IMPROVING LIVES SELECT COMMISSION

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

Date: Wednesday, 22nd March, 2017

Time: 1.30 p.m.

A G E N D A

There will be a pre-briefing for all members of the Improving Lives Select Commission at 12.00 Noon.

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.

   Feedback:-

   • Corporate Parenting Panel.
   • Child-Centred Borough.

7. Minutes of the previous meeting held on 1st February, 2017 (herewith) (Pages 1 - 7)

8. Presentation - Overview of the Provision and Services for Children and Young People with Special Educational Needs and Disability (SEND) in Rotherham. (Pages 8 - 77)

   Background information:-

   ○ SENDIASS Annual Report (2015/16).
   ○ Case Study Rose.
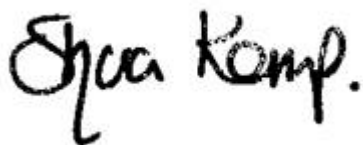   ○ Children and Young People's Plan (See Outcome 2).

9.   Children's and Young People's Services Performance Report - January 2016/17. (Pages 78 - 136)

10.   Date and time of the next meeting - Wednesday, 14th June, 2017 at 1.30 p.m.

Improving Lives Select Commission membership:-

Chair – Councillor Clark
Vice-Chair – Councillor Allcock

Councillors Beaumont, Cooksey, Cusworth, Elliot, Evans, Fenwick-Green, Hague, Jarvis, Rose Keenan, Khan, Marriott, Napper, Pitchley, Senior, Short, Tweed (18).

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

Sharon Kemp,
Chief Executive.

IMPROVING LIVES SELECT COMMISSION
1st February, 2017

Present:- Councillor Clark (in the Chair); Councillors Allcock, Beaumont, Cooksey, Cusworth, Elliot, Fenwick-Green, Jarvis, Keenan, Marriott, Napper, Senior and Short.

Also in attendance : Councillor Watson (Deputy Leader) – for Minute No. 47.

Apologies for absence were received from The Mayor (Councillor Pitchley) and from Councillors Hague, Khan and Tweed.

41.   DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

42.   QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or the press.

43.   COMMUNICATIONS

The Select Commission discussed the following items:-

(1) Child-centred Borough - update

The six principles of a Child-centred Borough (adhering to UNICEF standards) are:-

*   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.

The most recent meeting of the Working Group in January 2017 had considered:-

*   Learning from other areas which have successfully achieved a child centred focus in their area and to help understand how this could look for Rotherham. An officer from Leeds City Council had agreed to attend a future meeting of the working group.

*   Working with Co:Create (South Yorkshire Housing Association) to develop consultation and engagement activity with children, young people and their families across the Borough area, to understand what being 'child centred' meant to them and what would make their experience of living in Rotherham better.

- A questionnaire survey is being undertaken of children who live in Council housing.

(2) Corporate Parenting Panel - update

The forthcoming meeting of the Corporate Parent Panel will consider the following items : the health of looked After Children; the Looked After Children and Care Leavers Sufficiency Strategy 2017-2021; and financial support for Foster Carers.

(3) Rotherham Adult Safeguarding Board 2015-16 Annual Report

Further to Minute No. 38 of the meeting of the Improving Lives Select Commission held on 14th December, 2016, it was agreed that an item be placed on the agenda of the next meeting to enable Councillors to report on their forthcoming visit of inspection with the contract commissioning team (scheduled for 24 March 2017).

44.   **MINUTES OF THE PREVIOUS MEETING HELD ON 14TH DECEMBER, 2016**

Resolved:- (1) That the minutes of the previous meeting of the Improving Lives Select Commission, held on 14th December, 2016, be approved as a correct record for signature by the Chairman, with the inclusion of the following amendment:-

The first sentence of the third paragraph of Minute No. 39 (Domestic Abuse Service Provision in Rotherham) shall be amended to read in full:-

"Progress had been made but the Partnership was not where it wanted to be as yet in relation to Domestic Abuse".

(2) That written responses be issued to the individual Members in respect of the following matters:-

(a) (Minute No. 38 – Rotherham Adult Safeguarding Board 2015-16 Annual Report) – whether there was progress to report on consideration of the appointment to the Rotherham Adult Safeguarding Board of someone representative of the private, independent care sector (either residential, nursing or domiciliary care);

(b) Minute No. 39 (Domestic Abuse Service Provision in Rotherham) – a request for details of the outcome of the meeting of the newly reformed Domestic and Sexual Abuse Priority Group, which had been scheduled to take place during January 2017;

(c) Minute No. 39 (Domestic Abuse Service Provision in Rotherham) – a request for information about the Perpetrator Programme, including the method of evaluating this Programme and whether perpetrators were re-

referred if further incidents occurred.

45.   **VOICE OF THE CHILD LIFESTYLE SURVEY 2016**

Further to Minute No. 42 of the meeting of the Improving Lives Select Commission held on 28th January, 2015 and to Minute No. 7 of the meeting of the Improving Lives Select Commission held on 29th June, 2016, consideration was given to a report, presented by the Head of Service (Performance and Planning), containing the key findings from the 2016 Borough-wide Lifestyle Survey. The report stated that the Lifestyle Survey had been open to schools throughout June and July, 2016.

The lifestyle survey results provided an insight into the experiences of children and young people living in the Rotherham Borough area and provided a series of measures to monitor the progress of the development of a child-centred Borough and underpin the six themes:-

−   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.

The submitted report to this meeting included:-

−   the 2016 Borough-wide Lifestyle Survey Report;
−   the 2016 Trend Data Analysis provided to the Child-Centred Borough Group; and
−   the press release about the 2016 Survey, issued by the Council on 7th January, 2017.

The Select Commission discussed the following salient issues:-

−   requesting the non-participating schools to share the outcome of their own individual surveys of pupils, within their schools;

−   the surveys are anonymous;

−   support for young carers (who have rights in law to an assessment of their needs);

−   the Voice of the Child process (eg: the Youth Cabinet; the Looked After Children Council; the Young Inspectors' programme, drawing from a broad spectrum of young people);

−   ensuring the awareness of child sexual exploitation (eg: Sophie's Choice) within the school curriculum (Personal, Social and Health Education);

− the various reasons why children may not feel safe (eg: in school; when travelling; safety within the Rotherham town centre; the concern about the protest marches within the Rotherham town centre);

− the trends across the successive years in which the surveys have been completed.

Resolved:- That the report be received and its contents noted.

46. **EARLY HELP AND FAMILY ENGAGEMENT**

Consideration was given to a report, presented by the Assistant Director, Early Help and Family Engagement, concerning Rotherham's Early Help and Family Engagement Service which had been launched on 18th January, 2016. The report included information about the Early Help Service priorities, current performance and progress against the budget savings proposals for 2016/2017. Reference was also made to the draft Early Help Strategy and to the outcome of the improvement visit made by the Office for Standards in Education (Ofsted) on 19th and 20th April, 2016.

