

IMPROVING LIVES SELECT COMMISSION

**Venue: Town Hall, Moorgate
Street, ROTHERHAM.
S60 2TH**

Date: Wednesday, 29th June, 2016

Time: 10.00 a.m.

A G E N D A

Pre-meeting for all members of the Improving Lives Select Commission.

- 9.00 – 10.00 am.
- 1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
- 2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
- 3. Apologies for absence.
- 4. Declarations of Interest.
- 5. Questions from members of the public and the press.
- 6. Communications.
- 7. Minutes of the previous meeting held on 6th April, 2016. (Pages 1 - 13)
- 8. Appointments of representatives of the Improving Lives Select Commission, 2016/2017.

- **Health, Welfare and Safety Panel: -**

One member and one substitute member of the Improving Lives Select Commission required.

Time commitment: - quarterly meetings on a Friday afternoon, and quarterly visits of inspection on a Friday afternoon.

- **Young Person's Moving on Panel: -**

One member of the Improving Lives Select Commission required.

Time commitment: -meeting monthly on the first Thursday of each month at 2.00 pm at My Place, Rotherham.

- (for information) **Corporate Parenting Panel: -**

Councillors Clark and Cusworth have been appointed to the Corporate Parenting Panel.

Presentation.

9. Children and Young People's Services - the improvement journey. (Pages 14 - 24)

For scrutiny: -

10. Child Centred Borough. (Pages 25 - 66)
 - Appendix 1 and 2.
11. Children and Young People's Services Performance Report. (Pages 67 - 121)
 - Appendix A and B.
12. Improving Lives Select Commission work programme.
 - Senior Adviser (Scrutiny and Member Development) to update.
13. Date and time of the next meeting: -
 - Wednesday 27th July, 2016, to start at 1.30 pm in the Rotherham Town Hall.

Improving Lives Select Commission membership:-

Chair – Councillor Clark
Vice-Chair – Councillor Allcock

Councillors Albiston, Beaumont, Bird, Cooksey, Cusworth, Elliot, Hague, Jarvis, Keenan, Khan, Marriott, Napper, Pitchley, Senior, Short, Tweed (18).

Co-opted members:- Ms. Jones (Voluntary Sector Consortium), Mr. Smith (Children and Young Peoples' Voluntary Sector Consortium), Mrs. Clough (ROPF: Rotherham Older Peoples Forum) for agenda items relating to older peoples' issues.

Sharon Kemp.

Sharon Kemp
Chief Executive.

IMPROVING LIVES SELECT COMMISSION
6th April, 2016

Present:- Councillor Hamilton (in the Chair); Councillors Beaumont, Elliot, Hoddinott, Jones, Pitchley, Rose and Taylor and co-opted member Mrs. J. Jones.

Councillor Currie was in attendance for item 48.

Apologies for absence were received from: - The Mayor (Councillor M. Clark), Councillors Ahmed, The Mayor (Councillor M. Clark), Cutts, Jepson, M. Vines and Smith and co-opted member Mr. M. Smith.

46. DECLARATIONS OF INTEREST

No Declarations of Interest were made.

47. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and the press in attendance.

48. COMMUNICATIONS

Councillor Hoddinott provided feedback to the Improving Lives Select Commission on the visits of inspection that she and Councillor Ahmed had undertaken on behalf of the Commission (Minute Number 33 of the previous meeting held on 16th December, 2016, provides a progress update).

Both councillors had received training prior to undertaking visits. Councillor Hoddinott had visited Cherry Tree, Liberty House, Silverwood and St Edmund's Children's Residential Homes as a lay person. Informal feedback had been provided following these visits. Councillor Hoddinott thought that it was important to keep abreast of the Regulation 44 reports in order to triangulate information observed in her informal visits.

Councillor Hoddinott reported to the Improving Lives Select Commission the issues she had noted during her programme of visits: -

- Record keeping and communication remained a concern;
- Transport available to looked after children living in residential homes was not consistently reliable and meant that their participation in activities was sometimes disrupted;
- Some Looked After Children felt there was a stigma attached to using taxis and the minibus. These were not always the most appropriate methods of transporting small groups/individuals;
- Looked After Children and young people were enterprising and often requested, and were granted, free tickets from attractions;
- Councillor Hoddinott had found standards at two residential homes

to be not those she would expect for Rotherham's Looked After Children. This included décor and furnishing;

- Councillor Hoddinott had reported these issues and was reassured that an urgent officer response would follow;
- Some educational arrangements were not appropriately challenging for the young people involved;
- Some residential homes did not have adequate 'likes' and 'dislikes' paperwork;
- Staff reported uncertainty in the Service;
- All wanted long-term high quality solutions for children living in the residential homes;
- It would be important for the Corporate Parenting Panel to continue to receive residential home visit updates, including after the elections.

Councillor Hamilton thanked Councillors Hoddinott and Ahmed for their work and update. She welcomed the visits and that two councillors were involved. She would wish the visits to continue after the election in a similar way, as this method of visiting was sustainable and allowed two elected members to build on-going relationships with looked after children.

Councillor Currie, member of the Corporate Parenting Panel, thanked Councillor Hoddinott for her update. He informed the Improving Lives Select Commission of the work of the Corporate Parenting Panel and the regular presentations that the Panel received from young people. He described how a recent presentation had focused on the looked after children survey that had concluded with the young people's plea of 'listen to us'. Councillor Currie reminded all members that corporate parenting was everyone's responsibility.

Resolved: - That the update received be noted.

49. MINUTES OF THE PREVIOUS MEETING HELD ON 3RD FEBRUARY, 2016

The minutes of the previous Improving Lives Select Commission held on 3rd February, 2016, were considered.

Resolved: - That the minutes of the previous meeting be agreed as an accurate record.

50. SCRUTINY OF THE 'PREVENT' ELEMENT OF THE CHILD SEXUAL EXPLOITATION DELIVERY PLAN 2015-2018

Councillor Hamilton, Chair of the Improving Lives Select Commission, welcomed Officers in attendance to provide an update of the 'Prevent' element of the Child Sexual Exploitation (CSE) Delivery Plan (2015-2018). The Improving Lives Select Commission's work programme had focussed on the steps taken to address CSE in the Borough. The Prevent

actions would be taken to explore the wider issues of governance and performance management as a whole.

The Officers with responsibilities relating to the prevent theme in attendance were: -

Gary Ridgeway, Assistant Director, CSE Investigations;
Jo Smith, CSE Support Services Co-ordinator;
Kay Denton-Tarn, Healthy Schools Consultant;
Anthony Evans, Education and Skills Manager;
David McWilliams, Assistant Director, Early Help and Family Engagement;
Jo Abbott, Assistant Director for Public Health;
Phil Morris, Rotherham Local Safeguarding Children Board Business Manager;
Leona Marshall, Communications.

The Prevent theme covered: -

Prevent children and young people from becoming sexually exploited through effective leadership, governance and a wider culture embedded within organisations and communities that recognises the root causes of CSE, the signs and risk indicators and do all they can to tackle them.

Councillor Hamilton invited questions from the Select Commission members on each strategic objective within the plan.

1.1 Establish a clear view of the CSE profile in the Borough to ensure that the Health and Wellbeing Board undertaken informed commissioning of service provision.

Councillor Pitchley asked how the action point to commission post support services was progressing in the early stages? Would the project be extended again?

Gary Ridgeway explained how his Service was working with 21 adult survivors in respect of a court case. All 21 individuals had been able to give evidence with mostly positive outcomes for the individual. A learning event had been commissioned. Work within the Roma community was also underway.

The project could not be commissioned beyond June, 2016.

Councillor Hoddinott asked about the development of the profile relating to current CSE? How did this compare to Jay's analysis of more historic abuse? What did the hard-to-reach profile look like? Was outreach work taking place for Asian children?

Gary explained that the Service had identified 130 children and young

people at risk or who may demonstrate 'trigger' points relating to CSE. Just under 30 were boys. A significant number came from the Roma community. Work was taking place to review all multi-agency records for the individuals identified and develop family profiles. This would be used to perform needs-based commissioning. This should be completed by the third week of April. The independent Analyst needed a 4-6 week turnaround time to report back on the completed profile.

Work on all types of CSE was taking place: -

- 'Journey' was responding to on-line grooming;
- The Roma community was forming a separate work stream;
- Sessions provided through the Lifewise Centre were being explored;
- Work was continuing with the Pakistani community to engage girls and women.

Councillor Hoddinott thanked Gary for his honest answer. It was important to recognise that victims of CSE could come from any community / background.

Jo Smith, Commissioner, explained the single-point of contact that was available through Apna Haq.

Councillor Hamilton asked about the Joint Strategic Needs Assessment and when it would be available.

Jo Abbott explained that the data was being refreshed by the Childrens Data Team and the first draft would be available in July or August.

1.2 The public understand the signs and symptoms of CSE and raise concerns early, alerting statutory services where necessary. Awareness campaigns include a clear message that CSE is a crime and will not be tolerated.

Councillor Pitchley asked about the closed action (in relation to awareness raising in schools) – were partners confident that the message was fully out in communities?

Leona Marshall explained that it had been agreed that this would be delivered in-house by partners working together. There had been high profile cases and issues since December, 2015, and Services had continued to promote awareness campaigns. An umbrella communications plan was being developed that would link in with the wider Plan. The Rotherham Standing Together Plan was expected in September, 2016.

Furthermore, CSE was high on both the national and local agendas. including strong messages around sentence lengths reflecting the severity

of the crime. Interviews following the Clover trials showed partnership working and the emphasis on the role of the voluntary sector. The Rotherham Local Safeguarding Children Board would shortly be asked to appoint their CSE Sub-Group to take responsibility for the communications strand.

Councillor Jones asked whether any pre- and post-analysis had been undertaken on the Plan. There were still members of the public who were not aware of CSE, and what the acronym stood for.

Jo Abbot responded that there was awareness of CSE in the general population, but individuals were not confident about who to report to. This was improving. For the work with the Roma community three key messages were being developed for all agencies to use.

Gary Ridgeway explained the monitoring of social media and opinions about CSE in Rotherham and that it was showing hopeful signs in terms of attitude changes and awareness improvements.

Councillor Hoddinott agreed how important the action was. She was anecdotally aware of an answer in a sex and relationship education lesson that missed an opportunity to explain to young people what an abuse relationship could involve.

Jo Smith knew that some of the population were still not aware of CSE and some parents did not identify issues. Grooming methods were constantly evolving and people's awareness always needed to be developed.

Jo Abbott referred to the good evaluation of the theatre education addressing complex relationship issues with a young audience.

Kay Denton explained that early work with young children about friendships had evolved to ensure that it covered how 'nice could mean grooming'. 'Alright Charlie' had been commissioned and the evaluation of 'Chelsea's Choice' performed to over 3,000 young people of secondary school age and 73 vulnerable families showed a keen change in understanding. A full overview impact was expected after July, 2016.

Councillor Hamilton asked about what had moved on from the Action Plan – why was the update not reported?

Gary explained that the CSE Grooming Sub-Group would consider the most recent update before it would be presented to the Improving Lives Select Commission as was agreed protocol. The Improvement Plan represented the next stage.

Councillor Hamilton asked whether the awareness raising campaign had been completed with the Borough's Schools?

Councillor Hoddinott asked how many referrals had been generated from the audience members of 'Chelsea's Choice'?

Kay explained that Barnardo's Representatives were invited to each performance and they had reported that at least one person spoke to them after each performance. Referrals to school would be a confidential matter and not reported.

Councillor Hoddinott asked how the Service could be confident that referrals were appropriately moved on and sign-posted to partner agencies?

Kay felt that this was tackled through universal prevention and the education provided through the session would give individuals the skills of how to identify and avoid CSE and know where to go to get support.

Councillor Hoddinott wanted further reassurance that 'Chelsea's Choice' was appropriately addressing the pertinent issues.

Gary Ridgeway felt that the complexity of the issues meant that large numbers of referrals were unlikely to come forward from audience members. Proactive work taking place in parks was also not expected to generate massive referrals due to the issues involved. However, both were expected to raise awareness.

Jo Smith believed that awareness would be demonstrated by future reductions in reports. It would be down to the Services to adapt prevention work accordingly if this was not realised.

Councillor Hoddinott asked who and how this long-term analysis was conducted?

Gary saw trends would emerge over two to three years. The Jay Report provided a baseline. CSE trends within Roma and Pakistani communities would emerge over the next nine-months. The Annual Profile would be the responsibility of the CSE Sub-Group. National CSE recording methods had been agreed as fit for purpose.

David McWilliams agreed with the thrust of Councillor Hoddinott's question. 'How much do we do?', 'How well do we do it?' and 'Is anyone better off?'. Longitudinal factors needed to be developed to look at the third question.

Councillor Hoddinott asked that a recommendation from the Improving Lives Select Commission focus on what the outcomes would be in 2/3 years.

Councillor Hamilton asked what would happen if funding was not available to sustain work?

Kay Denton had offered the performance of 'Chelsea's Choice' to all secondary-age providers for free due to the funding available. She was now asking whether they would now pay for this whilst exploring sustainability with Safe@Last and RCAT student performances. If funding was available then she could assure that providers would receive the same level of funding, or, if funding was not available, offer a range of options if schools needed to self-fund.

1.3 Intelligence, including 'soft' intelligence, about historic and current incidence and risk of CSE is timely, shared between agencies and treated with respect.

Councillor Elliot asked about the lack of a reporting line – can children and members of the public still contact the services and what happens to this information?

Gary did not feel that a local reporting line was as important as the public were more aware of the national lines, and they had well-established systems. Referrals were promptly passed to Rotherham agencies from the national lines. Why re-invent a well-established process?

Councillor Elliot asked how the information sharing process was being analysed? 'Some good progress' was not a well quantified amount.

Gary explained the weekly performance monitoring at intelligence meetings. Issues were being dealt with at a lower level. Early Help colleagues were deploying to build the culture of early intelligence gathering and action. A company was developing an App to collate information provided by members of the public although funding was required to take this through further development.

Councillor Hoddinott asked about the phone App and on-line reporting. The 101 number was a concerning method of reporting due to call waiting times and treatment of soft intelligence. Was CIM information fed in?

Gary explained that it was known that CIM information needed to be fed in, but it had not yet happened.

Councillor Jones asked for a copy of the memorandum of understanding for information sharing between social care and the police. He was aware through another role that the police have provided some information, but it was not complete.

Gary was aware of the 'proportionality test' and sometimes information did not meet the threshold and was not shared with other agencies. Weekly multi-agency intelligence meetings were seen as very productive.

Gary was aware that information sharing was being considered by the

Rotherham Local Safeguarding Children Board's CSE Sub-Group at their next meeting.

1.4 All children and young people in Rotherham understand what healthy, respectful relationship are and can recognise the damage and the dangers caused by sexual bullying and exploitation (including on-line) to both victim and perpetrator.

Councillor Taylor asked about the prevention work relating to healthy relationships. This version of the Action Plan covered resources in schools, the January version of the plan spoke about meeting with all headteachers. What was the rationale behind the change?

Kay referred to competing priorities within schools and how CSE had been delegated to PSHE Leads, who Kay met with regularly. This was non-statutory work and it was important to support Schools on what they were able to do, rather than force them into specific workstreams.

Gary explained that the Plan was to drive activity and the Sub-Group felt that it was no longer relevant and had now morphed into something different as it had been debated.

Councillor Pitchley asked about 1.4.3 and the loss of the e-safety post. How would the discussion be progressed with the loss of the postholder? However, 1.4.5 refers to the e-safety officer having a role in ongoing work.

Kay explained that the activity referred to had been undertaken before the postholder had left.

Anthony Evans explained how plans had been developed through the City Learning Centres to provide packages that schools could buy-in relating to e-safety topics. The DSG was no longer top-sliced by the Local Authority and this had changed the relationships in place. Schools could buy-in the Local Authority, or could go to the market or provide services in-house.

Councillor Pitchley spoke about her knowledge of how e-safety settings had been by-passed in a school. How was this being addressed?

Gary explained that eight themes had been identified for the CSE Sub-Group, one of which was e-safety due to its prevalence in grooming.

Councillor Hoddinott felt disappointed that the DSG funding for CSE had been removed. How was this risk being managed?

Anthony Evans explained that a traded offer to schools was being developed around school improvement matters; subsequent income would support other services. PSHE support would be separate to this, the Safeguarding Forum would launch a product in June that schools could purchase to support attainment outcomes and staff training.

Councillor Hoddinott felt uncomfortable with the concept of creating a marketplace for children's safety and awareness. Sex and relationship education and safeguarding should be an integral part of education.

Councillor Rose asked about the 'all children and young people in Rotherham to understand...' statement. How were children and young people with learning difficulties and disabilities being reached?

Kay described the work with special schools and how professionals identified whether the children accessing the mainstream provision was appropriate on a setting-by-setting basis. Kay committed to sharing lessons learned with all special schools.

Gary Ridgeway explained a recent conviction that was very close to a victim-less prosecution in the case of very serious sexual crimes against a young person with LDD.

Councillor Hamilton asked why the early help action had been rated as green?

David McWilliams spoke about the refresh that had taken place. Referrals had been streamlined. Now there was just one referral route and referrals had increased. Internal panels and integrated teams were in place, where they had previously operated as separate services. A delay in physically producing the strategy was being addressed. The revised strategy would go out to consultation in May.

1.5 Potential perpetrators (children and adults) are identified early in a range of settings, including schools, youth clubs, young offender institutions and prisons.

No questions raised relating to this strategic objective.

1.6 Organisational leadership and governance creates a culture in Rotherham where the causes, signs and symptoms of CSE are understood and identified and responded to quickly, effectively and with a determination to do the right thing in response.

Councillor Hoddinott asked about the culture and actions of individuals. Were whistleblowing policies in place?

Gary was aware of two whistleblowing policies that were available.

Jo Abbott explained the launch of a national whistleblowing resource system.

Councillor Hoddinott asked whether there was a route for victims' families

to raise complaints?

Jo Smith explained the Children and Young People's Services' Directorate Complaints procedure – this was a well-documented procedure.

Councillor Pitchley asked whether mapping of hot spots relating to complaints and whistleblowing was continuing and how this was reported to relevant Ward Members?

Jo Smith explained that this should be covered by Complaints Officers in the future.

David McWilliams agreed that this would prove a fruitful way of analysing reports and hotspots and thought that it was worthwhile to pursue.

Councillor Hamilton asked about Section 11 Audits.

Gary confirmed that they were reported to the CSE Sub-Group.

1.7 All Partners recognise the diversity of all communities in Rotherham and ensure services are responsive to need.

Councillor Jones asked about Community Reference Groups. Who took part and how were they selected? How could the Roma community get involved?

Gary explained that three meetings had taken place and attendance had dropped throughout. A broader community engagement plan was required and would be discussed at the full Rotherham Local Safeguarding Children Board. Gary would chair the Roma forum. He had asked to speak to the Council of Mosques and awaiting their response. Representatives of commissioned charities outnumbered members of the public attending the meetings that had taken place.

In summary: -

Councillor Hamilton noted that a number of actions had been marked as being completed. What would the Action Plan look like in the future?

Gary referred to the children and young people's plan, which had been in place for a few months. The action plan was taken at a moment in time to support the workings of the partnership. If it was agreed by the CSE Sub-Group the actions would be moved to the wider CYPS Improvement Plan. Gary anticipated that the Improving Lives Select Commission would wish to look at the Improvement Plan if it incorporated CSE strategic objectives.

Councillor Hamilton asked how the Action Plan would feed into the Improvement Plan?

Gary did not have authority to sign off the plan himself and it would not be signed-off unless chief officers were satisfied that no actions or workstreams would be lost.

Next steps: -

The Improving Lives Select Commission collated their thoughts from their consideration of the prevent theme within the CSE Delivery Plan. The following points were agreed as priorities: -

- That further work is undertaken to identify Asian victims;
- The Communications Team should look at the complexity of grooming in its awareness raising work, and involve victims and survivors in this work;
- Agencies need to identify the 'So What' question/parameters for monitoring (this is to be pursued in future monitoring);
- The use of phone Apps and online reporting should be supported to bolster the role of soft intelligence;
- Intelligence sharing – assurances were requested around information sharing across agencies (including the memorandum of understanding with the police) – and proportionality thresholds for information sharing;
- Analysis of the resourcing in Schools and partners' contributions to safeguarding and e-safety. A report was requested on how schools were buying-back the traded service officer;
- The role of complaints and whistleblowing- how was information triangulated, and how would this be reported to Members;
- Reporting the ratings in future action plans. Issues relating to accuracy were relevant. Some strategic objectives had been rated as green where progress was unclear;
- In respect of the incorporation of the CSE delivery plan into the CYP Improvement Plan, members sought assurance that there should be continuity in reporting to ensure that progress could be monitored; clarity about how delays in actions are reported in the plan; and a clear rationale about 'signing off' actions as complete.

Resolved: - (1) That the 'Prevent' element of the Child Sexual Exploitation Delivery Plan, 2015-2018, be noted.

(2) That the questions put forward to accountable officers by members of the Improving Lives Select Commission, and the Select Commission's comments relating to future versions of the prevent theme Action Plan be noted.

51. IMPROVING LIVES SELECT COMMISSION - WORK PROGRAMME (2016/2017)

Caroline Webb, Senior Scrutiny and Member Training Officer, introduced the report outlining options for consideration for the Improving Lives

Select Commission's work programme for the 2016/2017 municipal year. She asked that members consider the issues and indicate their priorities.

During the 2015/2016 municipal year, the Select Commissioner's focus had been on CSE: - the emerging strategy, the first version of the plan, work in schools and work with victims. Some members had attended a meeting in Birmingham to look at the Council's approach to CSE and how they ran their scrutiny hearings.

Work had been initiated with the Local Safeguarding Children Board (LSCB) to enable elected members to participate in the critical challenge of services provided to safeguard and promote the welfare of children in the borough. This area will focus on the scrutiny of the LSCB annual report and feedback on the quality assurance work.

A presentation on Early Help had been presented in November, 2015, and this would be looked at again in terms of savings identified and targeting interventions at an early stage to prevent cases escalating during 2016/2017.

Children missing from home and education would also be a focus.

Performance information would be taken on a quarterly basis. This would focus on the aspiration to create a child-centred Borough.

Domestic Abuse and the impact on children and young people would be considered.

Apprentices and apprenticeships for young people with learning difficulties and disabilities.

Resolved: - That the identified priorities for the Improving Lives Select Commission's work programme for the 2016/2017 municipal year be noted.

52. COUNCILLOR JANE HAMILTON, CHAIRPERSON OF THE IMPROVING LIVES SELECT COMMISSION

Councillor L. Pitchley, Vice-Chair of the Improving Lives Select Commission, wished to place on record the Members of the Improving Lives Select Commission's thanks to Councillor Jane Hamilton for all of her hard work and commitment to the Select Commission at both the formal meetings and preparatory work outside, at what had been a very pressured time for Rotherham over the past twelve months. Councillor Hamilton was due to retire at the local elections in May, 2016, following twelve years as a Borough Councillor.

53. DIANNE THOMAS, CENTRE FOR PUBLIC SCRUTINY

Councillor Hamilton, thanked Dianne Thomas, from the Centre for Public Scrutiny, for her commitment and support to the Improving Lives Select

Commission's work over the past twelve months.

54. DATE AND TIME OF THE NEXT MEETING

Resolved:- That the next meeting of the Improving Lives Select Commission take place on Wednesday 29th June, 2016, to start at 1.30 p.m. in the Rotherham Town Hall.

Summary Sheet

Improving Lives Select Commission, June 29th 2016

Title: Rotherham: a Child-Centred Borough

Is this a Key Decision and has it been included on the Forward Plan? Yes

Strategic Director Approving Submission of the Report

Ian Thomas, Strategic Director, Children and Young People's Services

Report Author(s)

Nicole Chavaudra, Joint Assistant Director, Commissioning, Performance and Quality, Children and Young People's Services (Rotherham Metropolitan Borough Council) and NHS Rotherham Clinical Commissioning Group.

Ward(s) Affected All

Summary

1. One of the priorities in the Improvement Plan for Rotherham Council is for Rotherham to become a 'Child-Centred Borough'. The aim of a Child-Centred Borough is for communities of children, young people and adults, including the Elected Members as locally democratically elected representatives, to combine their resources to support every child to be the best they can.
2. This paper sets out the aspirations for Rotherham to become a borough that is recognisably child centred in the development of its policies, its community developments, its building programmes, its sports and leisure facilities and in its service delivery. It is intended that Rotherham become a place where it is clear that it is understood that children and young people represent the single most important investment that can be made in order to secure a vibrant, healthy and productive future for its people and for generations to come.
3. The ambition starts small by declaring that Rotherham wants every child to have a positive start in life and a good childhood so they can grow into well adjusted, emotionally resilient individuals who will enjoy healthy and mutually respectful relationships in adulthood, become responsible citizens and be able

to be good parents to their own children when the time comes. The first group of children who must benefit from the following proposal must be the children who are in the care of the council and for whom the council are the corporate parents.

4. The proposal makes recommendations about how, as a Borough-wide community, Rotherham can translate the ambitions into a tangible reality through creation of a member-led working group. The approach will seek for every child, including children in the care of the Council, to have a good childhood and work together to give every child the best start in life and to support the development of the next generation of citizens.
5. The paper recommends that Rotherham's Lifestyle Survey can provide insights into the experiences of children and young people, and measure the success of plans to become a Child-Centred Borough. It also sets out an aspiration for a Child-Centred Borough around the following six principles:
 - a focus on the rights and voice of the child;
 - keeping children safe and healthy;
 - ensuring children reach their potential;
 - an inclusive borough;
 - harnessing the resources of communities;
 - a sense of place.

Recommendations

It is recommended that Improving Lives Select Commission receive the report and note:

1. The ambition for Rotherham to become a Child-Centred Borough;
2. The six priority principles of a Child-Centred Borough;
3. The establishment of a member-led working group to develop the actions to achieve the priorities for a Child-Centred Borough, including how impact will be measured;
4. The publication of the Voice of the Child Lifestyle Survey report, as a benchmark for future years' monitoring of the success of the Child-Centred Borough ambitions in changing the experiences of children and young people in Rotherham.

List of Appendices Included

Appendix 1: Lifestyle Survey Report: 2015

Appendix 2: Trend data from the Rotherham Lifestyle Survey

Background Papers

Rotherham Improvement Plan, 2015

Consideration by any other Council Committee, Scrutiny or Advisory Panel
None

Council Approval Required No

Exempt from the Press and Public No

Title: Rotherham: a Child-Centred Borough

1. Recommendations

- 1.1 It is recommended that Improving Lives Select Commission receive the report and note:
 - 1.1.1 The ambition for Rotherham to become a Child-Centred Borough.
 - 1.1.2 The six priority principles of a Child-Centred Borough.
 - 1.1.3 The establishment of a member-led working group to develop the actions to achieve the priorities for a Child-Centred Borough, including how impact will be measured.
 - 1.1.4 The publication of the Voice of the Child Lifestyle Survey report, as a benchmark for future years' monitoring of the success of the Child-Centred Borough ambitions in changing the experiences of children and young people in Rotherham.

2. Background

- 2.1 The Leader of Rotherham Council has set out his vision for Rotherham, which includes four priorities:
 - 1. Every child making the best start in life
 - 2. Every adult secure, responsible and empowered
 - 3. A strong community in a clean, safe environment
 - 4. Extending opportunity, prosperity and planning for the future
- 2.2 In addition, a further priority is to make sure the Council is an organisation capable of delivering this vision, namely running a modern, efficient Council.
- 2.3 Further to the commitment that every child makes the best start in life, one of the priorities in the Improvement Plan for Rotherham Council is for Rotherham to become a 'Child-Centred Borough'.
- 2.4 There have been positive developments for Rotherham children over recent months and years. For example, school readiness (children achieving a good level of development at the end of reception year) has improved to now be above national averages, trends of GCSE achievement are now better than national averages, and the rate of under-18 conceptions in the borough has reduced and is now the same as the England average.
- 2.5 However, there is more to be done to ensure that Rotherham children have the best start in life, and have high aspirations. For example, 18.3% of Rotherham mothers smoke during pregnancy, compared to 11.4% nationally, which contributes to increased risk of stillbirth, low birth weight and neonatal deaths. A figure of 21.6% of children leaving primary school are obese, compared to 19.1% nationally, and 5.9% of

16-18 year olds in Rotherham are not in employment, education or training, compared to 4.7% nationally.

- 2.6 The aim of a Child-Centred Borough is for communities of children, young people and adults, including the Elected Members as locally democratically elected representatives, to combine their resources to support every child to be the best they can – the family is the nucleus of the community and the child. As a Borough-wide community, Rotherham can seek for every child to have a good childhood, and work together to give every child the best start in life, and to support the development of the next generation of citizens.
- 2.7 It is suggested that such a strategy be developed around the following principles that will enable children to thrive: a focus on the rights and voice of the child; keeping children safe and healthy; ensuring children reach their potential; an inclusive borough; harnessing the resources of communities; and a sense of place.

3. Key Issues

3.1 A focus on the rights and voice of the child

- 3.1.1 Children and young people are the next generation of citizens. To ensure a focus on the voice and rights of the child there needs to be a commitment to the inclusion of children and young people in decisions that affect them. This enables young people to be active in local democracy. It also requires an asset-based, strengths focused approach to children and young people, which recognises when behaviours do not meet the expected standards.
- 3.1.2 A commitment to developing the voice and rights of the child in Rotherham also requires the Council to consider how it connects to children and young people via the digital world, using the communication currencies with which young people participate in their lives. It also requires a commitment to children's rights, in accordance with the United Nations Convention on the Rights of the Child 1989.

3.2 Keeping children safe and healthy

- 3.2.1 Fundamental to ambitions for a Child-Centred Borough is that all Rotherham children should be safe. Following the Ofsted Inspection of services for children in need of help and protection, looked after children, care leavers and review of the effectiveness of the Local Safeguarding Children Board (October 2014), Rotherham Council has established an Improvement Programme to act on the recommendations within the Inspection report, and those from Professor Jay's Independent Inquiry into Child Sexual Exploitation in Rotherham, findings of Louise Casey's Corporate Governance Inspection (CGI); and address the systemic improvement needed internally within RMBC Children and Young People

Services and across our partnership structures to safeguard our children and young people. Progress has been made against the early priorities, and focus is now on sustained improvements and embedding high quality services. This is particularly true of the experiences and outcomes of Rotherham's children in care population where much improvement is still required before the council can be satisfied it is being a good 'parent'.

- 3.2.2 Rotherham's Health and Wellbeing Strategy for the Borough, also has some ambitious visions for local children and young people, including: giving every child the best start in life; improving emotional health and wellbeing for children and young people; improving health outcomes for children and young people through integrated commissioning and service delivery; and ensuring children and young people are healthier and happier.
- 3.2.3 Ambitions for a Child-Centred Borough can support achievement of these objectives for children and young people by seeking to nurture confidence, self-worth and resilience in the next generation of citizens.

3.3 Ensuring children reach their potential

- 3.3.1 To ensure children in Rotherham can thrive, become active and productive citizens, and fulfil their potential, a Child-Centred Borough can support children to have the highest possible level of education, access to training and learning, businesses, universities, apprenticeships, work experience, work opportunities; and training in enterprise. In particular, the Council can support children in its own care to be the best they can be by using its own resources, and its influence to secure better outcomes and opportunities, such as apprenticeships for care leavers, and young people who are looked after. This is just one example of something tangible that could be done for children in care to support them into adulthood.
- 3.3.2 Children can be supported to be school ready through the vital role of parents, and the role of Rotherham's public services in supporting parents to be the best they can be. As a civic leader, the Council can support where it is needed, and support and challenge our partners regarding their role in ensuring children are school ready. The digital literacy of children in Rotherham can be prioritised, to prepare them for the jobs of the future – the code clubs in libraries are a good example currently in Rotherham which can be built on. Plentiful out of school activities available for all children that combine fun, freedom and creativity, such as those provided by libraries, including the summer reading challenge can provide positive diversionary activities.

3.4 An inclusive borough

- 3.4.1 Underpinned by an Equalities Strategy, which is currently under development, a Child-Centred Borough can support improved services for vulnerable children, ensuring that all children and young people can succeed, no matter what their background. This can include fewer exclusions from school, stronger support for children with special needs and disabilities and using transport developments to strengthen the accessibility of support and services.
- 3.4.2 In particular, the role of the Corporate Parent can be promoted within the Council and beyond, to increase contributions to the development of Rotherham's looked after children. This should include the promotion of fostering, development of apprenticeships within the Council for care leavers, and provision of high quality housing for young people leaving care.

3.5 Harnessing the resources of communities

- 3.5.1 Children are citizens of the future, and a Child-Centred Borough is an investment for the future of the population of Rotherham as a whole. It can support the engagement of children and young people and families in inter-generational community projects, seeking to solve established local problems, particularly through repeated activities that inspire a deeper attachment. This can be developed around elected members in the local community, as the elected representative. For example, toddler groups could be held in care homes, or young volunteers could run luncheon clubs for isolated older people.
- 3.5.2 A Child-Centred Borough can facilitate a commitment to working together with local people, including children and young people, on all major developments, including planning decisions, as part of the democratic process of the Council.

3.6 A sense of place

- 3.6.1 As part of a Child-Centred Borough, children in Rotherham can have access to a mix of creativity and culture, including the arts and local heritage. These embed a sense of pride, knowledge and insight into the town which has nurtured them. Examples can include: heritage activities by schools, both in the classroom and in heritage settings such as museums, archives and exhibitions, run by the Council and Community Groups; investment in knowledge of Rotherham history and heritage for Rotherham teachers and workers engaged with children; and easy access by children and families to the wealth of Rotherham's treasures, including Clifton Park

Museum, York and Lancaster Regimental Museum, Rotherham Archives and Local Studies, Boston Castle and other heritage sites. Such examples would support the development of the next generation.

- 3.6.2 Children and young people growing up in a Child-Centred Borough can be proud ambassadors for Rotherham, surrounded by positive messages about Rotherham's achievements and potential, and supported to become proud Rotherham citizens in adulthood.

3.7 Measuring the success of a Child-Centred Borough

- 3.7.1 The Council undertakes an annual survey, which provides a unique insight into the lived experience of children and young people in Rotherham. The Lifestyle Survey is carried out with young people in year 7 and year 10 in Rotherham secondary schools and Pupil Referral Units (PRU). The survey covers a range of issues for local young people including healthy eating, sport and exercise, aspirations, and feeling safe. The Lifestyle Survey report for 2015 is attached as Appendix 1.
- 3.7.2 The data from the 2015 Lifestyle Survey provides a benchmark for measuring the success of Rotherham as a Child-Centred Borough over future years, as it provides the opportunity to track changes in the experience, ambitions, behaviours and feelings of local children and young people. Information about trend analysis from previous years' data is included as Appendix 2.
- 3.7.3 A few Local Authorities carry out a similar survey. Contact has been made with Sheffield City Council and Leeds City Council who both undertake a very similar survey. Information will be able to be exchanged with the councils to enable a benchmarking exercise to compare results.
- 3.7.4 The national 'What About Youth Survey' was undertaken at a similar time last year and similar questions will be included in the Rotherham survey to allow for a direct comparison in future.
- 3.7.5 Learning from previous years' Lifestyle Survey data has enabled a number of improvements, including:

3.8 Food And Drink

- 3.8.1 Children's Weight Management Services were retendered and new providers commenced last year which included services for 4 to 17 year olds
- 3.8.2 Schools have campaigned to stop the sale of high calorie and high sugar content snacks.

- 3.8.3 The sale of high caffeine drinks was reduced in schools. The percentage of young people reporting that they do not drink energy drinks has increased from 41% in 2013 to 55% in 2015.

3.9 Mental Health

- 3.9.1 The 'My Mind Matters' website launched offering support, advice and guidance to young people and their parents.
- 3.9.2 Child and Adolescent Mental Health Services (CAMHS) distributed tools and coping strategies to all secondary schools.
- 3.9.3 Information provided to young people and schools around suicide and self-harm awareness.

3.10 Feeling Safe

- 3.10.1 The South Yorkshire Passenger Transport Executive (SYLTE) (Bus Station) updated information on their websites and put in place reporting mechanisms.
- 3.10.2 Personal, Health and Social Education (PHSE) sessions have been run with colleagues from the SYLTE around feeling safe. The Lifestyle Survey for 2015 shows that more young people feel safe in Rotherham.

3.11 Smoking

- 3.11.1 A campaign has been held in all secondary schools to promote non-smoking.
- 3.11.2 Trading Standards have issued warnings to local shops who sold tobacco to young people. The Lifestyle Survey reports that more young people are reporting that they do not smoke in 2015 than in 2014.

3.12 Child Sexual Exploitation Awareness

- 3.12.1 A total of 3,852 Rotherham learners attended Chelsea's Choice awareness sessions in schools. 98% report that they are better informed about child sexual exploitation as a result.

4. Options considered and recommended proposal

- 4.1 This report has described the ambition for a Child-Centred Borough as one that starts small by declaring that Rotherham wants every child to have a positive start in life and a good childhood so they can grow into well adjusted, emotionally resilient individuals who will enjoy healthy and mutually respectful relationships in adulthood, become responsible citizens and be able to be good parents to their own children when the

time comes. The first group of children who must benefit from the following proposal must be the children who are in the care of the council and for whom the council are the corporate parents.

- 4.2 The proposal makes recommendations about how as a Borough-wide community, Rotherham can translate the ambitions into a tangible reality. The approach will seek for every child, including children in the care of the Council, to have a good childhood, and work together to give every child the best start in life, and to support the development of the next generation of citizens.
- 4.3 The paper sets an aspiration for a Child-Centred Borough around the following six principles: a focus on the rights and voice of the child; keeping children safe and healthy; ensuring children reach their potential; an inclusive borough; harnessing the resources of communities; and a sense of place.
- 4.4 It is therefore recommended that the ambition to become a Child-Centred Borough is endorsed, and that the six principles of the ambition are approved.
- 4.5 To ensure that actions are developed to achieve the priorities for a Child-Centred Borough, and measure impact, it is also recommended that a member-led working group be established.
- 4.6 The annual Rotherham Lifestyle Survey provides a unique benchmark for measuring the future impact of the Child-Centred Borough ambitions from the perspective of local children and young people. It is therefore recommended that the 2015 Lifestyle Survey results (attached as Appendix 1) are published and is undertaken again with schools in 2016.

5. Consultation

- 5.1 As part of the Community Strategy consultation in 2016, consultation will be undertaken with children and young people regarding how Rotherham becomes a Child-Centred Borough. Furthermore, the establishment of a member-led working group can include the participation of members of the Youth Council, Looked After Children's Council and Young Inspectors team in its design and purpose to ensure the voice of young people.

6. Timetable and Accountability for Implementing this Decision

- 6.1 It is proposed that the journey toward the new ambitions commences from June 2016.

7. Financial and Procurement Implications

- 7.1 There are no direct financial implications from the recommendations in this report.

8. Legal Implications

8.1 None identified.

9. Human Resources Implications

9.1 Officer time to implement the Child-Centred Borough Programme would be sourced from existing Council resources.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The Child-Centred Borough Programme would seek for every child to have a good childhood, and for all partners to work together to give every child the best start in life, and to support the development of the next generation of citizens.

11 Equalities and Human Rights Implications

11.1 The Child-Centred Borough Programme would support the community of Rotherham to develop and demonstrate a commitment to the rights of the child, in fulfilment of the United Nations Convention on the Rights of the Child, 1989.

12. Implications for Partners and Other Directorates

12.1 The Programme would require commitment and involvement from across Council departments and the broader community of organisations in Rotherham.

13. Risks and Mitigation

13.1 None identified at this stage

14. Accountable Officer(s)

Ian Thomas, Strategic Director of Children's Services

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:- None

Director of Legal Services:- None

This report is published on the Council's website or can be found at:-

<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=>

Rotherham
Voice of the Child
Education Lifestyle Survey
2015

Borough Wide Report

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Acknowledgements

We would like to express our thanks to all of the head-teachers and staff at schools who co-ordinated the completion of the Education Lifestyle Survey for 2015. Also thank-you to healthy schools consultant Kay Denton for the support in developing the survey for 2015 and thank-you to Emma Soames for completion of the data analysis.

In 2015 13 out of 16 secondary schools participated in the survey along with all 3 pupil referral units. Schools participating in the survey gave their commitment to engagement with young people, capturing their views on health, well-being and safety.

Also thank you to the 3110 pupils who did participate and shared their views by taking part in this years' survey.

1. Background Information

This report presents the summary of findings from the 2015 Education Lifestyle Survey. The survey is open to all young people in Y7 and Y10 in secondary schools and Pupil Referral Units, in 2015 it ran from during the period Tuesday 2nd June 2015 to Friday 17th July.

This is an electronic survey that is accessed by pupils in educational establishments through a web-link. All young people that participated in the survey were able to do so anonymously and this is the 8th year that the survey has been run in Rotherham.

Each educational establishment that participated has already received a data pack giving them access to their own level of survey data; they can use this to compare with borough wide information once published.

This report gives a summary of key findings from the survey and some comparisons to national information where this is available.

Parents were given information about the survey and its contents ahead of the survey taking place, the specific questions relating to sexual health were only included in the survey for pupils in Y10.

The borough wide results will be shared with partners and specific trend data shared with partners on their specialism to allow them to update the overarching action plan.

