



East Sussex Inspection Improvement Plan – 2024

East Sussex (YJS) was inspected by His Majesty’s Inspectorate of Probation (HMIP) in June 2024 for one week in duration. The service was rated as ‘good’ scoring 25 points out of 36. Across 12 domains, 9 were rated as good or outstanding. Two of the areas assessed were found to ‘require improvement’ and the quality of planning for Court Orders was deemed to be ‘inadequate.’ The quality of resettlement policy and provision was rated separately and was also given a rating of ‘requires improvement,’ although does not contribute towards the overall outcome.

This action plan sets out the actions that East Sussex will take, as a partnership, to deliver the recommendations that have been set out and requested by HMIP. There are four priorities that are identified by HMIP in the report – three for the YJS, and one for Sussex Police. We have also included other areas for improvement identified in the report.

Area for Improvement	Actions identified	Target date/Progress	Success Measures/impact
1.Improve the quality of assessment and planning work to keep children safe and manage the risk of harm they present to others			
1.1 Assessment and planning work to keep children safe and manage the risk of harm they present to others.	1.11 Whole staff training for new Prevention and Diversion assessment tool to be delivered - learning embedded in Team Meetings, Reflective Practice Meetings and 1:1 Supervision. 1.12 Engage with staff to understand barriers to effective assessment & planning - this will inform future practice development sessions. 1.13 QA schedule to be developed and reported quarterly to COG. To include joint auditing with COG members as well as monthly management audits.	1.11 Completed - Initial sessions delivered September 2024. Pre-assessment reflection sessions introduced to support practitioner reflection and thinking re: assessment & planning. 1.12 Oct 2024 – Staff engagement in team meetings and individual supervision. Practice Development Sessions to commence in Dec 24. 1.13 Dec 2024 - NM to present to COG in December 2024 – new section to be added to	Case Audits will evidence improvements in the quality of assessment and planning for safety and wellbeing and risks to others.



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		performance report to include audit outcomes to be reported quarterly.	
2.Ensure that management oversight is consistently effective in reviewing Asset Plus activity so that practitioners are clear about what they need to improve			
<p>2.1 Management oversight to be consistently effective in reviewing the quality of assessment and planning.</p>	<p>2.11 Training for managers to support effective QA of Asset Plus – to include ‘must have’ checks and support understanding difference between QA and detailed case audits.</p> <p>2.12 Managers training pathway updated to incorporate expectations around management oversight, direction and supervision.</p> <p>2.13 Delivery of workshop to managers on expectations re management oversight, direction and challenge and ways to improve recording.</p> <p>2.14 Ensure opportunities are available for managers to come together quarterly to moderate assessments and plans.</p> <p>2.15 Re-visit management oversight and supervision audit completed in February 2024 to evidence progress.</p>	<p>2.11 Nov 2024 - Half day training to be commissioned and delivered by Silver Bullet</p> <p>2.12 Nov 2024 - NM to liaise with SWET team re: outcome of LNA and ensure that training pathway updated to reflect this – November 2024.</p> <p>2.13 Jan 2025 - Workshop delivered to CSC managers to be adapted to meeting needs of YJS – January 2025.</p> <p>2.14 Completed - Moderation meetings to be prioritised. Key themes to be shared at team meetings, staff development days and recorded in agenda and minutes.</p>	<p>Managers will have baseline standards, which are consistently and clearly communicated to the team.</p> <p>The training pathway for managers support continuous professional development to ensure that oversight of practice is more consistent.</p> <p>Management oversight audit will evidence high quality and impactful management oversight, supervision and direction.</p> <p>Practitioners report receiving high quality support, direction through supervision and wider management oversight.</p>



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		2.15 Jan 2025 - Management oversight and supervision audit to take place to include managers from other parts of CS.	Children's case records demonstrate increased clarity regarding direction, and rationale for decisions.
2.2 Quality assurance needs to be more consistent across some areas of casework.	<p>2.21 Enhance QA processes to include stronger focus on Risk of Harm and Safety and Wellbeing and ensure appropriate levels of scrutiny are in place to provide assurance to the COG.</p> <p>2.22 QA process to be re-issued to service with particular emphasis in impact section – which outlines how learning embedded to ensure all cases 'get to good.'</p> <p>2.23 Asset moderation meetings to take place quarterly – expended to include new P & D tool and Turnaround.</p>	<p>2.21 Dec 2024 - QA schedule to be shared with COG and new section to be added to performance report to include audit outcomes to be reported quarterly.</p> <p>2.22 Feb 2025 - Team event scheduled for new year with focus on QA processes.</p> <p>2.23 Completed - Quarterly meetings scheduled for 12 months in advance.</p>	<p>Consistent QA of safety and wellbeing and risk of harm work will be evidence across all aspects of casework.</p> <p>Quarterly reporting to the COG will provide assurance of the quality of safety and wellbeing and risk of harm work.</p>
3.Ensure that all children have robust contingency plans in place that address their safety and wellbeing, and risk of harm to others.			
3.1 Children have robust contingency plans in place that address their safety	3.11 Increase staff understanding of contingency planning, external controls and interventions to mitigate risks through provision of practice workshop. To be	3.11 Nov 2024 - workshop to be delivered by lead PM and SP's Practice guidance to be issued as part of training – impact to be tested through audit of contingency plans.	Practitioners and managers have a clear understanding of contingency planning to support children's plans and interventions.



