identify 2012 training needs of team</p> <p>Improved risk assessment in ASSET and intervention plans evidence through management oversight Rec 8</p> <p>Improved victims awareness evidence through management oversight Rec 8 dip sampling</p>	

## Appendix B

Recommendation	Action required	Who/when	Current benchmark	Target/date	Progress
<p><b>Infrastructure issues to support improvement across all recommendations</b></p>	<p>Managers, with IT support, will review care works reports to see how much of the timeliness and activity scheduling can be automated – including contact with other YOTs. Develop manual systems where actions can't be automated</p> <p>Increase management input into implementation of action plan</p> <p>LEAN review of all processes to ensure simplified and clear processes/documentation.</p> <p>Review best practice in other successful and similar authorities to set up the most appropriate management oversight and case manager structure within the YJS.</p>	<p><b>Information Officer / Ops manager / Service Manager / IT Dept</b></p> <p><b>Youth Inclusion Head of CSC&amp;YI</b></p> <p><b>Service Manager (Project Lead) / Ops managers/ Case managers &amp; Information Officer</b></p> <p><b>Service Manager / Ops managers</b></p>	<p>Spreadsheet available / case manager use of Outlook calendar</p> <p>LEAN review current process mapping (<b>September</b>) To be process design (<b>October</b>) Development of action plan and implementation phase <b>December</b> date</p>	<p>Improved system to support timeliness for case manager and management oversight December '11</p> <p>Increased managerial support to deliver action plan</p> <p>Improved systems to ensure most effective use of case managers time - simplified and clear processes to improve case management effectiveness</p>	<p>Recruitment started.</p> <p>LEAN review Started September 2011 set for 10 weeks</p> <p>Enquiries started to other YOTs meetings set up to gather information.</p>