The Improving Lives Select Commission welcomed service users Neil and Michelle, who explained their family circumstances which culminated in their referral to Early Help and the assistance which the service was able to provide for them and for their families. They also answered several questions from the Members of the Select Commission.

The presentation at the meeting highlighted the following matters:-

− Early Help is concerned with identifying needs within families early and providing support before problems become complex and more costly;

− the importance of local agencies working together;

− service priorities and performance; use of exit surveys, completed by service users;

− the service demonstrating that it is able to make a positive difference to children and their families;

− Restorative Practice – working with people, rather than doing things to or for people;

− the establishment and role of the Early Help Review Board;

− compliance with Youth Justice Board standards;

- the focus on the whole family;

- financial resources and constraints and the necessary budget savings;

- investment in and bids for funding for various projects (eg: family group conferencing; the pause project);

- service flexibility enabling changing responses to changing issues; the importance of casework oversight;

- support in localities (eg: parenting programmes; targeted youth programme; operation keepsafe).

The Improving Lives Select Commission discussed the following salient issues:-

- development of trust with partner agencies, especially with community and voluntary sector organisations; treatment of partner organisations as equals (eg: the example of the peer review by the Youth Justice Board); increasing familiarity with the availability of the service; confidence amongst service users that assistance will be available;

- the auditing (and re-auditing) of case files to assure the quality of practice and to ensure compliance with HM Working Together 2015 (WT15) and the Early Help and Family Engagement service standards;

- caseloads for individual case workers;

- Members of the Select Commission questioned the feedback being received by the service and asked to be provided with further details of the exit surveys completed by service users;

- continual development and review of the service and resources; the effectiveness of the service in coping with change and implementing new initiatives;

- management of sickness absence amongst staff;

- effectiveness of the referral process; use of online reporting forms;

- adherence to local targets – early contact with families (within three days).

Resolved:- (1) That the report be received and its contents noted.

(2) That a progress report on the Early Help Service be submitted to a meeting of the Improving Lives Select Commission in twelve months' time.

47.   LOOKED AFTER CHILDREN AND CARE LEAVERS SUFFICIENCY STRATEGY 2017-2021

Consideration was given to a report, presented by the Deputy Leader and the Deputy Strategic Director of Children and Young people's Services concerning the Looked After Children and Care Leavers Sufficiency Strategy, which had been developed in line with the duty to provide or procure placements for Children Looked After by the local authority (Children Act 1989, Sufficiency Statutory Guidance 2010; Care Planning, Placement and Case Review Regulations 2011). This included a duty of 'sufficiency' that requires local authorities and Children's Trust partners to ensure that there was a range of sufficient placements which meet the needs of children and young people in care and to take steps to develop and shape service provision to meet the needs of all children and young people in care at a local level, as far as was reasonably possible.

The Strategy explained the way in which Rotherham Children's Services would fulfil its role as a Corporate Parent and meet its statutory sufficiency duty by providing good quality care, effective parenting and support to children and young people in and leaving local authority care. In addition, the Strategy described this Council's 'one market' approach to the commissioning and provision of secure, safe and appropriate accommodation and support to children in care and care leavers over the next four years (2017 to 2021).

The outcome of the Strategy would be safely and appropriately to reduce the number of young people requiring care by the local authority, responding to the challenges identified and improving outcomes for children. Whilst this Strategy was not primarily a financial one, it was expected that the commissioning and strategic intentions set out would provide significant cost avoidance and savings opportunities and were essential to the sustainability of improved outcomes and the Local Authority's budget.

During discussion, the Members of the Improving Places Select Commission raised the following issues:-

−   the legal duty upon local authorities to publish a Sufficiency Strategy;

−   poverty being one indicator of the likelihood of a child being taken into care; the impact of national issues upon local circumstances;

−   statistics on discharge from care according to a young person's age;

−   the various causes of foster placements which become disrupted;

−   the health requirements of Looked After Children (including mental health);

-   the need to minimise the number of out-of-Authority placements;

-   the continuing endeavour to increase the number of foster carers within the Rotherham Borough area;

-   the HM Government definition of "suitable accommodation" for Looked After Children.

Resolved:- (1) That the report be received and its contents noted.

(2) That a further report on the Looked After Children and Care Leavers Sufficiency Strategy be submitted to a meeting of the Improving Lives Select Commission in six months' time, providing information about the budget monitoring of this Service.

48.   **IMPROVING LIVES SELECT COMMISSION - WORK PROGRAMME 2016/17 - UPDATE**

Consideration of this item was deferred until the next meeting of the Improving Lives Select Commission, scheduled to be held on 22nd March, 2017.

Rotherham SENDIASS

Rotherham SEND Information Advice and Support Service (SENDIASS)

Annual Report April 2015/ March 2016

Introduction:

The SEND Code of Practice (0-25) January 2015 states;

"Local authorities must arrange for children with SEN or disabilities for whom they are responsible, and their parents, and young people with SEN or disabilities for whom they are responsible, to be provided with information and advice about matters relating to their SEN or disabilities, including matters relating to health and social care.

Information, advice and support should be provided through a dedicated and easily identifiable service. Local authorities have established Information, Advice and Support Services (formerly known as Parent Partnership services) to provide information, advice and support to parents in relation to SEN. In addition, many local authorities provide or commission information, advice and support services for young people. Local authorities should build on these existing services to provide the information, advice and support detailed in this chapter (2).

Information, Advice and Support Services should be impartial, confidential and accessible and should have the capacity to handle face-to-face, telephone and electronic enquiries."

Previous legislation placed a duty to provide support to parents of children with Special **Educational** Needs (0-19). The new SEND legislation and statutory guidance has extended the remit of the service to support parents of children and young people (0-25), children (0-16), Young People (16-25) as well as incorporate health and social care needs if they are related to SEND. It was originally agreed within Rotherham LA that the provision of Information Advice and Support to Young People (16-25) would be via the Integrated Youth Support Service (IYSS). However in February 2016 it was agreed

Rotherham SENDIASS

that the provision of IAS to young people would equally sit within Rotherham SENDIASS.

Commissioning Governance and Management Arrangements

The Rotherham Parent Partnership Service was established in April 1995. During the SEND Reforms, it was agreed to change the name to the Rotherham SEND Parent Partnership Service. Further discussions took place and in April 2015 it was agreed to rebrand the service to Rotherham SEND Information, Advice and Support Service (Rotherham SENDIASS) this change would bring the service in line with the National Body and the new Code of Practice. The Service continues to be funded from the base revenue budget in recognition of the statutory responsibility on LA's to provide such a service. However the Code of Practice states;

> The joint arrangements that local authorities and Clinical Commissioning Groups (CCGs) must have for commissioning education, health and care provision for children and young people with SEN or disabilities must include arrangements for considering and agreeing what information and advice about education, health and care provision is to be provided, by whom and how it is to be provided.