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and wellbeing and risk of harm to others.	<p>supported by practice guidance, including 'live' examples.</p> <p>3.12 Ensure that risk management is a live process and that timely reviews are completed in line with practice standards.</p> <p>3.13 Partnership and services directory/document to be kept live to support practitioners awareness of services available to support effective contingency/exit planning.</p>	<p>3.12 Nov 2024 - Update supervision recording template to ensure that risk management and planning is covered and reinforce to managers.</p> <p>3.13 Feb 2025 - Build on interventions directory produced ahead of HMIP, ensuring that this is regularly updated.</p>	Case audits will evidence that all children have robust contingency plans which address their safety and wellbeing and risk to others.
4. Review the police YJS referral form so that it pays more explicit attention to diversity and trauma.			
4.1 Review police YJS referral form so it pays more explicit attention to diversity and trauma.	<p>4.11 YJS lead to work with Sussex Police to revise referral form to ensure appropriate attention is paid to diversity and trauma.</p> <p>4.12 Referral form to evidence that 10 point CPS checklist has been considered in all cases where child is looked after.</p>	<p>4.11 Feb 2025 - is on agenda for next Pan-Sussex OOCR meeting.</p> <p>4.12 Completed. Any relevant cases where this has not happened are now referred back to police at panel screen stage.</p>	When completed referral forms officers will pay attention to diversity and trauma and ensure that this is reflected in information provided.
5. Victims			



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5.1 Understanding of the specific concerns and need of victims and keeping them safe.	<p>5.11 Staff training delivered to all staff to include RJ processes and requirements of staff to ensure victim work is individualised according to victims wishes.</p> <p>5.12 Children’s home training package to be developed to reduce criminalisation of CLAs.</p> <p>5.13 Where there is a direct victim, face to face consultation between RJ Worker and Case Manager to be mandatory with agreed output in line with victim wishes and voice of the child to ensure victim work prioritised and evidenced.</p>	<p>5.11 Jan 2025 - audit to be complete 3 months post to evidence impact.</p> <p>5.12 Feb 2025 - Training package for children’s homes to be developed in consultation with LAC colleagues. ESCC homes prioritised.</p> <p>5.13 Oct 2024 - Consultations to be in place from October 2024 in line with new P & D assessment tool and updated OOCR review panel process.</p>	Audits will evidence that practitioners will understand the needs of victims and ensure that assessments, plans and interventions appropriately prioritise victim safety.
6.Resettlement			
6.1 Staff need access to specific resettlement training.	6.11 Workshop to be delivered to all relevant staff (including partnership staff) by lead PM to promote learning and understanding of Constructive settlement approaches as set out in YJS policy and guidance.	6.11 Dec 2024 - Auditing of impact to be included in audit schedule and reported to COG quarterly.	Case audits with evidence of custody cases will evidence delivery of effective resettlement in all cases -as well as adherence to YJS policy and procedures.
6.2 Better planning for ETE so that children are released with suitable provision.	6.21 Lead PM to meet with YJS education advisor and YES to agree pathway for custody cases – to include	6.21 Oct 2024	Children leaving custody will have ETE provision suitable to their needs.



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	<p>expectations regarding contact in custody and attendance at resettlement mtgs.</p> <p>6.22 Resettlement policy/guidance and education escalation procedures to be updated to reflect the above.</p> <p>6.23 Monthly multi-agency remand/custody risk panel to be established to review resettlement practice, including access to education.</p>	<p>6.22 Nov 2024</p> <p>6.23 Jan 2025 - JE to develop TOR and ensure this is embedded within Resettlement Policy and practice.</p>	<p>Children's case records demonstrate robust planning for ETE to support access to suitable provision.</p> <p>Case audits will reflect effective planning for ETE within resettlement planning/process.</p>
<p>6.3 More consistent attention given to resettlement work at the COG.</p>	<p>6.31 COG to receive information on all custody cases, to support identification of any key themes and trends as well as any unmet needs to support service development.</p> <p>6.32 Annual multi-agency scrutiny panel (including COG members) to review custody cases.</p>	<p>6.31 Quarterly from now.</p> <p>6.32 March 2025</p>	<p>Quarterly reporting to the COG will provide assurance of the quality of resettlement work.</p>
<p>7. Governance & Leadership</p>			
<p>7.1 Staff are not always aware of the COG and its work.</p>	<p>7.11 All team meetings to include dedicated agenda item re: work undertaken by the COG.</p>	<p>7.11 Completed</p>	<p>Staff will have a better understanding of the role of the COG and how its work links to/impacts on practice.</p>



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7.2 Board attendance	7.21 Meeting dates sent out annually to support attendance - COG members are aware that, where they are unable to attend, a suitable representative should be identified.	7.21 Completed	Attendance by key partners will be consistent.