Individual school reports will be used by schools to help them gauge how well they are meeting their own health and wellbeing objectives and help shape their PSHE curriculum.

2. Executive Summary

- In total 3110 participated in the 2015 lifestyle survey.
- 3 Schools chose this year not to participate in the survey
- Participation in the survey varied widely between schools, the variances ranged between 14% to 90% participation rates from one school to another.

2.1 Positive Results

- Fruit is the most popular snack option
- There has been an increase in the number of young people having school dinners and an overall reduction in the number of young people not having lunch at all
- More young people are participating in regular exercise
- There is greater awareness of where to obtain support if a young person had a weight issue
- Good awareness amongst young people where they can get support if they have any issue relating to mental health
- More young people are aspiring to go to university
- Almost all young people aware of internet safety
- Reduction in the number of young carers
- Greater awareness of Young Carers Service
- Less young people report being bullied
- Fewer young people are drinking high energy drinks
- Increase in positive responses against the participating in smoking, drinking alcohol and use of drugs – gives positive message against the peer pressure to partake in these.
- Reduction in the number of young people actually smoking or trying alcohol
- Improvement on the sale of cigarettes to under-age young people from local shops
- Improvement in all areas of young people feeling safe in all areas including Rotherham town centre locations

2.2 Areas for attention

- Greater awareness around disability and long-term illnesses, more young people putting themselves in this category
- More young people saying they have a weight issue
- A proportion of young people in Y7 saying they use the internet to meet new friends
- Increase in the number of young carers, saying they need to care 8 or more hours per day
- Although less young people reported bullying. less young people also said that they felt as though they were helped after being bullied
- Less young people wanting to stop smoking
- Increase in number of young people trying electronic cigarettes
- One third of young people who said they have drank alcohol, have tried it before age of 12
- Large proportion of young people who said they have drank alcohol, said they have been drunk in past 4 weeks
- The use of legal highs increased
- Education around sexual exploitation, 40% of Y7 and 29% of Y10 still need to be taught this
- Almost a quarter of those pupils who said they have had sex, did not use contraception
- Young people visiting Rotherham town centre has reduced
- Y10 girls are the most likely not to recommend living in Rotherham or want to live in Rotherham in 10 years' time
- In response to the questions in relating to recommending Rotherham as a place to live or wanting to live in Rotherham in 10 years' time – more young people were unsure and gave the responses don't know or maybe rather than a definite yes or no.

3. Demographic Information

At the time of the survey there were 3251 young people in Year 7 and 3356 in Year 10 attending 16 secondary schools and 3 Pupil Referral Units in Rotherham. The survey was offered to all 16 secondary schools and 3 Pupil Referral Units in Rotherham. 13 out of 16 secondary schools and all pupil referral units took part in the 2015 survey with 3110 young people participated in total.

Participation rates for those 13 schools and Pupil Referral Units was 60%. Overall participation rate for all Y7 & Y10 young people was 47%.

In 2014 all 16 secondary schools participated and 3 pupil referral units in the survey in total 4,123 young people participated give a participation rate of 63%.

Participation Table 2015

This table shows the 13 schools and 3 Pupil Referral Units that participated in the survey.

Out of the 3 schools who did not take part in 2015 there were 1179 young people, 573 young people in Year 7 and 606 young people in year 10.

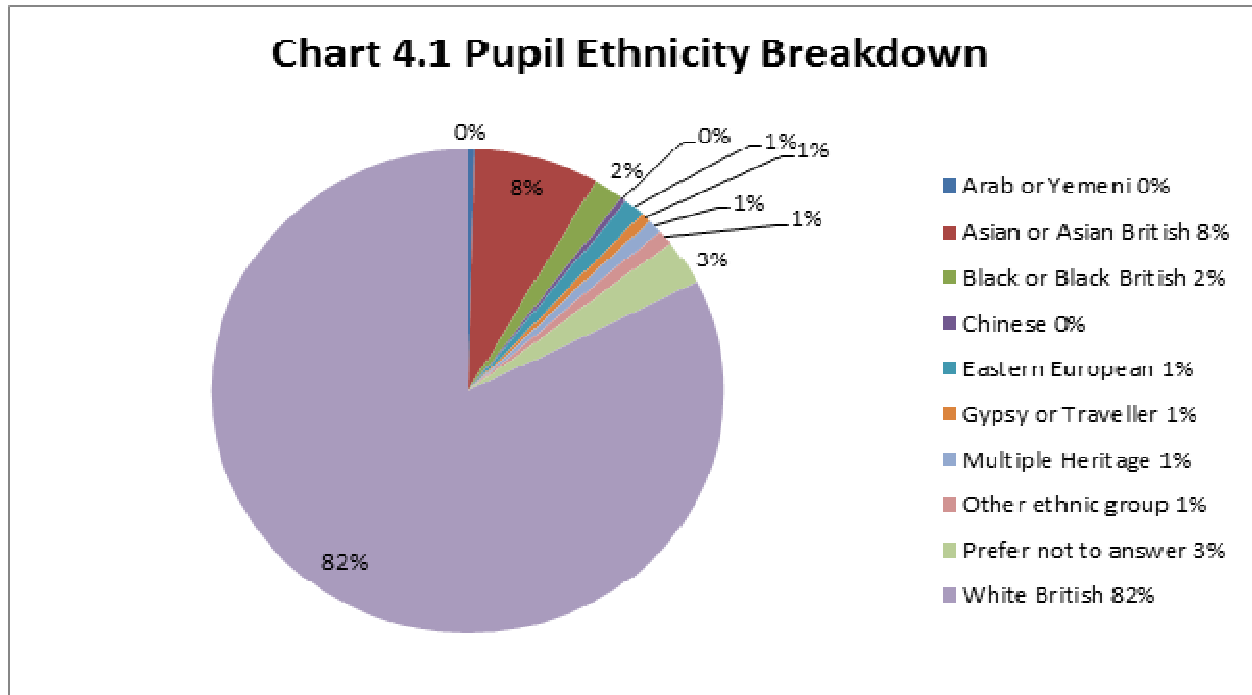
School	Total No. of Pupils Y7	Total No. of Pupils Y10	Overall Total	Total Participation Number	Overall Response Rate %
Aston	314	278	592	327	55
Brinsworth	242	246	488	227	47
Clifton	169	194	363	50	14
Dinnington	188	246	434	272	63
Maltby	192	188	380	297	78
Oakwood	211	203	414	262	63
Saint Pius	127	130	257	192	75
Swinton	151	174	325	293	90
Wales	229	244	473	406	86
Wath	302	296	598	309	52
Wingfield	156	155	311	252	81
Winterhill	250	245	495	195	39
Pupil Referral Units					
Rowan Centre	1	10	11	11	100
Riverside	2	6	8	8	100
Swinton Lock	2	4	6	6	100
TOTAL	2536	2619	5155	3110	60

4. Characteristics

Of the pupils that completed the 2015 survey, 1624 (52%) were female and 1486 (48%) were male. 1624 (52%) were in year 7 and 1,486 (48%) were in year 10.

4.1 Ethnic Origin

When asked about their ethnicity, 2,564 pupils described themselves as White British (82%, slightly down from 84% in last year's survey), 451 were classed as Black & Minority Ethnic (BME) (15%, up from 13% last year) and 95 preferred not to say (3%). Chart 4.1 below shows the breakdown of pupil ethnicity.



Where you born in the UK? (New question added for 2015 Survey)

Overall 2924 (94.5%) of young people said they were born in the UK, with 186 (5.5%) being born outside the UK.

Y7

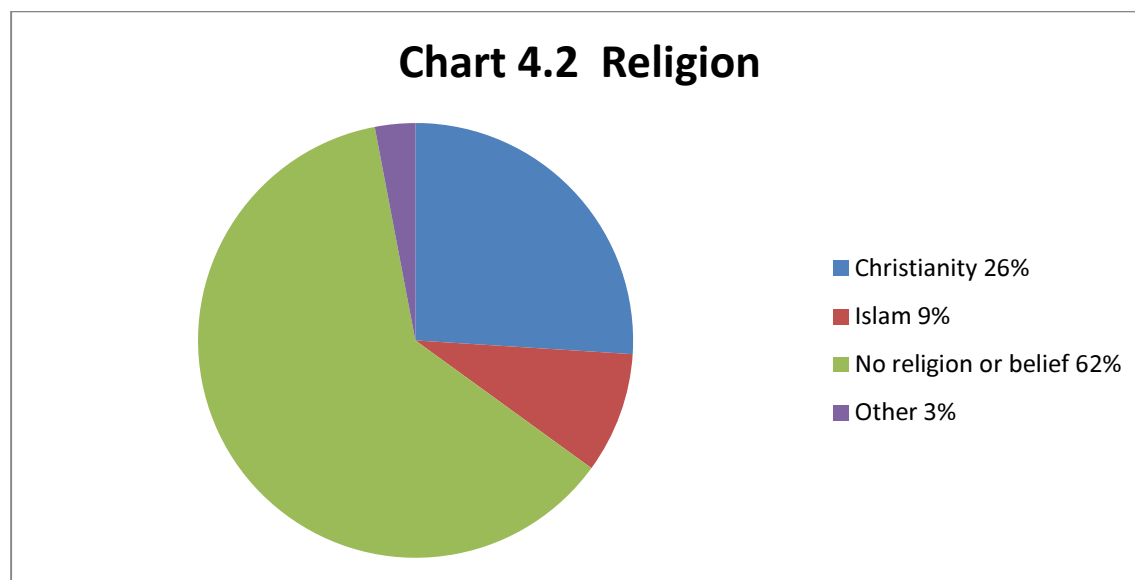
94% said they were born in the UK
6% said they were not born in the UK

Y10

95% said they were born in the UK
5% said they were not born in the UK

4.2 Religion

The number of pupils with no religion or belief has increased slightly by 1% up to 62% from 61% in 2014. Pupils saying they practiced Christianity has stayed the same as last year's 26%. Slightly more than 1% of pupils said that they practiced one of the following religions: Buddhism, Judaism, Humanism, Sikhism or Hinduism which is slightly more than last year's survey. The breakdown of religion is shown in Chart 4.2 below



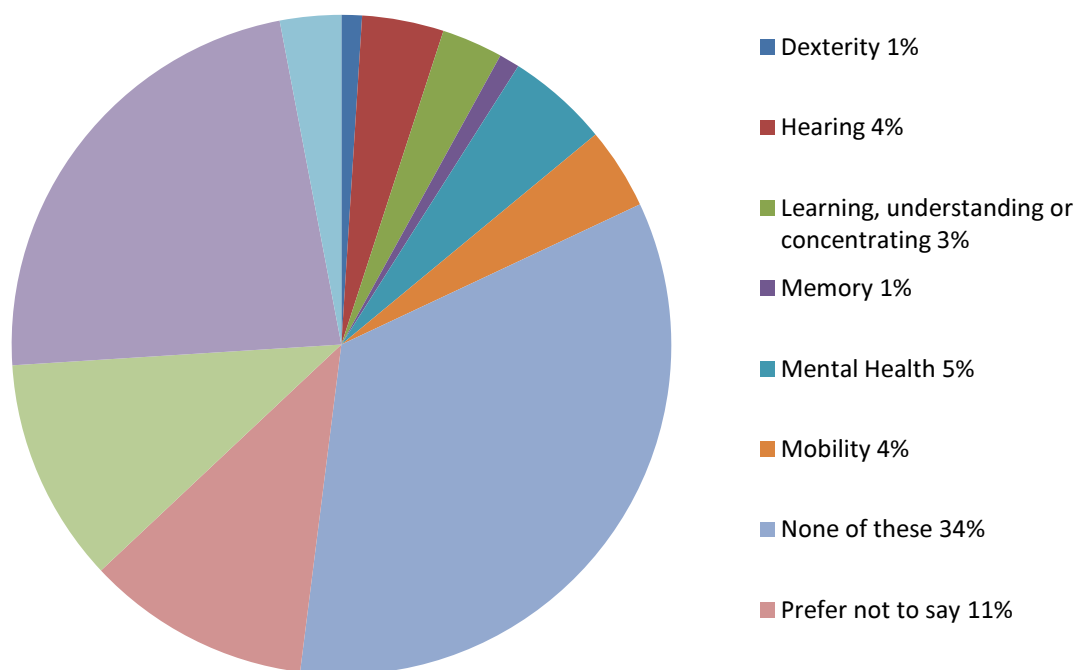
4.3 Sexual Orientation (Year 10 Question Only)

When asked about their sexual orientation, 1323 (89%) of year 10 pupils said that they were heterosexual, down from 90% in last year's survey. 59 (4%) said that they were bisexual (3% in 2014 and 30 (2%) said that they were lesbian or gay (up from 1% last year). 45 (3%) identified themselves as 'I don't know' and 45 (3%) preferred not to say.

4.4 Health

496 (16%) of pupils said they had a long term illness, health problem or disability, this is a 7% increase from 2014. This large increase could be due to the change in the question in 2015; this was changed to ask if they had a diagnosed long-term disability/illness or medical condition. In 2014 pupils were asked if they had a long-term illness or disability.

Out of the 496 (16%) of pupils in 2015 who said they had a condition, Chart 4.3 below shows the breakdown of the conditions, they said they had.

Chart 4.3 Disability Reasons

Out of the 496 pupils who said they had a condition, 273 (55%) said they had to take some medication (this is 4.1% of all pupils in years 7 & 10) and 218 (44%) said it affected their attendance or participation at school (this is 3.3% of all pupils in years 7 & 10)

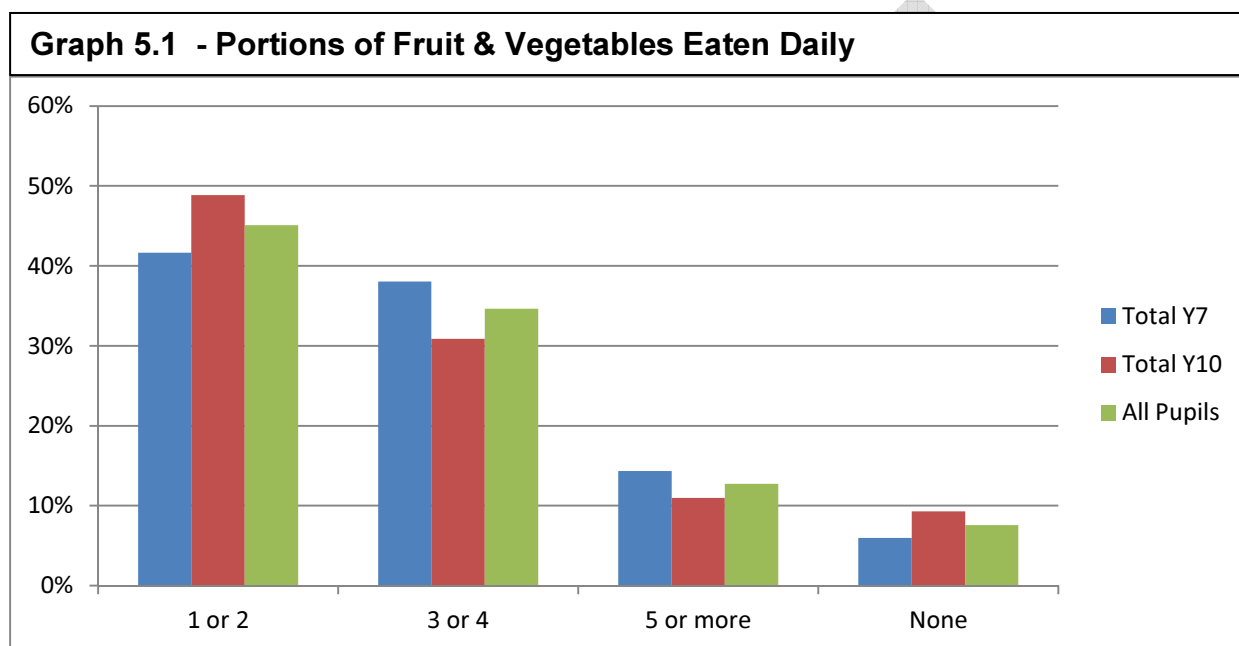
5. Food and Drink

Questions in these categories have been changed to capture more detailed information and to match the questions in the What About Youth National Young Person's Survey.

In 2014 pupils were asked if they ate 5 portions of fruit and vegetables per day the responses in 2014 were 60% No and 40% yes.

In 2015 pupils were asked how many portions of fruit & vegetables they ate daily.

The graph 5.1 below shows the breakdown of 2015 responses. Less young people said they are eating 5 portions of fruit and vegetables per day.



Looking at the data, Y7 are more likely to eat 5 or more portions of fruit and vegetables per day, this maybe likely that they have food prepared for them at meal times by their parents.

Boys in year 10 are the most likely not to eat any fruit or vegetables per day this being at 12%, compared to girls in Y7 being as low as 5% not to eat any fruit or vegetables per day.

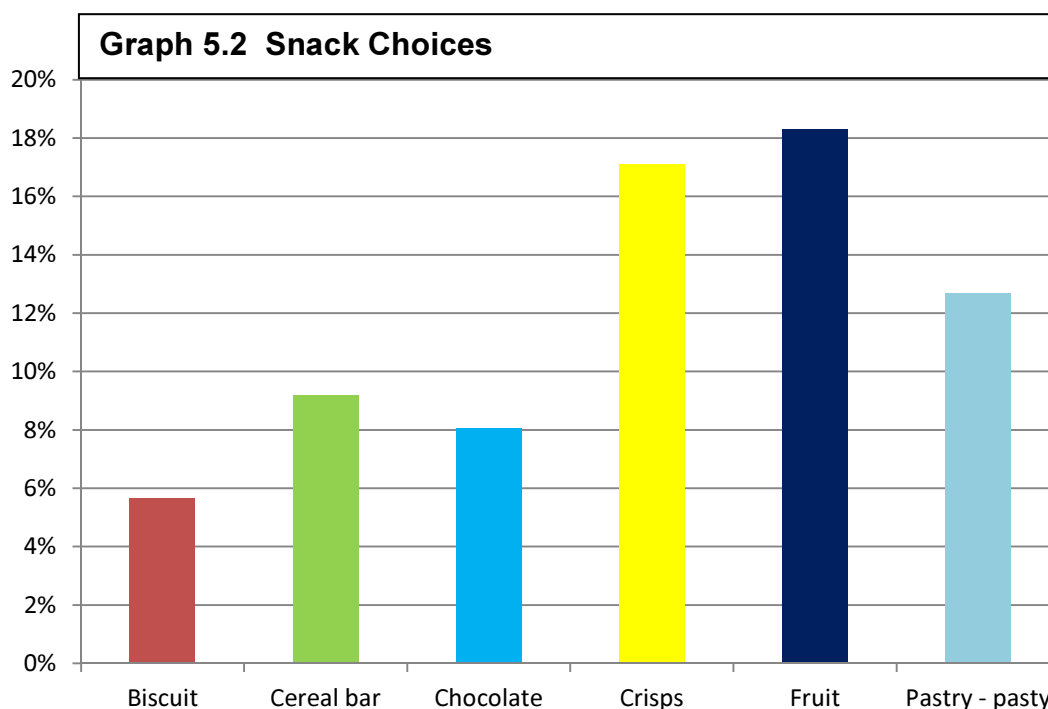
When asked about how many glasses of water they drank a day, 2114 (68%) of young people questioned said that they drank 1 to 5 glasses of water (down from 73% in 2014), 746 (24%) said they had 6-10 glasses (up from 18% in 2014) and 249 (8%) said that they drank no water at all (1% lower than 2014). More year 7 pupils said that they drank 6-10 glasses than year 10 (28% compared to 20%) and more year 10 pupils said that they drank no water (10% compared to 6% of year 7 pupils). More boys said they drank no water at all, 9% compared to 7% of girls.

Pupils who said they had breakfast has dropped by 1% from 2014. 2457 (79%) of all pupils said that they ate breakfast (compared to 80% in 2014). Year 7 pupils are more likely to have breakfast 1413 (87%) compared to 1040 (70%) of year 10. Of the 2457 pupils who said that they have breakfast, 1720 (70%) had breakfast at home (lower than last year's figure of 72%). 123 (5%) said that they had breakfast on the way to school and a further 98 (4%) said that they had breakfast at school.

Figures reported in a national newspaper shared information that 30% of school children nationally go to school without having breakfast.

5.2 Snacks

2084 (67%) of pupils have a snack at break time (down from 70% in 2014). This year, fruit is the most popular choice compared with crisps last year. The different types of snacks are shown in the graph 5.2 below:



Out of the 2084 pupils that said they had a snack, 47% had snacks brought from home (down from 52% in 2014), 23% bought them from the school snack bar (20% in 2014) and 18% bought them from a shop on the way to school (same as last year). 12% did not say where they go their snacks from.

When asked where they mainly have lunch, 1524 (49%) said that they have a school lunch (up from 44% last year). Year 7 pupils are more likely to have school meals than year 10 pupils (61%) of year 7 pupils said they have them compared to 37% of year 10.

When the pupils didn't have school meals, 1150 (37%) said they had brought a packed lunch from home (down from 41% in 2014), 249 (8%) bought lunch from the local shop (the same 8% in 2014) and 187 (6%) said that they didn't have lunch (slightly down from 7% last year). Only 62 (2%) said that they go home for lunch (same as 2014).

6. Sport and Exercise

The national recommendation is that all children and young people should engage in moderate to vigorous physical activity for at least 60 minutes per day. This *definition* was included in the survey for young people to read and understand before answering the question around sport and exercise

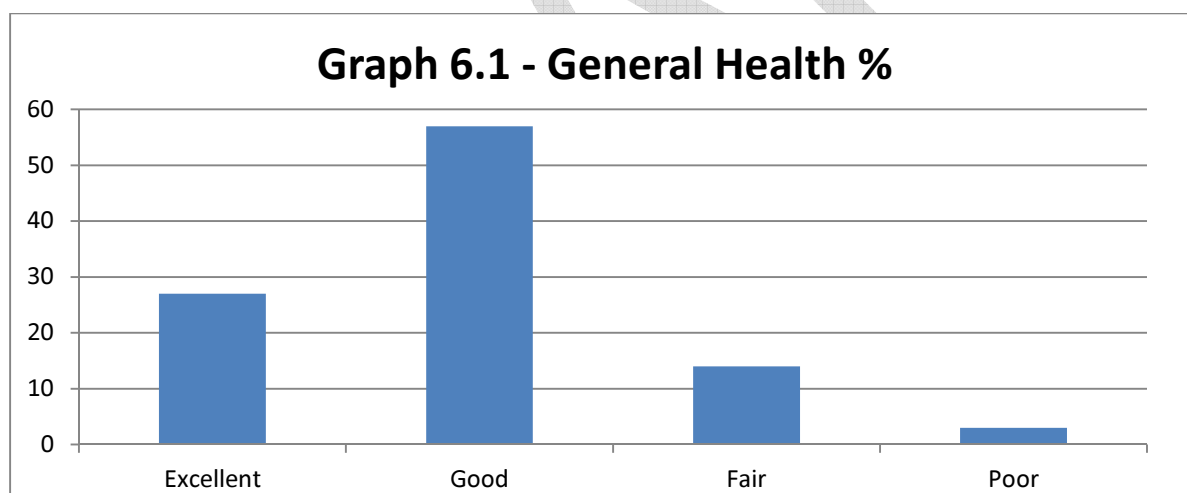
2488 (80%) of pupils said that they regularly take part in sport or exercise (up from 77% in 2014). Year 7 pupils are more likely to exercise regularly (87%) compared to year 10 pupils (76%).

Overall Boys are more likely to exercise regularly (80%) compared to girls (75%).

There is an improved increase in the frequency of times per week that pupils are exercising. Out of the 2488 number of pupils that said they participate in exercise –

- 18% exercised 6 to 7 times per week compared to 12% in 2014
- 28% exercised 4 to 5 times per week compared to 25% in 2014
- 40% exercised 1 to 3 times per week compared to 52% in 2014
- 12% exercised less than once per week
- 2% did not state how many times per week they exercised.
- Boys (23%) are more likely to exercise every day (6 to 7 times per week) than girls (13%).

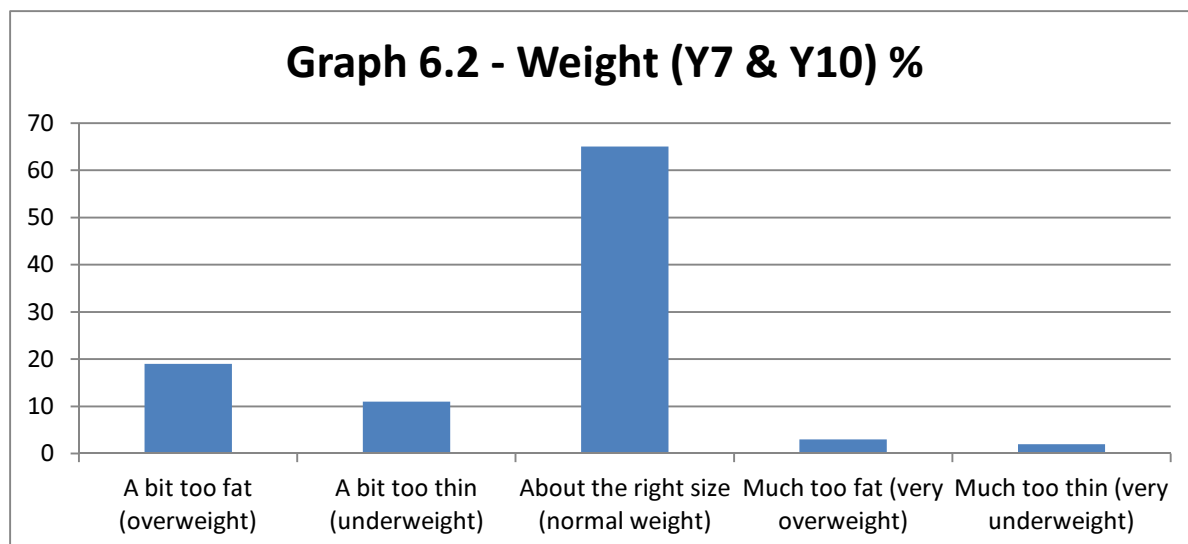
New Question added to 2015 survey to ask pupils how they feel about their general health. The graph 6.1 below shows Y7 & Y10 combined responses.



Rating their health as poor boys (3%) was slightly higher than girls (2%)

The wording to the options for the feelings about weight questions were changed in the 2015 survey to match the questions held in the national “what about youth survey.”

Pupils who said they felt their weight was about normal size was 2022 (65%), (compared to 73% who said they weight was healthy in 2014 survey. Graph 6.2 below shows the Y7 & Y10 combined responses to the question of how pupils feel about their weight



Key overall findings from Y7 & Y10 combined results:

- 93 (3%) felt that they were very overweight (up from 2% in 2014)
- 622 (20%) felt that they were overweight (up from 17% in 2014)
- 342 (11%) felt that they were underweight (up from 8% in 2014)
- 902 (29%) of pupils said they were worried about their weight (up from 28% in 2014)
- Girls (38%) are more likely than boys (19%) to be worried out about their weight.
- Boys were more likely to feel their weight was about the right size (67%) than girls (63%)
- Pupils in Y7 were more likely to feel their weight was about the right size (68%) than pupils in Y10 (61%)
- 486 pupils in Y10 (32%) are more likely to be worried about their weight, compared to 416 Y7 pupils (25%)

53% of pupils knew where to go for support or advice if they were concerned about their weight; this is an improvement of 5% from (48% in 2014). New weight management services were re-procured in April 2015. The services support young people and their families with diet, physical activity and behaviour change to maintain and reduce BMI centiles.

7. How Pupils Think and Feel

Pupils are asked about their feelings on a number of subjects

For 2015 these have been ranked in preference that young people mainly said they feel good about, the tables below show the ranking split by Y7, Y10 and Girls and Boys.

YEAR 7		
Ranking	Girls	Boys
1	My Friendships	My Home Life
2	My Home Life	My Friendships
3	My School Work	Myself
4	My Future	My Future
5	Myself	How I Look
6	How I Look	My School Work
7	Relationships	Relationships

YEAR 10		
Ranking	Girls	Boys
1	Myself	Myself
2	My Friendships	My Home Life
3	My Future	My Future
4	My Home Life	My Friendships
5	My School Work	How I Look
6	Relationships	My School Work
7	How I Look	Relationships

Pupils were asked a follow-up question, about whom they felt they would mainly discuss their problems with, again for the 2015 results, these have been rated in preference

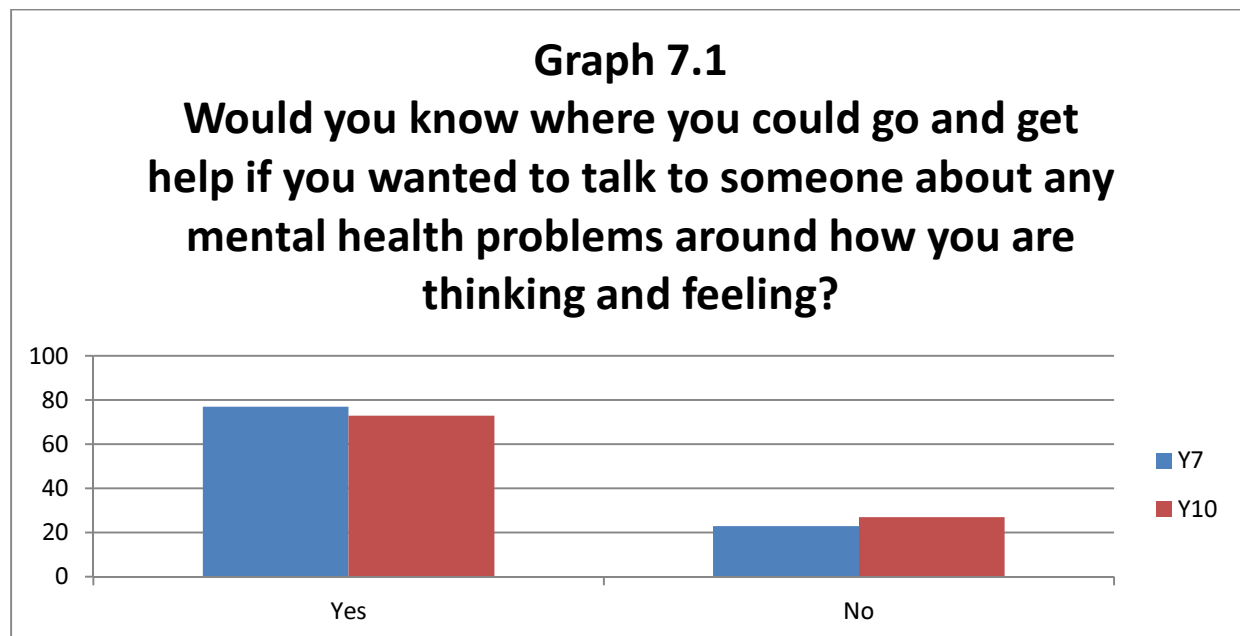
YEAR 7		
Ranking	Girls	Boys
1	A Family Member	A Family Member
2	A Friend	An Adult at Home
3	An Adult at Home	A Friend
4	My Brother or Sister	Someone Else
5	Someone Else	A Member of Staff at School
6	A Member of Staff at School	My Brother or Sister
7	A Youth Worker	A Social Worker
8	A Social Worker	

- Neither boys or girls in Y7 or Y10 said they would speak with a School Nurse
- Only girls in Y7 said they would speak with a Youth Worker

YEAR 10		
Ranking	Girls	Boys
1	A Friend	A Friend
2	A Family Member	A Family Member
3	An Adult at Home	An Adult at Home
4	Someone Else	Someone Else
5	My Brother or Sister	My Brother or Sister
6	A Member of Staff at School	A Member of Staff at School
7	A Youth Worker	A Youth Worker
8	A Social Worker	A Social Worker

- Neither boys or girls in Y7 or Y10 said they would speak with a School Nurse

To support young people with managing their feelings and finding out if they would know where to go to get professional help a new question was added to 2015 survey – this question was added at the request of a group of young people from The Youth Service, the responses to this question are showing in graph 7.1 below

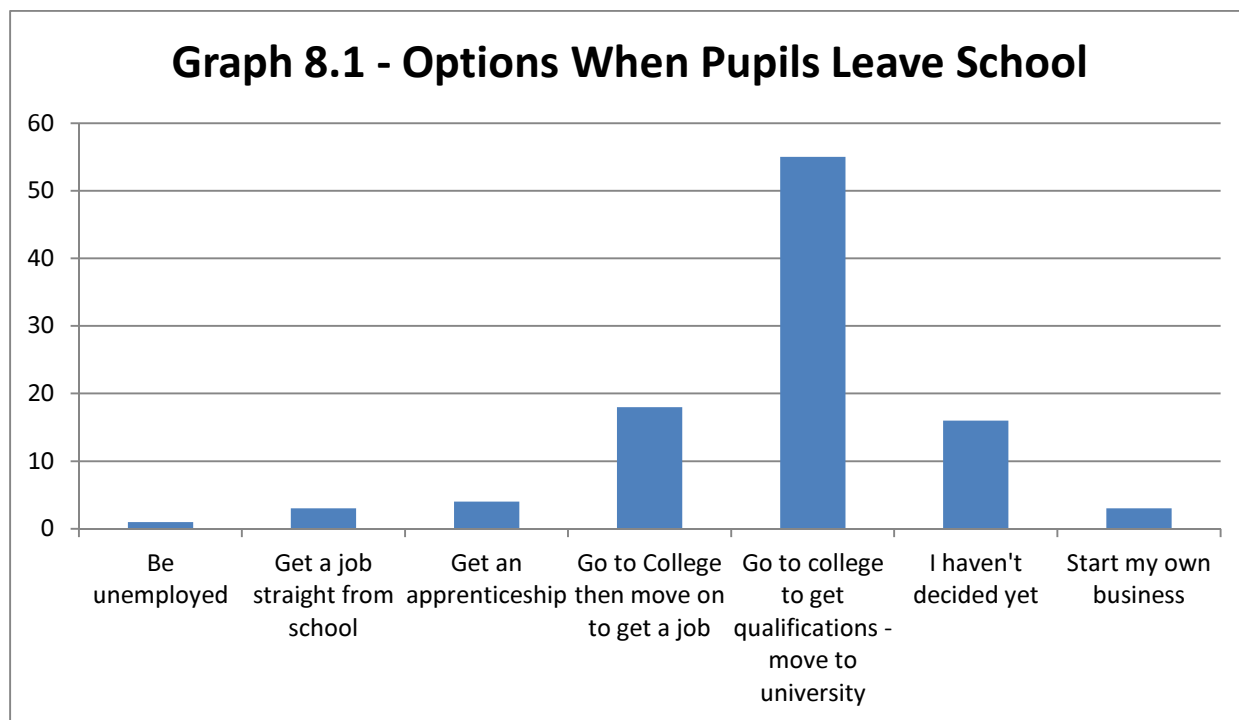


It is promising that 75% (2333) of pupils said they would know where to get help if they wanted to talk to someone, with Y7 more likely to know where to go and get help than Y10.

Young people have been involved in the development of My Mind Matters website, a unique site for young people to help young people be aware where they can go for help. This website went live in July 2015 and to-date there has been over 800 unique visitors, viewing over 2,500 pages.

8. In School

Graph 8.1 below shows the responses from pupils when they were asked what they hope to do when they leave school.



There has been an increase in 2015 of the number of young people who said they would like to go to university up to 1430 (46%) from 44% in 2014.

- (48%) of year 7 chose this option from 46% in 2014
- (46%) of year 10 chose this option from 42% in 2014

5% of year 7 and 4% of year 10 pupils said they want to leave school and get a job straight away (compared to 8% and 7% respectively in 2014 survey).

12% of Y10 would like to get an apprenticeship when they leave school, this has reduced by 2% from 2014 (14%), also year 7 pupils has had a slight decrease to 4% from 5% in 2014.

19% of Y10 and 17% of Y7 said they would like to study at college and then get a job when they leave college compared to 22% for both these year groups in 2014.

5% of year 7 and 2% of year 10 pupils wanted to start their own business (a new option for this year's survey).

Again only 1% said they would be unemployed when they leave school, same figure as 2014.

This figures shows that it was boys who responded to this, the figure for girls was 0%.

This shows that pupils have raised their aspirations and more are saying they are likely to carry on with education when they leave school and 99% of boys and 100% girls have said they either want a job or to continue in education, although 18% in total are still considering their options.

When asked if they felt their school council made a difference, only 529 (17%) of pupils said yes (down from 18% in 2014), 933 (30%) said that they didn't know whether their school council made a difference (same as 2014), 1182 (38%) said their school council did not make a

difference and 466 (15%) said that they didn't realise they had a school council (this has reduced from 17% in 2014)

Y7 are more likely to feel their school council makes a difference (24%) compared to Y10 at (10%).

9. Out of School

Pupils were asked what activities they did outside of school. 591 (19%) pupils said they were involved with volunteering or a community group (a slight decrease from 20% in 2014).

Year 7 are more likely to volunteer than Y10 and girls more likely to volunteer than boys.

9.1 Internet Use & Safety

Pupils were asked about internet usage and safety using the internet.

3079 (99%) of pupils said they use the internet.

The table below ranks their preferences

YEAR 7 & Y10 Using the Internet		
Ranking	Year 7	Year 10
1	Social Media (Facebook, Twitter etc.)	Social Media (Facebook, Twitter etc.)
2	Music	Music
3	Games	Shopping
4	Research/Homework	Games
5	Shopping	Research/Homework
6	Television	
7	Meeting New People	

Neither boys nor girls in Y10 said they used the internet to watch television or meet new people.

The option chosen of meeting new people was chosen by 81pupils (5%) of Y7.

These options follow the same trend as in 2014, with social media i.e. Facebook, Twitter, Instagram being the main reason why pupils said they use the internet with over 80% choosing this as their first option.

Out of the 3079 number of pupils that said they use the internet, they were asked what are the main risks using the internet.

Overall cyber bullying was identified as the main risk by 985 young people (32%)

- 36% of Y7 said cyber bullying was the main risk (down from 38% in 2014)
- 27% of Y10 said cyber bullying was the main risk (up from 23% in 2014)

Second highest risk was someone hacking your information at 22% (same as 2014)

Security risk such as viruses and people lying about who they are on the internet were both rated as a risk by 14% of pupils in Y7 & Y10

7% of pupils in Y7 & Y10 did not feel that there are any risks when using the internet (this is an increase from 6% in 2014)

All 3110 pupils were asked about internet safety, overall 3048 (98%) of pupils had learned about internet safety (same figure as 2014). Out of these 3048 young people -

- 65% learned about internet safety at school (68% in 2014)
- 29% learned about internet safety at home (26% in 2014)
- 2% learned about internet safety on-line (same as 2014)
- 3% learned about internet safety through friends (2% in 2014)

Year 7 pupils were more likely to have learned about internet safety 99% of Y7 said they had learned about internet safety, compared to 97% of Y10

Girls were more aware of internet safety with 99% saying they had learned about internet safety, compared to 97% of boys.

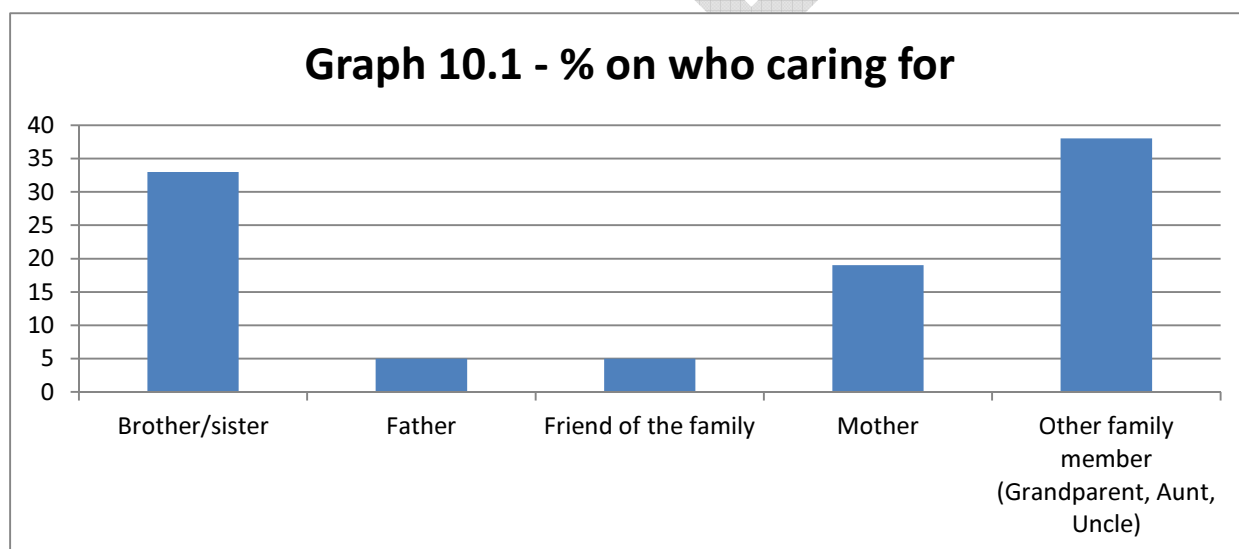
10. Young Carers

653 (21%) of pupils consider themselves to be young carers; this has decreased significantly by 8% from 2014 when the % was 29%. This figure is nearer to the trend from the 2011 census figure of 12% of young carers for all age groups.