Initial discussions have taken place with the Head of Inclusion with regards to joint commissioning.

Until November 2015 the service was without its own Service Lead, and as such was supported by the Educational Psychology Interim Leader, Rachel Amos. However in November 2015 Kerry Taylor took on the role of Service Lead for Rotherham SENDIASS. The Service sits under the Head of Inclusion, Paula Williams and in turn is part of Schools and Lifelong Learning within Children and Young Peoples Service (CYPS).

Service Monitoring Group

The Service Monitoring Group has met during this period. The group is predominantly attended by parents who represent different groups ie Forum, Nas, Rods, however also has representation from different SEND services including HealthWatch. Terms of Reference are agreed and published on the website outlining tasks the Monitoring group can support with. The group meet 3 times per year. Minutes are shared with the Head of Inclusion and are published on the Website.

Additional Funding

independent support

The Government recognised that the implementation of the SEND Reforms would impact on service capacity, and so in 2014 Rotherham SENDIASS applied for grant funding from the Council for Disabled Children (CDC) to provide an element of Independent Support as well as use the funding to "build capacity" to ensure the new duties around the provision of information, advice and support were in place. Following on from the

Rotherham SENDIASS

successful bid in 2014 a further years additional funding of £25,000 was allocated during this financial year.

As described in the previous year's Annual Report, the Service was allocated £32,000 from the SEND Reform Grant (October 2014). In March 2015 it was agreed that a 20 hour Referral Officer post (to work with parents) could be advertised. This post was filled in August 2015. Left over funding from the SEND Reform Grant was recouped by the LA at the end of this financial year.

The LA is committed to providing a service at 'arms length' to ensure impartiality of the Service. From November 2015, the Service budget has been managed by the SENDIASS Service Lead. Whilst the Service was without a Manager, the budget was managed by Rachel Amos, Service Lead for Portage and Educational Psychologist.

Resources:

	2015/16 budget	CDC funding (ring fenced)	Send Reform Grant	Total
A: Staff	£75,222	£18,049	£15,729	£109,000
B: Other Expenditure	£3,035	£3,285	£417	£6,737
C: Total Expenditure (A+B)	£78,257	£21,334	£16,146	£115,737
D: Income	£78,396	£35,397	£32,000	£145,793
E: Net Expenditure (C-D)	-£139	-£14,000 which will be carried over to next financial year	-£15,854 Recouped by the LA	-£29,993

Staffing for this financial year (Revenue funded):
Kerry Taylor - Referral Officer (full time), *Service Lead from November 2015*
Donna Sanderson- Clerical Officer (0.6)
John Gilling - Independent Parental Supporter (Volunteer)
Rachel White – SEND Advisor (0.8)

Staffing (CDC funded):
Louise Mulligan – Young Person's Information Officer (0-16) – (0.5)
Donna Sanderson – Clerical Officer (0.2)
Joanne Pilgrim – Independent Supporter (volunteer) – *(Provision of equipment, training and expenses)*
Catherine Hancox – Independent Supporter (Volunteer) - *(Provision of equipment, training and expenses)*
Marie Simmons – Independent Supporter (Volunteer) - *(Provision of equipment, training and expenses)*

Staffing (SEND Reform Grant funded):
Louise Mulligan – Referral Officer (13 Hours)
Rachel White – Referral Officer (7 hours)

Rotherham SENDIASS

Young Impartial Information Advice and Support

Kelly Stevenson – Young Persons Information Officer (16-25) from February 2016

The Service is based in Riverside House, staff are based on the same wing and floor as the Educational Psychology Service and the EHC Assessment Service but not alongside these Services.

Strategic Function

The Service's work is based around the five core activities of; Commissioning, Governance and Management Arrangements, Strategic Function, Provision of Information and Advice, Support to Individuals and Professional Development and Training. SENDIASS activity in terms of outcomes and impact on parents, children and young people is measured through case studies. Impact on children and young people includes appropriate levels of support and placement (school through to further education/training), improved experiences, improved school/college attendance and continued engagement with education, greater independence, incidences of informal exclusions stopped and formal exclusion reduced, improved behaviour. On parents it includes school and other professionals being more sensitive to parental concerns and views, parents being more able to understand and engage with practitioners, accessing services from other organisations and groups, feeling confident to deal directly with the school/setting when issues arise, aware of legislation regarding Equalities, Exclusions, SEND etc.

National Quality Standards for SENDIASS have been produced and endorsed by the Department for Education (DFE). In July 2015 the Standards were used to measure the Rotherham SENDIASS offer and map out where the service needed to develop further. A copy of this document is available on request.

Charter

Service staff continue to be involved in the Rotherham Charter, and have been involved in the implementation to one school during this period,
Staff have also attended the Charter Implementation Meetings.

Rotherham Charter

Strategic Planning and Working Parties

During this period strategic planning and working parties have built on the implementation of the SEN and Disability Reforms and the implementation of the new SEND Regulations. Service staff have been actively involved in; development of the Charter process and developing materials for Children and Young People, the SEND formal consultation, 'In it together', Charter Gold Celebration event, Rotherham Young Ambassadors, Youth Cabinet, SEND Team Development Days, Yorkshire

and Humberside IASS Regional Meetings, co-production Activity around the Graduated Response, Key Working, Early Support, ASC Stakeholder Group, Charter Implementation Meetings, FASD, Raising the Inclusion Profile, Area Inspection and LAC Council.

Rotherham SENDIASS has also been actively involved in the SENDIASS Monitoring Group, the Forum Drop in sessions, Right to Right Service Interviews and took the lead in promoting the Personal Outcomes Evaluation Tool (POET) and gathering the voice and experience of the child/young person with SEND.

Contact with Voluntary Organisations

The Service has worked closely with Rotherham Parent Carers Forum. Training is offered to groups outlining the role of SENDIASS and services provided.

Provision of Information Advice, and Supporting Individuals.

Working with Parents

Number of New Referrals to the Service

Rotherham SENDIASS
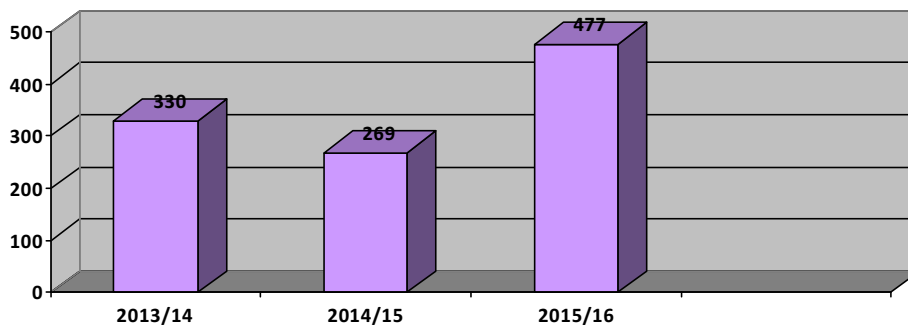
Number of calls to the service dealt with as a contact only

2013/14	25
2014/15	60
2015/16	59
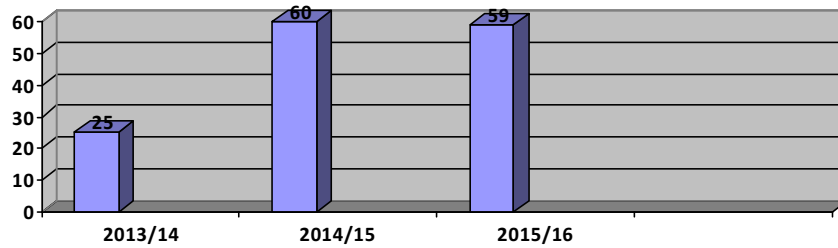
Number of referrals to the service with no special provision made

2013/14	39
2014/15	44
2015/16	65
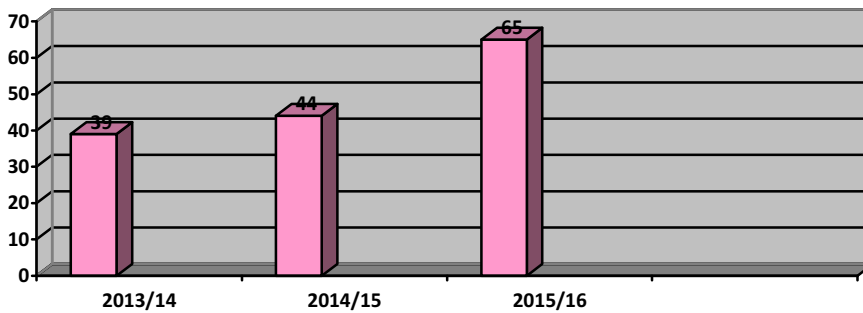
Number of referrals broken down into gender

	Boys	Girls
2013/14	259	71
2014/15	202	107
2015/16	379	98
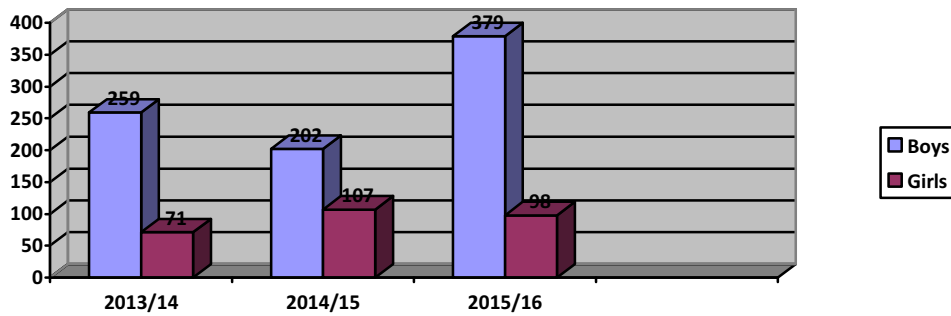
Nature of new referral 2015/16   compared with   Nature of new referral 2014/15

- Information
- Advice
- Support
- Resolving Disagreement

- Information
- Advice
- Support
- Resolving Disagreement

Rotherham SENDIASS
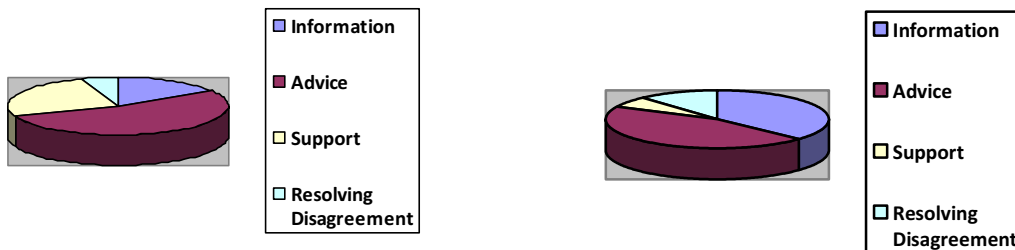
	2013/14 financial Period	2014/15 Financial Period	2015/16 Financial Period
Number of ongoing referrals from previous period	82	40	33
Number of referrals SA	47	10	N/A
SA+	108	25	N/A
Statement	114 (+13 under assessment)	71 (0 under assessment)	59
SEN Support (as of Sept 14)		80	222
EHC Plan(as of Sept 14)		53	108
Level of commitment (on-going and new referrals)	1:27 2:225 3:78 4:0 82 ongoing (1:1 2:9 3:68 4:1)	1:42 2:171 3:56 4:0 40 Ongoing from previous year	1:67 2:234 3:41 4:0 134 cases still open and yet to report

Ethnic Minority Monitoring

All service users receive an Equality Monitoring Form from those returned 91% of referrals during this period involved children who are described by their parent/carer as White British. 8.4% have involved children from ethnic minorities.

The 2011 census indicated 8.1% of Rotherham's population are from black and minority ethnic backgrounds. The main ethnic group being Pakistani and Kishmiri. Comparison of referrals to the Service from BME population show they are represented in line with this figure.

Gender

While boys count for 50.7% of Rotherham schools population, in this period boys accounted for 79% of referrals to the service. This over representation of boys over girls has historically been seen nationally by Parent Partnership/SENDIASS services.

Looked After Children

Service staff work alongside colleagues from Social Care. In this period the Service has received 3 new referrals involving a 'looked after' child (0.62% of new referrals to the Service)

Referrals to Special Educational Needs and Disability Tribunal

5 referrals to SENDIST have been registered against Rotherham LA within this timescale. Four of the five cases were resolved out of the SENDIST hearing, one is ongoing. Rotherham SENDIASS were involved in four of the five cases.
During this period the Service has also supported 2 parents with Equality Act Appeals. One of the cases was resolved out of the SENDIST hearing. One case is still ongoing.

During this period 10 service users contacted the service with the sole purpose of gaining information, advice and support around SEND Tribunal.

Independent Parental Supporters:

During this period we had 1 volunteer Independent Parental Supporter working with the Service. The Independent Parental Supporter made a significant contribution to the service taking 10 cases for the Service (2.09% of cases) and being available to support any parents wanting additional reassurance of the 'arms length' from the Local Authority.