This could imply that either there is a higher percentage of younger carers, a greater awareness amongst young people or that there is some misunderstanding around the question of what a young carer is. For the 2015 survey the question was reworded slightly to ask - Do you look after/care for someone in your family? Further information was also provided about being a young carer - looking after/caring for someone isn't about a one-off task. It is a person who has to support someone in their family because they are unable to do things for themselves.

As with last year's survey, a higher number of year 7 pupils said that they were young carers than year 10 pupils (25% compared to Y10 - 15%).

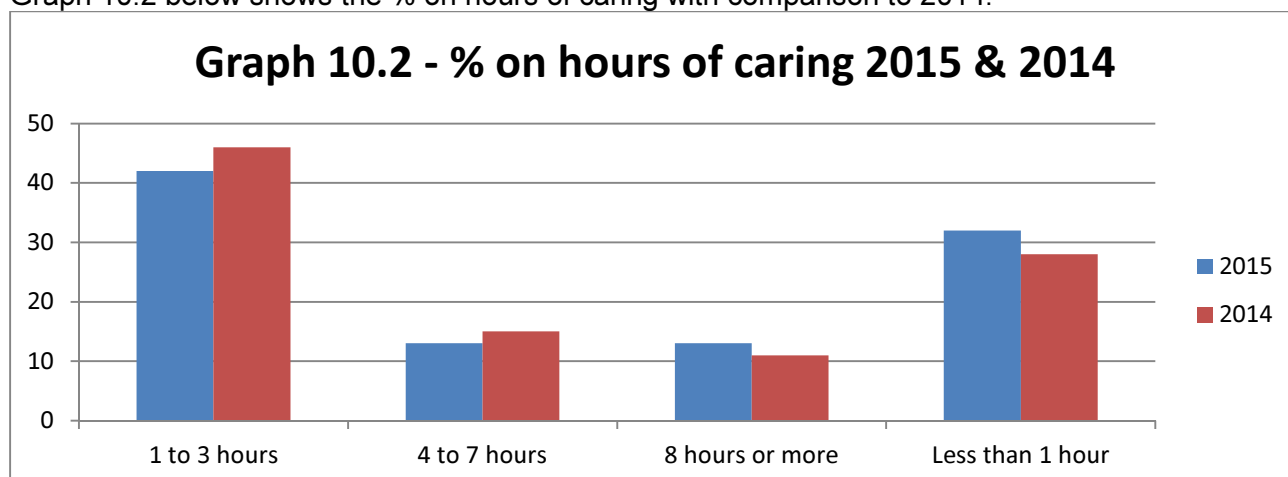
Out of the 653 young people who identified themselves as young carers we asked them who they care for. Graph 10.1 below shows the % breakdown



When asked about what are the 3 main things they do to help, the results are very similar for both year 7 and 10 and follow the same pattern as 2014. Helping around the house is the highest rated task that both Y7 & Y10 carry out, followed by helping to look after a brother or sister and for Y7 keeping someone company is third choice as a main task that pupils said they do. It is slightly different for Y10 for the 3rd highest choice equal with keeping someone company and helping with personal care both carried out by 16% of those saying they are carers.

Tasks such as support with personal care, help with medication are more likely to be carried out by a Y10 pupil than Y7.

Graph 10.2 below shows the % on hours of caring with comparison to 2014.



From 2015 results out of the 653 pupils who identified themselves as young carers
 There has been an increase in the % of pupils saying they care more than 8 hours per day.
 89 pupils said they are caring more than 8 hours per day.
 Caring for between 1 to 3 and 4 to 7, the % has reduced from 2014.

The has been a positive increase in the number of pupils who have heard about the Young Carers Service, this has increased to 33% (from 26% in 2014).
 Y10 were more likely to have heard about this service and also more girls than boys had heard about the service.

The majority of pupils would prefer to speak with either a parent or a family member about being a young carer, the same as 2014, but there has been an increase overall in the number of pupils who would speak to a member of staff at a school.

The impact of the Young Carers card varies between Y7 & Y10.
 Out of the 5 schools who have participated in the pilot of the young carers, 2 of them did not participate in the survey; therefore analysis can only be carried out on 3 of the schools

Impact Young Carers Card - Y7

2 out of 3 schools saw an increase in the number of young people who would choose to speak with someone from the Young Carers service or a member of staff at school about their caring role.

2 out of 3 schools saw an increase in the number of young people who had heard of the Young Carers service

Impact Young Carers Card - Y10

1 out of 3 schools saw an increase in the number of young people who said they would speak to someone from Young Carers service about their caring role. There was no increase in the number of young people who would speak to a member of staff

2 out of 3 schools saw an increase in the number of young people who had heard of the Young Carers service

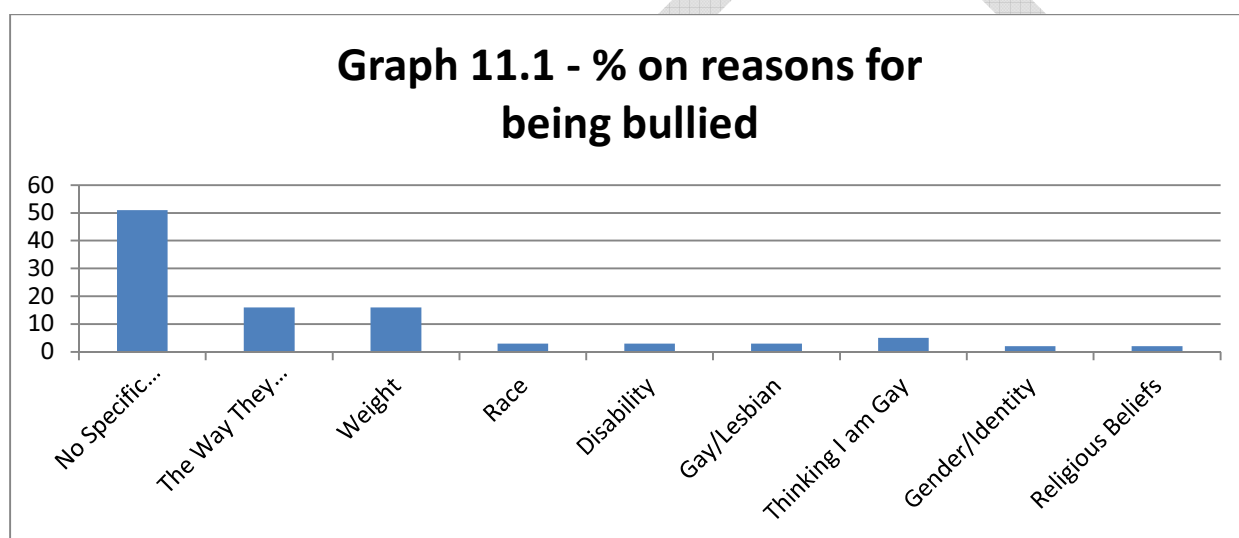
11. Bullying

There has been a positive decrease in the number of young people who said they have been bullied. This has decreased to 684 (22%) (From 28% in 2014). This has followed the trend over past 3 years, where bullying rates have continued to decrease.

A higher % of Y7 pupils said they were bullied 388 (24%) compared to Y10 296 (20%), this has also followed the trend of previous years. Also a higher % of girls said they were bullied (24%) compared to boys (19%).

Of those 684 pupils who said they had been bullied the most frequent form of bullying is verbal (71%), followed by physical 14% - this is a change from 2014 when being ignored was the next most frequent form of bullying, this is 3rd most frequent in 2015 at 7%. Cyber bullying is at 6% and bullying by sexually inappropriate touching/actions/comments is at 1%.

Graph 11.1 below shows the main reasons that the 684 pupils said why they had been bullied.



Out of the 684 pupils who said they had been bullied

- 53% of pupils said bullying occurred during school time (increase from 49% in 2014).
- 10% of pupils said bullying occurred out of school time (decrease from 11% in 2014)
- 37% of pupils said bullying occurred during both of these (decrease from 40% in 2014)

Pupils were asked about reporting bullying

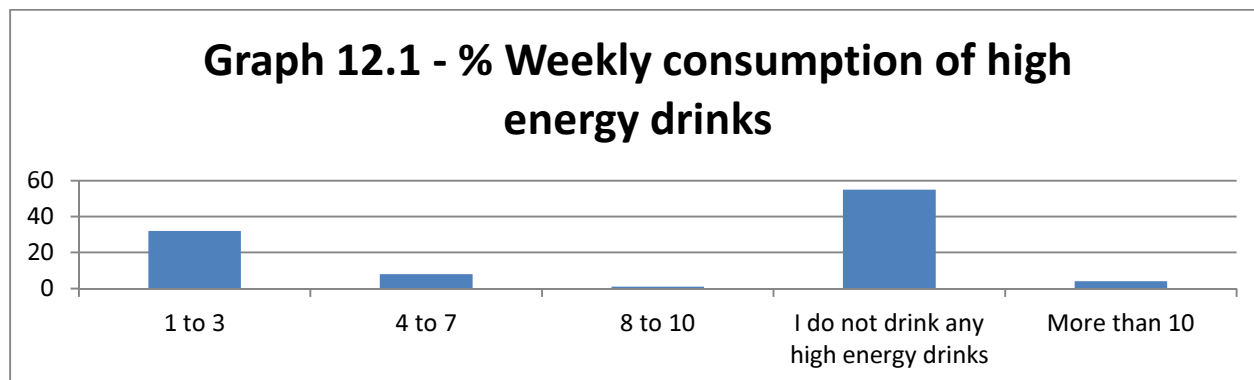
164 (24%) of pupils did not report bullying (increase of 1% from 2014 when 23% did not report bullying) 520 (76%) did report the bullying. Year 10 are more likely to not report bullying 36% compared to Y7 at 15%. Also boys are more likely not to report bullying 28% compared to 21% girls.

Out of those 520 pupils that did report the bullying 32% told a parent or family member (36% in 2014). 28% told a member of staff at school (27% in 2014). 11% told a friend (8% in 2014). Same as 2014 1% told a Youth Worker and 4% did not know who to report bullying to (3% in 2014).

Out of those 520 pupils that did report the bullying 35% did not get help (36% in 2014)

12. Smoking, Drinking and Drugs

The improvement on the consumption of high energy caffeinated drinks such as Red Bull and Monster has continued in 2015. Pupils saying they do not consume these drinks has increased to 1710 (55%) (from 50% in 2014). Graph 12.1 below shows the number of drinks consumed per week by the 1400 (45%) who said they do consume these drinks.



Boys are more likely to drink these drinks with 48% of boys saying they do not drink them, and 62% of girls saying they do not drink them. It was equal between Y7 & Y10 on their likelihood to drink these drinks.

12.1 Smoking

When asked about smoking, 2053 (66%) of pupils said that their home was smoke-free, an explanation was given for this as nobody living in their household is a smoker. (same as 2014).

To support with the campaign against the peer pressure to smoke, a question was added to the survey in 2014 whether pupils thought it was OK for young people of their age to smoke.

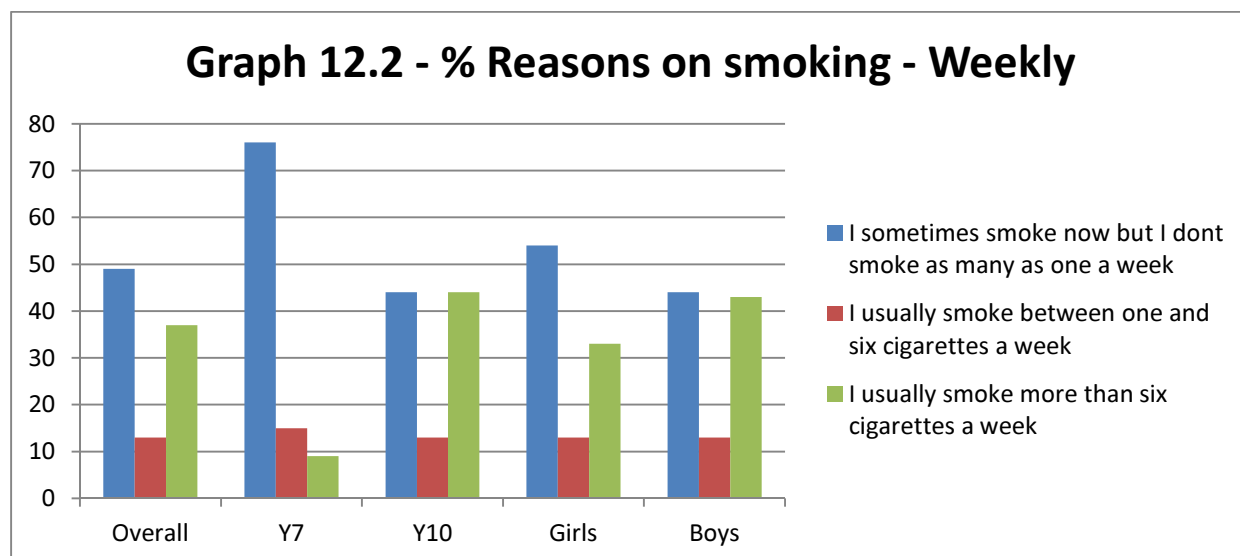
In 2015 (373) 12% of young people said it was OK to smoke, this has improved from 2014 when (14%) said it was OK to smoke

This decrease has been due to the thoughts of Y10 pupils changing. In 2015 19% of Y10 said it was OK to smoke (25% in 2014). In 2015 5% of Y7 said it was OK to smoke (3% in 2014).

Slightly more boys said it was OK to smoke in 2015, this has changed in 2014 more girls said it was OK to smoke.

Pupils are asked if they smoke cigarettes now, overall 188 (6%) of pupils said they smoked (reduced from 7% in 2014). The information from the results of the What About Youth National survey said that 8% of young people are current smokers. 33 (2%) of year 7 pupils said they smoked (same as 2014) compared to 155 (10%) of Y10 (12% in 2014). It is equal the number of boys and girls who said they smoked.

The table below shows the % of number of cigarettes smoked per week by the 188 pupils who said they smoked this is 2% of Y7 and 10% of Y10.



There has been improvement in each category on the numbers of young people who say they smoke.

To again support with the peer pressure around smoking questions were asked to those 2922 (94%) of young people who have said they do not smoke, they were asked to best describe themselves.

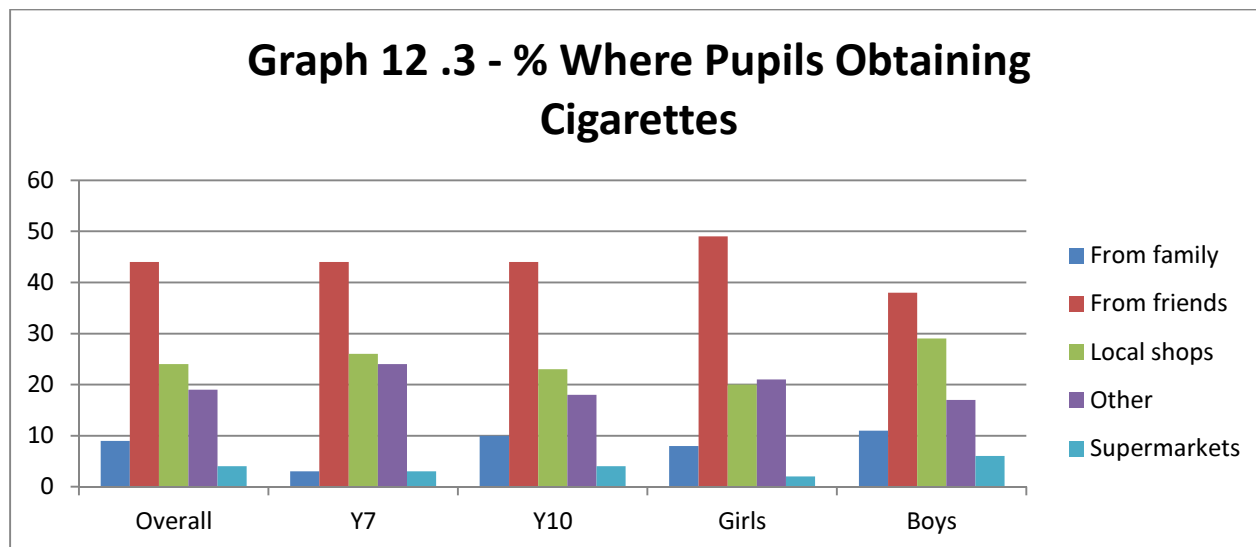
- Overall 80% said they have never smoked. 92% of Y7 (93% in 2014) and 66% Y10 (70% in 2014)
- Overall 11% said they have tried it once. 5% of Y7 (same as 2014) and 16% Y10 (20% in 2014)
- Overall 4% said they used to smoke by don't now. 1% Y7 (2% in 2014) and 7% Y10 (10% in 2014)

National information from the What About Youth results states nationally that 76% of young have either never smoked or do not smoke now,.

Information on Health & Social Care Information Centre who carried out a survey in 2014 of 6173, 11 to 15 year old and the results said that 18% said they had smoked at least once, therefore 82% are none smokers. Nationally this is the lowest level since this type of survey being in 1982. Rotherham's figure from this cohort says that 80% have never smoked.

12.2 Obtaining Cigarettes

The 188 who said they smoked were then asked where they mainly got their cigarettes from. Graph 12.3 shows the results below

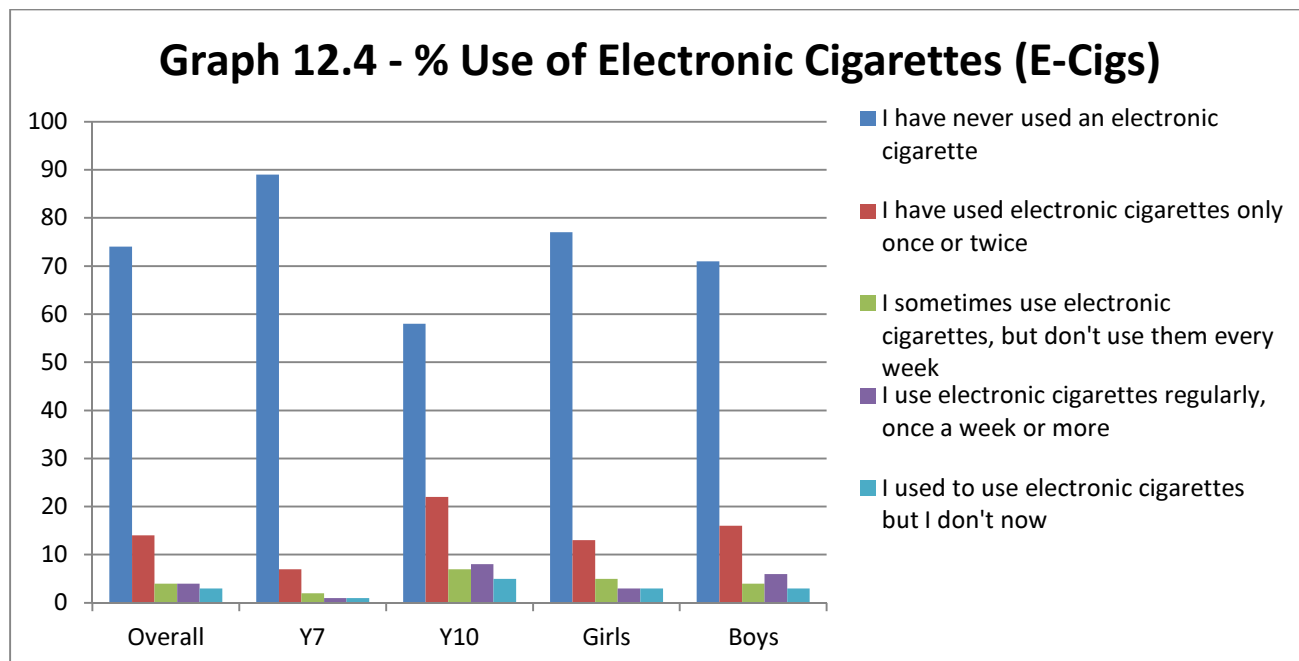


There has been a significant change from the 2015 results; overwhelmingly young people are most likely to get their cigarettes from their friends, which has replaced local shops as the most popular choice for obtaining cigarettes.

The campaign against the sale of underage cigarettes of writing out to all local shops in vicinity of secondary schools, the issue of warnings issued to shop owners and 40 educational visits made to local shops, does appear to be having an impact. The intelligence from trading standards report that the sale of cigarettes to under-age young people is diminishing. In 2014 50% of Y10 and 38% of Y7 who said they smoked, said they obtained they cigarettes from local shops. In 2015 this had reduced to Y10 23% and Y7 26%.

Although there has been a reduction in the number of pupils who have said they actually smoked, there has also been a reduction in the number of pupils who have said they would like to stop smoking; this has reduced to 21% from 23% in 2014

Information about the use of electronic cigarettes was captured again in 2015 survey
Graph 12.4 below shows the use of electronic cigarettes



1445 (89%) of Y7 pupils said they have never used an electronic cigarette (same as 2014)
862 (58%) of Y10 pupils said they have never used an electronic cigarette (62% in 2014)

Of the 803 pupils that said they use electronic cigarettes, 1% of Y7 and 5% of Y10 use them and smoke normal cigarettes too, similar results to 2014. 8% of Y7 (10% in 2014) and 23% (17% in 2014) use electronic cigarettes but don't smoke normal cigarettes and 4% of Y7 (6% in 2014) and 6% of Y10 (same as 2014) said they use electronic cigarettes to help them stop smoking.

The data is showing that there has been an increase in the number of young people in Y10 that are using electronic cigarettes, in particular boys are more likely to say they are using these than girls.

Information from the Health & Social Care Information Centre who carried out a survey in 2014 of 6173 11 to 15 year olds found that 22% had used an e-cigarette at least once; Rotherham is higher than this at 26%

12.3 Alcohol

To support with the campaign against peer pressure to drink alcohol, a question was added to the survey in 2014 whether pupils thought it was OK for young people of their age to get drunk. In 2014 28% of young people said it was OK to get drunk, this has reduced to 25% in 2015. In 2015 44% of Y10 said it was OK to get drunk (49% in 2014). In 2015 7% of Y7 said it was OK to get drunk (same in 2014). Slightly more boys said it was OK to get drunk than girls; this is the same for 2014 & 2015 results.

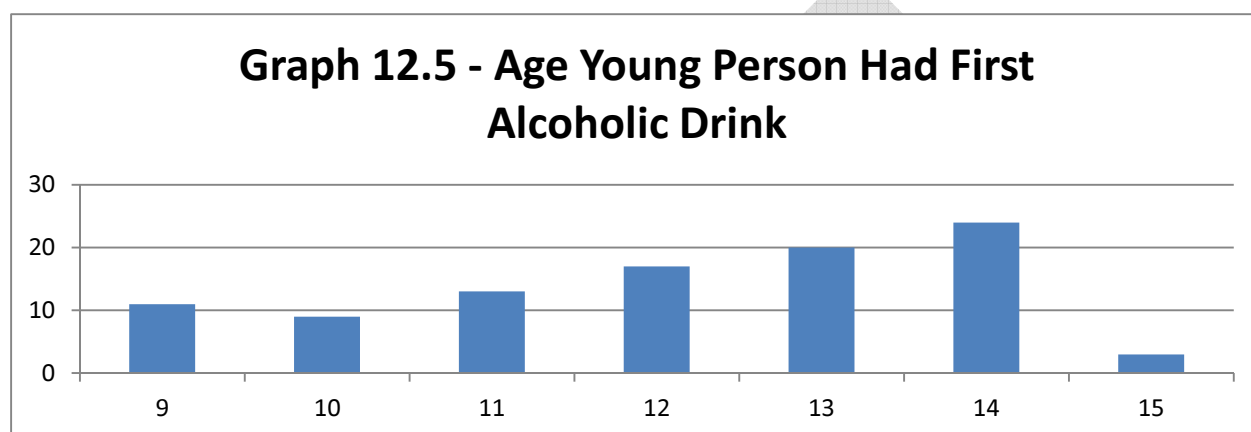
A new and a revised question was asked in 2015 to better describe the first experience of an alcoholic drink and to help to find out what age they were.

Have you ever had a proper alcoholic drink (a whole drink, not just a small sip)?

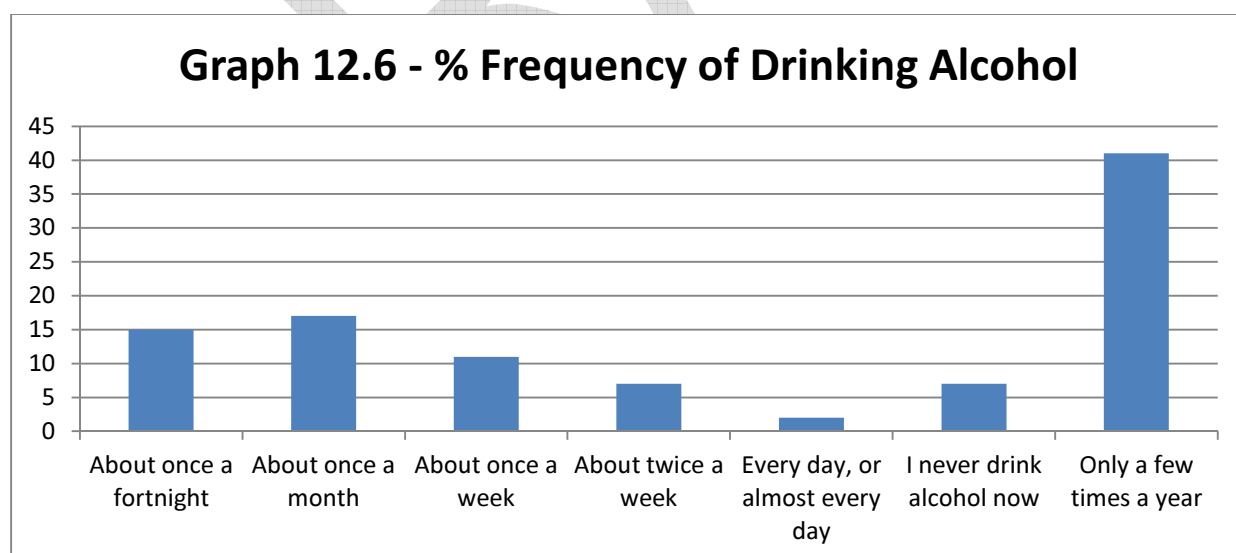
Overall 1680 (54%) of all pupils responded no they have not had a proper alcoholic drink
 1241 (76%) Y7 responded that they had not had a proper alcoholic drink (63% in 2014)
 439 (29%) Y10 responded that they had not had a proper alcoholic drink (24% in 2014)
 This improvement may be due to the improved wording of this question around having a whole drink, rather than just a sip.

Information from the Health & Social Care Information Centre who carried out a survey in 2014 of 6173, 11 to 15 year olds 38% of young people had tried alcohol at least once, the lowest proportion since 1982; this is a lower % than Rotherham where 46% said they have tried alcohol at least once.

Graph 12.5 below show the responses to the new question offered to those 1430 (46%) who said they have drunk alcohol, what age did you try your first alcoholic drink



Graph 12.6 below shows the % frequency of those 1430 (46%) who said they drink alcohol. These are revised choices from the 2014 survey to match the questions in the What About Youth national survey.

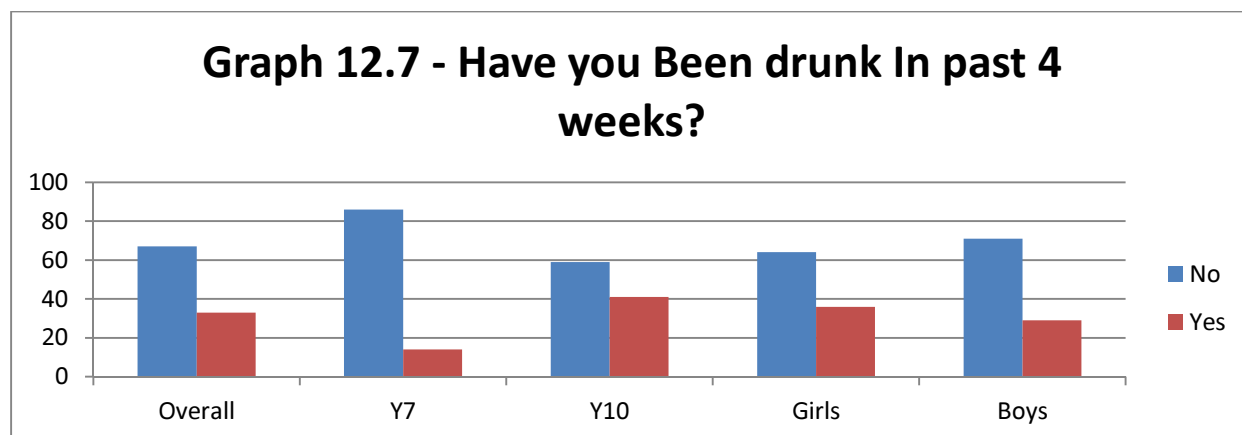


2% of Y7 said they have a drink daily/weekly (same as drinking regularly option in 2014).
 10% of Y10 said they have a drink daily/weekly (as drinking regularly option in 2014)
 The same % of male/female said they drank daily/weekly.

41% of combined Y7 & Y10 recorded their drinking as only a few times per year
 In 2014 31% of combined Y7 & Y10 classed their drinking as social/infrequent.

Again similar % of male/female split classing their drinking as only a few times per year

New questions were added to the 2015 survey to match questions in the What About Youth national survey. This question was asked to those 1430 (46%) who said they drink alcohol, responses detailed below in graph 12.7

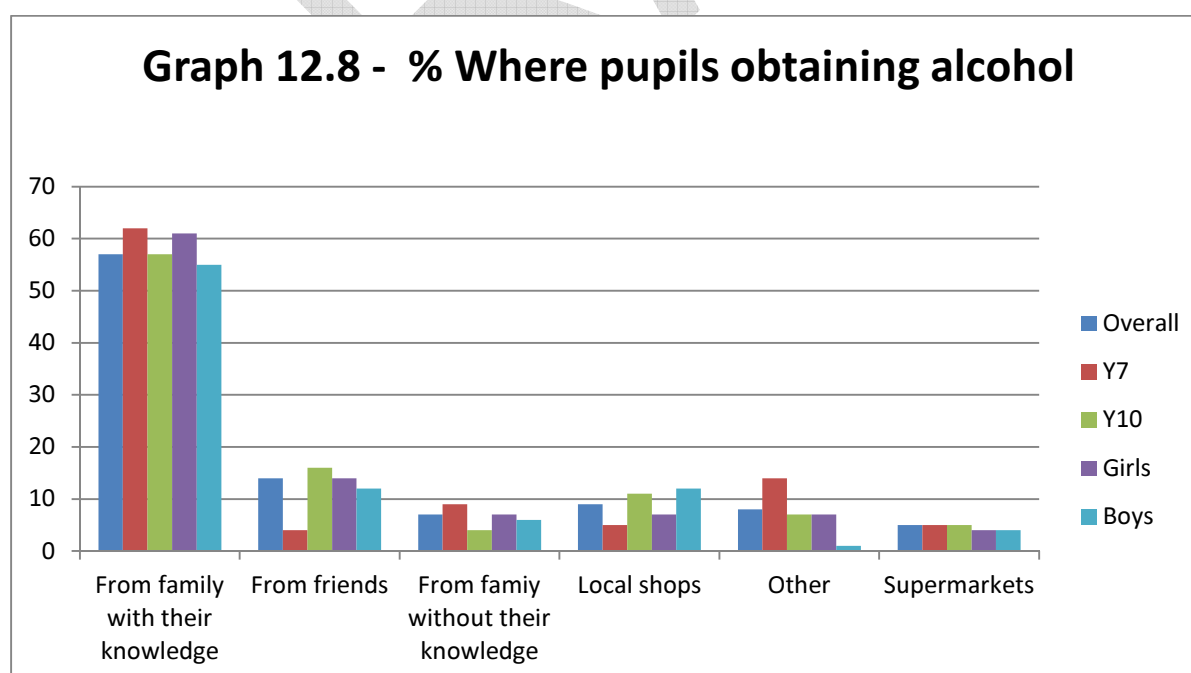


For the pupils that responded yes to the question that they had got drunk in the past 4 weeks, they were then asked if this had caused any problems.

- 2% of Y10 females said they had got into trouble from their parents/carers
- 2% of Y10 females said they were unable to go out
- 1% of Y10 males said they were unable to play sport
- Less than 1% overall were unable to attend school
- No pupils had to seek medical attention from doctor or hospital

12.4 Obtaining Alcohol

The 1430 pupils who said they drank alcohol were then asked where they obtained their alcohol from. Graph 12.8 below details their responses



As in the previous year, the majority of both year 7 and 10 pupils get their alcohol from family members, followed by friends for Y10 but for Y7 this is from family without their knowledge.

The results for pupils being able to obtain alcohol from local shops is similar to 2014 and more boys seem to be able to obtain alcohol from local shops rather than girls.

Again in 2015 supermarkets were the lowest location where pupils can obtain alcohol from which suggest that supermarkets are continuing with their strict enforcement for ID and enforcing the law on underage purchasing of alcohol.

Of the pupils that said they drink alcohol 10% of Y7 said they would like help to stop drinking (18% in 2014) and 3% of Y10 said they would like help to stop drinking (4% in 2014)

12.5 Drugs

To support with the campaign against peer pressure to try drugs, a question was added to the survey in 2014 whether pupils thought it was OK for young people of their age to use drugs.

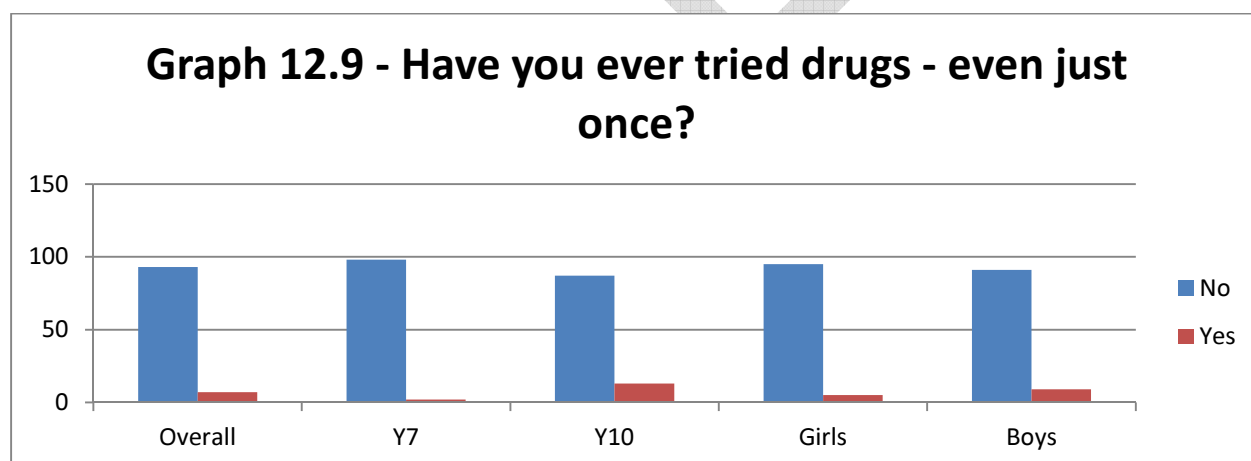
In 2014 3% of Y7 said it was OK to use drugs, this has reduced to 32 (2%) in 2015

In 2014 12% of Y10 said it was OK to use drugs, this has reduced to 119 (8%) in 2015

7% of boys said it was OK to use drugs, compared to 3% of girls

This has changed since 2014 when there was less than 1% difference in the opinions of boys and girls.

Graph 12.9 below shows the responses to a new question which was added for 2015 survey 32 (2%) Year 7 have tried some type of drug and 193 (13%) of Y10 said they have tried some type of drug



Information from the Health & Social Care Information Centre who carried out a survey in 2014 of 6173, 11 to 15 year old and the results said 15% of pupils said they had tried some drug. This is an higher average than Rotherham

The pupils were asked if and how often they had taken various types of drugs. The results are shown below and are split into separate graphs for year 7 and year 10 responses:

12.6 Highlights on Y7 and use of drugs

From previous survey results solvents has been the most popular drug tried by Y7.

The 2015 results show this has changed, out of the 32 (2%) of Y7 who said they had tried drugs

- 0% girls and 20% of boys have tried solvents
- 20% girls and 20% of boys have tried cannabis
- 20% girls and 20% of boys have tried legal highs

12.7 Highlights from Y10 use of drugs

From the 2014 survey results cannabis was the most popular drug tried by Y10

The 2015 results show this is still the same, out of the 193 (13%) of Y10 who said they had tried drugs

- 3% of girls and 6% of boys have tried solvents
- 2% of girls and 3% of boys have tried magic mushrooms
- 15% of girls and 24% of boys have tried cannabis
- 3% of girls and 3% of boys have tried ecstasy
- 2% of girls and 3% of boys have tried LSD
- 2% of girls and 3% of boys have tried Amphetamines
- 2% of girls and 6% of boys have tried cocaine
- 2% of girls and 2% of boys have tried heroin
- 2% of girls and 3% of boys have tried mephedrone
- 0% of girls and 3% of boys have tried ketamine
- 3% of girls and 8% of boys have tried legal highs

The use of solvents has almost disappeared from Year 7 with only 6 boys in Y7 saying they have tried solvents. The use of solvents in Y10 shows that 6 girls and 12 boys say they have tried them.

Cannabis is the highest tried drug with 29 girls and 46 boys in Y10 trying this drug. Whilst in Y7 6 girls and 6 boys said they have tried cannabis.

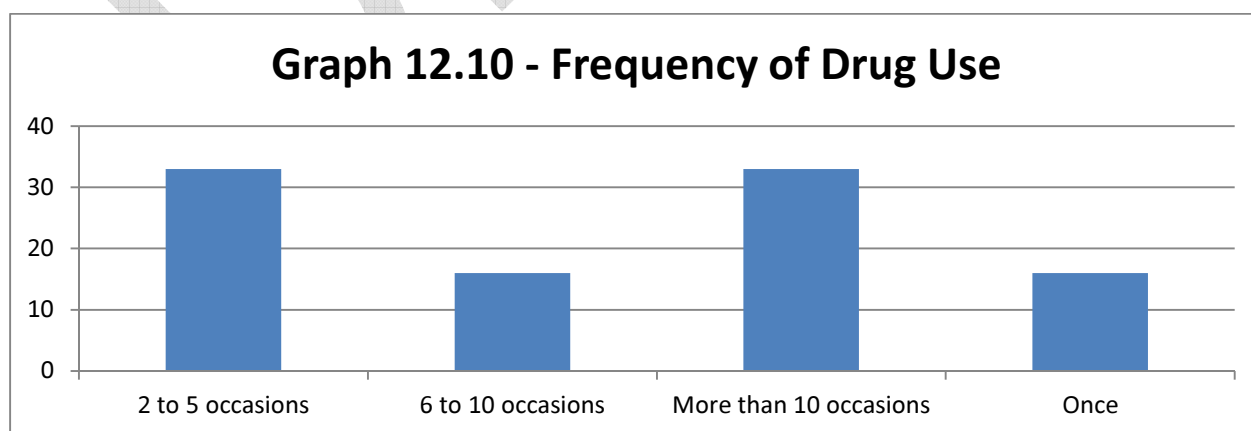
Legal Highs has increased in young people saying they have tried this drug

- Y10 - 15 boys and 6 girls have tried this type of drug
- Y7 - 6 girls and 6 boys have tried this type of drug

Out of the overall 225 pupils that said they have tried some type of drug

- 51% have tried this in the last month (between May to July 2015)
- 33% have tried this in the last year (between July 2014 to June 2015)
- 16% have tried this over 1 year ago (before June 2014)

Out of the overall 225 pupils that said they have tried some type of drug, they were asked how frequent this use drugs. Graph 12.10 below show their responses

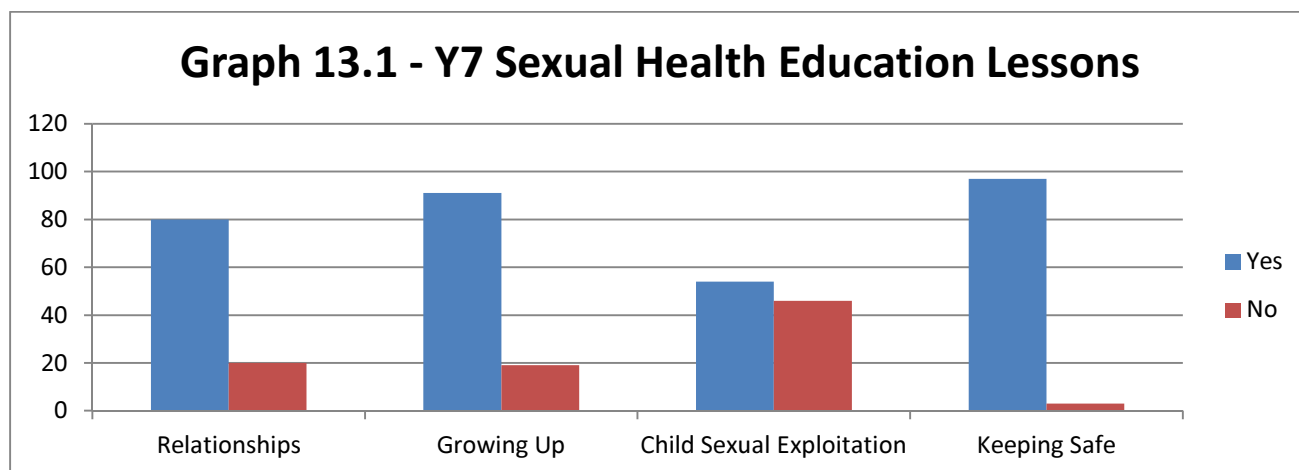


Overall out of 225 pupils that said they have tried some type of drug 11% would like help to stop taking drugs, this has reduced slightly from 12% in 2014.