Case work development

Parents contacting the Service for the first time are able to have an in depth conversation with Rachel White (SEND Advisor) about their concerns and receive detailed advice and information, this is backed up in writing and posted to the parent. The majority of cases received a service within 5 working days. Ongoing case work support is provided by Kerry Taylor, Rachel White (7 hour referral officer contract), Louise Mulligan (13 hour Referral Officer contract) or the IPS volunteer. A significant amount of casework involves actively engaging with parents, schools and LA staff to prevent or resolve disagreements. The volume and complexity of case work has increased during this period.

During this period 36.6% of service users went on to require more in depth 1:1 support in
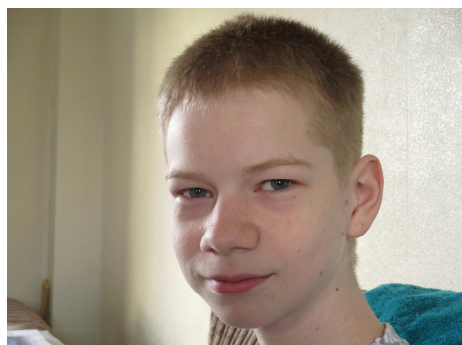
the form of ongoing case work involvement, following the initial in depth conversation, advice and follow up written information being received. This is an increase of 5% compared to last period (31%). However this is a huge increase in cases as there has been a 75% increase of cases to the service from previous year.

Exclusions:

Over the April 15 – March 16 period, the service has been contacted by 52 service uses requesting information, advice or support around Exclusions from school. This represents 3.5 % of Rotherham LA Exclusions which is an increase from previous year (2%)

Education, Health and Social Care:

Since the SEND reforms, the Service has extended duties to provide IAS around Education, Health and Social Care. The following chart provides information relating to each area service users contacted the service for.

Breakdown of cases around Education, Health and Social Care

6% 3%

☐ Health related cases

☐ Social Care related cases

☐ Education related cases

91%
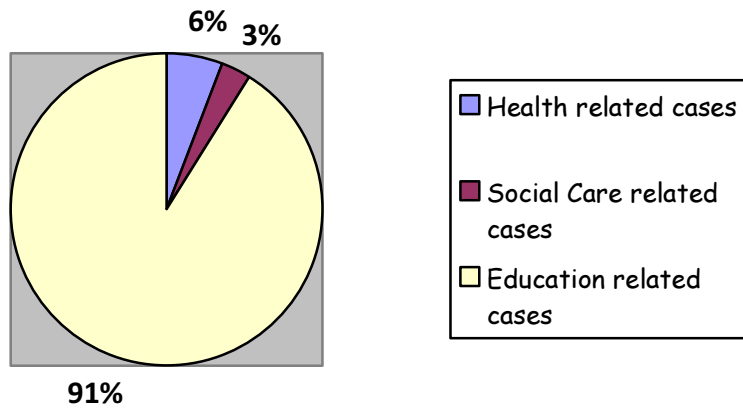
Education related topics:

This financial year the service has mapped the different topics service users wish to gain IAS around. The following is a breakdown of the education related topics service users come to the service for.

Breakdown of topics for education related cases

- Exclusion
- SEN Suport
- EHC related
- Tribunal
- Annual Review
- Funding including PB's
- Education general
- other including Admissions,preparing for meetings, local offer
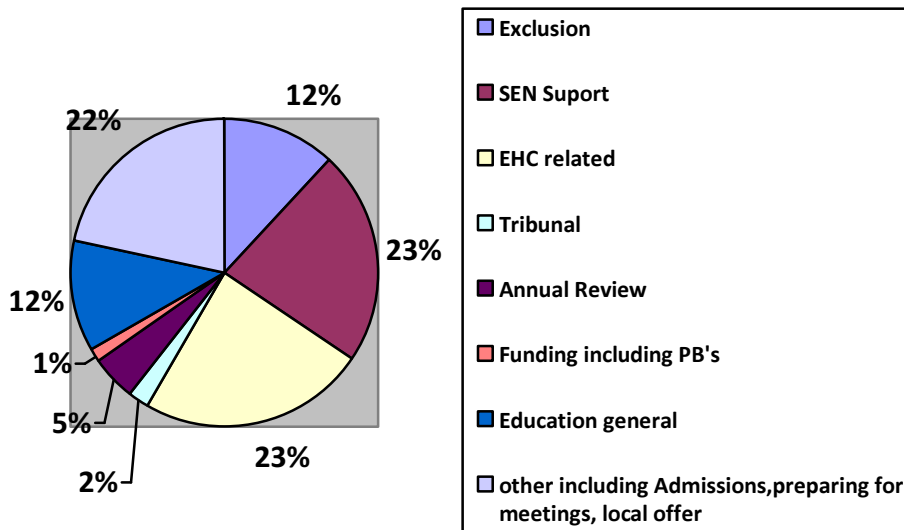
Working with Children and Young People

	2014/15
Number of children (0-16) accessing IAS	30
Number of Young people (16-25) accessing IAS (whilst part of SENDIASS *Feb 16*)	2
Cases carried over from last year	6

Gender of Children /Young People Service Users*(not including cases carried over)*

- male
- female
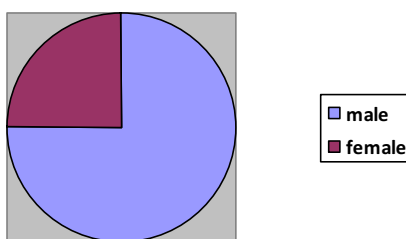
Nature of New Referral for Children/Young People *(not including cases carried over)*

Rotherham SENDIASS

A very Impartial Information Advice and Support

- Information
- Advice
- Supporting Expressing Views
- Resolving Disagreements

independent support
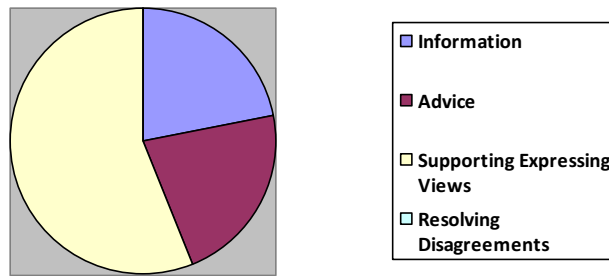
The Role of the Independent Supporter (IS)

During this period, Independent Support has continued to work within the Rotherham area. A Memorandum of Understanding between the Service, Core Assets, the EHC Assessment Service and the Parents Forum Ltd is fully operational. The Referral Protocol is deemed by all parties to be working well. Regular meetings and discussions take place between SENDIASS and Core Assets to continually assess the role, its development and consider other avenues for service promotion. During this period a member of Core Assets and SENDIASS IS have been identified to work in collaboration to promote the role. Emails have been sent to all settings, and discussions have taken place with SENCO's.

During this period 60 service users have specifically requested an Independent Supporter. This is in addition of the Service users already specified above who requested IAS around the EHC process. Of these, 43 were referred to Core Assets as parents either didn't have a preference of which service they worked with or SENDIASS IS was at

capacity. As yet we have not received a referral specifying Core Assets over SENDIASS. However service users may contact Core Assets directly if this is the case.

Information and Publicity

Schools had a duty to inform parents of Parent Partnership when they are advised of their child's special educational needs. This duty remains in place within the new Code of

Practice. All schools, settings and SEND related services have received copies of our new SENDIASS postcard to share with parents, children and young people. Leaflets have also been distributed at SENCO events and relevant SEND locations for the 0-16 and 16 – 25 Information Officers.

Website

Rotherham SENDIASS website went live on the 1st May 2015

Summary of terms used:

Sessions: Included on multiple reports, sessions track how often your site was visited, and what actions were taken during each visit. A session

defines a period of consecutive activity by the same use, and persists until a user stops interacting with the site for a period of 30 minutes.

Page views: measures how often a specific page is visited. (Example If a visitor visits Page A, goes to the homepage, and then comes back to Page A, it's counted as two page views)

Referring sites: Where the traffic is coming from (ie google, direct, corporate site)

Number of sessions: 5496 (New 77.4% 4254 and returning 22.6% 1242)

Overall total page views: 12'255

Average pages per session: 2.23

Top five pages (by page view)

parents = 1153

contact us = 714

support = 643

children (0-16) = 641

meet the team = 262

Top five referring sites (by % of overall site hits)

- Direct (typing the site URL straight in) 22.27%
- Google 17.56%
- Corporate site 7.68%
- Rotherhamparentpartnership 6.79%
- Bing 1.91%

Although we don't have last years figures to compare against, the number of hits to the site for 2013/14 was 1,291 showing an increase by 325%

Publicity

There were no specific publicity projects using outside agencies during this period but staff continued to publicise the Service through Presentations to; ASC parent group, Monday Briefing, PEST early years group, SENCO's, and Early years SENCO's.

Professional Development

Training Delivered

The Service regularly provides input to the SENCO's. The 'Introduction to Rotherham SENDIASS' training has been delivered to a variety of groups as mentioned above. This has also involved introducing the role of
the Independent Supporter delivered jointly with Core Assets. During this period SENDIASS inputted to the training of "There's another side to this" to Sheffield University EPS Students.

Training Accessed by Service Staff

Service staff have accessed training supplied by both internal and external bodies including CDC, Living Works Education, IPSEA, Ambitious about Autism and Community Accord. Staff and volunteers within the Service have accessed the following training;

- ASIST Applied Suicide Intervention Skills Training
- Practical Approaches Training
- Key Working to support young people aged 14-25.
- Supporting children and young people with SEN in Custody
- Level 1 IPSEA legal training
- Independent Support Training
- Makaton Modules 1-4
- IPSEA level 2 Legal Training
- Visually Impaired Training
- Disagreement Resolution
- Preventing Extremism
- Trust your Instincts
- IPSEA level 3 Legal Training
- CCG input
- Working with Children and Young People
- Induction to RMBC
- Keep them safe
- Supporting Young People with Autism to move from School to College
- Health and Social Care in EHC Plans
- Restorative Practice
- Safer Recruitment
- Budget Training – in house

NOTE – not all staff and volunteers have accessed all training.

Rotherham SENDIASS

Regional and National SENDIASS

Regional:

The service engages in development through networking and collaborative work with SENDIASS staff from other LAs through the Regional Network. Service staff have attended Regional SENDIASS meetings and utilised the regional and national eforum.

National:

National Benchmarking has taken place for this financial year. 107 services submitted data which represents a return rate of 71%. At the time of Rotherham SENDIASS taking part in the Benchmarking exercise, IAS for young people (16-25) was situated within the Integrated Youth Support Service. As such some of the data is no longer representative of the local picture.

79% of services who participated in the exercise offered IAS to all service user groups. Only 1% offered IAS to parents and children only (as was Rotherham at the time of return)

72.9% of SENDIASS are In- House services compared with 24.3% who are Outsourced and 1.9% who are a combination of both.

	Rotherham SENDIASS	National Mean Average	National Median Average
budget per head of 0-25 population	£1.21	£1.15	£1.15
budget per total pupils as of January 15	£2.22	£2.36	£2.26
budget per SEN pupils as of Jan 15	£13.46	£15.24	£14.45
Total FTE Employed staff	3.1	3.15	2.5
FTE per 10,000 0-25 population Mid 2015	0.38	0.29	0.25
FTE per 10,000 pupils as of Jan 15	0.7	0.58	0.51
FTE per 10,000 SEN pupils as of Jan 15	0.43	0.38	0.31

The service contributes to the National Information, Advice and Support Network and has shared information and practice with other services regionally and nationally.

Multi Agency Working

The service has been keen to make use of opportunities for multi agency networking through case work practice.

Service staff have attended Tesco Community Room to provide advice and information to parents attending the Rotherham Parent Carer's Forum 'drop in' sessions.

Rotherham SENDIASS

Service staff are involved with the Implementation for the Rotherham Charter for Parent and Child Voice.

The Service Lead also attends the Early Years PEST group and Schools and Life Long Learning weekly briefings which brings together agencies to share information and best practice.

Education

Rose attended her local mainstream school. The Class Teacher had not raised any educational needs with the SENCO. On SENDIASS first involvement (March 14), Rose was noted on EMS as having no special provision. Julie (Mum) was concerned non-attendance due to health needs would impact on education and was particularly concerned with regards to literacy needs. Rose was not issued with homework in times when she didn't attend school due to health needs. Julie would have preferred this to be in place.

Rose failed the phonics test in Y1 and Y2.

Transition was planned between Y1 and Y2 and an agreement made with regards who would administer medication and care. Julie felt this agreement was then changed without further communication. Julie refused to send Rose to school in September as she felt Rose would not be cared for appropriately.

During a meeting at the start of Y2 to arrange for Rose to attend school again, Julie reported that the Governor stated they felt Rose's needs were too complex to continue her education there and suggested Julie consider specialist school, Home tuition or another LA. Local Authority representatives became involved at this point and Rose returned to the school soon after.

An EHC Assessment was requested and was successful. An EHC Plan was agreed and a Personal Health Budget put in place. Julie had requested Rose's needs be considered holistically. She wanted Rose to have consistent education and for this to be continued in times when Rose was not able to attend school but was able to be educated. The EHC provision accounted for this and a PA was appointed within school. Julie had some input with the role profile but reported she would have felt more involved if she had also been part of the interview process. The same PA was also appointed at home via a direct payment (Health).