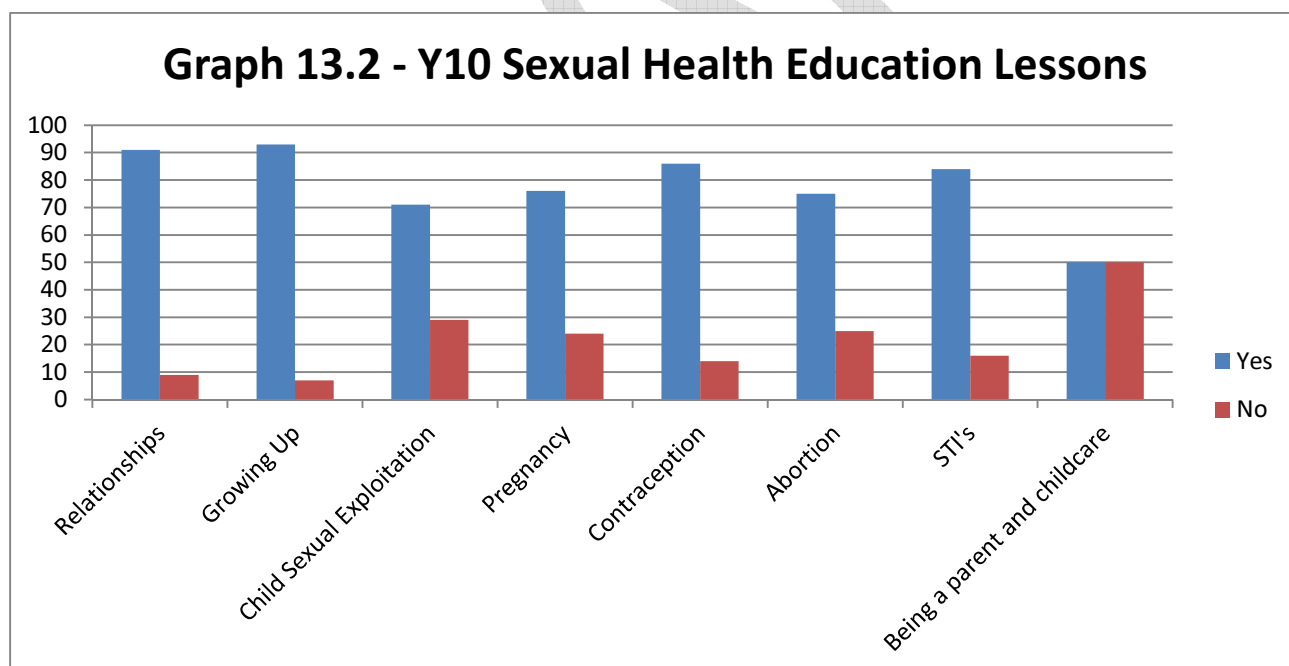
13. Sexual Health

In this section pupils were asked about what they have been taught at school in sexual health lessons. The survey looked at various individual sexual health topics, but different questions were asked of Y7 to Y10. Pupils were asked if they had been taught about the subject at school or not

Y7- Graph 13.1 below shows the responses from 1624 pupils in Y7



Y10 – Graph 13.2 below shows the response from 1486 pupils in Y10



The questions in relation to the teaching of child sexual exploitation was not asked for Y7 in 2014, but it was for Y10 and the response in 2014 was 60% of Y10 had been taught about this subject, therefore there has been an 11% increase in the number of young people in Y10 saying they have been taught about this subject. There is however 46% of Y7 and 29% of Y10 who said they have not been taught about child sexual exploitation.

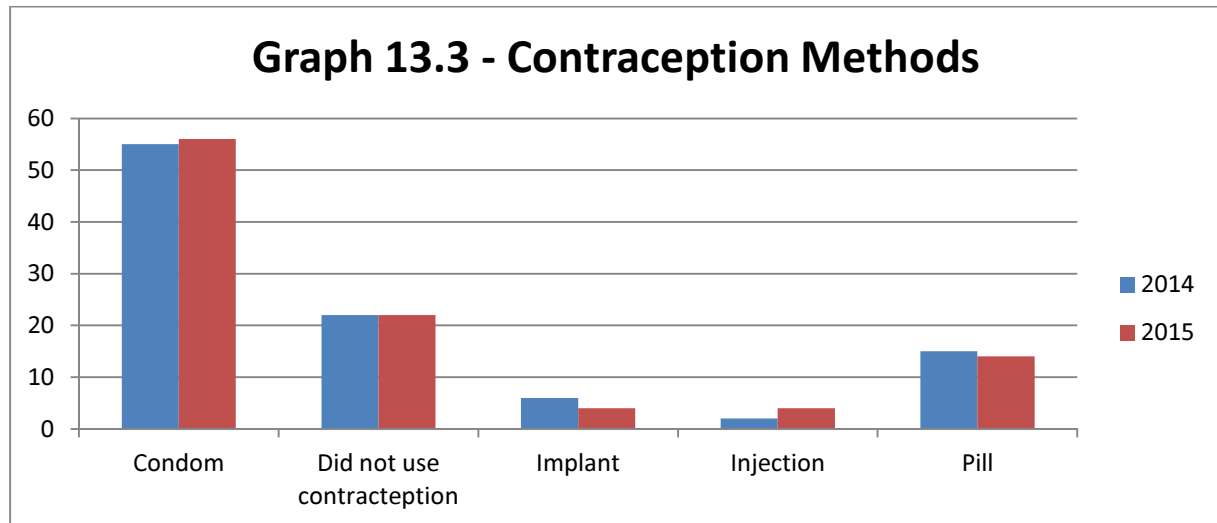
New questions were developed for 2014 survey around sexual activity. In 2014 25% of Y10 said they have had sex, in 2015 this has reduced to (431) 23%.

Slightly more boys said they have had sex, than girls.

Of these 431 pupils who said they have had sex 30 pupils (7%) said they have had sex after drinking alcohol this is a reduction from the 11% in 2014.

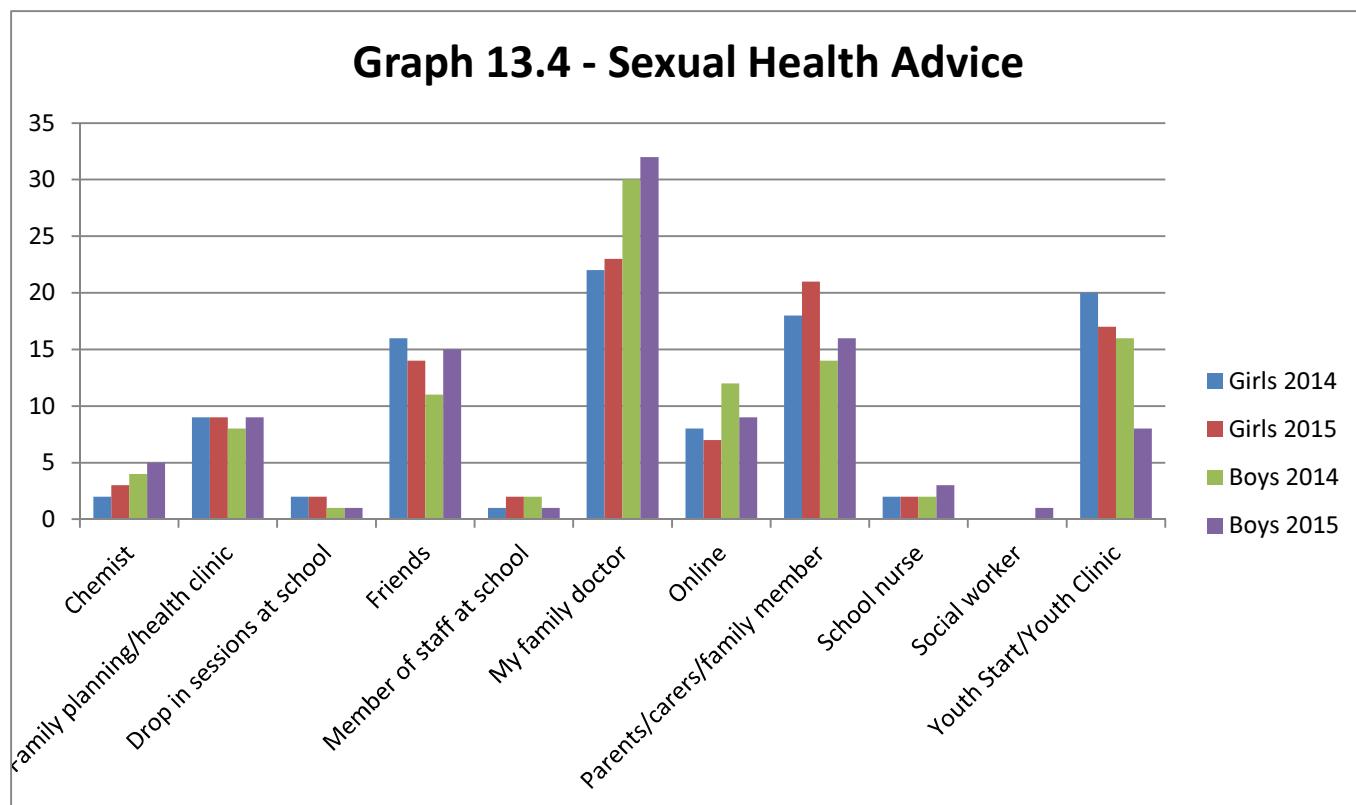
Questions were then asked to the 431 pupils who said they have had sex, about what type of contraception they used.

Graph 13.3 below shows information about the types of contraception they used 2014 & 2015.



The results for methods of contraception used is similar for both 2014 and 2015. Pupils saying they did not use contraception remains the same at 22%.

Year 10 pupils were then all asked where they would go for sexual health advice, information and services (split into male and female responses 2014/2015), detailed in graph 13.4 below



From the results in 2015 there has been an increase in the number of young people who said they would discuss or access sexual health service with their family doctor or discuss with their parents/carers. Boys are more likely to visit their family doctor rather than girls and girls are more likely to discuss this with parents/carers. There has been an increase in the number of pupils accessing information on-line, but a reduction in the number of pupils visiting a Youth Start/Youth Clinic for advice.

Both Y7 & Y10 were asked if they knew who their school nurse was, 45% said yes, this has increased from (40%) in 2014. More Y7 knew you their school nurse was (48%) compared to (41%) of Y10, this is change from 2014 results when more Y10 knew who their school nurse was.

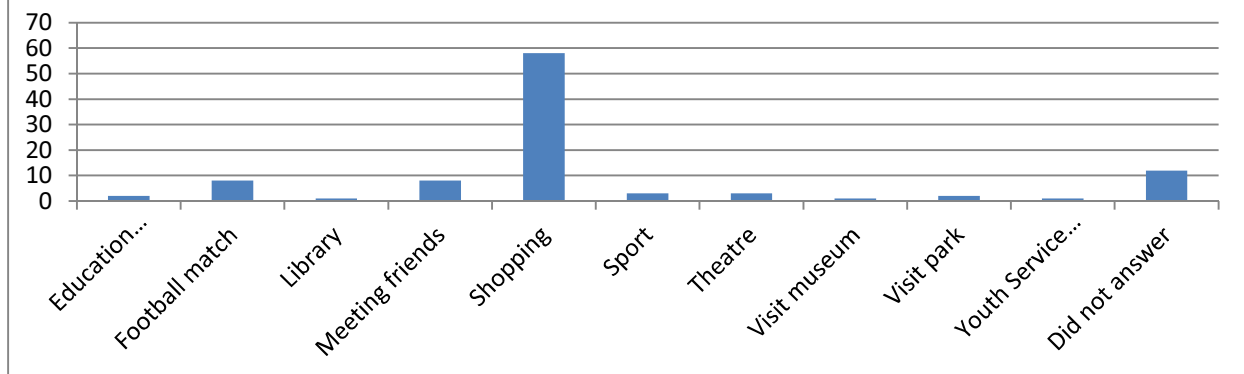
To capture information about the use of Youth Start/Youth Clinic, pupils in Y7 & Y10 were asked if they had ever visited one of these, overall 13% said they had (same % as 2014). More Y10 have attended 14% compared to 11% Y7.

14. Your Local Town and Community

14.1 Town Centre

To capture information about whether young people visit the Rotherham town centre, a series of questions are asked. Do you regularly go into Rotherham town centre (at least once a week). 965 (31%) of pupils said yes, this is down from 40% in 2014. For those 965 who said they visit the town centre further question is asked about the main reasons they visit they town centre, responses detailed in graph 14.1 below

Graph 14.1 - Reasons for Visiting Rotherham Town Centre



Overwhelmingly the main reason that young people go into the town centre is for shopping (same as 2014).

Young People were then asked about how safe they feel when they are in their local town or community. There has been a positive increase in all locations for pupils feeling safe.

Overall 2923 (94%) of pupils said they feel safe at home (increase from 91% in 2014)
 There was also an increase in pupils feel safe at school up to 1742 (56%) from (54% in 2014)
 Feeling safe in their local community has also increased 1151 (37%) from (33% in 2014). Far more Y10 said they felt safe in their local community (43%) compared to (31%) Y7.

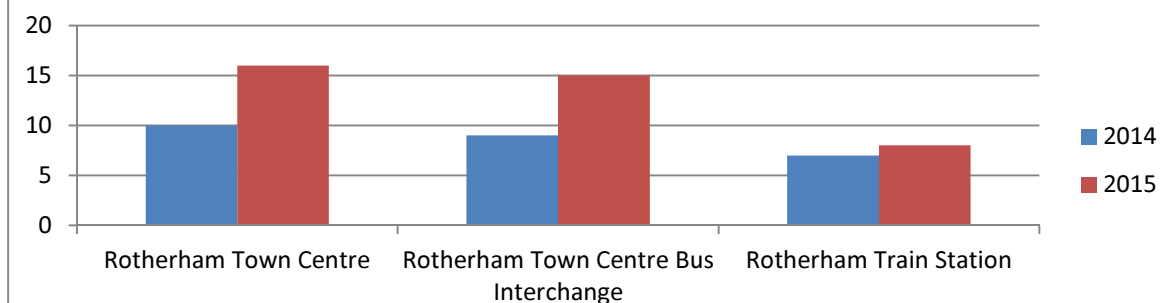
Pupils on the way to or from school who feel safe has increased from (27% in 2014) to 1337 (43%) in 2015. Again far more Y10 said they feeling safe when travel to and from school than Y7. Travelling on local buses or trains the number of pupils saying they feel safe has increased from (15% in 2014) to 622 (20%) in 2015

In 2014 for the first time, pupils were specifically asked about feeling safe in

- Rotherham Town Centre
- Rotherham Town Centre Bus Interchange
- Rotherham Train Station

Graph 14.2 below shows 2014 & 2015 responses, which show the improvements from the results in 2015.

Graph 14.2 - % Who said they feel safe in Rotherham



There has been a positive increase in the number of pupils saying they feel safe in Rotherham Town centre locations. Again Y10 are more likely to feel safe in these locations.

Those 2612 who said they did not feel safe in town centre locations were asked to say why they didn't feel safe. The 3 main reasons are being approached by strangers (24%), gang fear (16%) and lack of visible security in these locations (11%)

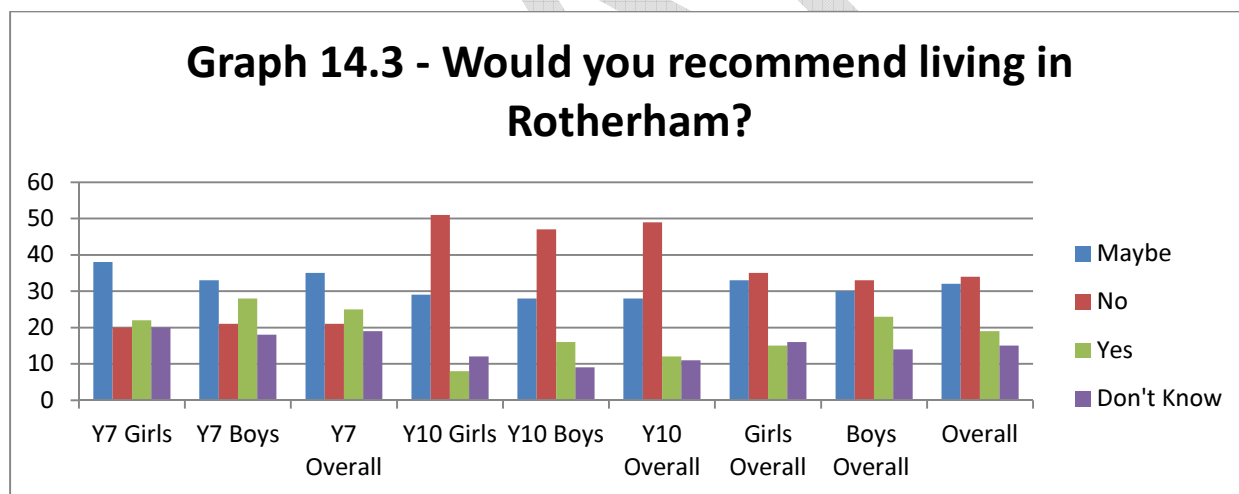
14.2 Your Local Community

Out of the young people who completed the survey, in relation to the facilities that pupils use the most in their local areas are shops (84%); Skate Parks (47%); Sports & Leisure facilities (43%); Country Parks (27%); Libraries (20%) and Museums/Theatre (12%)

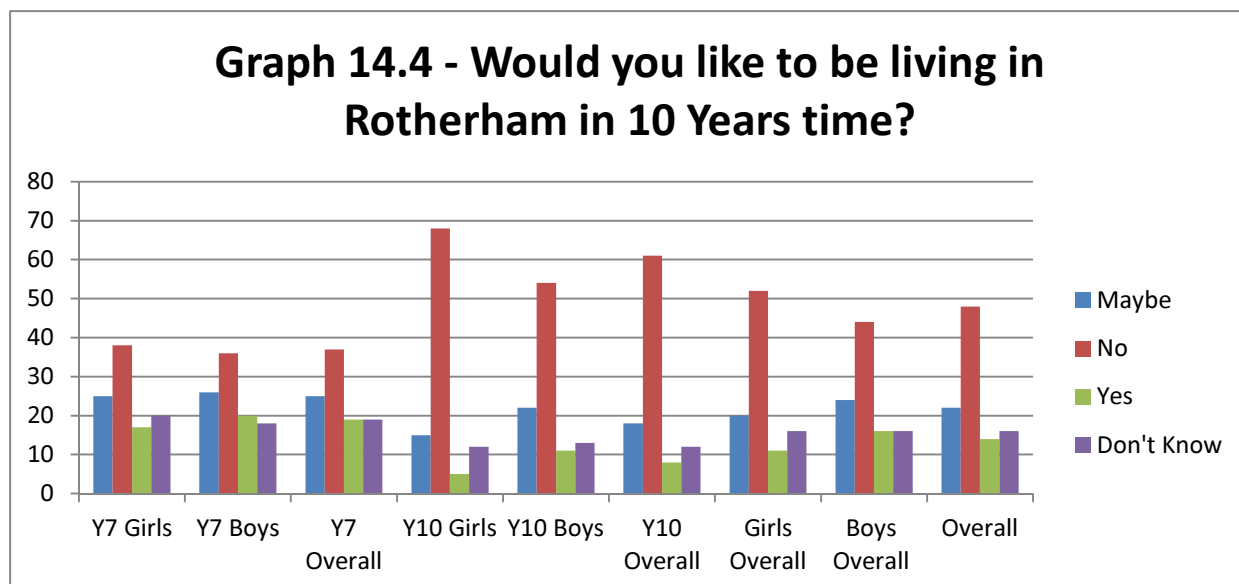
Pupils were asked which statements best described the way in which people from different backgrounds get on with each other. The results show:

The majority of pupils felt that people from different backgrounds mixed well together in their area but there were a few problems (41% compared to 44% in 2014). The number saying that people from different groups do not get on well together has gone down from 9% last year to 6% this year.

New questions were asked for the 2015 survey to capture the views of young people around their thoughts about living in Rotherham. This will set a baseline on the views of young people, as Rotherham moves to become a child-centred borough, the graphs 14.3 and 14.4 below give the detailed responses to two specific questions the 3110 young people responding.



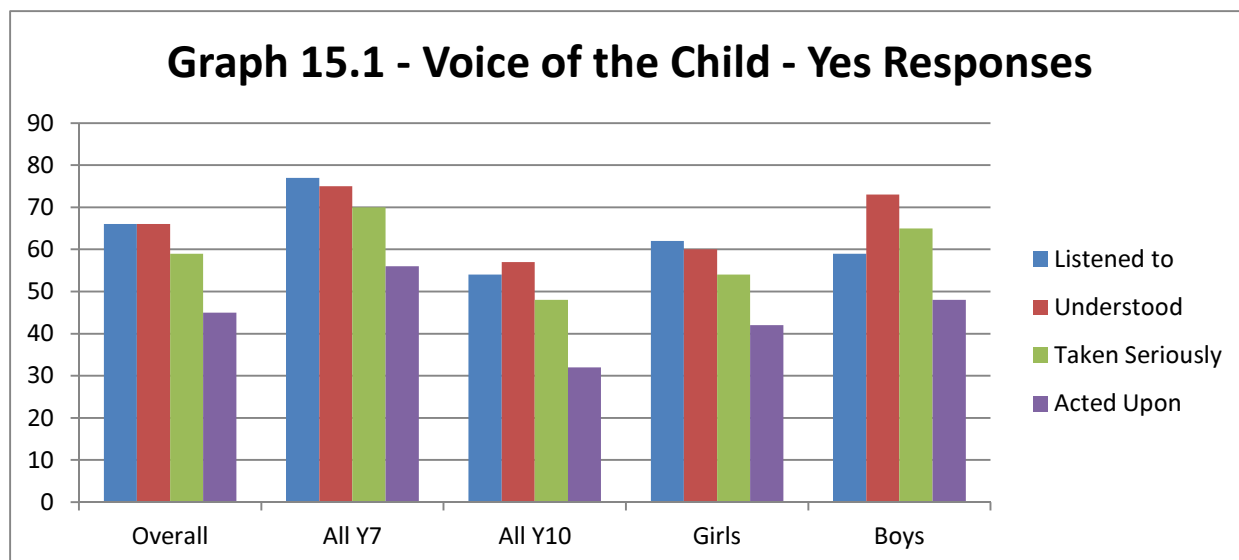
Overall 1057 (34%) gave the response that 'no' they would not recommend Rotherham to their family or friends as a good place to live. More Y10 gave a negative response to this question and more girls than boys gave a negative response.



Overall 1493 (48%) gave the response that 'no' they would not like to be living in Rotherham in 10 years' time. Significantly a higher % of Y10 gave a negative response to this question, than Y7. Out of 1486 Y10 pupils 906 (61%) said they would not like to be living in Rotherham in 10 years' time compared to 1624 Y7 pupils 600 (37%). More girls than boys said they would not like to be living in Rotherham in 10 years' time.

15. Your Views & Experiences

New questions were added to the 2015 survey, to capture from young people whether they feel their views and experiences are listened to, understood, taken seriously and then acted upon. The number of pupils who responded yes to these questions, is detailed in the graph 15.1 below



There were positive responses regarding pupils being listened to, understood and taken seriously, but there is then a decrease, going as low as 475 pupils (32%) of Y10 saying what they have had to say is acted upon.

Further work needs to be done to understand their reasons for this and how this can be addressed moving forward.

Rotherham
Voice of the Child
Education Lifestyle Survey
2015

Trends Analysis
Year 7 and Year 10
2013 - 2015

Contents

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1. Food and Drink

Are you worried about your weight: –
Year 7

	2013		2014		2015	
	Boy	Girl	Boy	Girl	Boy	Girl
Yes	17%	34%	19%	32%	20%	31%
No	83%	66%	81%	68%	80%	69%

Are you worried about your weight: –
Year 10

	2013		2014		2015	
	Boy	Girl	Boy	Girl	Boy	Girl
Yes	16%	57%	15%	42%	12%	38%
No	84%	43%	85%	58%	88%	62%

How many high energy drinks would you usually drink in one week (e.g. Red Bull/Monster) –
Year 7

	2013	2014	2015
I do not drink energy drinks	59%	52%	56%
1-3	28%	33%	32%
4-7	8%	9%	7%
8-10	2%	2%	1%
10+	4%	5%	4%

How many high energy drinks would you usually drink in one week (e.g. Red Bull/Monster) –
Year 10

	2013	2014	2015
I do not drink energy drinks	41%	42%	55%
1-3	39%	36%	29%
4-7	11%	12%	9%
8-10	3%	3%	2%
10+	7%	6%	6%

2. Feeling Safe

I usually feel safe when I am –
Year 7

	2013	2014	2015
In my local community	26.9%	28%	31%
At home	89.7%	92%	94%
At school	51.3%	49%	51%
on the way to or from school	27.7%	20%	24%
On local buses or trains	17.5%	10%	14%
*In Rotherham town centre	11.8%	8%	10%
*At Rotherham Town Centre Bus Interchange	Not Asked	6%	13%
*At Rotherham Train Station		5%	2%
None of these		4%	-

If you have answered that you do not feel safe in *Rotherham Town Centre, *Rotherham Town Centre Bus Interchange or *Train Station what is the main reason you do not feel safe in these locations –

Year 7

	2013	2014	2015
Lack of visible security i.e. police, warden	Not Asked	9%	10%
People standing outside pubs		11%	4%
Being approached by strangers		21%	24%
Being approached by drunks		5%	10%
Football match days		3%	3%
Being alone		12%	8%
Dark Nights		9%	4%
Poor lighting		6%	0%
Gang Fear		1%	13%

I usually feel safe when I am –
Year 10

	2013	2014	2015
In my local community	30%	47%	40%
At home	90%	92%	94%
At school	53%	59%	67%
on the way to or from school	32%	38%	67%
On local buses or trains	21%	23%	32%
*In Rotherham town centre	13%	9%	18%
*At Rotherham Town Centre Bus Interchange	Not Asked	19%	20%
*At Rotherham Train Station		4%	18%

If you have answered that you do not feel safe in *Rotherham Town Centre, *Rotherham Town Centre Bus Interchange or *Train Station what is the main reason you do not feel safe in these locations

Year 10

	2013	2014	2015
Lack of visible security i.e. police, warden	Not Asked	13%	11%
People standing outside pubs		2%	3%
Being approached by strangers		19%	20%
Being approached by drunks		12%	7%
Football match days		1%	4%
Being alone		11%	11%
Dark Nights		3%	7%
Poor lighting		1%	2%
Gang Fear		16%	17%

3. Smoking

In your opinion do you think it is OK for young people of your age to smoke? –
Year 7

	2013		2014		2015	
	Boy	Girl	Boy	Girl	Boy	Girl
Yes	Not Asked		3%	4%	6%	4%
No			97%	96%	94%	96%

Do you smoke cigarettes at all –
Year 7

	2013		2014		2015	
	Boy	Girl	Boy	Girl	Boy	Girl
Yes	Not Asked		2%	1%	3%	2%
No			98%	99%	97%	98%

In your opinion do you think it is OK for young people of your age to smoke? –
Year 10

	2013		2014		2015	
	Boy	Girl	Boy	Girl	Boy	Girl
Yes	Not Asked		28%	32%	23%	15%
No			72%	68%	77%	85%

Do you smoke cigarettes at all – **Year 10**

	2013		2014		2015	
	Boy	Girl	Boy	Girl	Boy	Girl
Yes	Not Asked		12%	12%	8%	10%
No			88%	88%	92%	90%

4. Child Sexual Exploitation Awareness

In School I have been taught about these topics:

Child Sexual Exploitation –
Year 7

	2013	2014	2015
Yes	Not asked	Not asked	54%
No			46%

Child Sexual Exploitation –
Year 10

	2013	2014	2015
Yes	Not asked	50%	53%
No		50%	47%

5. Leaving School

What do you hope to do when you leave school?

Year 10

	2013	2014	2015
Go to college to get qualifications then move to university	50%	43%	47%
Go to college then move to get a job	18%	21%	19%
Get a job straight from school	6%	6%	5%
Get an apprenticeship	12%	12%	9%
Start my own business	-	2%	1%
I haven't decided yet	13%	15%	18%
Be unemployed	1%	0%	1%

Council Report

Improving Lives Select Commission – 29th June 2016

Title

Children & Young People's Services (CYPS) 2015/2016 Year End Performance

Is this a Key Decision and has it been included on the Forward Plan? No

Strategic Director Approving Submission of the Report

Ian Thomas, Children and Young People's Services

Report Author(s)

Deborah Johnson (Performance Assurance Manager – Social Care)

Anne Hawke (Performance Assurance Manager – Early Help)

Ward(s) Affected

All

Summary

- 1.1 This report provides a summary of performance under key themes for Children's Social Care Services at the end of the 2015/16 reporting year and will be presented to Cabinet on an annual basis. It should be read in conjunction with the accompanying performance data report at Appendix A which provides trend data, graphical analysis and benchmarking data against national and statistical neighbour averages.

Recommendations

- 2.1 The Improving Lives Select Commission is asked to receive the report and accompanying dataset (Appendix A) and consider and comment on issues arising.

List of Appendices Included

Appendix A – Children's Social Care Annual Performance Report (March 2016)

Appendix B – Letter from Ofsted "Outcome of improvement work undertaken in Rotherham, August 2015-April 2016" dated 13 June 2016

Background Papers

Ofsted Improvement Letter

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Cabinet 11th July 2016

Council Approval Required No

Exempt from the Press and Public No

Title: Children & Young People's Services 2015/2016 Year End Performance

1. Recommendations

- 1.1 The Improving Lives Select Commission is asked to receive the report and accompanying dataset (Appendix A) and consider and comment on issues arising.

2. Background

- 2.1 This report evidences the council's commitment to improvement and providing performance information to enable scrutiny of the improvements and the impact on the outcomes for children and young people. It provides a summary of performance under key themes for Children's Social Care Services at the end of the 2015/16 reporting year and also represents the monthly report for March 2016. It should be read in conjunction with the accompanying performance data report which provides trend data, graphical analysis and benchmarking data against national and statistical neighbour averages.
- 2.2 Targets, including associated 'RAG' (red, amber, green rating) tolerances, were introduced in September 2015 against appropriate measures. These have been set in consideration of available national and statistical neighbour benchmarking data, recent performance levels and, importantly, Rotherham's improvement journey.
- 2.3 As the end of the 2015/16 reporting year has now been reached it is important that there is a review of the measures in the report, their targets and any associated tolerances and that appropriate adjustments or additions are made for 2016/17. This will ensure continued retention of the right focus on the effectiveness of services and achieving good outcomes for children and young people in relation to local priority areas for improvement. For example, one of the priorities is to reduce the number of children in care being placed in residential care, so in future there will be a performance measure to help with the monitoring of progress in this regard.

3. Key Issues

- 3.1 Table one and two below highlights some of this year's achievements and areas for further improvement.

Table 1: Examples of good and improved performance in the last 12 months

- | |
|---|
| <ul style="list-style-type: none"> • Multi-Agency Safeguarding Hub (MASH) response rates are high: 96.5% at contact and 92.8% for referrals received in the full year. Recent data shows performance is regularly above 98%. • The assessment backlog of 313 has been eradicated. At year end there were no open assessments over 45 days. • Assessments completed in 45 working days improved from 70.1% in 2014/15 to 92.8% in 2015/16, with in-month performance reaching 98.4%. Audit work is also |
|---|

reporting improvements in the quality of assessments.

- Children in Need (CIN) with up-to-date plans improved from 65.1% in 2014/15 to 98.6% in 2015/16.
- In month data for up-to-date Child Protection Plans (CPPs) is regularly above 98% and at year end was 100%.
- Percentage of Initial Child Protection Conferences within 15 working days has improved from 65% in 2014/15 to 88.3% for 2015/16. March performance is 94.1%.
- A review of all long term CPPs has reduced the percentage open for 2 years from 4.2% in 2014/15 to 0.8% in 2015/16.
- A reconfiguration of services has increased management oversight and ensured that caseloads are now consistently at manageable levels for workers across the service.
- The performance of Looked After Children (LAC) visits over the year against national minimum standards is good at 96.5%. However against the very aspirational local 28 day target of 90% performance at 80.2% needs to improve.
- The new national measure relating to days between 'becoming LAC and adoption placement (A1) is performing significantly better than the government benchmark with a reduction from an average of 661 days in 2013/14 to 338.5 in 2015/16 (national data published end of Quarter 3 was 532 days national average).
- The number of Care Leavers with an up to date Pathway Plan has increased by nearly 20% to 97.5%
- Although further improvement work is needed on Health and Dental assessments, performance compared to last year has improved considerably. Health is now at 92.8% compared to last year's 81.4% and Dental is at 94.5% compared to 58.8%
- There has been good improvement within the year with 97.8% of children now having a PEP in place compared to 68.7% at the end of March 2015. 95% have a plan which is less than six months old compared to 76% at March 2015.
- The work of The Evolve Team (CSE) is consistently of a high quality with outcome of audits good or better and with 100% visits carried out, 100% Child Protection Plans in place and up to date during March 2016

Table 2 – Key areas for further improvement

- The number of Section 47 (S47) investigations is high and is currently the subject of an intensive review.
- The re-referral rate to social care, although declining in recent months, at 27.9% for March and 30.9% for the entire year, is still high compared to statistical neighbour and national benchmarking data.
- Timeliness of LAC reviews for the year was 83.3% a drop on the previous year's position of 94.9%. This was due to performance issues earlier in the year and equates to 15 children having at least one of their reviews go over time.
- The number of looked after children (LAC) who have had three or more placement moves in the year is far too high. Although the percentages are in line with national averages, the numbers are inconsistent with the aspirations for all children in care to benefit from a stable placement.
- Although there has been an increase in the number of PEPs during the year the

educational progress of looked after children needs to improve significantly.

- Quality of practice still not consistently good and supported by results of recent audit activity, which shows 25% of case work meeting high standard set by the authority.

3.2 Early Help

- 3.2.1 In the last six months there has been a significant redesign of Early Help services and the local Early Help offer. In October 2015 the new integrated Early Help locality service was created, bringing together staff from a range of previously separate services and professional disciplines. These include: Education Welfare, Youth Offending, Children Centres, Integrated Youth Support, Family Support and Troubled Families (Families for Change). This was swiftly followed by the establishment of the Early Help Triage Team to work alongside the social care Multi-Agency Safeguarding Hub (MASH).
- 3.2.2 The improved arrangements had an immediate impact with the previous backlog of Early Help Assessments, cleared within two weeks, with a month on month increase in contacts and referrals transferring from the MASH.
- 3.2.3 In February 2016 the weekly Step-Down Panel was introduced. Co-chaired by senior managers in Early Help and Safeguarding, the panel ensures that there is a consistent and robust process in place to manage, monitor and clearly record outcomes for all cases stepping down from Duty and Assessment teams and/or those whose Children in Need (CIN) plan has ceased. Since the panel began in February, 90 families have stepped down (232 children) to Early Help Locality Teams, along with making recommendations for nine families and 18 children to be worked with by partners.
- 3.2.4 Performance management arrangements have been developed for the new service and monthly monitoring is in place for the new reporting year (from April 2016). There is a mixture of statutory, national and local indicators which will evidence the effectiveness of service delivery and improvements over a period of time. In addition, success will be measured through wider impact measures including: reduction in children in need; increase in school attendance; increase in families engaging with Children's Centres and reduction in the proportion of young people not in education, employment or training (NEET).

3.3 Contact and Referral

- 3.3.1 The Rotherham MASH went live in April 2015. Processes and performance were reviewed during May 2015 and some key remedial actions were taken in response. A recent independent review of the MASH reported to the Children's Improvement Board

in March 2016 that whilst there was still further work to do, 'enormous progress' had been made in a very short space of time.

- 3.3.2 Overall there has been a 16% increase in contacts with 12,165 in 2015/16 compared to 10,517 in 2014/15. The numbers of contacts into the system rose in the early months of the year and then has remained relatively stable with approximately 1,000 being received every month. The independent review of the MASH stated that there will be a number of factors that impact on the general volume of contacts. One is that as confidence in the competence and responsiveness of the service increases there would be an expectation that contacts from some sources would rise. Then as key safeguarding partners increase their understanding about thresholds for social care it might result in contacts from some sources seeing a reduction. Finally, as the Early Help pathway (launched on 18th January) is further embedded and better understood, families who might previously have been referred to social care will be re-directed at source into a more appropriate Early Help service.
- 3.3.3 When the past 12 months' data is reviewed it appears that contacts made by education, which includes schools, have risen over the past few months. On the basis of feedback from schools it is understood that this is indicative of an increased confidence in the quality and helpfulness of the service at the "front door". There has been some reduction in the number of contacts from health services which may be an indication of better understanding of thresholds for social care. This has been an area of awareness raising that has been worked on in recent months. The majority of contacts from the Police relate to domestic abuse notifications. There has been a strengthened daily triage system put in place to deal with these. The Independent Domestic Abuse Advisor works with a MASH Social Worker to assess cases. This guarantees immediate actions are in place to ensure the safety of the individual and any children involved. The improved Early Help pathway will assist over time in effectively diverting some contacts directly into Early Help services via the Early Help Triage team and through step-down of cases via the Early Help Panel.
- 3.3.4 The MASH response rate is good. A total of 96.5% contacts and 99.0% referrals had decisions made within timescales. The quality of these decisions has been validated by Ofsted during three separate improvement visits and by the independent review reported to the Improvement Board in March 2016.
- 3.3.5 Similar to contacts, month on month social care referral numbers are consistent at approximately 400 per month (around 40% of contacts). In total there have been 4,915 referrals in 2015/16, a 9% increase on the 4,513 in 2014/15. There has been a month on month downward trajectory in the proportion of these which are re-referrals; following a mid-year high of 35.3% in August 2015 this has now reduced to 27.9% in March 2016. Improvements in the

quality of first time assessments and the developing early help offer are both understood to have supported better performance in this area.

- 3.3.6 In addition, as the MASH has developed, more work is undertaken at referral stage in terms of information sharing and effective triage before progression to assessment teams. This is resulting in fewer referrals converting to assessment, with 77.6% in March 2016 compared to 87.1% in April 2015. This in turn allows for social care resources being better targeted to need and families receiving a more appropriate response. The independent review of the MASH (2016) found that “social work analysis and articulation of need, harm and risk within the MASH is good”, far better than in many other local authority settings visited. This is apparent in social work analysis and the recommendations being made by decision makers.

3.4 Assessments

- 3.4.1 Although the numbers of contacts and referrals have both increased over the last 12 months, the reduction in the conversion of referral to assessment means that fewer assessments are now being started. Feedback from workers and auditors, however, suggests an increase in the complexity of the cases coming through. This may be indicative of improved practice in the duty teams resulting in more accurate recognition and analysis of both risk and need. There will be further observation and analysis of this over coming months.
- 3.4.2 The overall trend of the proportion of assessments resulting in 'No Further Action' is downwards, which is a positive reflection of the improvement in quality of decision making and application of thresholds. The downward trend of repeat referrals supports this view. Whilst it has been positive to see an increase in step down decisions as opposed to closure of cases it is better for families to be directed straight into early help wherever possible rather than be routed through social care in the first instance. As early help pathways and triage systems become more familiar to referring partner agencies, the numbers of contacts, referrals and then assessments in social care should start to decrease. The early help data is starting to show an increase of work redirected at both contact and referral stage, which may also account in part for the reduction in the numbers of assessments as well as a reduction of step down at the conclusion of social care assessment.
- 3.4.3 Early in 2015 additional short-term resources were put in place to address significant backlogs of work within the assessment service. Over the summer, when these resources were removed, there was a period of time when the number of open assessments over timescales increased, which then in turn impacted on performance in the autumn. A combination of the reduction in volume of work, changes to the way duty teams are organised and increased management grip has seen a significant improvement in the

timeliness of assessment completion again in March with 98.4% of assessments completed within 45 working days compared to a low of 83.9% in November. In total 92.8% of all assessments completed in 2015/16 were completed in time compared to 88.8% in 2014/15.

- 3.4.4 Although the above performance information is important, an emphasis on quality in Children and Young People's Services remains a priority and this will continue to be monitored and tested to ensure that the drive to improve timeliness is not at the cost of achieving best practice. Feedback from the March 2016 Ofsted improvement visit stated, "No widespread or serious concerns. Clear improvement in practice and management oversight since the last visit in October 2015". (Appendix B) Whilst the inspector identified a number of examples of 'good' assessments during her visit there remains further work to do to ensure consistently good quality assessments are produced right across the service.