Communication

Julie verbally shared information following health appointments however school requested information in written format. Julie was unable to provide this as the hospitals didn't always follow things up in writing. Julie was very proactive and would often follow up actions with a call to the practitioner. However practitioners often felt they were being "chased" and this hindered relationships.

The FSW felt Julie's approach was often forthright which could be interpreted as intimidating.

Communication in meetings was often clear and honest from all parties. Meetings on the whole were well planned and well attended.

Information

Julie was aware the school had been asked to provide written information to Dr Harrison about how Rose presents in school. Julie had requested a copy of this document but not received it.

CAF meetings were held and a lead worker in place, however no minutes were shared with Julie until specifically requested by SENDIASS. Following meetings were shared with all parties.

Relationships

Julie had a positive relationship with the Family Support Worker although this was not a long term offer of support. School felt this hindered their own relationship developing with Julie and on one occasion felt they were "in cahoots"

Julie's relationship with the SENCO was variable. There were times when the relationship worked well however it didn't take much to tip the balance.

Relationship with SENDIASS was positive.

Relationships during the EHC process felt on the whole positive.

Julie also sought support from Healthwatch and this was also a positive relationship.

Julie reported that she valued when people did what they had promised and kept communication open.
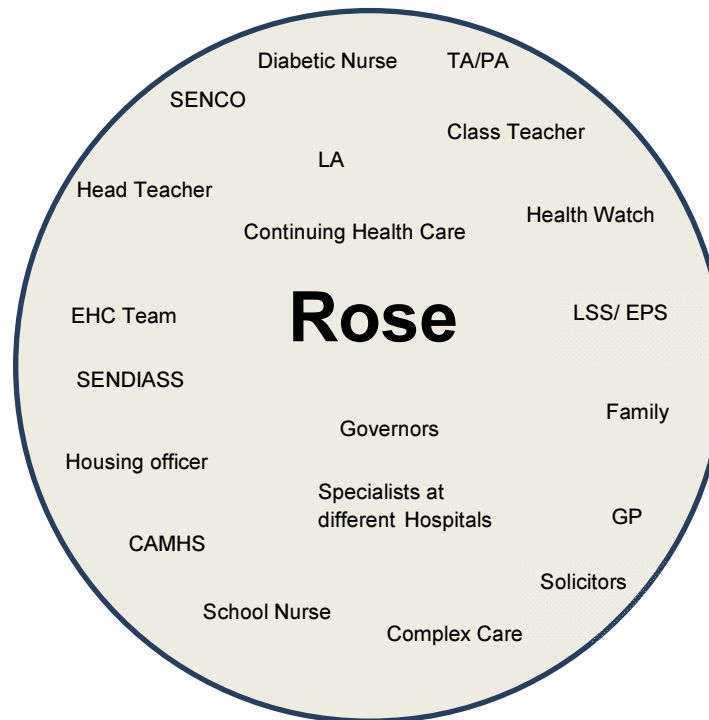
Trust

Julie trusted the TA who delivered care to Rose, but didn't' feel that same trust with other staff within school. School staff felt Julie didn't trust anyone to manage Rose's needs

Julie trusted and spoke at length with the diabetic nurse.

Trust broke down around transition between year groups following transition plans being changed without Julie's involvement/ agreement. This resulted in Rose being kept off school at the start of a new school year (Y2).

Trust was again damaged following the EHC plan and PB being issued. Questions arose with regards to how the funding was being used. This in part led to Julie requesting a change of school for Rose leading up to Y3 transition. Julie reported that the relationship between herself and school staff was irreparable and didn't want to enter into any form of discussion including formal disagreement resolution.

Health

Rose had been misdiagnosed historically leading to significant health complications. There is an ongoing court case around this.

Several health practitioners were involved which led to communication challenges between them all. (Especially between different authorities.) Training had been provided to school staff. Julie wanted medical care to be signed off by school staff. School refused to action this initially, however later stated they had been doing this and it had been mum's request to speak to the practitioner each day that had been refused. Conversations had taken place between practitioners as it had been questioned if mum's own health needs had an impact on how Rose was seen within a health context. Julie felt Rose's medical needs were unclear and sought other practitioner involvement for further diagnosis (this is ongoing)

A diabetic care plan was in place however Julie didn't have a copy of it initially. School felt this had been shared by the diabetic nurse.

Ongoing changes to the care plan were needed to include other health needs, however no medical practitioner would sign this off. (Several avenues were pursued including Diabetic Nurse/school nurse/ complex health care team/ lead medical practitioner)

Medical needs were being met within school and support was sought from the Diabetic Nurse when needed.

Care

Several referrals have been made by several different practitioners to social care. All felt Children's Disability Team would be supportive for Julie in meeting the needs of Rose. No referrals were actioned. Conversations took place between SENDIASS and the Head of Children's Disability Team who stated that no referrals had been processed. A further referral was made and a social worker met with mum. The outcome was that Julie and Rose didn't meet the criteria. All parties were disappointed in this outcome as it was felt Julie would benefit from support in times when her own needs became a concern with regards to Julie's capacity to emotionally cope with the ongoing medical needs of Rose.

Housing

Julie and her family had had their housing needs assessed. It was felt they needed to move as their current property was not fit for purpose in the longer term to support Rose's medical needs. This issue was brought to the forefront as Julie's relationship with school became very challenging and Julie refused to allow Rose to attend school. A change of school was being considered, however parents didn't want to move the children to a different school to then be eligible for a house move to a different part of the LA which would mean a further change of school. Julie felt this would have too big an impact on all her children. As such Julie wanted the house move to be clear prior to choosing an alternative school. Available school placements was also a factor when looking at housing as the younger sibling was subject to legal class sizes of 30.

Julie was unclear on the process around housing especially how she found out if her bids had been successful or where she was in the process with regards to other families. Julie also found her housing officer to be difficult to contact at times. This added further frustration to the situation for the family.

Family Story of Rose. As seen by Rotherham SENDIASS

SENDIASS Involvement with Rose and Julie

- Involvement spanned from March 14 – November 16

- Gaining clarity of all parties involvement and views to fully understand the situation from all perspectives

- Support at 19 meetings including family CAF meetings, Care Plan meetings, EHC related meetings, Personal Budget meetings, complaint meetings and meetings with Senior Staff within RMBC following the complaint being escalated.

- Support to put views in writing, including letters of complaint, information towards the EHC plan and information for the EHC team to support discussions with regards to personal budgets and working with multiple health practitioners with commissioners.