3.5 Plans

- 3.5.1 The introduction and then embedding of weekly exception reports and team level performance management meetings in 2015 has resulted in significant and sustained improvement in the proportion of children, across all case types with an up-to-date plan.
- 3.5.2 At the end of 2014/15 only 65.1% of eligible Children in Need (CIN) had an up-to-date plan. As of the end of 2015/16 this has now improved to 98.6%. Any missing Child Protection Plans (CPPs) had, on the whole, already been addressed by the end of the 2014/15 reporting year with performance at 97.6%, however, month on month data demonstrates that current CPP's are now well embedded with performance rarely dropping below 99.5% (showing 100% at year-end).
- 3.5.3 Similarly to CPP's, the rate of Looked After Children (LAC) with plans is consistently good over the year at over 98%. The 2015/16 year end position of 98.4% shows that there has actually been a negligible drop of 0.4% since the 2014/15 figure of 98.8%. Pathway plans for care leavers have seen a significant improvement of nearly 20% to 97.5% when compared to last year.
- 3.5.4 It is well understood that the quality of plans is crucial in terms of securing good outcomes for children and this will continue to be the focus of the 'Beyond Auditing' work that is underway across the localities. The new LAC management team in the Children in Care service is renewing the focus on both the completion of plans and their quality. All exceptions are reviewed at least on a fortnightly basis by senior managers and more frequently by operational managers to understand, at an individual child level, the reasons for any absence of a plan to enable appropriate action. Work is underway to make the children in care plans more young person friendly and this work will be undertaken in consultation with children and young people.

3.6 Visits

- 3.6.1 Improvements in visiting rates also clearly demonstrate the effectiveness of the weekly performance management processes.
- 3.6.2 At the end of March 2016, 99% of children subject to a CPP had been seen within timescale, compared to 92% at the end of March 2015.
- 3.6.3 In relation to children in care, performance in LAC visits within the national minimum standards has improved in recent months to 98.1%, broadly in line with the previous year's outturn. Over the year there has been a steady rate of improvement achieved against the local standard which is highly ambitious and aspirational, which exceeds the national minimum, from 73% to 80.2%. This improvement needs to continue as this is still not considered good enough, so it will remain an area of focus with sustained management attention. It is worth noting that there are some children in care who, due to their individual needs, are visited more frequently than the Rotherham local standard.
- 3.6.4 Each week, any child who does not have an up-to-date visit, is examined on an individual basis to ensure that they have been visited and to ensure the reason for the lateness is understood and remedial action taken where necessary.

3.7 Section 47

- 3.7.1 As reported throughout the year, Section 47 (S47 - a duty to make enquiries if there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm) investigation numbers are very high and are currently the subject of intensive review. In March there were 164 Section 47's started, the highest month of the year, (average per month 123). The rate per 10,000 population of 262.1 is significantly higher than the statistical neighbour average of 141.3.
- 3.7.2 The Head of Safeguarding and Quality Assurance led a review and a report was submitted to the CYPS Performance Board at the end of May 2016. The outcome indicates that the high numbers of S47s reflect an ongoing lack of confidence in addressing the presenting risk for the child in any way other than by S47 and child protection investigation. This risk averse practice is not uncommon in authorities in intervention. Although this is not indicative of practice that has children being left at risk of significant harm, (in child protection terms), it must still be addressed as it is an over interventionist style of social work practice. This is often not effective in engaging families for the longer term.

- 3.7.3 Outcomes of completed S47s point to a high proportion of cases where, while concerns were substantiated, children have no continuing risk of significant harm and therefore do not need to be progressed to child protection conference (52.9% in March). This suggests that a normal level of assessment, (Section 17 – duty to safeguard and promote the welfare of children who are in need) rather than a S47 investigation may have been a more appropriate response. The review also identified multiple other practice issues requiring attention on a single and multi-agency basis. An action plan has been prepared and work to address these issues are underway.
- 3.7.4 Significant data validation issues identified earlier in the year relating to Initial Child Protection Conferences (ICPCs) have now been addressed and the performance data report amended to show in-month data rather than 'rolling year'. This has allowed for clearer understanding of current performance trends.
- 3.7.5 In 2015/16, 88.3% of the total ICPCs were carried out within 15 days which is better than the latest statistical neighbour and national averages. Monthly data demonstrates that current performance is now higher than 90% with an average of only one conference missing timescales each month. The reasons for not meeting timescales are reported to senior managers and recorded on each case. These will continue to be monitored and it is expected that there will be better consistency month-on-month and further improvement overall. In March performance was at 94.1%, the one initial conference which went over the 15 days was a result of late booking on the part of one of the locality teams. This matter has been addressed by the manager concerned.

3.8 Children in Need

- 3.8.1 There is no good or bad performance in relation to numbers of Children in Need (CIN) although it is important to monitor against statistical neighbour and national averages as numbers considerably higher or lower than average can be an indicator of other performance issues. At the end of March there were 1430 CIN, when combined with the those subject to child protection plans (CPP) this equates to a rate of 320.0 per 10k population; a reduction on the previous month and broadly in line with the national average of 337.3.
- 3.8.2 One of the measures of success of the early help offer will be, over time, a reduction in the numbers of CIN as families are offered support at an earlier point before concerns escalate. This is in addition to ongoing support from Tier 2 (targeted services) as they are stepped down and out of statutory intervention. It is far too early in the development of the early help provision to conclude that the last three months' reduction in numbers is the beginning of a trend. It is more likely that it represents a recent review of all open CIN cases during the reconfiguration of the locality teams, which has led

to closure and stepping down of some cases where appropriate. It is predicted that for a period of time numbers of CIN may rise as those with a child protection plan reduce.

3.9 Children on Child Protection Plans

- 3.9.1 At the end of March 2016 there were 369 children subject to a CPP, which is a significant reduction on March 2015 when there were 433. However, the rate per 10,000 population of 65.4 demonstrates that this is still high when compared to statistical neighbours and the national average of 46.1 and 42.9 respectively.
- 3.9.2 It is expected that the numbers will continue to fall as practice improves, CPPs are worked more effectively and managers become more confident in their decision making. Children's Social Care is already more robust in ensuring that only children, where likely or actual significant harm has occurred, are taken to conference and in ensuring that the threshold for a plan is met. The overall downward trend in CPPs adds further weight to the need to address the high numbers of child protection investigations which are still being undertaken.
- 3.9.3 Of the children subject to a CPP plan at the end of the year, 94.2% of their reviews over the entire year were completed in time which is a decline on the previous year which was 96.5%. In month, performance for March was 98.9% with only one child whose review could not take place in timescales, due to a parent arriving at the conference intoxicated and a decision was rightly taken to postpone the review. This was reconvened and completed the following week. The reasons for any late reviews are scrutinised and when necessary, management action is taken. There have been a number of occasions when family issues have been the reasons for conferences being postponed and these have outnumbered the occasions that there has been fault on the part of the service.

3.10 Looked After Children (LAC) (also known as children in care)

- 3.10.1 At the end of March there were 432 children in care which equates to 76.6 per 10,000 population. Although this still places Rotherham broadly in line with statistical neighbours it is far higher than the national average and there is an upward trajectory as admissions to care have increased as predicted.
- 3.10.2 'Edge of care' arrangements need to be strengthened over time to prevent the need for children to come into care and developing this service forms a key strand of the Children In Care Sufficiency Strategy. This is particularly the case in respect of adolescents entering the care system for the first time. Outcomes are rarely improved for young people coming into care in adolescence and work will commence over the next few months to develop a service specifically to work with this group. During the last period there was a particularly large sibling group of younger children admitted which

has impacted on the admissions figures. The use of "Family Group Conferences" is being explored to ensure that any opportunities for children to remain within their families are utilised.

3.10.3 It is not unusual for numbers of children in care in an authority in intervention to rise as action is taken to address cases which have been drifting previously. The rise in the numbers of care proceedings in Rotherham is testimony to this happening locally. There is no feedback from the courts to suggest that any children are being brought before them unnecessarily. Over the next 12 months it would be expected for the position to plateau and then start to reduce gradually, as edge of care services are developed and family alternatives to care are properly explored before the initiation of care proceedings.

3.10.4 Of the eligible children in care 83.3% of their reviews over the entire year were completed in time which is a decline on the previous year which was 94.9%. This equates to 15 children having at least one review over timescales and relates to performance issues earlier in the year. Of the reviews held in March, 99% were within timescales with only one child whose review could not take place in time. The reasons for any late reviews are fed back to managers and action taken to address any practice issues.

3.11 Looked After Children - Placement Stability

3.11.1 At the end of March, 72.7% of long term LAC has been in the same placement for at least two years. This placement stability is better than the national average of 67%; however, it is important to be confident that what appears to be stability is not and in fact masking a drift in planning for children. The sufficiency strategy identifies that there are too many children placed in residential care. Work which commenced in January 2016 to address this has resulted in a number of young people being identified who will be moving to more local provision over the next few weeks and months. This may impact on the long term stability indicator but will result in better outcomes for those individual young people identified.

3.11.2 A total of 11.9% of LAC have been in three or more placements in the last 12 months, this is broadly in line with national average of 11.0%.

3.11.3 Although placement stability measures compare well against statistical neighbours and national averages, performance in relation to children who have had three or more placement moves in a year is still of concern and in particular in relation to the numbers of children in care who have had missing episodes which count against this indicator. All children who have been missing or who are identified as being in 'unstable' placements are now subject to particular focus by way of regular 'Team Around the Placement' meetings. In the future they will also be considered as 'exceptions' in the fortnightly performance meetings. There remains much to do

in order to strengthen the quality of practice in the children in care service across the board.

3.12 Looked After Children – Health & Dental

3.12.1 Performance in relation to health and dental assessments was very poor in previous years and has been the focus of concerted joint effort resulting in improvement in the last 12 months from 81.4% (March 2015) to 92.8% (March 2016) for Health Assessments and from 58.8% (March 2015) to 95.0% (March 2016) for Dental Assessments.

3.12.2 However, in-month performance has been higher during the year and partners are working towards better consistency and outcomes for all Rotherham's LAC. Close monitoring through the weekly performance process means that any dips in performance are understood.

3.12.3 Quality Assurance processes of assessments within health, following completion, can create time lags between the assessment occurring and showing on the system as complete work is underway with health colleagues to reduce this.

3.12.4 From child level reviews of exceptions it is known that, in the main, those not having health or dental checks are the older young people who are recorded as 'refusers'. This is now being actively explored with health colleagues, regarding how the reviews can be promoted as something useful and young person friendly. Creative thinking is being used to ensure young people more actively engage. Encouragement will be focused with young people on the things that interest most young people such as weight, hair and skin as well as other aspects of health. Performance will continue to be very closely monitored.

3.13 Looked After Children – Personal Education Plans

3.13.1 Previously, education of Looked After Children was supported by the 'Get Real Team'. This team ceased to exist from the 1st of April 2015 and was replaced by a new Virtual School. The completion of the Personal Education Plan (PEP) moved to an E-PEP system in September 2015 (start of Autumn term). A revised PEP process is now in place with termly PEPs attended by a minimum of school, social worker and virtual school as well as LAC, carers, and other professionals. Extensive training has been provided to professionals on SMART (specific, measurable, achievable, realistic and timely) targets for PEP's to improve effectiveness in driving outcomes. A rigorous quality assurance process is in place with evidence of quality of PEP's improving. There is also an increase in the number of PEP's reflecting Pupil Voice. Prior to September 2015 PEP's were in place for compulsory school-age children only. PEP's are now in place for LAC aged 2 to 18th birthday.

3.13.2 There has been good improvement within the year with 97.8% of children now having a PEP in place compared to 68.7% at the end of March 2015. A total of 95% have a plan which is less than six months old compared to 76% at March 2015, although there is more to do to ensure that every child and young person has a plan in place and to ensure that none of these are older than a 'term'. Although this is positive, based on available data in 2015 educational outcomes for looked after children needs to improve significantly

3.14 Care Leavers

3.14.1 The number of care leavers is relatively stable throughout the year at between 190 and 200 young people. At the end of March this was 197.

3.14.2 A total of 96.5% of young people are in suitable accommodation, a slight drop on the previous year of 97.8%, but still above the national average of 77.8%. This equates to five young people not in suitable accommodation, of these four are in custody, and one (aged over 18) has made himself intentionally homeless. It is understood that more needs to be done to enhance the quality of the accommodation available as well as increasing the range of choices for young people. The service is taking steps to ensure that the best provision is available for Rotherham young people and increased planning will take place via a 16 + accommodation panel

3.14.3 A total of 68% of young people are in education employment or training, well above the national average (45%) but a drop on the previous year of 71% and disappointing in terms of the aspirations for Rotherham young people. This equates to 60 care leavers not being in education, employment or training (NEET). Work is underway to strengthen the offer to care leavers generally and tackling the need to support young people to be engaged in further education, training or employment will be given priority.

3.15 Adoptions

3.15.1 Performance each month can vary significantly given the size of the cohort which is always very small. There have been four adoptions in March taking the total for the reporting year to 43.

3.15.2 Given the small numbers it is most useful to look at a rolling twelve months than a month snapshot. Performance against the old national indicator relating to timeliness of adoption since the decision that the child 'Should Be Placed for Adoption' (SHOPBA) is low when compared to previous years at 53.5%. However, the new national measures relating to days between 'becoming LAC and adoption placement (A1)' and 'days between placement order and match with the adoptive family (A2)' demonstrate an improving trend over the last 3 years. In respect of A1 Rotherham is performing significantly better than the government benchmark with

a reduction from an average of 661 days in 2013/14 to 338.5 in 2015/16. (national published data at the end of Quarter 3 532 days national average). Similarly for measure A2 it has reduced from an average of 315 days in 2013/14 to 137.9 in 2015/16; however the government benchmark has not been met. This A2 target was not achieved due to six children with high level additional needs taking longer than usual to place. However, all six children did achieve permanency through adoption thus providing them with an excellent outcome of becoming part of a new family and no longer in the care system.

3.15.3 The number of RMBC adopters decreased in 2015/16 compared to previous years. This is partly attributable to increase robustness at screening stage to improve quality of pool combined with regional picture that is one of significant decrease in overall number of adopters being approved across local authorities. This is in line with the national trend.

3.15.4 In March only two out of the four children adopted had the order made within twelve months of the SHOPBA decision. These children had been placed with their adoptive parents for well over a year before the order was made because of some complexities in the therapeutic support that was required.

3.16 Child Sexual Exploitation (CSE)

3.16.1 It will be noted that there is no data specific to CSE in this report. The performance of the CSE service is retained within all core activity areas. For example; within the assessment timescales; within plans in place; both child protection and children in care and written visits to children with child protection plans and to children in care. In this regard, the headline performance of the CSE Team "Evolve" is as closely scrutinised in the fortnightly performance meeting as every other part of the service. The low caseloads in the CSE service results in the exceptions being very few and far between.

3.16.2 The nature and intensity of work being undertaken in the Evolve CSE Service results from the extreme vulnerability of individual young people and the complexity of their needs. While the caseloads of individual workers are subject to the same random sampling audit process as other teams across the service, the Head of Service routinely carries out audits of all cases open in the team as well as supporting other managers by auditing CSE work allocated within the locality and children in care services. Any remedial action resulting from audits within the CSE team are taken with immediate effect. Ofsted have randomly selected cases from the Evolve Service on three separate occasions.

3.16.3 All cases selected have been judged as 'good' by Ofsted. Furthermore Ofsted has identified areas of work related to the management of complex investigations with police, which were felt

to be worthy of noting as examples of national best practice, described as 'proactive, sensitive and robust'. The inspector also described months of proactive and tenacious work resulting in victims developing trusting relationships with social workers and police. The impact is, in many cases, young people making disclosures and identifying other victims.

3.16.4 All elements of work relating to CSE is also routinely scrutinised by the Rotherham Safeguarding Children's Board (RSCB) under the auspices of the CSE Strategic Sub Group.

3.17 Caseloads

3.17.1 Weekly performance meetings continue to examine caseloads for every social worker in detail. All those over 22 are examined and the reasons explained. For example, some senior social workers have students allocated to them and the student caseload shows under the supervisor's name. In the locality teams it is not unusual to have social workers holding families with large sibling groups (over five) which will impact on the overall number of cases (children). Caseloads in Children's Disability Service have now reduced significantly following a specific piece of work to ensure that cases were in the correct teams. The very low caseloads in the Child Sexual Exploitation (CSE) team reflect the complexity and intensity of the work undertaken and the numbers of cases that are co-worked and supported. Ensuring that social workers have manageable caseloads was a key priority for Rotherham and the current performance is testimony to what has been achieved in this regard.

3.17.2 Significant action has been taken over the year, including a full service reconfiguration, to ensure each team has sufficient capacity in terms of numbers of workers, but just as importantly, action has also been taken to ensure effective throughput of work in respect of timely transfers and closures as appropriate.

3.18. Ofsted Feedback – Improvement Visits

3.18.1 Ofsted wrote to the council on the 13th June with a summary of the findings of the improvement monitoring visits undertaken in Rotherham Children's Services between August 2015 and April 2016 (Appendix B). Her Majesty's Inspectors (HMI) undertook five visits over an eight month period. Each visit has involved two HMI on-site for two days.

3.18.2 Inspectors reviewed the progress of the Improvement Plan in the following areas:

- Contact and referral (MASH) August 2015
- Duty and assessment and area child protection teams October 2015 and March 2016

- Leadership and management March 2016
- Early help April 2016

3.18.3 During the visits inspectors considered a range of evidence including: electronic case records; supervision files and notes, observation of social work practice, performance information, policies and strategic planning documents and meetings with key partner agencies. Inspectors also spoke to a range of staff including managers, social workers, other practitioners, agency partners and administrative staff.

3.18.4 Ofsted provided feedback in relation to their findings and identified improvements that they found and also any areas for further improvement (Appendix B). The existing Children's Improvement Plan which is monitored robustly on a monthly basis by the Children & Young People's Improvement Board reflects the areas for improvement that OFSTED also identified.

4. Options considered and recommended proposal

- 4.1 The full service performance report attached at Appendix A represents a summary of performance across a range of key national and local indicators with detailed commentary provided by the service. Improving Lives Select Commission is therefore recommended to consider and review this information.

5. Consultation

- 5.1 Not applicable

6. Timetable and Accountability for Implementing this Decision

- 6.1 Not applicable

7. Financial and Procurement Implications

- 7.1 There are no direct financial implications to this report. The relevant Service Director and Budget Holder will identify any implications arising from associated improvement actions and Members and Commissioners will be consulted where appropriate.

8. Legal Implications

- 8.1 There are no direct legal implications to this report.

9. Human Resources Implications

- 9.1 There are no direct human resource implications to this report. The relevant Service Director and Managers will identify any implications arising from associated improvement actions and Members and Commissioners will be consulted where appropriate.

10. Implications for Children and Young People and Vulnerable Adults

- 10.1 The performance report relates to safeguarding services for children and young people.

11. Equalities and Human Rights Implications

- 11.1 There are no direct implications within this report.

12. Implications for Partners and Other Directorates

- 12.1 Partners and other directorates are engaged in improving the performance and quality of services to children, young people and their families via the Rotherham Local Children's Safeguarding Board (RLSCB). The RLSCB Performance and Quality Assurance Sub Group receive this performance report on a regular basis.

13. Risks and Mitigation

- 13.1 Inability and lack of engagement in performance management arrangements by managers and staff could lead to poor and deteriorating services for children and young people. Strong management oversight by Directorship Leadership Team and the ongoing weekly performance meetings mitigate this risk by holding managers and workers to account for any dips in performance both at a team and at an individual child level.

14. Accountable Officer(s)

Mel Meggs, Deputy Strategic Director (CYPS)
Mel.meggs@rotherham.gov.uk

Nicole Chavaudra, Joint Assistant Director Commissioning, Performance and Quality (CYPS)
Nicole.chavaudra@rotherham.gov.uk

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:- Named Officer - Joy Hobson

Director of Legal Services:- Named officer

Head of Procurement (if appropriate):- N/A

Name and Job Title.

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Children & Young People Services



Safeguarding Children & Families Annual Performance Report

As at : 31st March 2016

Please note: Data reports are not dynamic. Although care is taken to ensure data is as accurate as possible, delays in data input can result in changes in figures when reports are re-run retrospectively.

Document Details

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Created by: Deborah Johnson, Performance Assurance Manager - Social Care

Performance Summary

As at : 31st March 2016

"DOT" - Direction of travel represents the direction of 'performance' since the previous month with reference to the polarity of 'good' performance for that measure. Colours have been added to help distinguish better and worse performance. Key Below:-

- | | | | | | |
|---|--|---|--|---|---|
| ↑ | - increase in numbers (no good/bad performance) | ↑ | - improvement in performance | → | - no movement but within limits of target |
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	NO.	INDICATOR	GOOD PERF IS	DATA NOTE (Monthly)	LAST THREE MONTHS			Year to Date 15/16		DOT (Month on Month)	RAG (in month)	RAG (Year End)	Target and Tolerances			YR ON YR TREND		LATEST BENCHMARKING - 2014/15			
					Jan-16	Feb 16	Mar 16	YTD	DATA NOTE				Red	Amber	Target Green	2013/14	2014/15	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
CONTACT & REFERRAL (MASH)		EARLY HELP PERFORMANCE INFORMATION - SEE SECTION DETAILS PAGE																			
	2.1	Number of contacts	Info	Count	1100	1030	1092	12165	Financial Year	⬆️					n/a		10517				
	2.2	% Contacts with decision within 1 working day	High	Percentage	98.4%	98.7%	96.5%	96.5%	Financial Year	⬇️	🟢	🟢	<92%	92%>	95%						
	2.3	Number of contacts going onto referral (including MASH referrals)	Info	Count	394	393	402	4915	Financial Year	⬆️					n/a		4513				
	2.4	% of contacts going onto referral (including MASH referrals)	High	Percentage	35.8%	38.2%	36.8%	40.4%	Financial Year	⬇️			range to be set				42.9%				
	2.5	Rate of referrals per 10,000 population aged under 18 - rolling 12 month performance	Info	Rate per 10,000	1027.5	988.9	940.5	780.5	Financial Year	⬇️					n/a	689.8	800.2	655.4	333.9	548.3	
	2.6	% of referrals going onto assessment	High	Percentage	71.1%	70.0%	77.6%	77.6%	Financial Year	⬆️	🔴	🔴	<83%	83%>	86%	77.8%	69.6%	85.9%	99.7%	87.1%	
	2.7	% Referral decision was made within 48 hours	High	Percentage	96.4%	97.7%	99.0%	96.5%	Financial Year	⬆️	🟢	🟢	<92%	92%>	95%	56.3%	71.2%				
	2.8	% re-referral rate in the current month	Low	Percentage	29.4%	28.6%	27.9%	30.9%	Financial Year	⬆️	🔴	🔴	26%+	26%<	23%	n/a	n/a				
ASSESSMENTS	3.1	Number of assessments started	Info	Count	292	249	293	3996	Financial Year	⬆️					n/a	n/a	3780				
	3.2	% of assessments for children's social care carried out in 45 working days of referral	High	Percentage	92.7%	96.6%	98.4%	92.8%	Financial Year	⬆️	🟢	🟢	<83%	83%>	86%	n/a	70.1%	86.6%	100.0%	82.2%	
	3.3	Open assessments already past 45 working days	Low	Count	6	1	0		As at mth end	⬆️					n/a	n/a	8				
	3.4	% of completed assessments ending in - Ongoing Involvement	Info	Percentage	41.9%	42.9%	51.8%	43.6%	Financial Year	⬆️	🟢	🟡	<40%	40%<	45%	n/a	n/a				
	3.5	% of completed assessments ending in - No further action	Info	Percentage	33.5%	33.7%	32.1%	40.0%	Financial Year	⬇️					n/a	n/a	n/a				
	3.6	% of completed assessments ending in - Step down to Early Help / Other Agency	Info	Percentage	24.0%	22.4%	15.1%	15.3%	Financial Year	⬇️					n/a	n/a	n/a				
	3.7	% of completed assessments ending in - Out of area	Info	Percentage	0.6%	0.5%	0.3%	1.0%	Financial Year	⬇️					n/a	n/a	n/a				
	3.8	% of completed assessments ending in - Other/Not Recorded	Info	Percentage	0.0%	0.5%	0.7%	0.2%	Financial Year	⬇️					n/a	n/a	n/a				
S47's	4.1	Number of S47 Investigations	Info	Count	93	132	164	1478	Financial Year	⬆️					n/a	752	909				
	4.2	Number of S47 Investigations - rolling 12 month performance	Info	Count	1380	1404	1478			⬆️					n/a	n/a	n/a				
	4.3	Number of S47's per 10,000 population aged 0-17 - rolling 12 month performance	Info	Rate per 10,000	244.7	248.9	262.1			⬆️	🔴		more than +/-15	+/-15	+/-5 of 158.8	141.3	156.1	149.2	75	138.2	
	4.4	Number of S47 Investigations - Completed	Info	Count	99	119	136	1390	Financial Year	⬆️					n/a	n/a	n/a				
	4.5	% of S47's with an outcome - Concerns are substantiated and child is judged to be at continuing risk of significant harm	High	Percentage	52.5%	58.8%	41.9%	58.3%	Financial Year	⬇️					n/a	n/a	56.3%				
	4.6	% of S47's with an outcome - Concerns are substantiated, but the child is not judged to be at continuing risk of significant harm	Info	Percentage	36.4%	24.4%	52.9%	30.2%	Financial Year	⬆️					n/a	n/a	19.8%				
	4.7	% of S47's with an outcome - Concerns not substantiated	Low	Percentage	11.1%	16.8%	4.4%	11.2%	Financial Year	⬆️					n/a	n/a	-90.5%				
	4.8	% of S47's with an outcome - Not Recorded	Info	Percentage	0.0%	0.0%	0.7%	0.3%	Financial Year	⬆️					n/a	n/a	9.5%				

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					Jan-16	Feb 16	Mar 16	YTD	DATA NOTE				Red	Amber	Target Green	2013/14	2014/15	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
CIN	5.1	Number of open CIN cases	Info	Count	1598	1437	1430			↓					n/a	1324	1526				
	5.2	Number of CIN (inc. CPP as per DfE definition)	Info	Count	1966	1835	1805			↓					n/a	n/a	1947				
	5.3	Number of CIN per 10,000 population aged 0-17 (inc. CPP as per DfE definition)	Info	Rate per 10,000	348.6	325.4	320.0			↓			more than +/15	+/-15	+/-5 of 346.4	n/a	347.1	372.4	285.1	337.3	280.98
	5.4	% of CIN (open at least 45 days) with a plan	High	Percentage	95.8%	97.6%	98.9%			↑			<90%	90%<	95%	n/a	91.4%				
	5.5	% of CIN (open at least 45 days) with an up to date plan	High	Percentage	93.3%	94.6%	98.6%			↑			<85%	85%<	90%	43.8%	65.1%				
CHILD PROTECTION	6.1	Number of open CPP cases	Info	Count	368	398	369			↓					n/a	n/a	423				
	6.2a	Initial CP conferences (No. children) - rolling 12 month performance	Info	Count	647	631	592		Rolling Year	↓					n/a	428	556				
	6.2b	Initial CP conferences per 10,000 population - rolling 12 month performance	Info	Rate per 10,000	114.7	111.9	105.0		Rolling Year	↓			<79	79<	74.1	75.9	98.6	69.2	40	61.6	-
	6.3	Number of Initial CP Conferences (children) - in month	Info	Count	53	49	17		Financial Year	↓			range to be set								
	6.4	% of initial child protection conference (ICPCs) completed within 15 days of S47 (based on number of children)	High	Percentage	98.1%	98.0%	94.1%	88.3%	Financial Year	↓			<85%	85%<	90.0%	81.5%	65.0%	73.5%	100.0%	69.3%	87.7%
	6.5	Number of children with a CP plan per 10,000 population under 18	Low	Rate per 10,000	65.3	70.6	65.4			↑			more than +/10	+/-10	+/-5 of 52.3	69.2	74.7	46.1	26.4	42.9	-
	6.6	Number of children becoming subject to a CP plan per 10,000 population	Info	Rate per 10,000	9.2	8.5	2.8	93.8	Financial Year	↓					n/a	72.37	93.05				
	6.7	Number of discontinuations of a CP plan per 10,000 population	High	Rate per 10,000	8.0	3.7	6.7	105	Financial Year	↑			<55	55>	59.9	62.74	85.38	67.8	39.0	52.1	-
	6.8	% of children becoming the subject of a CP plan for a second or subsequent time within 2 years - rolling 12 months	Low	Percentage	4.2%	4.4%	4.7%			↓			<6%	6%>	4%	4.4%	4.0%				
	6.9	% of children becoming the subject of a CP plan for a second or subsequent time - ever - rolling 12 months	Low	Percentage	13.2%	13.8%	12.7%			↑			<16%	16%>	14%	11.1%	10.8%	16.1%	7.7%	16.6%	13.3%
	6.10	% of open CP plans lasting 2 years or more	Low	Percentage	0.0%	0.0%	0.8%			↓			<3.6%	3.6%>	2.6%	4.9%	4.2%	1.6%	0.0%	2.3%	0.0%
	6.11	% of CP plans lasting 2 years or more - ceased within period	Low	Percentage	2.2%	0.0%	2.6%	4.8%	Financial Year	↓			<6.5%	6.5%>	4.5%	6.8%	20/478 4.18%	3.4%	0.0%	3.7%	2.4%
	6.12	% of CP cases which were reviewed within timescales	High	Percentage	96.4%	86.0%	98.9%	94.2%		↑			<95%	95%>	98%	95.3%	96.4%	97.6%	100.0%	94.0%	100.0%
	6.13	% CPP with an up to date plan	High	Percentage	98.9%	98.5%	100.0%			↑			<93%	93%>	95%		97.6%				
	6.14	% of CPP with visits in the last 2 weeks	High	Percentage	96.0%	95.7%	99.0%			↑			<90%	90%>	95%		84.1%				
LOOKED AFTER CHILDREN	7.1	Number of Looked After Children	Info	Count	430	422	432			↑					n/a		407				
	7.2	Rate of Looked After Children per 10,000 population aged under 18	Info	Rate per 10,000	76.2	74.8	76.6			↑			more than +/5	+/-5	up to +/2 of 73.5	70	70	73.4	49.0	60.0	-
	7.3	Admissions of Looked After Children	Info	Count	10	19	20	208	Financial Year	↑					n/a	147	175				
	7.4	Number of children who have ceased to be Looked After Children	High	Count	15	9	13	192	Financial Year	↑					n/a	136	160				
	7.5	Percentage of LAC who have ceased to be looked after due to permanence (Special Guardianship Order, Residence Order, Adoption)	High	Percentage	53.3%	66.7%	46.2%	40.1%	Financial Year	↓			<33%	33%>	35%	55 40.44%	60 37.50%				
	7.6	LAC cases reviewed within timescales	High	Percentage	89.2%	98.3%	99.0%	83.3%	Financial Year	↑			<90%	90%<	95%	98.6%	352/371 94.9%				
	7.7	Percentage of children adopted	High	Percentage	13.3%	22.2%	30.8%	22.9%	Financial Year	↑			<20%	20%<	22.7%	26.5%	26.3%	25.1%	35.0%	17.0%	37.0%

<p>"DOT" - Direction of travel represents the direction of 'performance' since the previous month with reference to the polarity of 'good' performance for that measure. Colours have been added to help distinguish better and worse performance. Key Below:-</p> <div> <div> - increase in numbers (no good/bad performance)</div> <div> - stable with last month (no good/bad performance)</div> <div> - decrease in numbers (no good/bad performance)</div> </div> <div> <div> - improvement in performance</div> <div> - decline in performance but still within limits of target</div> <div> - decline in performance, not on target</div> </div> <div> <div> - no movement but within limits of target</div> <div> - no movement, not on target</div> </div>

	NO.	INDICATOR	GOOD PERF IS	DATA NOTE (Monthly)	LAST THREE MONTHS			Year to Date 15/16		DOT (Month on Month)	RAG (in month)	RAG (Year End)	Target and Tolerances			YR ON YR TREND		LATEST BENCHMARKING - 2014/15			
					Jan-16	Feb 16	Mar 16	YTD	DATA NOTE				Red	Amber	Target Green	2013/14	2014/15	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
L	7.8	Health of Looked After Children - up to date Health Assessments	High	Percentage	93.8%	93.1%	92.8 %			↓			<90%	90%<	95%	82.7%	81.4%				
	7.9	Health of Looked After Children - up to date Dental Assessments	High	Percentage	93.2%	95.8%	94.5 %			↓			<90%	90%<	95%	42.5%	58.8%				
	7.10	% of LAC with a PEP	High	Percentage	97.0%	95.3%	97.8%			↑			<90%	90%<	95%	65.7%	68.7%				
	7.11	% of LAC with up to date PEPs	High	Percentage	90.7%	90.6%	95.0%			↑			<90%	90%<	95%	72.9%	71.4%				
	7.12	% of eligible LAC with an up to date plan	High	Percentage	98.6%	97.7%	98.4%			↑			<93%	93%<	95%	67.0%	98.8%				
	7.13	% of completed LAC visits which were completed within timescale - National Minimum standard	High	Percentage	96.8%	95.3%	98.1%			↑			<95%	95%<	98%		94.9%				
	7.14	% of completed LAC visits which were completed within timescale - Rotherham standard	High	Percentage	80.2%	77.8%	80.2%			↑			<85%	85%<	90%		64.0%				
CARE LEAVERS	8.1	Number of care leavers	Info	Count	198	196	197			↑					n/a		183				
	8.2	% of eligible LAC with an up to date pathway plan	High	Percentage	93.9%	95.9%	97.5%			↑			<93%	93%<	95%		69.8%				
	8.3	% of care leavers in suitable accommodation	High	Percentage	98.5%	96.4%	96.5%			↑			<95%	95%<	98%	96.3%	97.8%	74.2%	100.0%	77.8%	90.0%
	8.4	% of care leavers in employment, education or training	High	Percentage	63.1%	65.8%	68.0%			↑			<70%	70%<	72%	52.3%	71.0%	40.8%	65.0%	45.0%	55.8%
PLACEMENTS	9.1	% of long term LAC in placements which have been stable for at least 2 years	High	Percentage	74.5%	72.5%	72.7%			↑			<68%	68%<	70%	68.8%	110/153 71.9%	67.6%	79.0%	67.0%	71.1%
	9.2	% of LAC who have had 3 or more placements - rolling 12 months	Low	Percentage	11.3%	12.1%	11.9%			↑			>12%	12%>	10%	11.2%	49/409 12.0%	9.6%	7.0%	11.0%	9.0%
ADOPTIONS	10.1	% of adoptions completed within 12 months of SHOBPA	High	Percentage	100.0%	100.0%	80.0%	53.5%	Financial Year	↓			<83%	83%<	85%	55.6%	84.6%				
	10.2	Average number of days between a child becoming Looked After and having a adoption placement (A1) (Rolling 12 months)	Low	Rolling year - ave count	368.0	348.4	338.4	338.5	Rolling Year	↑			>511	511>	487	661	417.5	507.3	328.0	525.0	468.0
	10.3	Average number of days between a placement order and being matched with an adoptive family (A2) (Rolling 12 months)	Low	Rolling year - ave count	159.5	141.7	137.9	137.9	Rolling Year	↑			>127	127>	121	315	177.3	217.1	45.0	217.0	163.0
CASELOAD	11.1	Maximum caseload of social workers in key safeguarding teams (excluding children's disability team)	Low	Average count	29	30	23			↑			25+	24>	22						
	11.2	Maximum caseload of social workers in LAC	Low	Average count	18	18	18			→			21+	20>	18						
	11.3	Average number of cases per qualified social worker in LAC	Within Limits	Average count	11.7	12.8	12.6			↓			over 1% above range	1% above range	14-20						
	11.4	Average number of cases per qualified social worker in Duty Teams	Within Limits	Average count	17.2	11.3	13.7			↑			over 1% above range	1% above range	16-22		11.2				
	11.5	Average number of cases per qualified social worker in CIN North Teams	Within Limits	Average count	14.7	17.1	16.6			↓			over 1% above range	1% above range	16-22		18.2				
	11.6	Average number of cases per qualified social worker in CIN Central Teams	Within Limits	Average count	19.2	16.6	17.9			↑			over 1% above range	1% above range	16-22						
	11.7	Average number of cases per qualified social worker in CIN South Teams	Within Limits	Average count	15.7	17.8	17.3			↓			over 1% above range	1% above range	16-22		17.4				
	11.8	Average number of cases per qualified social worker in Children's Disability Team	Within Limits	Average count	14.9	13.5	14.9			↑			over 1% above range	1% above range	16-22		22.7				
	11.9	Average number of cases per qualified social worker in Child Sexual Exploitation team	Within Limits	Average count	4.9	4.4	5.4			↑			over 1% above range	1% above range	16-22		18				

EARLY HELP

DEFINITION

Early Help is where an LA works in partnership to address problems at the earliest opportunity before they are able to escalate and by helping to break the longer term intergenerational cycle of poor outcomes.

PERFORMANCE ANALYSIS

The new Early Help Pathway was launched on the 18th January 2016. From April 2016, performance reporting will be broken down into the three (North, South Central) Locality Teams as well as incorporating the 3 new performance measures for the Early Help Triage Team. A draft scorecard is now available and the finalised version produced Monthly from April 2016. There are currently 25 performance indicators and 7 new Human Resource indicators. 17 measures will be reported monthly, 8 measures will be reported Quarterly. The indicators include a mixture of statutory, national and local and will help us to evidence our improvements over a period of time. We will measure our success by monitoring a series of measures including; reduction in CIN, increase in school attendance, increase in Children's Centres reach, reduction of NEET, an increase in EET and a reduction of Persistent Absence

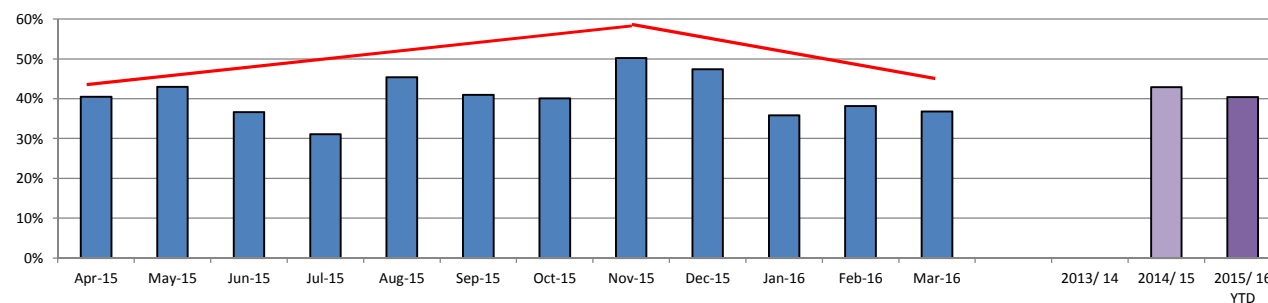
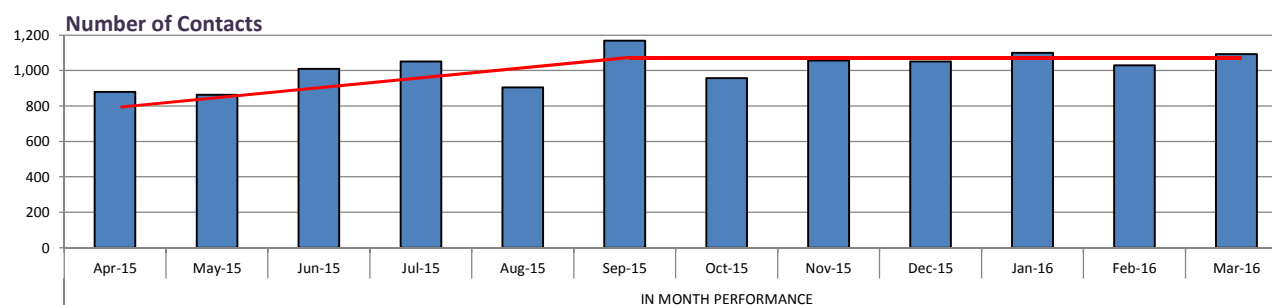
CONTACTS

DEFINITION An initial contact is where a LA receives a contact about a child, and where there is a request for general advice, information or a social care service. Contacts received are screened against an agreed multi-agency threshold criteria for social care, where a manager agrees these thresholds have been met the contact progresses to a 'Referral' for consideration of an assessment and/or the services which may be required for a child.

PERFORMANCE ANALYSIS

The Rotherham MASH went live in April 2015. Processes and performance were reviewed during May 2015 and some key remedial actions were taken in response. A recent independent review of the MASH reported to the Improvement Board in March 2016 that while there was still further work to do 'enormous' progress had been made in a very short space of time. The numbers of contacts into the system rose in the early months and then have remained relatively stable. There has been some rebalancing of numbers in terms of their sources. This will be commented upon further in the next section. There will be a number of factors that impact on the general volume of contacts. Initially as confidence in the competence and responsiveness of the service increases there would be an expectation that contacts from some sources would rise. The independent review of the MASH predicted this might happen. Then as some key safeguarding partners increase their understanding about social care thresholds contacts from these sources will reduce. Finally as the Early Help pathway is developed and better understood, families who might previously have been referred to social care will be rerouted at source into Early Help services. The volume of contacts will continue to be monitored in order to track any trends or patterns that may emerge.

		2.1	2.2	2.4
		No. Contacts	% Contacts with decision within 1 working day	% Contacts progressing to referral
IN MONTH PERFORMANCE	Apr-15	879	94.2%	40.5%
	May-15	864	80.2%	42.9%
	Jun-15	1010	97.2%	36.6%
	Jul-15	1051	95.5%	31.1%
	Aug-15	904	98.0%	45.4%
	Sep-15	1169	98.6%	41.0%
	Oct-15	958	99.4%	40.1%
	Nov-15	1056	99.1%	50.2%
	Dec-15	1052	98.8%	47.4%
	Jan-16	1100	98.4%	35.8%
	Feb-16	1030	98.7%	38.2%
	Mar-16	1092	96.5%	36.8%
ANNUAL TREND	2013/ 14			
	2014/ 15	10517		42.9%
	2015/ 16 YTD	12165	96.5%	40.4%



— trendline

CONTACTS BY SOURCE

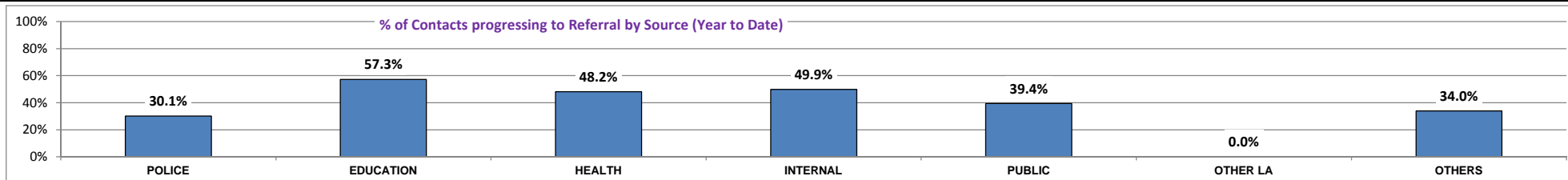
DEFINITION

An initial contact is where a LA receives a contact about a child, and where there is a request for general advice, information or a social care service. Contacts received are screened against an agreed multi-agency threshold criteria for social care, where a manager agrees these thresholds have been met the contact progresses to a 'Referral' for consideration of an assessment and/or the services which may be required for a child. The analysis below provides a breakdown of numbers and progression rates to referral by the source of contact.

PERFORMANCE ANALYSIS

The development of the MASH scorecard is helping us to identify more clearly the source of the contact. When the past 12 months data was reviewed it appears that contacts made by education which includes schools has risen over the past few months. On the basis of feedback from schools it is understood that this is indicative of increased confidence in the quality and helpfulness of the service at the front door. There has been some reduction in the number of contacts from Health services which may be an indication of better understanding of thresholds for social care. This is an area of awareness raising that has been worked on in recent months. The majority of contacts from the Police relate to domestic abuse notifications. There has been a strengthened daily triage system in place deal with these. The Independent Domestic Abuse Advisor works with a MASH Social Worker to assess cases. This guarantees immediate actions are in place to ensure the safety of the individual and any children involved. The improved Early Help pathway will assist overtime in effectively diverting some contacts directly into EH Triage Team.

		(1) POLICE			(2) Education services (inc Schools)			(3) Health services			(4) Internal council services			(5) Members of public (inc. self / parent)			(6) OTHER LOCAL AUTHORITIES			(7) Others (inc Children centres, Legal services, cafcass)		
		Total Contacts	No. prog to referral	% prog. to referral	Total Contacts	No. prog to referral	% prog. to referral	Total Contacts	No. prog to referral	% prog. to referral	Total Contacts	No. prog to referral	% prog. to referral	Total Contacts	No. prog to referral	% prog. to referral	Total Contacts	No. prog to referral	% prog. to referral	Total Contacts	No. prog to referral	% prog. to referral
IN MONTH PERFORMANCE	Apr-15	361	137	38.0%	129	71	55.0%	95	38	40.0%	126	58	46.0%	53	19	28.9%	2	0	0.0%	113	33	29.2%
	May-15	305	97	31.8%	122	62	50.8%	130	71	54.6%	120	71	59.2%	65	27	22.8%	0	0	-	122	43	35.2%
	Jun-15	319	86	27.0%	138	67	48.6%	145	57	39.3%	152	72	47.4%	99	38	38.4%	0	0	-	157	50	31.8%
	Jul-15	374	81	21.7%	119	53	44.5%	164	77	47.0%	159	61	38.4%	110	26	23.6%	0	0	-	125	29	23.2%
	Aug-15	404	146	36.1%	0	0	-	163	89	54.6%	129	78	60.5%	109	60	55.0%	0	0	-	99	37	37.4%
	Sep-15	373	114	30.6%	151	87	57.6%	135	60	44.4%	184	98	53.3%	154	59	38.3%	0	0	-	172	61	35.5%
	Oct-15	318	74	23.3%	147	81	55.1%	144	68	47.2%	150	78	52.0%	91	40	44.0%	0	0	-	108	43	39.8%
	Nov-15	358	147	41.1%	183	126	68.9%	146	82	56.2%	121	58	47.9%	113	58	51.3%	0	0	-	135	59	43.7%
	Dec-15	399	135	33.8%	155	97	62.6%	145	86	59.3%	124	77	62.1%	104	53	51.0%	0	0	-	125	51	40.8%
	Jan-16	408	86	21.1%	168	105	62.5%	121	52	43.0%	142	68	47.9%	142	53	37.3%	0	0	-	119	30	25.2%
	Feb-16	404	121	30.0%	133	79	59.4%	119	56	47.1%	167	81	48.5%	99	24	24.2%	0	0	-	108	32	29.6%
	Mar-16	360	97	26.9%	141	81	57.4%	129	53	41.1%	161	66	41.0%	164	56	34.1%	0	0	-	137	49	35.8%
ANNUAL TREND	2013/ 14																					
	2014/ 15																					
	2015/ 16 YTD	4383	1321	30.1%	1586	909	57.3%	1636	789	48.2%	1735	866	49.9%	1303	513	39.4%	2	0	0.0%	1520	517	34.0%



REFERRALS

DEFINITION

An Initial Contact will be progressed to a 'referral' where the social worker or manager considers an assessment and/or services may be required for a child or further information is required to make an informed decision.

PERFORMANCE ANALYSIS

Both contacts and referrals are being dealt with in a timely way, this has been evidenced by the data and validated by Ofsted during 3 separate improvement visits and by the independent review of MASH reported to the Improvement Board in March 2016. There is now a downward trajectory for re-referrals although the higher numbers earlier in the year continue to impact negatively on the rolling 12 month figure. Improvements in the quality of assessments first time around and the developing early help offer are both understood to have supported better performance in this area. As the MASH has developed, more work is undertaken at referral stage in terms of information sharing and effective triage. This is resulting on fewer referrals converting to assessment which suggests in turn that resources are being better targeted to need and families are getting a more appropriate response. The independent review found that Social work analysis and articulation of need, harm and risk within the MASH is viewed as good, far better than in many other local authority settings visited. This is apparent in social work analysis and the recommendations being made by decision makers.

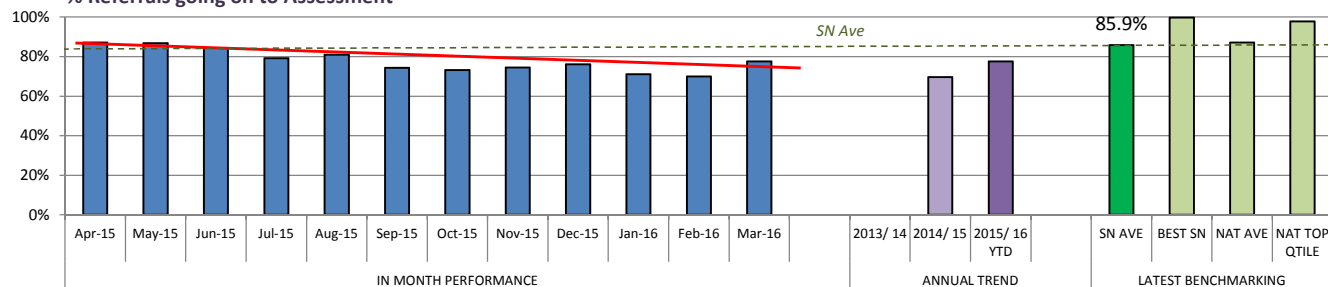
2.3	2.7	2.6	2.8
No. of Referrals	% Referral decision was made within 48 hours	% Referrals going on to Assessment	% Re-referrals in last month

IN MONTH PERFORMANCE	Apr-15	356	94.4%	87.1%	32.4%
	May-15	371	91.1%	86.8%	30.0%
	Jun-15	370	96.2%	84.3%	34.6%
	Jul-15	327	96.3%	79.2%	30.0%
	Aug-15	410	93.7%	81.0%	35.3%
	Sep-15	479	97.9%	74.3%	27.6%
	Oct-15	384	97.9%	73.2%	30.5%
	Nov-15	530	97.0%	74.5%	31.4%
	Dec-15	499	98.6%	76.2%	30.9%
	Jan-16	394	96.4%	71.1%	29.4%
	Feb-16	393	97.7%	70.0%	28.6%
	Mar-16	402	99.0%	77.6%	27.9%

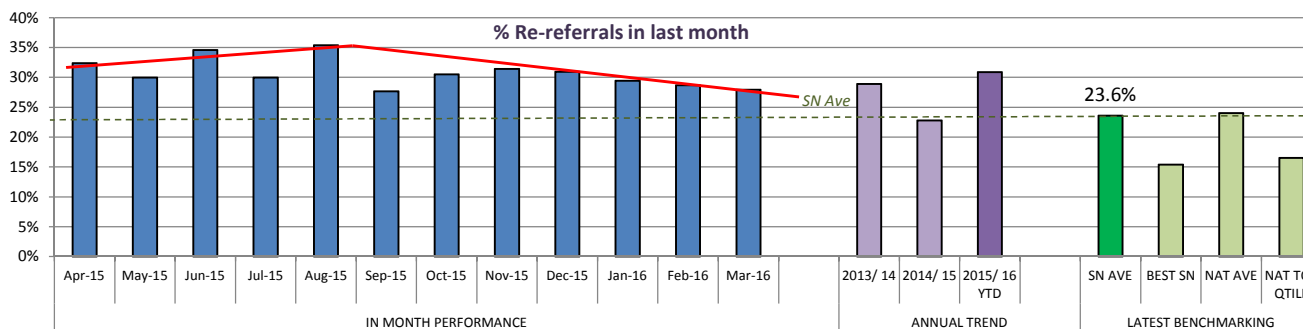
ANNUAL TREND	2013/ 14				28.9%
	2014/ 15	4513		69.6%	22.8%
	2015/ 16 YTD	4915	96.5	77.6%	30.9%

LATEST BENCHMARKING	SN AVE			85.9%	23.6%
	BEST SN			99.7%	15.4%
	NAT AVE			87.1%	24.0%
	NAT TOP QTILE			97.8%	16.5%

% Referrals going on to Assessment



% Re-referrals in last month



— trendline

ASSESSMENTS - STARTED

DEFINITION

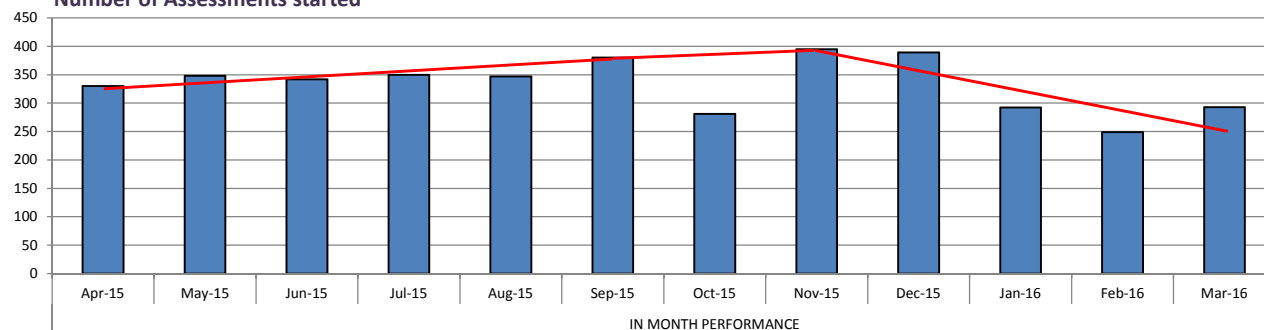
If a child meets the Children's Act definition of 'Child in Need' or is likely to be at risk of significant harm, authorisation will be given for an assessment of needs to be started to determine which services to provide and what action to take.

PERFORMANCE ANALYSIS

There is a current pattern of reducing number of assessments but an increase in their complexity. This might be indicative of the fact that the service is better able to judge risk and respond proportionately - this a trend which will be further observed and analysed over coming weeks and months.

3.1 Number of Assessments started		
IN MONTH PERFORMANCE	Apr-15	330
	May-15	348
	Jun-15	342
	Jul-15	350
	Aug-15	347
	Sep-15	380
	Oct-15	281
	Nov-15	395
	Dec-15	389
	Jan-16	292
	Feb-16	249
	Mar-16	293
ANNUAL TREND	2013/ 14	
	2014/ 15	3929
	2015/ 16 YTD	3996
LATEST BENCHMARKING	SN AVE	
	BEST SN	
	NAT AVE	
	NAT TOP QTILE	

Number of Assessments started



— trendline

ASSESSMENTS - COMPLETED

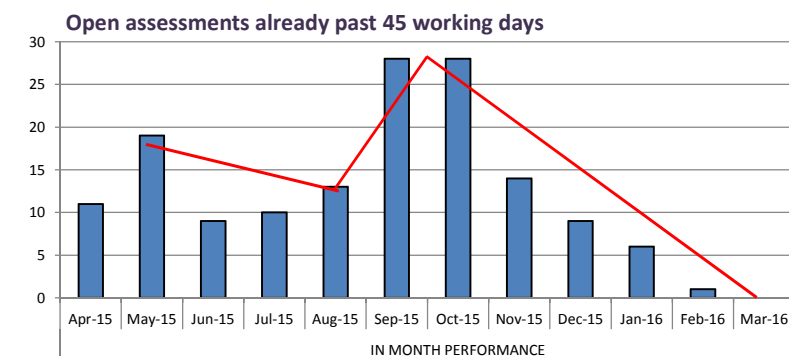
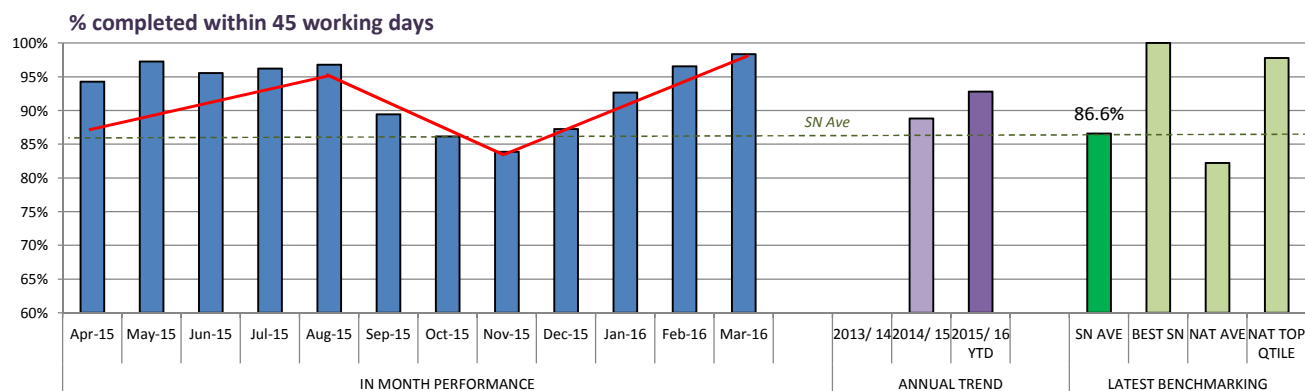
DEFINITION

National Working Together guidelines state that the maximum timeframe for the assessment to be completed is 45 working days from the point of referral. If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days the social worker should record the reasons for exceeding the time limit.

PERFORMANCE ANALYSIS

A combination of the reduction in the volume of work, changes to the way duty teams are organised and increased management grip has seen a significant improvement in the timeliness of assessments completed again this month. The emphasis on quality remains and this will continue to be monitored to ensure that the drive to improve timeliness is not at the cost of achieving best practice. Feedback from the Ofsted Improvement visit found 'No widespread or serious concerns. Clear improvement in practice and management oversight since the last visit in October 2015'. While the inspector identified a number of examples of 'good' assessments during her visit there remains further work to do to ensure consistently good quality assessments are produced right across the service.

		3.2	3.3
		% completed within 45 working days	Open assessments already past 45 working days
IN MONTH PERFORMANCE	Apr-15	94.3%	11
	May-15	97.2%	19
	Jun-15	95.6%	9
	Jul-15	96.2%	10
	Aug-15	96.8%	13
	Sep-15	89.5%	28
	Oct-15	86.2%	28
	Nov-15	83.9%	14
	Dec-15	87.3%	9
	Jan-16	92.7%	6
	Feb-16	96.6%	1
	Mar-16	98.4%	0
ANNUAL TREND	2013/ 14		
	2014/ 15	88.8%	
	2015/ 16 YTD	92.8%	
LATEST BENCHMARKING	SN AVE	86.6%	
	BEST SN	100.0%	
	NAT AVE	82.2%	
	NAT TOP Q TILE	97.8%	



— trendline

ASSESSMENTS - OUTCOMES

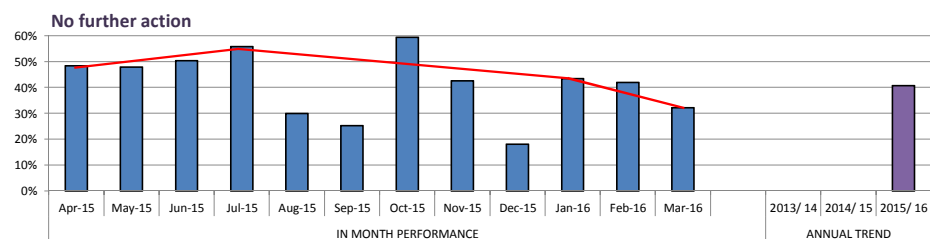
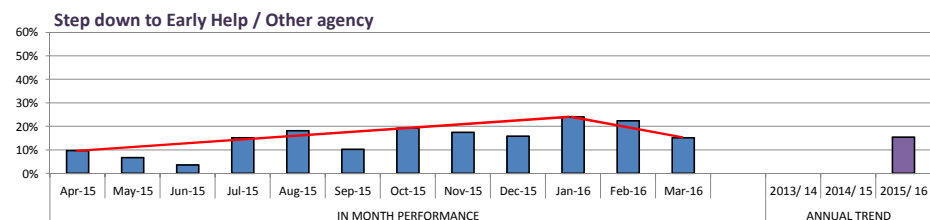
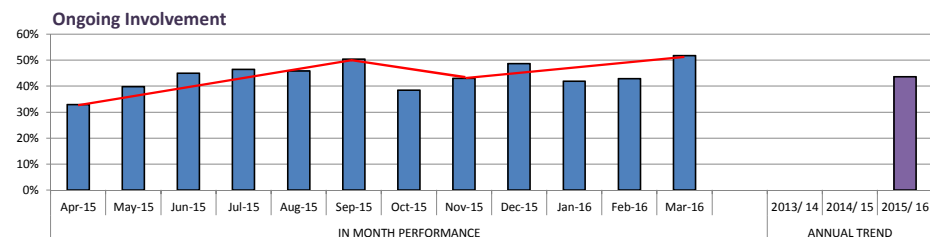
DEFINITION Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child and reflect the child's best interests. Local monitoring processes were reviewed and new outcome options established June 2015 therefore care should be taken when comparing trend data from before that time.

PERFORMANCE ANALYSIS

The number of assessments that are resulting in 'No Further Action' is downward overall which is a positive reflection on the improvement of the quality of decision making and application of thresholds. The downward trend of repeat referrals support the conjecture. While it has been positive to see an increase in step down decisions as opposed to closure of cases it is better for families to be directed straight into early help wherever possible rather than be routed through social care in first instance. As early help pathways become more familiar to referring agencies the numbers of contacts, referrals and then assessments in social care should start to decrease.

		3.4		3.5		3.6		3.7		3.8	
		Ongoing Involvement		No further action		Step down to Early Help		Out of area		Not Recorded/Other	
IN MONTH PERFORMANCE	Apr-15	92 of 280	32.9%	158 of 280	48.3%	27 of 280	9.6%	2 of 280	0.7%	1 of 280	0.4%
	May-15	130 of 327	39.8%	173 of 327	47.8%	22 of 327	6.7%	2 of 327	0.6%	0 of 327	0.0%
	Jun-15	163 of 362	45.0%	186 of 362	50.3%	13 of 362	3.6%	0 of 362	0.0%	0 of 362	0.0%
	Jul-15	172 of 370	46.5%	139 of 370	55.8%	56 of 370	15.1%	3 of 370	0.8%	0 of 370	0.0%
	Aug-15	114 of 249	45.8%	88 of 249	29.9%	45 of 249	18.1%	2 of 249	0.8%	0 of 249	0.0%
	Sep-15	148 of 294	50.3%	113 of 294	25.2%	30 of 294	10.2%	2 of 294	0.7%	1 of 294	0.3%
	Oct-15	172 of 448	38.4%	177 of 448	59.4%	86 of 448	19.2%	13 of 448	2.9%	0 of 448	0.0%
	Nov-15	128 of 298	43.0%	110 of 298	42.5%	52 of 298	17.4%	7 of 298	2.3%	1 of 298	0.3%
	Dec-15	126 of 259	48.6%	89 of 259	18.1%	41 of 259	15.8%	3 of 259	1.2%	0 of 259	0.0%
	Jan-16	206 of 492	41.9%	165 of 492	43.4%	118 of 492	24.0%	3 of 492	0.6%	0 of 492	0.0%
	Feb-16	163 of 380	42.9%	128 of 380	42.0%	85 of 380	22.4%	2 of 380	0.5%	2 of 380	0.5%
	Mar-16	158 of 305	51.8%	98 of 305	32.1%	46 of 305	15.1%	1 of 305	0.3%	2 of 305	0.7%
ANNUAL TREND	2013/ 14										
	2014/ 15										
	2015/ 16	1772 of 4064	43.6%	1624 of 4064	40.7%	621 of 4064	15.4%	40 of 4064	1.0%	7 of 4064	0.2%

— trendline



PLANS - IN DATE

DEFINITION

A child's plan is to be developed for an individual child if they have a "wellbeing need" that requires a targeted intervention. Each type of plan has a completion target.

When a Looked After Child reaches 16 years and 3 months they become eligible for a 'Pathway Plan' - this plan focuses on preparing a young person for adulthood and their future (For example; future accommodation, post 16 Education/Training and Employment)

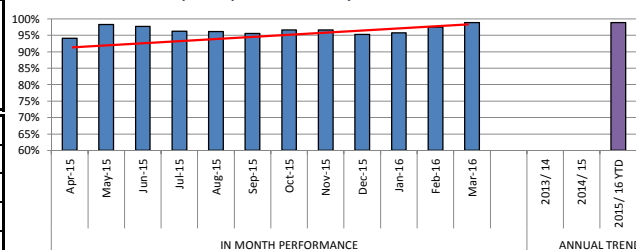
PERFORMANCE ANALYSIS

For all plan types the exceptions are reviewed at the weekly performance meetings so that the reasons for an absence of an up to date plan is clearly understood by senior managers. Performance in relation to plans remains high and has further improved for CIN. It is well understood that the quality of plans is crucial in terms of securing good outcomes for children and this will continue to be the focus of the 'Beyond Auditing' work that is underway across the localities.

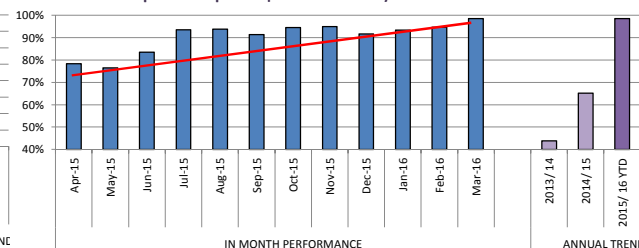
The new management team in the Children in Care (LAC) service is renewing the focus on both the completion of plans and their quality. All exceptions are reviewed on at least a fortnightly basis by senior managers and more frequently by operational managers. Work is under way to make the children in care plans more young person friendly and this work will be undertaken in consultation with children and young people.

		5.4	5.5	6.13	7.12	8.2
		CIN with a recorded plan (open at least 45 days)	CIN with an up-to-date plan (open at least 45 days)	CPP with an up to date plan	LAC with an up to date plan	Eligible LAC with an up to date pathway plan
IN MONTH PERFORMANCE	Apr-15	94.1%	78.3%	97.0%	94.1%	77.6%
	May-15	98.3%	76.5%	100.0%	94.3%	85.2%
	Jun-15	97.7%	83.5%	100.0%	95.5%	92.8%
	Jul-15	96.3%	93.6%	99.2%	98.8%	94.2%
	Aug-15	96.2%	93.8%	100.0%	98.1%	98.5%
	Sep-15	95.6%	91.4%	99.8%	98.8%	94.9%
	Oct-15	96.6%	94.6%	99.5%	98.8%	94.9%
	Nov-15	96.6%	95.0%	99.7%	98.3%	94.9%
	Dec-15	95.3%	91.7%	99.4%	98.1%	93.1%
	Jan-16	95.8%	93.3%	98.9%	98.6%	93.9%
	Feb-16	97.6%	94.6%	98.5%	97.7%	95.9%
	Mar-16	98.9%	98.6%	100.0%	98.4%	97.5%
ANNUAL TREND	2013/14		43.8%	82.8%	67.0%	
	2014/15		65.1%	97.6%	98.8%	69.8%
	2015/16 YTD	98.9%	98.6%	100.0%	98.4%	97.5%
LATEST BENCHMARKING	SN AVE					
	BEST SN					
	NAT AVE					
	NAT TOP QTILE					

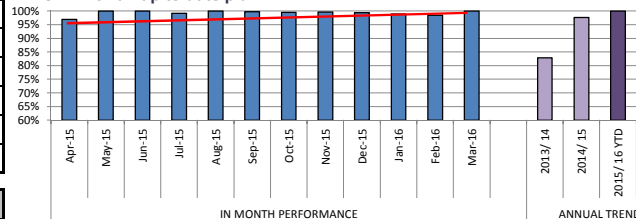
CIN with a recorded plan - open at least 45 days



CIN with an up-to-date plan - open at least 45 days

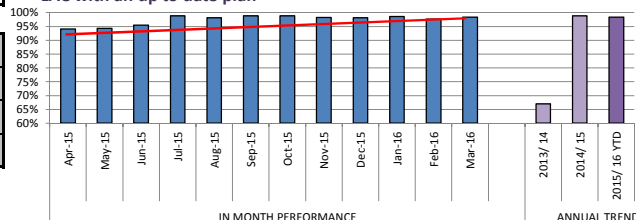


CPP with an up to date plan

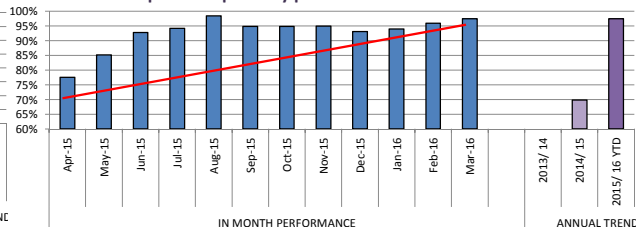


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LAC with an up to date plan



LAC with an up to date pathway plan



SECTION 47 INVESTIGATIONS - STARTED

DEFINITION

If there is reasonable cause to suspect a child is suffering or likely to be suffering significant harm a Strategy Discussion will be convened between child protection staff and other relevant bodies. The Strategy Discussion may then decide to launch a Section 47 enquiry. This means the local authority must investigate the case further.

PERFORMANCE ANALYSIS

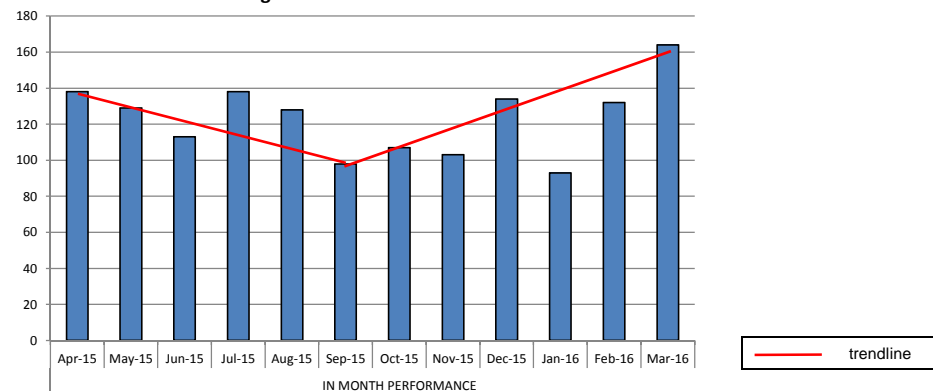
The numbers of S47 investigations remain high and this is currently the subject of intensive review. The Head of Safeguarding and Quality Assurance has commenced the work and a report will be available by the end of May 2016. Early Indications are that the numbers are thought to reflect an ongoing lack of confidence about addressing presenting risk in any way other than by S47/child protection investigation. This is risk averse practice not uncommon in authorities in intervention. However, although it is not indicative of practice that has children being left at risk of significant harm, (in child protection terms), it must be addressed as it represents an over interventionist style of social work practice. This which is often not effective in engaging families for the longer term. The high number in one of the weeks in March was the subject of scrutiny in a weekly performance meeting. This 'spot check', did support the feedback about the level of risk and complexity of cases being worked. This is often not effective in engaging families for the longer term. The high number in one of the weeks in March was the subject of scrutiny in a weekly performance meeting. This 'spot check', did support the feedback about the level of risk and complexity of cases being worked.

		4.1	4.2	4.3
		Number of S47's Investigations - Started	Number of S47's Investigations 12 month rolling	Rate of S47's per 10K pop. -12 month rolling
IN MONTH PERFORMANCE	Apr-15	138	1044	185.1
	May-15	129	1097	194.5
	Jun-15	113	1138	201.8
	Jul-15	138	1042	184.8
	Aug-15	128	1268	224.8
	Sep-15	98	1273	225.7
	Oct-15	107	1323	234.6
	Nov-15	103	1333	236.4
	Dec-15	134	1379	244.5
	Jan-16	93	1380	244.7
	Feb-16	132	1404	248.9
	Mar-16	164	1478	262.1

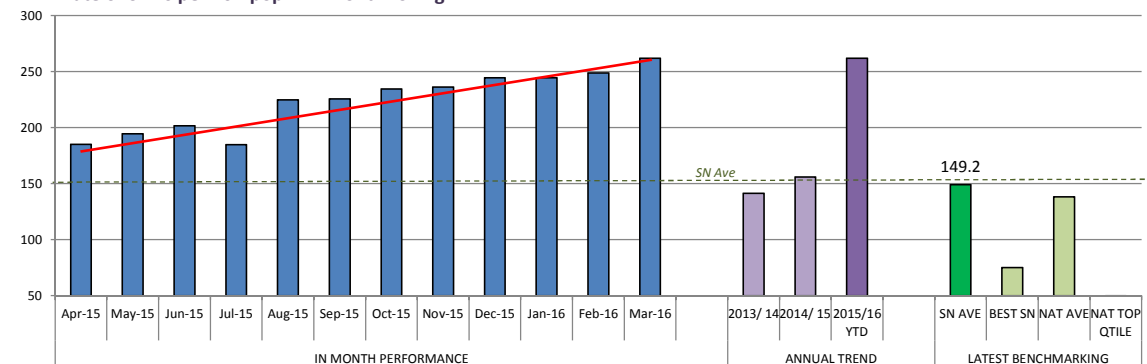
ANNUAL TREND	2013/ 14		141.3
	2014/ 15	752	156.1
	2015/16 YTD	1477	262.1

LATEST BENCHMARKING	SN AVE		149.2
	BEST SN		75.0
	NAT AVE		138.2
	NAT TOP QTILE		-

Number of S47's Investigations



Rate of S47's per 10K pop. -12 month rolling



SECTION 47 INVESTIGATIONS - COMPLETED

DEFINITION

Section 47 enquiries are conducted through a Child's Assessment. Depending on the outcome of a Section 47 enquiry, it may range from 'no further action necessary' through 'further monitoring needed' to the convening of a Child Protection Conference.

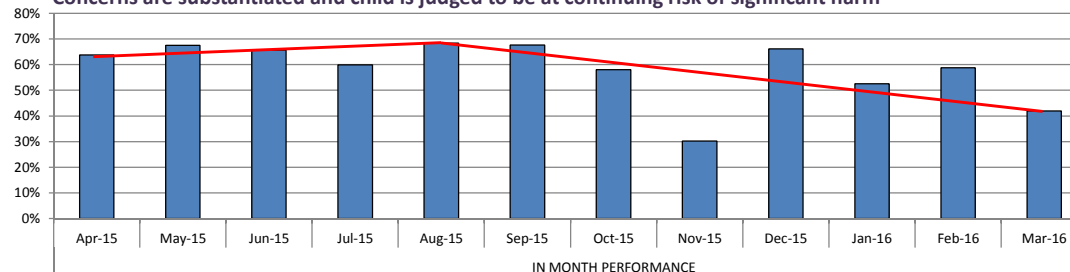
PERFORMANCE ANALYSIS

As referenced previously a deep dive examination of the decision making and application of thresholds will be undertaken in Duty and Assessment and will be led by the Improvement Consultant and Head of Safeguarding. The findings will be fed back in May 2016. The numbers reported where there is no continuing risk of significant harm strongly suggests that a standard assessment under S17 rather than S47 investigation may have been a more appropriate response and the reason why the service is not opting for this option earlier in the process has to be fully understood before remedial action can be taken.

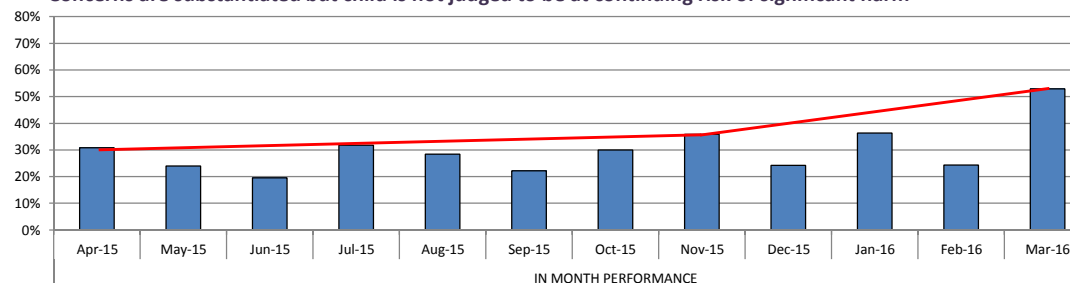
		4.4		4.5		4.6		4.7		4.8	
				Completed S47's by outcome -							
		Number of S47's Investigations - Completed	Concerns are substantiated - continuing risk of significant harm	Concerns are substantiated - no continuing risk of significant harm	Concerns not substantiated		Not recorded				
IN MONTH PERFORMANCE	Apr-15	91	58	63.7%	28	30.8%	4	4.4%	1	1.1%	
	May-15	117	79	67.5%	28	23.9%	10	8.5%	0	0.0%	
	Jun-15	128	84	65.6%	25	19.5%	18	14.1%	1	0.8%	
	Jul-15	167	100	59.9%	53	31.7%	14	8.4%	0	0.0%	
	Aug-15	95	65	68.4%	27	28.4%	3	3.2%	0	0.0%	
	Sep-15	108	73	67.6%	24	22.2%	11	10.2%	0	0.0%	
	Oct-15	100	58	58.0%	30	30.0%	11	11.0%	1	1.0%	
	Nov-15	106	32	30.2%	38	35.8%	36	34.0%	0	0.0%	
	Dec-15	124	82	66.1%	30	24.2%	12	9.7%	0	0.0%	
	Jan-16	99	52	52.5%	36	36.4%	11	11.1%	0	0.0%	
	Feb-16	119	70	58.8%	29	24.4%	20	16.8%	0	0.0%	
	Mar-16	136	57	41.9%	72	52.9%	6	4.4%	1	0.7%	
ANNUAL TREND	2013/ 14										
	2014/ 15	876									
	2015/ 16 YTD	1390	810	58.3%	420	30.2%	156	11.2%	4	0.3%	
LATEST BENCHMARKING	SN AVE										
	BEST SN										
	NAT AVE										
	NAT TOP OTI L E										

— trendline

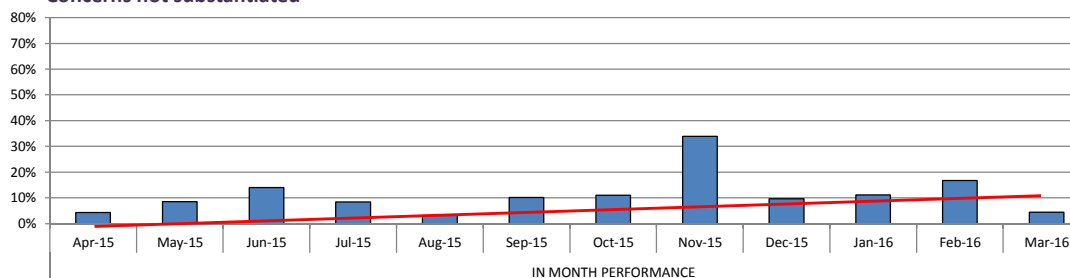
Concerns are substantiated and child is judged to be at continuing risk of significant harm



Concerns are substantiated but child is not judged to be at continuing risk of significant harm



Concerns not substantiated



CHILDREN IN NEED (CIN)

DEFINITION

If the child is found to be disabled or the assessment finds that their health and development is likely to suffer without local authority intervention, the child will be classed as 'in need', as defined by Section 17 of the Children Act 1989. This means that the local authority is now legally obliged to provide the necessary services and support.

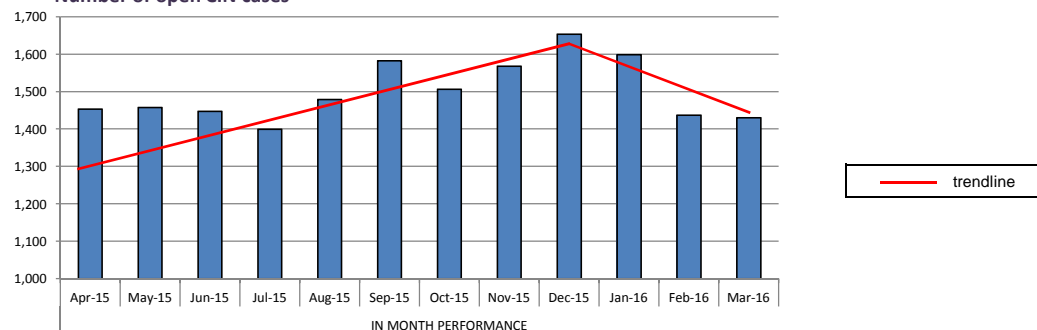
PERFORMANCE ANALYSIS

There is no good or bad performance in relation to numbers of CIN although it is important to monitor against statistical neighbour and national averages as numbers considerably higher or lower than average can be an indicator of other performance issues.

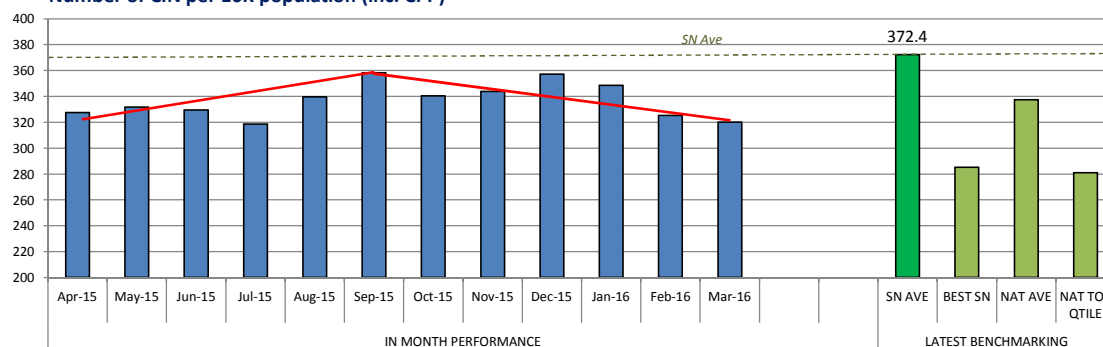
One of the measures of success of our Early Help offer will be, over time, a reduction in the numbers of CIN as families are offered support at an earlier point before concerns escalate. This is in addition to ongoing support from Tier 2 services as they are stepped down and out of statutory intervention. It is far too early in the development of the Early Help provision to conclude that the last three months reduction in numbers are the beginning of a trend. It is more likely that it represents a review that has been undertaken of all open CIN cases during the reconfiguration of the locality teams which has led to closure and stepping down of some cases where appropriate. We still predict that for a period of time numbers of CIN may rise as those with a child protection plan reduce.

		5.1	5.2	5.3
		Number of open CIN cases	Number of CIN (inc. CPP as per DfE definition)	Number of CIN per 10K pop. (inc. CPP as per DfE definition)
IN MONTH PERFORMANCE	Apr-15	1453	1847	327.5
	May-15	1457	1871	331.7
	Jun-15	1447	1858	329.4
	Jul-15	1399	1796	318.5
	Aug-15	1479	1916	339.7
	Sep-15	1582	2022	358.3
	Oct-15	1506	1920	340.4
	Nov-15	1568	1939	343.8
	Dec-15	1653	2015	357.3
	Jan-16	1598	1966	348.6
	Feb-16	1437	1835	325.4
	Mar-16	1430	1805	320.0
ANNUAL TREND	2013/ 14			
	2014/ 15			
	2015/ 16 YTD			
LATEST BENCHMARKING	SN AVE			372.4
	BEST SN			285.1
	NAT AVE			337.3
	NAT TOP QTILE			281.0

Number of open CIN cases



Number of CIN per 10K population (inc. CPP)



CHILD PROTECTION

DEFINITION

Following a S47 investigation a child protection conference may be convened to consider all the information obtained under the Section 47 enquiry and to determine the best course of action. One of the things the child protection conference considers is whether the child should become subject to a Child Protection Plan. The aim of a child protection plan is to ensure the child is safe from harm and remains that way. As long as it is in the best interests of the child, this will involve offering support and services to the family.

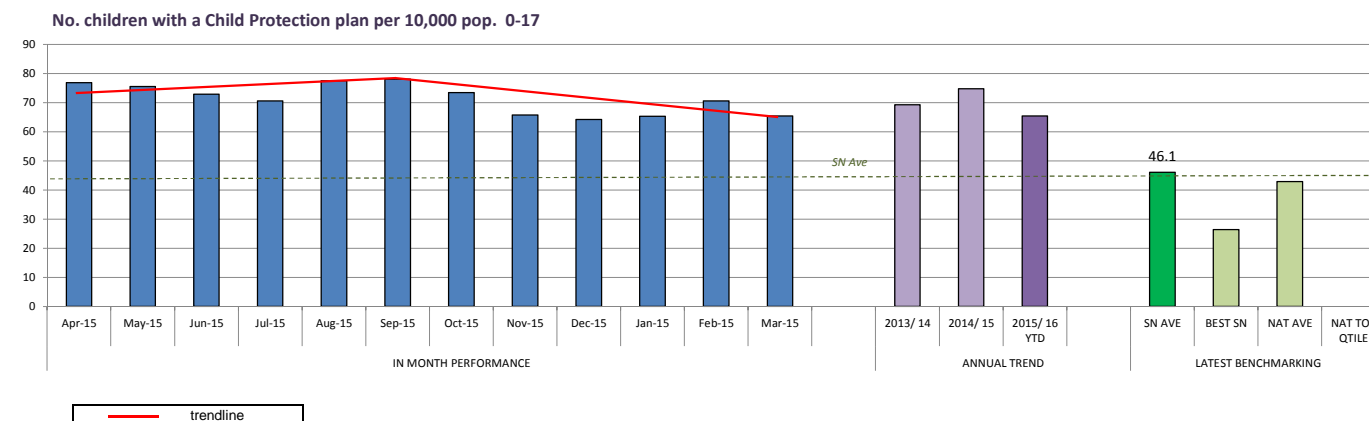
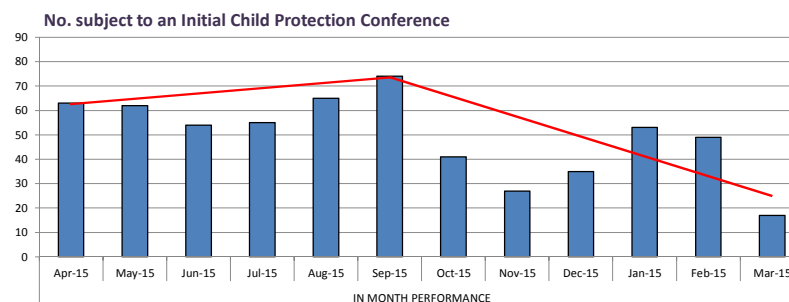
PERFORMANCE ANALYSIS

The number of children with a child protection plan (CPP) has been much higher than that of our statistical neighbours and the national average. We would expect the numbers to fall as practice improves, CP plans are worked more effectively and managers become more confident in their decision making. Children's Social Care is already more robust in ensuring that only children where it is likely or actual significant harm has occurred are taken to conference and in ensuring that the threshold for a plan is met. The overall trend is still downward which adds further weight to the need to address the high numbers of child protection investigations (S47) which are still being undertaken.

		6.3	6.1	6.5
		No of children subject to an initial CP Conferences (in month)	No. of open CPP cases	No. of open CPP cases per 10K pop under 18
IN MONTH PERFORMANCE	Apr-15	63	433	76.8
	May-15	62	426	75.5
	Jun-15	54	411	72.9
	Jul-15	55	398	70.6
	Aug-15	65	437	77.5
	Sep-15	74	440	78.0
	Oct-15	41	414	73.4
	Nov-15	27	371	65.8
	Dec-15	35	362	64.2
	Jan-15	53	368	65.3
	Feb-15	49	398	70.6
	Mar-15	17	369	65.4

ANNUAL TREND	2013/ 14	427		69.2
	2014/ 15	556	423	74.7
	2015/ 16 YTD	595		65.4

LATEST BENCHMARKING	SN AVE			46.1
	BEST SN			26.4
	NAT AVE			42.9
	NAT TOP QTILE			-



INITIAL CHILD PROTECTION CONFERENCES

DEFINITION

Following a S47 investigation a child protection conference may be convened to consider all the information obtained under the Section 47 enquiry and to determine the best course of action. One of the things the child protection conference considers is whether the child should become subject to a Child Protection Plan. The aim of a child protection plan is to ensure the child is safe from harm and remains that way. As long as it is in the best interests of the child, this will involve offering support and services to the family.

PERFORMANCE ANALYSIS

Significant data validation issues identified earlier in the year relating to timeliness of Initial Child Protection Conferences (ICPCs) have now been addressed within systems and the performance data report amended to show in-month data rather than 'rolling year'. This has allowed for clearer understanding of current performance trends.

The year to date figure is better than statistical neighbours and national averages and we are monitoring performance closely so expect to see better consistency month-on-month and further improvement overall. In March one initial conference went over the 15 days as a result of late booking on the part of one of the locality teams. This matter has been addressed by with the manager concerned.

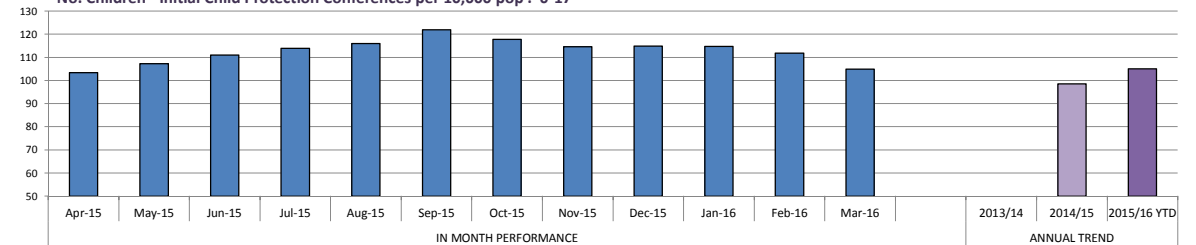
		6.2a	6.2b	6.3	6.4	
		No of children with initial CP Conference (rolling 12mth)	No. of children with Initial CP Confs per 10K pop (rolling 12mth)	No of children with initial CP Conference (in month)	No. of initial CP confs in 15 days (in month)	% of initial CP confs in 15 days (in month)
IN MONTH PERFORMANCE	Apr-15	583	103.4	63	46	73.0%
	May-15	605	107.3	62	52	83.9%
	Jun-15	626	111.0	54	43	79.6%
	Jul-15	642	113.8	55	46	83.6%
	Aug-15	654	116.0	65	60	92.3%
	Sep-15	688	122.0	74	65	87.8%
	Oct-15	664	117.7	41	37	90.2%
	Nov-15	646	114.5	27	26	96.3%
	Dec-15	648	114.9	36	35	97.2%
	Jan-16	647	114.7	54	53	98.1%
	Feb-16	631	111.9	49	48	98.0%
	Mar-16	592	105.0	17	16	94.1%

ANNUAL TREND	2013/14					
	2014/15		98.6			
	2015/16 YTD	592	105.0	597	527	88.3%

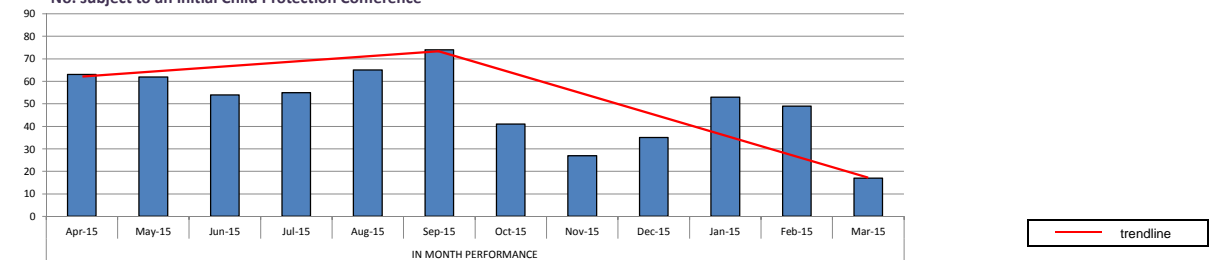
YTD figure relates to financial year not rolling

LATEST BENCHMARKING	SN AVE					73.5%
	BEST SN					100.0%
	NAT AVE					69.3%
	NAT TOP QTILE					87.7%

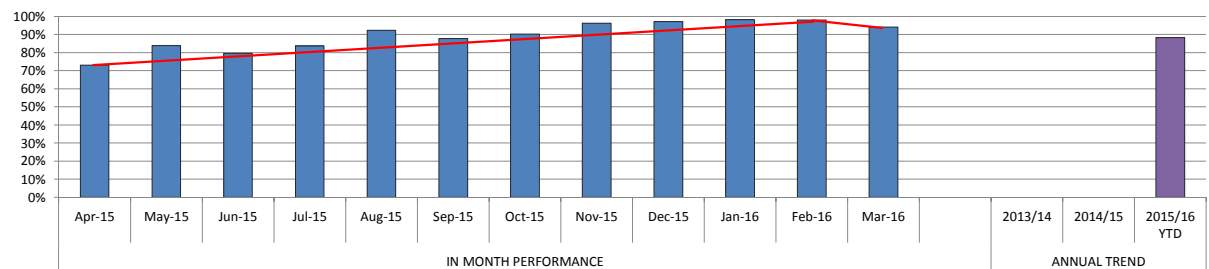
No. Children - Initial Child Protection Conferences per 10,000 pop . 0-17



No. subject to an Initial Child Protection Conference



% of S47 investigations proceeding to initial child protection conference within 15 days (based on number of children) - per month performance



CHILD PROTECTION - TIME PERIODS

DEFINITION Child protection plans remain in force until the child is no longer considered at risk, moves out of the local authority area (in which case the receiving authority should convene its own child protection conference) or reaches the age of 18.

PERFORMANCE ANALYSIS

This month we have 3 children who have had a CP plan over two years duration. One of these children is now subject to care proceedings and two had their plans ceased in early April. In the last 12 months there has been a very significant improvement in performance in relation to duration of plans. This is indicative of increased grip and management oversight of these cases. The data has been checked for those children becoming subject to plans for a second or subsequent time it has been established that none of the children in the cohort have been subject to a previous plan in the last two years.

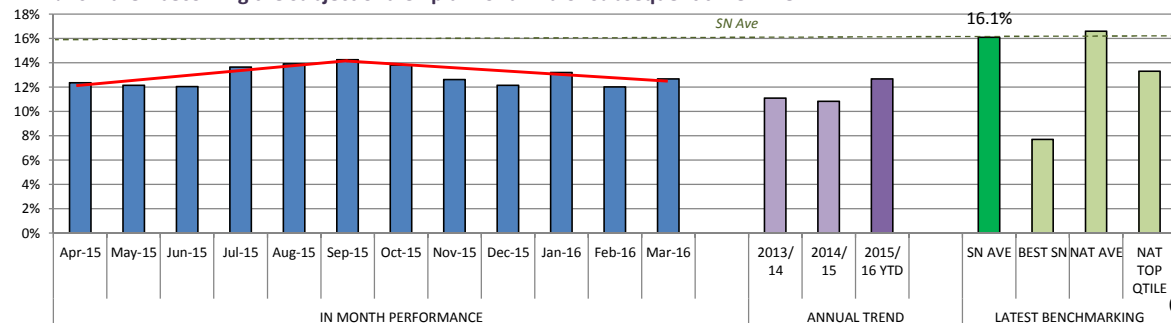
6.9		6.10		6.11	
No. of children becoming the subject of a CP plan for a 2nd or subsequent time - Ever	% children becoming the subject of a CP plan for a 2nd or subsequent time - Ever	No. of open CP plans lasting 2 years or more	% of open CP plans lasting 2 years or more	No. of CP plans lasting 2 years or more - ceased in period	% of CP plans lasting 2 years or more - ceased in period

IN MONTH PERFORMANCE	Apr-15	67 of 542	12.4%	18 of 433	4.2%	8 of 48	16.7%
	May-15	67 of 551	12.2%	6 of 427	1.4%	11 of 51	21.6%
	Jun-15	67 of 556	12.1%	6 of 412	1.5%	0 of 62	0.0%
	Jul-15	76 of 557	13.6%	6 of 399	1.5%	0 of 58	0.0%
	Aug-15	79 of 568	13.9%	9 of 438	2.1%	2 of 18	11.1%
	Sep-15	84 of 589	14.3%	2 of 441	0.5%	3 of 63	4.8%
	Oct-15	79 of 572	13.8%	2 of 415	0.5%	1 of 62	1.6%
	Nov-15	71 of 562	12.6%	1 of 371	0.3%	1 of 71	1.4%
	Dec-15	69 of 568	12.1%	1 of 362	0.3%	0 of 44	0.0%
	Jan-16	76 of 576	13.2%	0 of 369	0.0%	1 of 46	2.2%
	Feb-16	69 of 574	12.0%	0 of 398	0.0%	0 of 27	0.0%
	Mar-16	67 of 528	12.7%	3 of 369	0.8%	1 of 38	2.6%

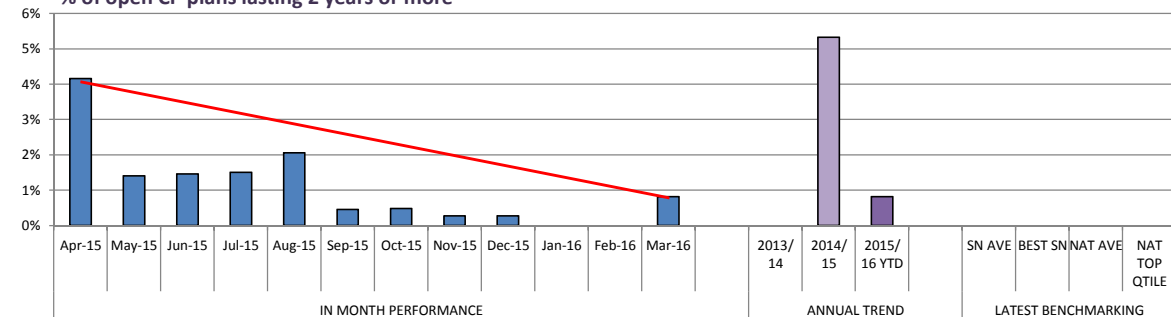
ANNUAL TREND	2013/ 14	45 of 406	11.1%				
	2014/ 15	54 of 499	10.8%	23 of 432	5.3%	20 of 478	4.2%
	2015/ 16 YTD	67 of 528	12.7%	3 of 369	0.8%	28 of 588	4.8%

LATEST BENCHMARKING	SN AVE		16.1%				3.4%
	BEST SN		7.7%				0.0%
	NAT AVE		16.6%				3.7%
	NAT TOP QTILE		13.3%				2.4%

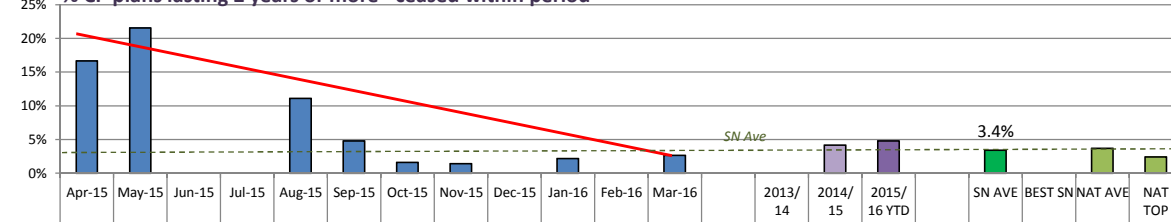
% children becoming the subject of a CP plan for a 2nd or subsequent time - Ever



% of open CP plans lasting 2 years or more



% CP plans lasting 2 years or more - ceased within period



CHILD PROTECTION - REVIEWS & VISITS

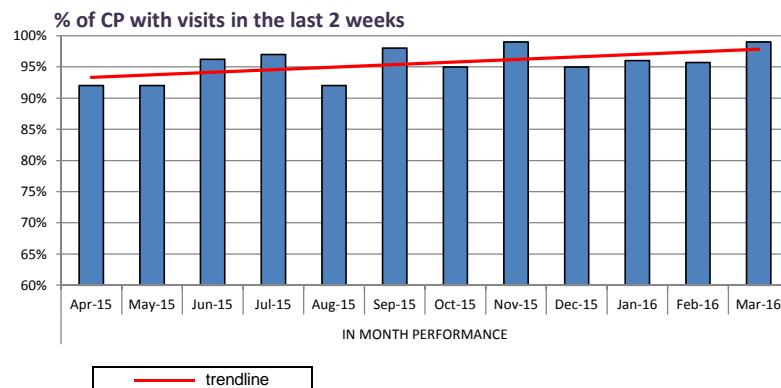
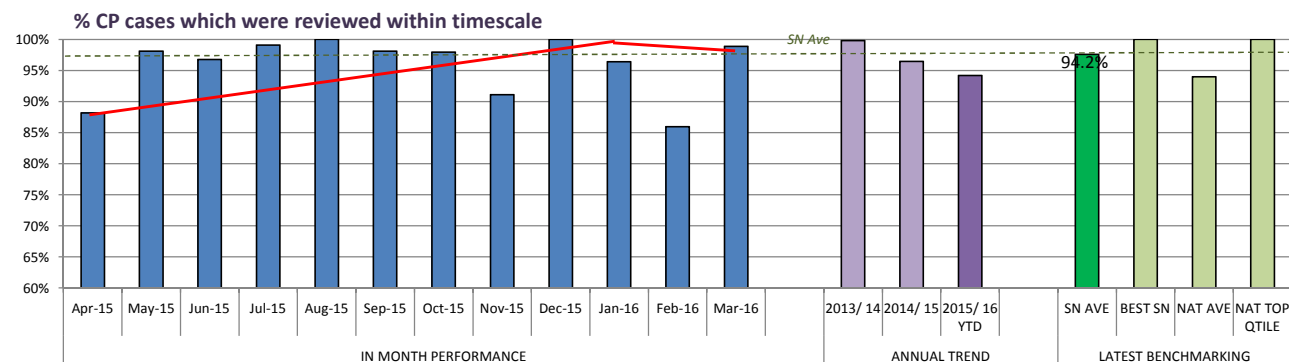
DEFINITION

A child protection plan is reviewed after three months and at intervals of no more than six months thereafter.
Local standards state that any child subject to a child protection plan should be visited at least every two weeks (this excludes children registered on a CPP for less than a week).

PERFORMANCE ANALYSIS

CP visits are monitored at the weekly performance meetings. Over the last 12 months performance has improved and has been maintained. Each week those that are out of timescale are examined on a child by child basis to ensure they have been visited and to ensure the reason for lateness is understood and appropriate action is taken. We will always strive for 100% performance, however on occasion there are valid reasons why visits cannot go ahead or it is inappropriate to do so, for example a family holiday, the child has recently become LAC, or the case is in transfer to another local authority. We have had a number of examples where families have returned to their country of origin. When this occurs we do not close the cases until a safe and well visit can be arranged by the home authority. There was one child whose review could not take place in timescales in March. This was because the parent of the child arrived at the conference intoxicated and a decision was rightly taken to postpone the review. It was reconvened and completed the following week.

		6.12		6.14
		No. of CP cases reviewed within timescale	% CP cases which were reviewed within timescale	% of CP with visits in the last 2 weeks <i>(new definition Apr '15)</i>
IN MONTH PERFORMANCE	Apr-15	90 of 102	88.2%	92.0%
	May-15	104 of 106	98.1%	92.0%
	Jun-15	120 of 124	96.8%	96.2%
	Jul-15	109 of 110	99.1%	97.0%
	Aug-15	60 of 60	100.0%	92.0%
	Sep-15	102 of 104	98.1%	98.0%
	Oct-15	95 of 97	97.9%	95.0%
	Nov-15	133 of 146	91.1%	99.0%
	Dec-15	111 of 111	100.0%	95.0%
	Jan-16	81 of 84	96.4%	96.0%
	Feb-16	49 of 57	86.0%	95.7%
	Mar-16	90 of 91	98.9%	99.0%
ANNUAL TREND	2013/ 14		99.8%	
	2014/ 15		96.5%	
	2015/ 16 YTD		94.2%	99.0%
LATEST BENCHMARKING	SN AVE		97.6%	
	BEST SN		100.0%	
	NAT AVE		94.0%	
	NAT TOP QTILE		100.0%	



LOOKED AFTER CHILDREN

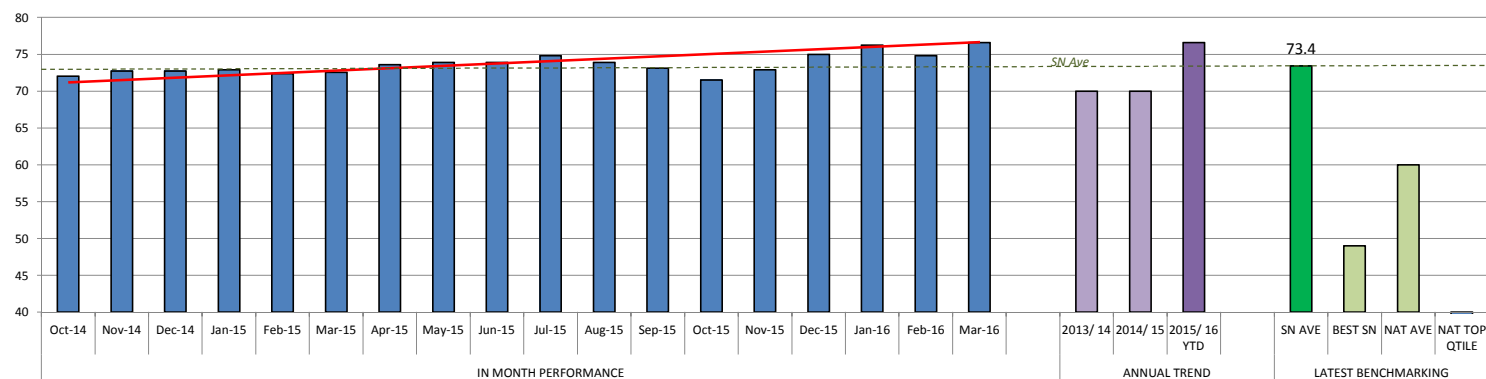
DEFINITION Children in care or 'looked after children' are children who have become the responsibility of the local authority. This can happen voluntarily by parents struggling to cope or through an intervention by children's services because a child is at risk of significant harm.

PERFORMANCE ANALYSIS

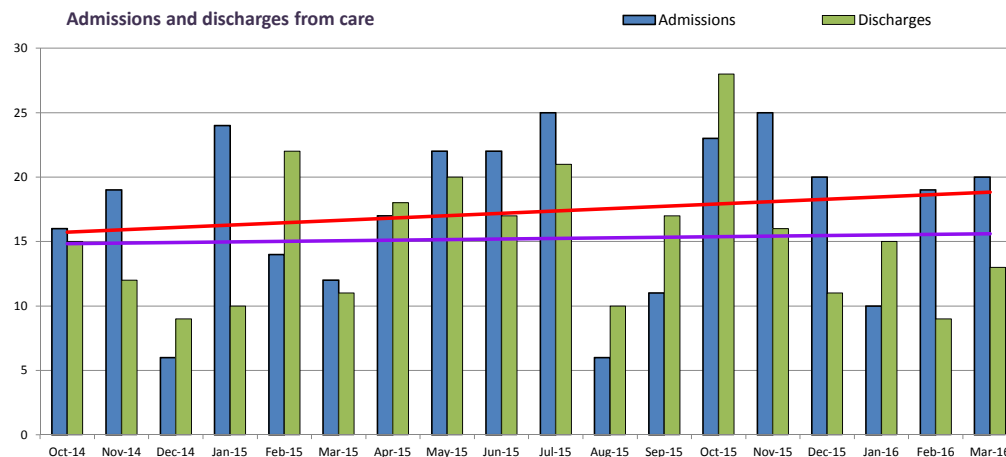
Although the numbers of LAC are broadly in line with our statistical neighbours they are higher than the national average and best performing LA's and admissions have been rising recently. 'Edge of care' arrangements need to be strengthened over time to prevent the need for children to come into care and developing this service forms a key strand of the Children in Care Sufficiency Strategy. This is particularly the case in respect of adolescents entering the care system for the first time. Outcomes are rarely improved for young people coming into care in adolescence and work will commence over the next few months to develop a service specifically to work with this group. During the last period there was a particularly large sibling group of younger children admitted which has impacted on the admissions figures. It is not unusual for numbers of LAC in an authority in intervention to rise as action is taken to address cases which have been drifting previously. The rise in the numbers of care proceedings in Rotherham is testimony to this happening locally. There is nothing coming back from the courts to suggest that any children are being brought before them unnecessarily. Over the next 12 months it would be expected for the position to plateau and then start to reduce gradually.

		7.2	7.1	7.3	7.4
		Rate of children looked after per 10K pop	Number of LAC	Admissions of children looked after	No. of children who have ceased to be LAC
IN MONTH PERFORMANCE	Oct-14	72.0	404	16	15
	Nov-14	72.7	408	19	12
	Dec-14	72.7	408	6	9
	Jan-15	72.9	409	24	10
	Feb-15	72.4	406	14	22
	Mar-15	72.5	407	12	11
	Apr-15	73.6	415	17	18
	May-15	73.9	417	22	20
	Jun-15	73.9	417	22	17
	Jul-15	74.8	422	25	21
	Aug-15	73.9	417	6	10
	Sep-15	73.1	412	11	17
	Oct-15	71.5	403	23	28
	Nov-15	72.9	413	25	16
	Dec-15	75.0	423	20	11
	Jan-16	76.2	430	10	15
	Feb-16	74.8	422	19	9
	Mar-16	76.6	432	20	13
ANNUAL TREND	2013/ 14	70.0		147	136
	2014/ 15	70.0		175	160
	2015/ 16 YTD	76.6	432	208	192
LATEST BENCHMARKING	SN AVE	73.4			
	BEST SN	49.0			
	NAT AVE	60.0			
	NAT TOP Q TILE	-			

Rate of children looked after per 10,000 pop . 0-17



Admissions and discharges from care



LOOKED AFTER CHILDREN - PLACEMENTS

DEFINITION

A LAC placement is where a child has become the responsibility of the local authority (LAC) and is placed with foster carers, in residential homes or with parents or other relatives.

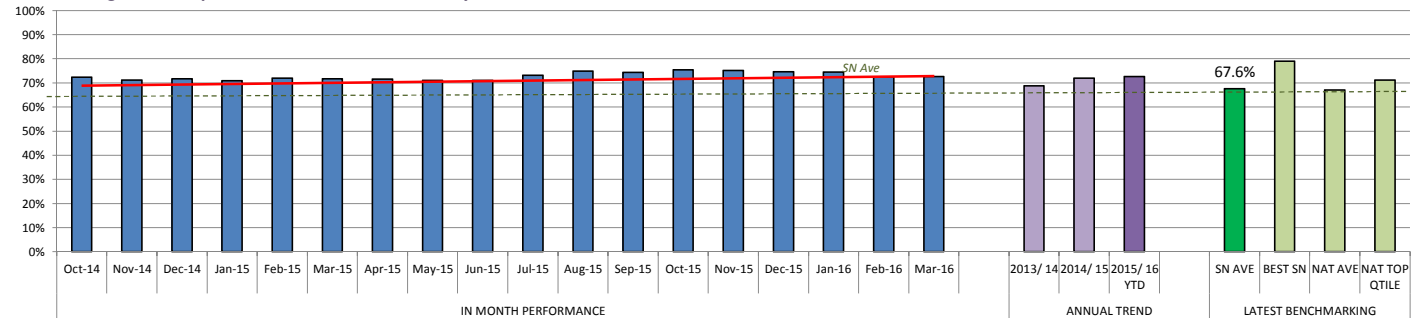
PERFORMANCE ANALYSIS

The performance in relation to children who have had 3 or more placement moves in a year is of concern particularly in relation to the numbers of children in care who have missing episodes which count against this indicator. All children who have been missing or who are identified as being in 'unstable' placements are now subject to particular focus by way of regular 'Team Around the Placement' meetings. In future they will also be considered as 'exceptions' in the fortnightly performance meetings. There remains much to do in order to strengthen the quality of practice in the children in care service across the board.

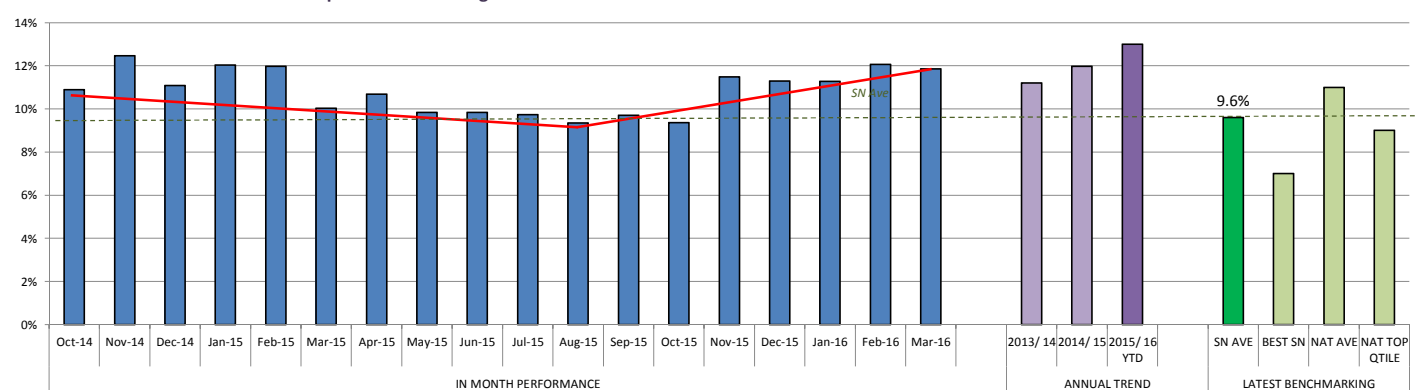
Our sufficiency strategy identifies that we have too many children placed in residential care. Work which commenced in January 2016 to address this has resulted in a number of young people being identified who will be moving to more local provision over the next few weeks and months. This may impact on the long term stability indicator but will result in better outcomes for those individual young people identified.

		9.1		9.2	
		No. of long term LAC placements stable for at least 2 years	% long term LAC placements stable for at least 2 years	No. of LAC who have had 3 or more placements - rolling 12 months	% LAC who have had 3 or more placements - rolling 12 months
IN MONTH PERFORMANCE	Oct-14	115 of 159	72.3%	44 of 404	10.9%
	Nov-14	111 of 156	71.2%	50 of 401	12.5%
	Dec-14	109 of 152	71.7%	46 of 415	11.1%
	Jan-15	105 of 148	70.9%	49 of 407	12.0%
	Feb-15	110 of 153	71.9%	49 of 409	12.0%
	Mar-15	109 of 152	71.7%	41 of 409	10.0%
	Apr-15	106 of 148	71.6%	44 of 412	10.7%
	May-15	108 of 152	71.1%	41 of 417	9.8%
	Jun-15	108 of 152	71.1%	41 of 417	9.8%
	Jul-15	109 of 149	73.2%	41 of 421	9.7%
	Aug-15	110 of 147	74.8%	39 of 417	9.4%
	Sep-15	110 of 148	74.3%	40 of 412	9.7%
	Oct-15	110 of 146	75.3%	38 of 406	9.4%
	Nov-15	109 of 145	75.2%	48 of 418	11.5%
	Dec-15	109 of 146	74.7%	48 of 425	11.3%
	Jan-16	108 of 145	74.5%	47 of 417	11.3%
	Feb-16	108 of 149	72.5%	51 of 423	12.1%
	Mar-16	109 of 150	72.7%	51 of 430	11.9%
ANNUAL TREND	2013/ 14	108 of 157	68.8%	44 of 393	11.2%
	2014/ 15	110 of 153	71.9%	49 of 409	12.0%
	2015/ 16 YTD	109 of 150	72.7%	56 of 431	13.0%
LATEST BENCHMARKING	SN AVE		67.6%		9.6%
	BEST SN		79.0%		7.0%
	NAT AVE		67.0%		11.0%
	NAT TOP Q TILE		71.1%		9.0%

% long term LAC placements stable for at least 2 years



% LAC who have had 3 or more placements - rolling 12 months



— trendline

LOOKED AFTER CHILDREN - REVIEWS & VISITS

DEFINITION

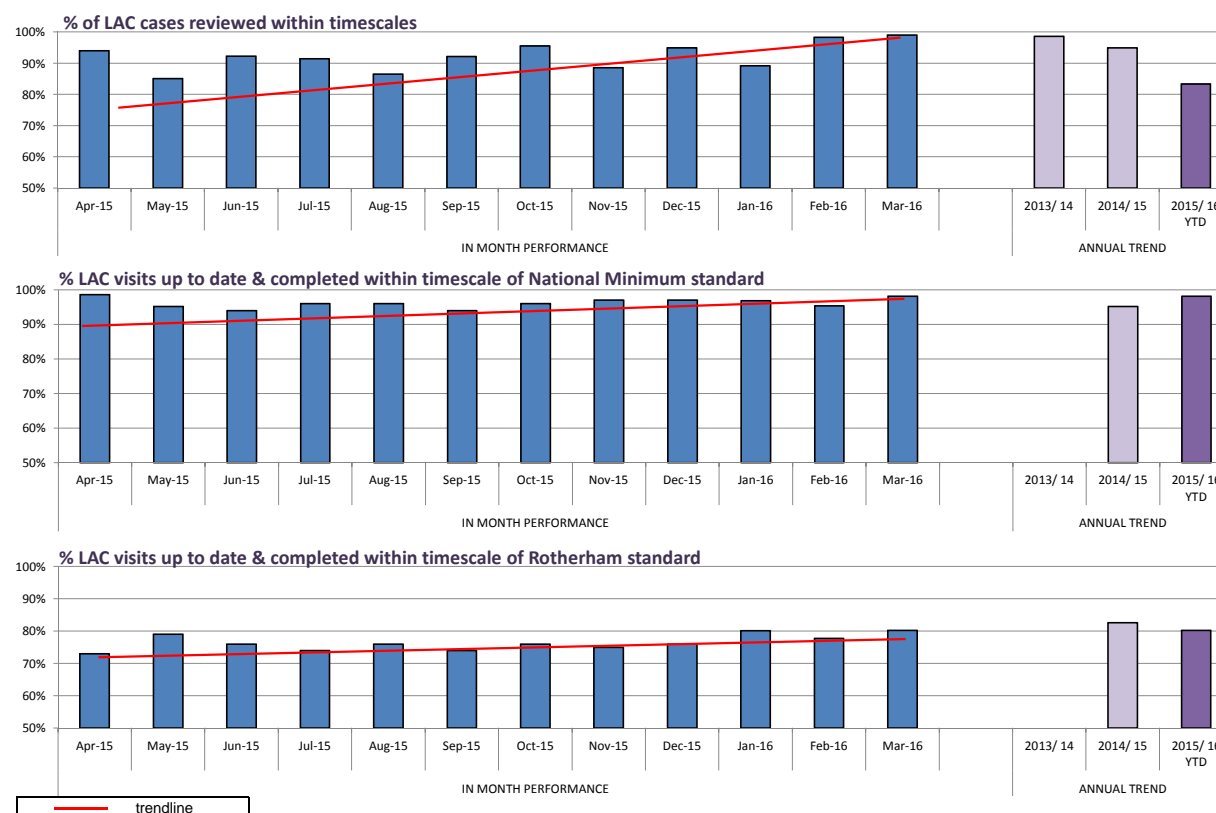
The purpose of LAC review meeting is to consider the plan for the welfare of the looked after child and achieve Permanence for them within a timescale that meets their needs. The review is chaired by an Independent Reviewing Officer (IRO)

The LA is also responsible for appointing a representative to visit the child wherever he or she is living to ensure that his/her welfare continues to be safeguarded and promoted. The minimum national timescales for visits is within one week of placement, then 6 weekly until the child has been in placement for a year and the 12 weekly thereafter. Rotherham have set a higher standard of within first week then 4 weekly thereafter until the child has been permanently matched to the placement.

PERFORMANCE ANALYSIS

LAC Visits are monitored at the weekly performance meeting. Performance in relation to visits within the National Minimum Standards remains well above 90% any visit exceeding statutory minimum timescales is examined on a child by child basis to ensure they have been subsequently visited and to ensure the reason for lateness is understood. In addition to statutory minimum standards Rotherham has set a local standard that exceeds the National one, performance in relation to local standard is still not good enough and will continue to be the focus of sustained management attention. There are some children in care however who are visited more often than the Rotherham standard according to their need at any particular time.

		7.6		7.13	7.14
		No. LAC cases reviewed within timescales	% of LAC cases reviewed within timescales	% LAC visits up to date & completed within timescale of National Minimum standard	% LAC visits up to date & completed within timescale of Rotherham standard
IN MONTH PERFORMANCE	Apr-15	79 of 84	94.0%	98.6%	73%
	May-15	63 of 74	85.1%	95.2%	79%
	Jun-15	95 of 103	92.2%	94.0%	76.0%
	Jul-15	106 of 116	91.4%	96.0%	74.0%
	Aug-15	32 of 37	86.5%	96.0%	76.0%
	Sep-15	117 of 127	92.1%	94.0%	74.0%
	Oct-15	84 of 88	95.5%	96.0%	76.0%
	Nov-15	93 of 105	88.6%	97.0%	75.0%
	Dec-15	94 of 99	94.9%	97.0%	76.0%
	Jan-16	74 of 83	89.2%	96.8%	80.2%
	Feb-16	114 of 116	98.3%	95.3%	77.8%
	Mar-16	104 of 105	99.0%	98.1%	80.2%
ANNUAL TREND	2013/ 14		98.6%		
	2014/ 15	19 of 371	94.9%	95.2%	82.6%
	2015/ 16 YTD	334 of 401	83.3%	98.1%	80.2%
LATEST BENCHMARKING	SN AVE				
	BEST SN				
	NAT AVE				
	NAT TOP QTILE				



LOOKED AFTER CHILDREN - HEALTH

DEFINITION

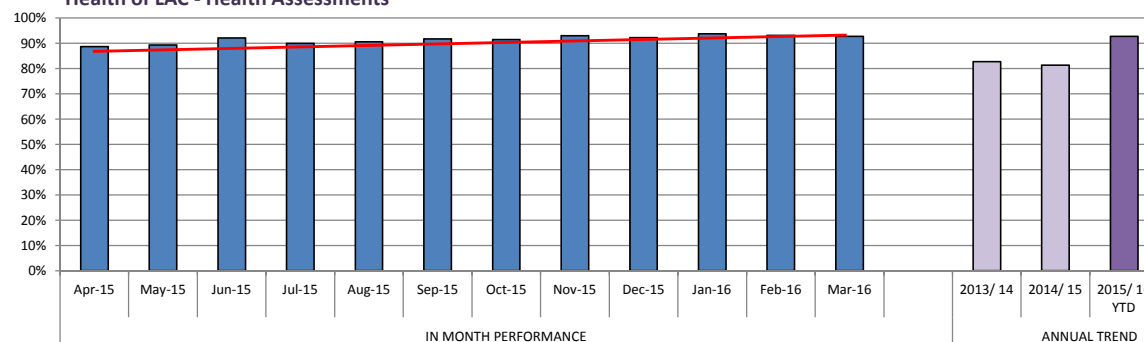
Local authorities have a duty to safeguard and to promote the welfare of the children they look after, therefore the local authority should make arrangements to ensure that every child who is looked after has his/her health needs fully assessed and a health plan clearly set out.

PERFORMANCE ANALYSIS

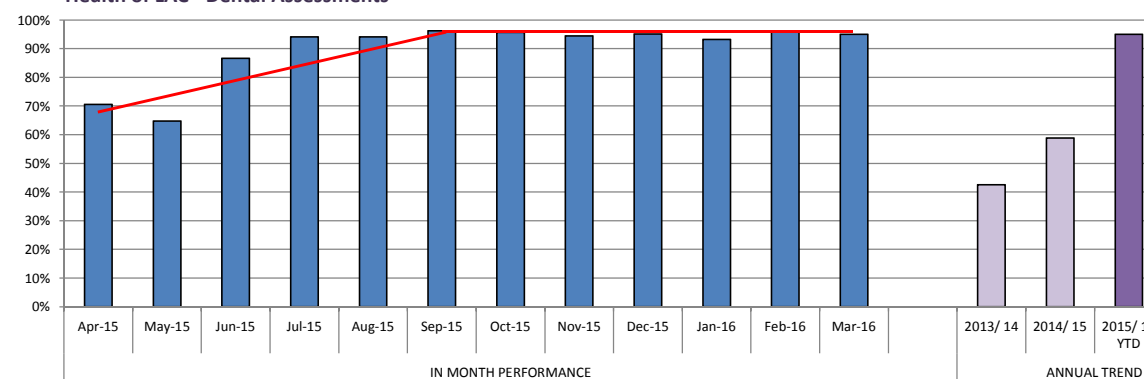
Performance in relation to health and dental assessments was poor and has been the focus of concerted joint effort and has shown previous improvement. Close monitoring means that any dips in performance are understood. Due to the process for health QA checks of assessments following completion there is a time lag between the assessment occurring and showing on the system as completed. From our reviews we know that in the main those not having health or dental checks are the older young people who are recorded as 'refusers'. We are no longer going to accept this on face value and will be actively exploring with health colleagues how we can promote the reviews as something useful and young person friendly. This will focus on the things that interest most young people such as weight, hair and skin as well as other aspects of health. We will also make sure that we are creative in thinking about how we can actively engage young people and 'reach out' to them rather than expecting them to attend a standard clinic appointment. Performance will continue to be very closely monitored.

		7.8	7.9
		Health of LAC - Health Assessments	Health of LAC - Dental Assessments
IN MONTH PERFORMANCE	Apr-15	88.7%	70.5%
	May-15	89.3%	64.7%
	Jun-15	92.1%	86.6%
	Jul-15	89.9%	94.1%
	Aug-15	90.6%	94.1%
	Sep-15	91.7%	96.2%
	Oct-15	91.5%	95.7%
	Nov-15	93.0%	94.4%
	Dec-15	92.3%	95.1%
	Jan-16	93.8%	93.2%
	Feb-16	93.1%	95.8%
	Mar-16	92.8%	95.0%
ANNUAL TREND	2013/ 14	82.7%	42.5%
	2014/ 15	81.4%	58.8%
	2015/ 16 YTD	92.8%	95.0%
LATEST BENCHMARKING	SN AVE		
	BEST SN		
	NAT AVE		
	NAT TOP Q TILE		

Health of LAC - Health Assessments



Health of LAC - Dental Assessments



— trendline

LOOKED AFTER CHILDREN - PERSONAL EDUCATION PLANS

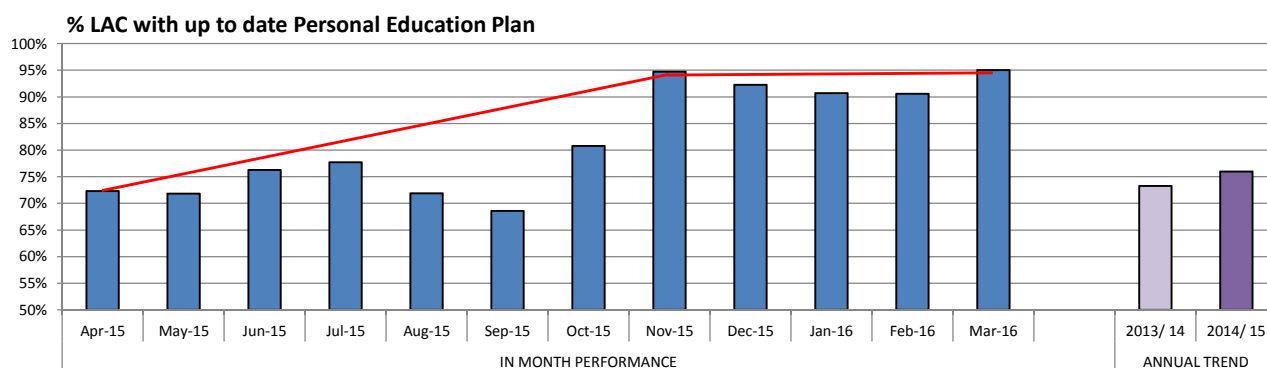
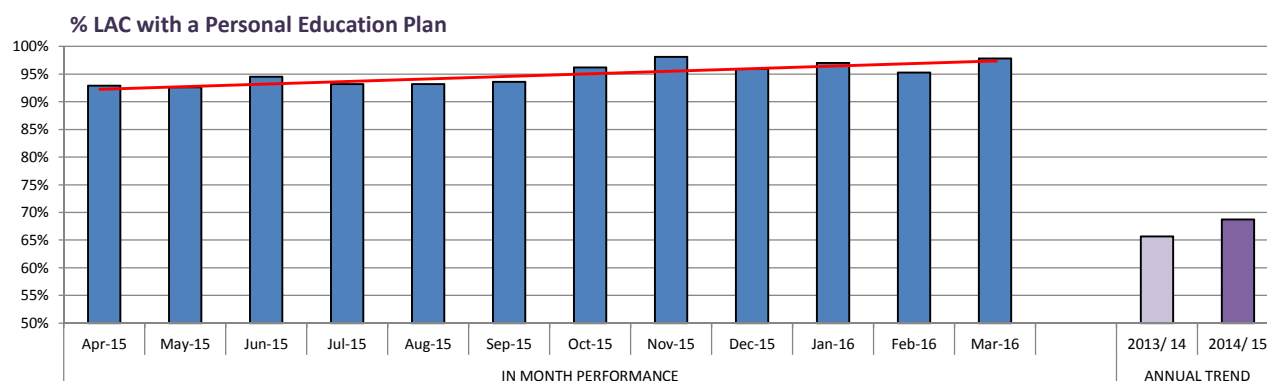
DEFINITION

A personal education plan (PEP) is a school based meeting to plan for the education of a child in care. The government have made PEPs a statutory requirement for children in care to help track and promote their achievements.

PERFORMANCE ANALYSIS

Previously, education of Looked After Children was supported by The Get Real team. This team ceased to exist from the 1st April 2015 and was replaced by a new Virtual School. The completion of the PEP moved to an E-PEP system in September 2015 (start of Autumn term). A revised PEP process is now in place with termly PEPs attended by a minimum of school, social worker and virtual school as well as LAC, carers, and other professionals. Extensive training has been provided to professionals on SMART targets for PEPs to improve effectiveness in driving outcomes. A rigorous QA process is in place with evidence of quality of PEPs improving. There is also an increase in the number of PEPs reflecting Pupil Voice. Prior to September 2015 PEPs were in place for compulsory school-age children only. PEPs are now in place for LAC aged 2 to their 18th birthday. There has been good improvement within the year for children and young people having an up to date plan but there is more to do to ensure that every child and young person has a plan in place.

		7.10	7.11
		% LAC with a Personal Education Plan	% LAC with up to date Personal Education Plan
IN MONTH PERFORMANCE	Apr-15	92.9%	72.3%
	May-15	92.6%	71.8%
	Jun-15	94.5%	76.3%
	Jul-15	93.2%	77.7%
	Aug-15	93.2%	71.9%
	Sep-15	93.6%	68.6%
	Oct-15	96.2%	80.8%
	Nov-15	98.1%	94.7%
	Dec-15	95.9%	92.3%
	Jan-16	97.0%	90.7%
	Feb-16	95.3%	90.6%
	Mar-16	97.8%	95.0%
ANNUAL TREND	2013/ 14	65.7%	73.3%
	2014/ 15	68.7%	76.0%
	2015/ 16 YTD	97.8%	95.0%
LATEST BENCHMARKING	SN AVE		
	BEST SN		
	NAT AVE		
	NAT TOP Q TILE		



— trendline

CARE LEAVERS

DEFINITION

A care leaver is defined as a person aged 25 or under, who has been looked after away from home by a local authority for at least 13 weeks since the age of 14; and who was looked after away from home by the local authority at school-leaving age or after that date. Suitable accommodation is defined as any that is not prison or bed and breakfast.

PERFORMANCE ANALYSIS

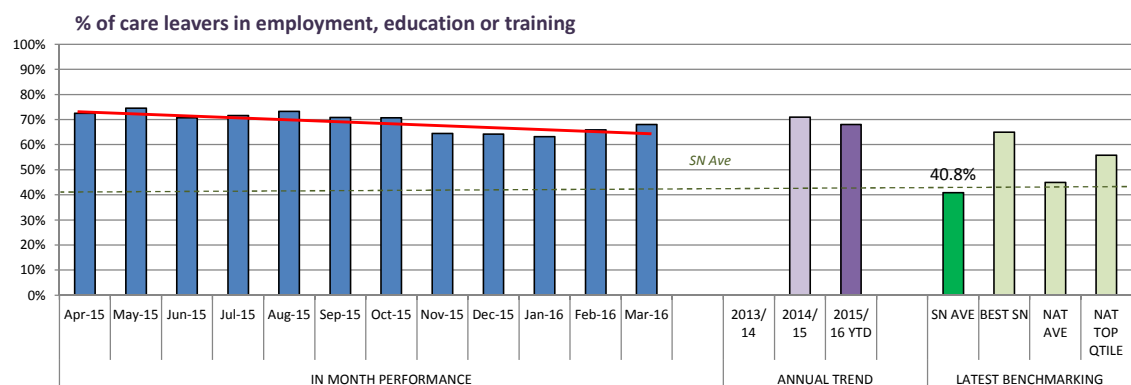
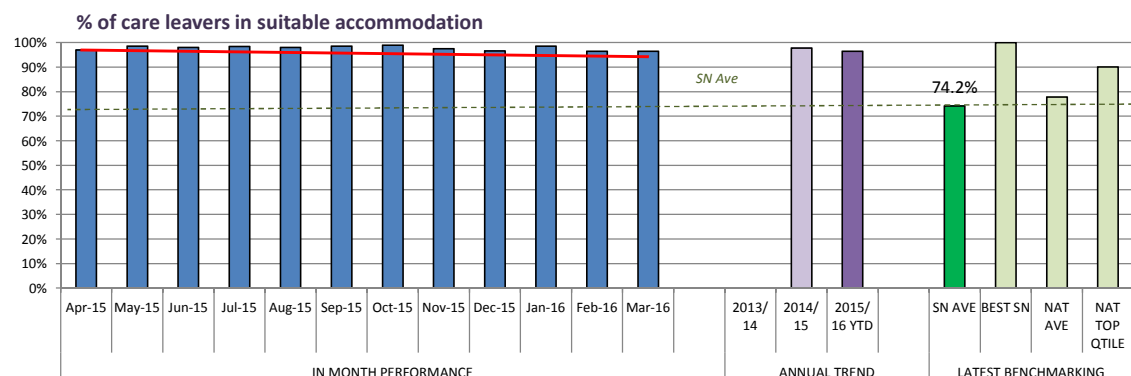
96.5% of young people are in suitable accommodation, above the national average (77.8%). 5 young people are shown as not in suitable accommodation, of these four are in custody, and one (aged over 18) has made himself intentionally homeless in order to live with his girlfriend. It is understood that more needs to be done to enhance the quality of the accommodation available as well as increasing the range of choices for young people. The service managers and Head of Service are working with commissioning colleagues to ensure that action is taken to ensure the best provision is available to Rotherham young people and increased planning will take place via a 16+ accommodation panel.

68% of young people are in education employment or training, above the national average (45%) but still very disappointing in terms of the aspirations for Rotherham young people. 60 young people identified as not being in education, employment or training (NEET). Work is underway to strengthen the offer to care leavers generally and tackling the need to support young people to be engaged in further education, training or employment will be given priority.

		8.1	8.3	8.4
		Number of care leavers	% of care leavers in suitable accommodation	% of care leavers in employment, education or training
IN MONTH PERFORMANCE	Apr-15	189	97.0%	72.5%
	May-15	200	98.5%	74.5%
	Jun-15	198	98.0%	70.8%
	Jul-15	190	98.4%	71.6%
	Aug-15	198	98.0%	73.2%
	Sep-15	199	98.5%	70.9%
	Oct-15	195	99.0%	70.8%
	Nov-15	197	97.5%	64.5%
	Dec-15	204	96.6%	64.2%
	Jan-16	198	98.5%	63.1%
	Feb-16	196	96.4%	65.8%
	Mar-16	197	96.5%	68.0%

ANNUAL TREND	2013/ 14			
	2014/ 15	183	97.8%	71.0%
	2015/ 16 YTD	197	96.5%	68.0%

LATEST BENCHMARKING	SN AVE		74.2%	40.8%
	BEST SN		100.0%	65.0%
	NAT AVE		77.8%	45.0%
	NAT TOP QTILE		90.0%	55.8%



— trendline

ADOPTIONS

DEFINITION

Following a child becoming a LAC, it may be deemed suitable for a child to become adopted which is a legal process of becoming a non-biological parent. The date it is agreed that it is in the best interests of the child that they should be placed for adoption is known as their 'SHOBPA'. Following this a family finding process is undertaken to find a suitable match for the child based on the child's needs, they will then be matched with an adopter(s) followed by placement with their adopter(s). This adoption placement is monitored for a minimum of 10 weeks and assessed as stable and secure before the final adoption order is granted by court decision and the adoption order is made.

Targets for measures A1 and A2 are set centrally by government office.

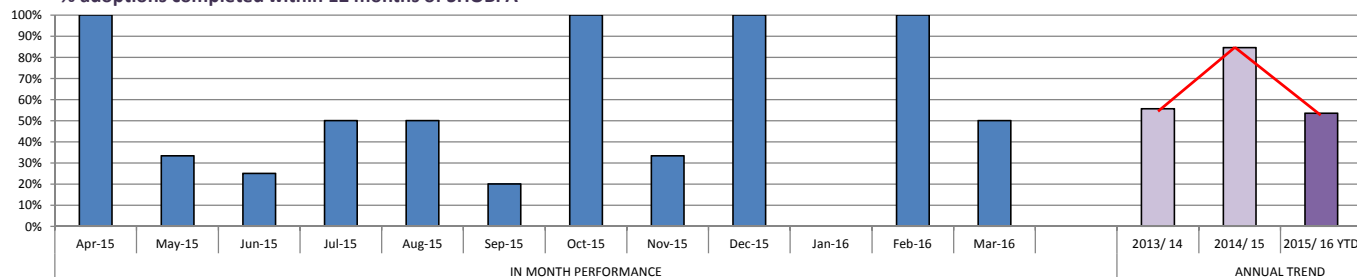
PERFORMANCE ANALYSIS

Performance each month can vary significantly given the size of the cohort which is always very small. There have been 4 adoptions in March taking the total for the reporting year to 42. Given the small numbers it is most useful to look at a rolling 12 months than a month snapshot and overall performance in this area over the last 3 years has shown an improving trend.

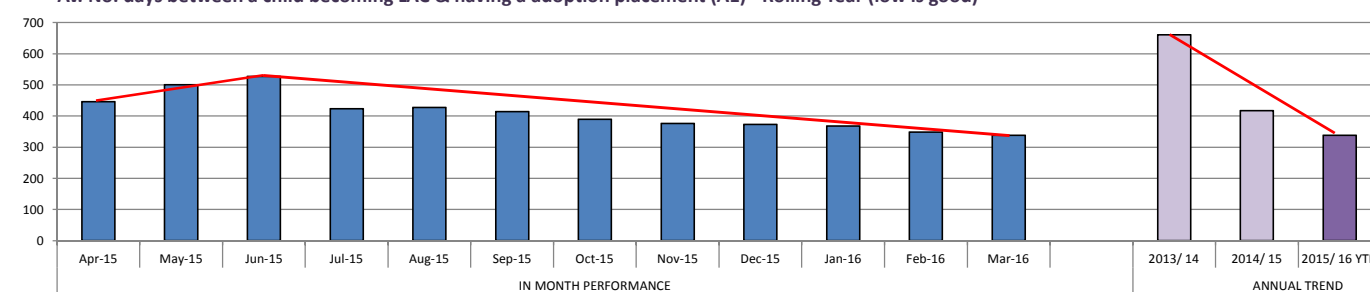
In March only 2 out of the 4 children adopted had the order made within 12 months of the 'should be adopted placed for adoption decision'. These children had been placed with their adoptive parents for well over a year before the order was made because of some complexities in the therapeutic support that was required. The available number of in house adopters is lower than we need and this is likely to result in the need to purchase placements from other adoption providers. The adoption recruitment campaign is being redesigned and shared arrangements with other South Yorkshire authorities are being progressed. This A2 target was not achieved due to 6 children with high level additional needs taking longer than usual to place. However all 6 children did achieve permanency through adoption thus providing them with an excellent outcome of becoming part of a new family and no longer in the care system.

		Number of adoptions	Number of adoptions completed within 12 months of SHOBPA	10.1	10.2	10.3
				% adoptions completed within 12 months of SHOBPA	Av. No. days between a child becoming LAC & having a adoption placement (A1) (rolling yr.)	Av. No. days between placement order & being matched with adoptive family (A2) (rolling yr.)
IN MONTH PERFORMANCE	Apr-15	2	2	100%	446.5	74.0
	May-15	3	1	33%	500.6	175.6
	Jun-15	4	1	25%	527.0	248.7
	Jul-15	6	3	50%	423.0	175.8
	Aug-15	2	1	50%	427.8	179.9
	Sep-15	5	1	20%	414.2	188.9
	Oct-15	3	3	100%	389.9	180.3
	Nov-15	3	1	33%	376.0	166.8
	Dec-15	1	1	100%	372.9	164.2
	Jan-16	3	0	0%	368.0	159.5
	Feb-16	7	7	100%	348.4	141.7
	Mar-16	4	2	50%	338.4	137.9
ANNUAL TREND	2013/ 14			55.6%	661.0	315.0
	2014/ 15			84.6%	417.5	177.3
	2015/ 16 YTD	43	23	53.5%	338.5	137.9
LATEST BENCHMARKING	SN AVE					
	BEST SN					
	NAT AVE					
	NAT TOP Q TILE					

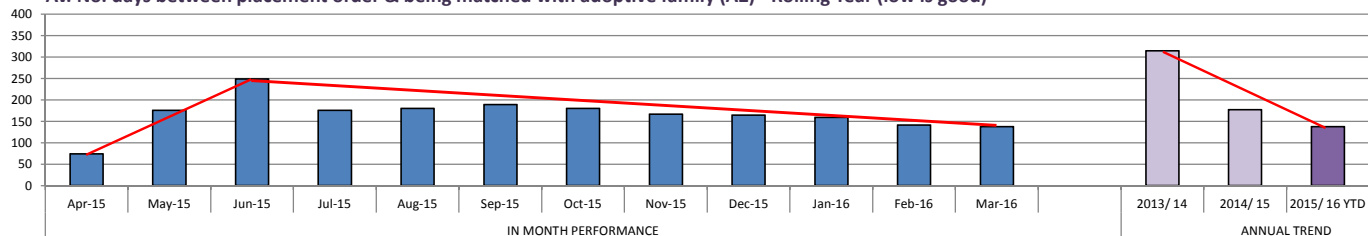
% adoptions completed within 12 months of SHOBPA



Av. No. days between a child becoming LAC & having a adoption placement (A1) - Rolling Year (low is good)



Av. No. days between placement order & being matched with adoptive family (A2) - Rolling Year (low is good)



— trendline

*Annual Trend relates to current reporting year April to Mar not rolling year

CASELOADS

DEFINITION

Caseload figures relate to the number of children the social worker is currently the lead key worker. Fieldwork teams relate to frontline social care services including the four Duty Teams, none Long Term CIN Teams, two LAC teams and the CSE Team. All averages are calculated on a full time equivalency basis, based on the number of hours the worker is contracted to work.

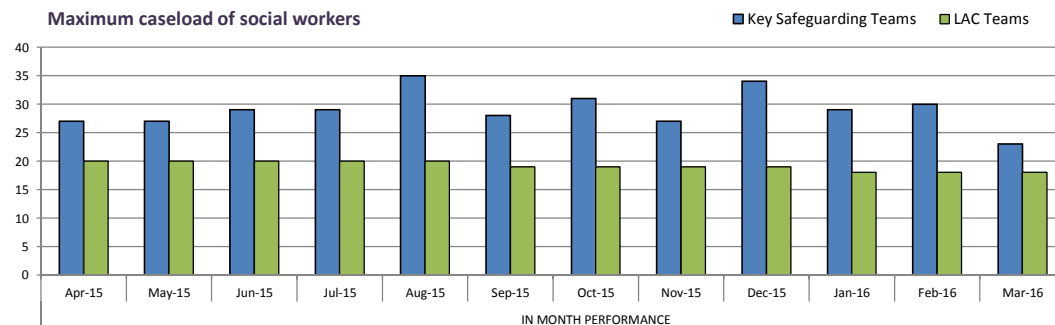
PERFORMANCE ANALYSIS

Weekly performance meetings continue to examine caseloads in detail. All those over 22 are examined and the reasons explained. For example some senior social workers have students allocated to them and the student caseload shows under the supervisor's name. In the locality teams it is not unusual to have social workers holding families with large sibling groups (over 5) which will impact on the number of cases (children). Caseloads in Children's Disability Service have now reduced significantly following a specific piece of work to ensure that cases were in the correct teams. The seemingly low caseloads in the CSE team belies the complexity and intensity of the work undertaken and the numbers of cases that are co worked and supported. Ensuring that social workers have manageable caseloads was a key priority for Rotherham and the current performance is testimony to what has been achieved in this regard. Action has been taken to ensure each team has sufficient capacity in terms of numbers of workers but, importantly, action has also been taken to ensure effective throughput of work in respect of timely transfers and closures when appropriate.

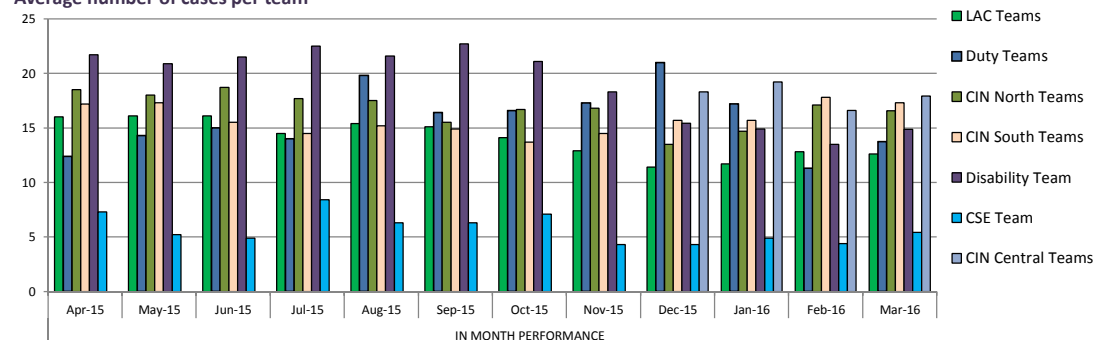
		11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.9
		Maximum caseload of social workers in key Safeguarding Teams	Maximum caseload of social workers in LAC Teams	Av. no. cases in LAC Teams	Av. no. cases in Duty Teams	Av. no. cases in CIN North Teams	Av. no. cases in CIN Central Teams	Av. no. cases in CIN South Teams	Av. no. cases in Children's Disability Team	Av. no. cases in Children Sexual Exploitation Team
IN MONTH PERFORMANCE	Apr-15	27	20	16.0	12.4	18.5		17.2	21.7	7.3
	May-15	27	20	16.1	14.3	18.0		17.3	20.9	5.2
	Jun-15	29	20	16.1	15.0	18.7		15.5	21.5	4.9
	Jul-15	29	20	14.5	14.0	17.7		14.5	22.5	8.4
	Aug-15	35	20	15.4	19.8	17.5		15.2	21.6	6.3
	Sep-15	28	19	15.1	16.4	15.5		14.9	22.7	6.3
	Oct-15	31	19	14.1	16.6	16.7		13.7	21.1	7.1
	Nov-15	27	19	12.9	17.3	16.8		14.5	18.3	4.3
	Dec-15	34	19	11.4	21.0	13.5	18.3	15.7	15.4	4.3
	Jan-16	29	18	11.7	17.2	14.7	19.2	15.7	14.9	4.9
	Feb-16	30	18	12.8	11.3	17.1	16.6	17.8	13.5	4.4
	Mar-16	23	18	12.6	13.7	16.6	17.9	17.3	14.9	5.43
ANNUAL TREND	2013/ 14									
	2014/ 15									
	2015/ 16									
	YTD									

Please note CIN locality services were re-configured in December 2015. Care must be taken when comparing trend data before this time to current positions for all CIN teams.

Maximum caseload of social workers



Average number of cases per team



13 June 2016

Mr Ian Thomas
Strategic Director of Children's Services
Rotherham Metropolitan Borough Council
Floor 4, Riverside House
Main Street
Rotherham
South Yorkshire
S60 1AE

Dear Mr Thomas

Outcome of improvement work undertaken in Rotherham, August 2015-April 2016.

This letter contains the findings of the recent improvement monitoring visits undertaken in Rotherham Children's Services between August 2015 and April 2016. Her Majesty's Inspectors (HMI) have undertaken five visits over an eight month period. Each visit has involved two HMI on-site for two days. I am grateful to you and your staff for your help and the time given during the visits.

Inspectors have reviewed the progress of the improvement action plan in five areas:

- Contact and referral (MASH) August 2015
- Duty and assessment and area child protection teams October 2015 and March 2016
- Leadership and management March 2016
- Early help April 2016.

During each visit inspectors sampled practice in relation to child sexual exploitation and reviewed performance management and quality assurance arrangements. At your request inspectors did not review arrangements for children looked after or care leavers. You have been open and honest with inspectors sharing your self-assessment that these services have not developed as rapidly as other areas since your last SIF inspection. You have however shared your action plans to improve both services and have given an undertaking to seek external peer review of these services in October 2016. While we accept this undertaking it is our intention under Ofsted's new monitoring arrangements to prioritise a review of these services beginning September 2016.

During visits inspectors have considered a range of evidence, including: electronic case records; supervision files and notes, observation of social work practice, performance information, policies and strategic planning documents and meetings with key partner agencies. Inspectors also spoke to a range of staff including managers, social workers, other practitioners, agency partners and administrative staff.

You have been transparent and honest with regard to your improvement progress and where your challenges remain. The October 2015 visit identified priority action needed to be taken in respect of your duty and assessment team. You accepted these findings and took immediate action to review practice and management arrangements in these teams and invited HMI to revisit the teams in March 2016. From the evidence gathered, the improvement visits have identified where progress has been made and where areas for development continue, which are detailed below.

Key Findings

MASH August 2015

Inspectors found contact and referral arrangements were satisfactory. Management oversight and quality assurance arrangements were much improved. Rationale for decision making was clear leading to improved action planning. Child protection enquiries in cases seen were timely and formally recorded. The out of hour's arrangements had improved with effective links with day time services. The multi-agency team EVOLVE had been established in July 2015 to work specifically with Child Sexual Exploitation (CSE) cases. Recruiting to permanent posts was however a challenge for you. A Strategic head of CSE was appointed leading to greater oversight and grip of cases held in locality teams and was beginning to strengthen links between strategic and operational practice and partner agencies. Weekly risk management meetings were in evidence to review those children and young people at risk of or suffering harm through CSE. There was evidence of CSE tools being used to screen referrals and identify risk. Specific training for staff had been rolled out about the impact of CSE and risk management and staff valued this training.

Inspectors found workloads had reduced to manageable levels and staff were much clearer about their respective roles and responsibility. There was improving evidence of multi-agency partnership working in assessments and planning but this was not consistently embedded. Managers were benefiting from weekly performance information and monthly auditing by all senior managers and this was beginning to promote a collaborative learning culture.

Areas for development

The accommodation of the MASH was not fit for purpose and did not promote integrated working. You knew this and were in the process of making changes. Education partners were not represented in the MASH and Health had been slow to

get on board. High numbers of agency staff meant the workforce was not permanent or stable. The electronic recording system did not support the effective analysis and sharing of information in the MASH and indeed other parts of the service. Again you were aware of this and work was in progress to develop a new electronic case management system. High numbers of domestic abuse notifications were being sent to social care without screening or being risk assessed by police and this was adversely impacting on capacity at the front door. Thresholds for access to children's social care were not sufficiently understood, owned or implemented across the service and partnership. We found better identification of children in need of early intervention was needed.

Despite strategy meetings being recorded and chaired by a manager overall inspectors found a lack of evidence of actions, contingency planning and required timescales which was a key finding in the SIF. This had not improved sufficiently in the intervening period. Similarly, outcomes of Section 47 enquiries/investigations overall were poorly recorded and it was difficult to see how children were any safer after the strategy has been held. While there had been an improved focus on CSE assessment at the front door, there needed to be a strengthened and more focused response to children looked after. Tracking systems to monitor children and young people missing and at risk of CSE had been developed but were not embedded. Inspectors found improvements in partnership working between Children's Social Care (CSC) and South Yorkshire Police. However, there needed to be a continued effort to further strengthen partnership working, make more effective use of intelligence to identify links, patterns, locations (hot spots) and emerging threats (within and across borders/boundaries).

Duty and Assessment Improvement visit October 2015

Inspectors raised concern with regard to the quality of assessment, planning, management oversight and decision making when cases were transferred from MASH to duty and assessment teams. The evidence gathered found practice improved when cases transferred from duty and assessment teams to Area Child Protection Teams (ACPS). Across the duty and assessment teams there was a lack of understanding of thresholds both for step down to early help and for escalation to Initial Child Protection Conference (ICPC).

In the vast majority of cases seen the quality of assessment was poor. Risk was not sufficiently explored or understood and there was a lack of use of chronologies and assessment tools to assist social workers understand the child's history and the impact of their experiences. Assessments were narrowly focused and did not consider the needs of all children within the household. There was a lack of evidence of multi-agency partner's contribution to assessments and plans or social workers triangulating parental self-report with other professionals. Direct work with children was mostly absent and the child's voice was not sufficiently considered in assessments and plans which concerned them. Children's plans were unfocused and it was difficult to see what was expected of parents and professionals in order to

improve the child's circumstances. There was a lack of management oversight and a lack of clear rationale for decision making. There was a lack of interim safety planning between transition points for children. The case loads of Child Protection chairs were too high, reducing their capacity to monitor in between reviews.

In stark contrast when cases transferred into Area Child Protection Teams (ACPS) practice was significantly improved. Teams were more stable and caseloads had significantly reduced enabling social workers to undertake direct work and more qualitative assessments. Supervision was regular, management rationale was in evidence on most records and social workers were receiving support and challenge from managers. Social workers told inspectors they felt safe. Newly qualified social workers social workers were well supported. Team managers were using performance information to positive effect and this was evidenced in improving team performance and the overall experience for children, young people and their families. Improvements could be seen in responses to children at risk of and suffering CSE. Assessments seen were robust, risk was well understood, and there was evidence risks were reducing for some children. Multi-agency partnerships were strong, strategies were robust and well-coordinated actions followed with wrap around services for children and young people. Staff were clear about their roles and responsibilities.

Duty and Assessment March 2016

Inspectors returned in March 2016 to re-visit the duty and assessment teams. There continued to be appropriate and robust screening of contacts and referrals in the MASH. Newly introduced early help panels were beginning to support step down. You had begun work with the Local Safeguarding Children Board (LSCB) to explore the issue of the understanding of and the application of thresholds across the partnership.

All cases looked at by inspectors had an assessment with evidence the child had been seen. This was a significant improvement. Assessments had been completed in a timely way for the child. Improvement could be seen in assessment quality in some but not all cases looked at by inspectors. Analysis of risks had slightly improved and there was evidence that strengths and the family's history were being considered. In some cases the child's experience was being captured well and the impact on the child could be understood. Almost all cases seen had a plan with evidence of review. Recording of strategy meetings had improved slightly and strategy meetings were compliant with statutory guidance which was a significant improvement.

Areas for development

While there was increased evidence children were being seen there was limited indication of the purpose or outcome of the visit. Recording was descriptive, did not link to concern or risk, and there was limited evidence of how visits linked to the child's plan. There was limited evidence of actions to be undertaken for next the visit

or what was required of parents. Where a father was involved, even if estranged or living in the same household they were not being consulted. The individual needs of siblings within assessments were also not being considered. While you were beginning to develop chronologies these were not being used to identify significant events in children's lives and inform analysis of risk and research was not being used to assist the analysis of risk. There was no evidence of contingency planning. When cases stepped down to early help or closed, assessments were not robust enough. There was very little evidence in any files seen of consultation with adult services. Management grip was only evident at the allocation of cases.

Leadership and Management March 2016

Considerably strengthened and robust relationships were fully established between the DCS, lead member and Chief Executive with the promise of this being added to by the new independent chair of the Rotherham Safeguarding Children Board (RSCB). It was particularly positive that the governance arrangements through Commissioners have not inhibited the functionality of these relationships. Careful consideration has been given to provide support for the current shadow executive arrangements. At the time of the visit there remained some key appointments that had either only just been made or were very recent. However, the thread of high level of motivation, clear direction of travel and determined challenge was evident. Specific operational and tactical arrangements between the council and South Yorkshire police have shown evidence of improved cooperation and collaboration. This is noted in the examination and investigation of possible individual and organised exploitation of children. The specialist joint arrangements for this are fully functional, with recent evidence of impact. The effectiveness of the Evolve team however is yet to be evaluated in detail.

The impact of many of the strategic developments is yet to be seen with the strategic and governance arrangements at the early stages of being reviewed. Efforts are clear to achieve a more 'open-architecture' of governance where challenge is seen as support. The stabilisation and functional effectiveness of the workforce has begun to be established. Turnover continues but not at a damaging level and almost all of those spoken with express positive morale and confidence in the direction of travel of children's social care services. While it is recognised there is much yet to be achieved it is clear that many of the foundations toward a stable, able workforce are in place, albeit recently achieved.

First line management casework oversight and direction was much improved. Managers recorded clear and risk-focused direction. Management rationale for decision making was clearly recorded in cases seen. It was clear that there is managerial ownership and efforts to drive improved performance in social care. There was evidence of shared ownership and responsibility amongst managers seen. Managers welcome the current "no hiding place" style of management with support being as robust as challenge. Independent Reviewing Offices (IRO) arrangements however have not been well supported by the four changes in manager of the

service in a short space of time. They remain clear that they are still seeing too much delay in implementing plans, with limited progress in the focus, of plans, quality of assessments and appropriate preparation of children in care. They feel they are beginning to be listened to but are yet to confidently find their professional 'voice' on behalf of children in care.

Areas for development

The voice of the child was not consistently evidenced on an individual casework basis or sufficiently influential at all levels in children's services. You are working hard to secure a competent and stable workforce and demonstrate active and purposeful planning. This is yet to impact sufficiently on the 'front of house' practitioner base with just three permanent SW appointments in the last round of recruitment. You continue to have difficulty meeting your sufficiency duty and it is clear that it is likely to take a further 12-18 months before substantial improvement is achieved. You are at the early stages of developing and delivering effective early help and edge of care services. This is not yet having a clear impact on reducing crises and demand for statutory interventions.

Sound quality assurance and performance management frameworks are now in place and there is clear capacity and commitment from both children's services and partners to drive these forward. You are now ready to move from the compliance phase of your improvement plan to focus on the quality of practice. The current suite of audit tools and framework are an emerging strength, with further links being pursued with the RSCB quality functions. This is however yet to evidence practice improvement. Your electronic case record system has had some interim updates, is unlikely to support this work until the implementation of liquid logic from **31 October 2016**. Lines of internal communication across the local authority and within children's services have improved considerably, but are yet to ensure a full 360 degree communication, including the valued practitioner forum, to ensure effective engagement with, and of, staff at all levels.

There has been an understandable and considerable focus on child sexual exploitation safeguarding practice. It was evident at the time of the visit that the separate specialist teams were exhibiting significant tensions and pressures. There were specific issues regarding staff relationships within the Evolve team that required your further consideration.

Early help April 2016

The pace of improvement in relation to development of the early help programme over the past six months has been positive and rapid. This is integral to the successful development of the children and young people's transformation programme 2015-2021. The vision and priorities of the council are clearly set out in the new early help and engagement service plan. These are appropriately aligned with wider strategic planning to increase preventative and early help services

through a variety of established, recent and planned services. The early help strategy is currently in draft form with a planned implementation in July 2016.

Refreshed governance arrangements are in evidence. There is a clear commitment from senior managers and elected members to improve the quality of services and to improve outcomes for children and young people through a robust focus on early intervention and prevention. The commissioner made early help a top service priority. A member led early help review board and early help sub group of the children and young people's strategic partnership is in place to oversee the development. The council and its partners we have seen share an ambition regarding the increased offer of early help to prevent the escalation of family difficulties through integrated and locality working. There is strategic buy in from all major stakeholders and this has the potential to provide valuable services and resources which are aligned to the views and needs of local communities.

Partnerships with the Police and Youth Engagement Service are particularly strong and well aligned with the troubled families' programme which you call "Families for Change". Significant work has been undertaken to improve operational buy in from partners and this has improved significantly with schools and learning communities. There is still some way to go to secure full engagement and some operational challenges remain to engage health visiting, school nurses and CAMHS. More work needs to be done to increase and improve education and health partners confidence not only in the early help offer but in their capacity to deliver early help assessments and support.

Threshold descriptors are clear and align with early help pathways to services which outline a virtual pathway to and signpost professionals, practitioners and families to early help services. However, thresholds for access to children's social care are still not sufficiently understood by partners and cases referred to early help are not always being coordinated effectively. The interface between early help and the front door needs to be clearer. There are additional issues around the analysis of risk and decision making. The newly established early help triage team is starting to impact on the timely coordination of services through to nine early help multi-disciplinary locality teams integrating disciplines. Positively the early help triage team ends the previous 30 different routes to early help through one front door. It is too early to see the impact on whether this is effective in diverting some children and young people with a lower threshold of need from statutory services, however the early indications are encouraging.

There is evidence of robust management oversight of the team and decisions, appropriate and educative advice and challenge back to referrers, including the MASH and locality teams. New and quality assurance and performance monitoring arrangements in place for early help live from 1 April 2016. Routine Department for Education performance reporting systems are in place enhanced with bespoke success measures which intend to capture for example; contact timeliness, track step up and step down timeliness and allocation, assessment timeliness and outcomes,

deep dive audits and more. These new arrangements bring all of these systems into one electronic data base.

Areas for development

The integration of the early help workforce into locality teams is a positive and necessary change. Not all staff are however sufficiently trained, confident or competent to undertake early help assessment (EHA). There needs to be an impetus to develop staff training, skills, knowledge and confidence. Some staff have articulated to inspectors that they feel overwhelmed, under skilled and not being clear about what they are doing and why. Some Manager's lack of knowledge and skill in this area of work is impacting on their ability to understand the complexity and challenges and quality assure the work to a satisfactory level. Managers are not giving clear direction at the allocation of cases, not setting timescales for completion, they are not evidencing review and challenge of decisions and they are not evidencing that remedial actions from previous supervisions are actioned.

The current early help assessment form is not fit for purpose. It does not have a section for the worker to analyse their findings, to record the child's wishes and feelings or the views of parents or carers. It does not have a section for management oversight and next steps or to record the completion date. Early help assessment quality overall was poor in the cases seen. Children are not always seen as part of an early help assessment and it is difficult to see what direct work if any is undertaken as workers do not always record these interventions. As a result plans are insufficiently focused on areas of risk and need. The intended outcomes are not always clear and few have realistic or even set timescales of when change/ progress is required. Team around the child meetings are taking place but in those seen are not all robustly monitoring or driving children's plans.

Child sexual exploitation April 2016

Inspectors have found continued improvement in practice. There is evidence of significant learning arising from the review of high profile cases in Rotherham. What started as reactive approaches to children suffering CSE has developed into proactive, sensitive and robust investigative practice between police and social care.

Considerable efforts are made to identify children and young people at risk of CSE and when identified receive bespoke wrap around multi-agency risk assessment and responses. Assessments seen in the Evolve team during the visit in March 2016 were thorough and timely. Risk and need were clearly identified. Care plans were robust, addressed risk and were regularly monitored, reviewed and updated by managers. Where young people were perpetrators, a unique approach by police in particular, influenced by CSC, seeks where appropriate and proportionate to risk not to criminalise but educate, support and monitor through whole family and multi-agency systems approaches. Where charges are brought and where convictions occur, young people are supported, reassessed and monitored up to sentencing and beyond

which is good practice and child centred. Where victims are suspected or identified, in some cases months and months of proactive and tenacious work is resulting in victims developing trusting relationships with police and social workers. The impact is in many cases young people making disclosures and identifying other victims.

Future arrangements

As you will be aware, as set out in the letter from Eleanor Schooling, National Director, Social Care, dated 26 May, we are introducing new monitoring arrangements for inadequate local authorities. The letter sets out the activities and general timescales.

As we have already been engaged with Rotherham, with your agreement, we will move to a monitoring arrangement. I and the regional Senior HMI, Bob Morton, would be happy to meet with you to discuss. I am currently on another inspection but will contact you shortly to take forward.

Yours sincerely

Tracey Metcalfe

Her Majesty's Inspector