- Offer of advice and information based on legislation and statutory guidance including; meeting medical needs in school, EHC process, Personal Budgets including Health PB's, Governor involvement suggesting alternative provision due to medical needs and means of redress/complaints

- Referrals to other services including Social Care

- Signposting to other sources of support including Parent Forum and Health Watch

- Providing school and services with advice based on legislation and statutory guidance including Personal Budgets, EHC, meeting medical needs in school, and meeting educational needs when a child is unable to attend school due to medical needs.

- Gaining a clarity of Julies desired outcomes and sharing these with practitioners involved

- Providing emotional support at times when Julie found the situation and the processes she was engaged in too much (this took place on many occasions over the phone)

- Support to visit other settings due to the break down in relationship and pending house move.

- **Maintaining the service impartiality throughout all involvement including when means of redress were taking place.**

What worked well?

Regular meetings were well attended

Julie was open and honest with regards to how she saw Rose's needs

Julie shared information with any practitioner who asked

The SENCO saw past Julies approach and understood this was coming from a position of worry and concern

The school tried to engage health and social care practitioners to try to ensure clarity and support was in place for all the family

The school offered support with the younger sibling to help with health appointments

The diabetic nurse was contactable to support both family and school staff

Training was in place for school staff to deliver care

The EHC allocated additional time to the SENCO to help with ongoing communication needs as this was a time consuming task

The EHC process agreed that a holistic approach was going to benefit Rose and didn't question the need for a PA type role

What were the challenges?

Early communication between home and school had an impact on how this moved forward (trust had already been questioned by the time Rose was Y1)

Actions agreed were not always followed up in a timely manner including involvement of educational services

Engaging with social care and referrals "not being processed"

Medical practitioners from different areas unable to provide documents to specify what their outcomes had been

School feeling unable to "take mum's word" around medical needs

Practitioners feeling Julie's own needs could be impacting on Rose's medical involvement. Was Rose being tested for things that weren't apparent?

School gaining a clear picture of all Rose's medical needs, how one impacted on the other and having support from medically trained staff around managing this in the school environment.

Clarity around the personal budget and what it can and can't be used for from the very start.

Maintaining trust between home and school, including the PA who worked within both settings. (This could potentially be a challenging position to be in)

Educational needs being unclear or reported to Julie as being "fine" without recognising that Julie needed more detail and context so she would feel reassured.

Recognising that the family had needs as a whole and that one issue impacted on another.

Information being delivered in a factual way when this may not have been accurate or appropriate (*School Governor involvement*)

Rotherham's Children and Young People's Plan 2016 to 2019

Rotherham Children & Young People's Partnership

Contents

About This Plan

The Children and Young People's Plan (CYPP) is a single strategic, overarching plan for local services where outcomes for children, young people and their families need to improve.

Planning is not a diversion from effective front line activity and is essential if services are to be developed to meet the needs of children, young people and families; if resources and the workforce are to be deployed to best effect; and partners focus on achieving the best possible local outcomes. The CYPP is to support the Strategic Partnership as they work together to agree clear targets and priorities for the services for children and young people in Rotherham.

The Children and Young People's Strategic Partnership brings together a wide range of organisations including Rotherham Council, South Yorkshire Police, Health Services, Education and Colleges, South Yorkshire Fire and Rescue service and the Voluntary and Community Sector.

The strategic outcomes in this plan have been determined by the Children and Young People's Strategic Partnership, adopting good governance principles, with a plan that is underpinned by a common vision that is understood by all parties and is based on consultation and what young people, parents and carers in Rotherham have said about services for children and young people.

The strategic priorities that would benefit from a more focused partnership approach have been identified for this plan recognising that there are other strategic plans for Rotherham which also include priorities for children and young people.

The three main strategic outcomes to be achieved for children, young people and their families in Rotherham through the Children and Young People's Plan are:

- Children and young people are healthy and safe from harm

- Children and young people start school ready to learn for life

- Children, young people and their families are ready for the world of work.

The Children and Young People's Strategic Partnership is accountable for the delivery of this plan and therefore will allocate and approve the resources; hold partners to account for delivery; and take a lead on engaging and involving children, young people and their families.

The Children and Young People's Strategic Partnership is committed to developing a skilled workforce, making sure that the people working with children, young people and families in Rotherham have the skills to be able to identify, assess and intervene to support families. This will be achieved through existing organisational workforce development strategies but where a multi-agency focus is required in relation to a specific workforce issue or a multi-agency training requirement, such developments will be determined by the Children's Strategic Partnership.

Information About Rotherham can be found at page 30 along with further details about how Our Young People, Parents and Carers have influenced the development of this Plan.

Governance Arrangements and links to Other Strategic Priorities and Plans

There are priorities of the Children and Young People's Strategic Partnership that are already integrated into other strategic plans, such as the Health and Wellbeing Strategy and the Rotherham Safeguarding Children Board business plan, which are being delivered by the respective Partnerships Boards. These include:

- **The Rotherham Together Partnership** – delivering improvements for local people and communities through the Rotherham Together Partnership Plan.

- **Health and Wellbeing Board** – planning how best to meet the health and wellbeing needs of the local population, tackle inequalities in health through the new Rotherham Health and Wellbeing Strategy. Some of the key priorities in this strategy where the Children's Strategic Partnership will contribute to achieving include ensuring all children get the best start in life; children and young people achieve their potential and have a healthy adolescence and early adulthood; and all children and young people enjoy the best possible mental health and wellbeing and have a good quality of life.

- **Safer Rotherham Partnership** – includes the Council and South Yorkshire Police and a range of other partners who make decisions relating to crime and community safety issues through the draft Safer Rotherham Partnership Plan. Reducing the threat of domestic abuse and reducing the harm to victims is a priority recognising that the impact of **domestic abuse** on the victim and children is severe.

Reducing the threat of **Child Sexual Exploitation** (CSE) and the harm to victims is also a priority, along with preventing and tackling CSE recognising that CSE has a lifelong impact on its victims. Therefore, children, young people and their families must have confidence in Rotherham's multi-agency approach to prevention, support and bringing perpetrators to justice.

- **The Rotherham Local Safeguarding Children Board** – sets out the work the Board will do to help keep Rotherham's children and young people safe through their Business Plan 2016-18. The priority areas include governance and accountability; community engagement and the voice of the child; scrutinising front line practice, and children in specific circumstances including the **safeguarding of Looked after Children**, Child Sexual Exploitation and children who go missing and **Neglect**. Children suffering neglect is the biggest category of those who are suffering significant harm. Care is a vital part of our child protection system and most Looked After Children (LAC) say their experiences are good. However children in care are at greater risk than their peers and more needs to be done to ensure that corporate parenting has a positive impact on their health, education and safety and they can move successfully into adulthood.

- **The Rotherham Looked After Children Strategy** 2014-2017 sets out the vision for the range of services provided in partnership for looked after children, identifying priority objectives to make sure that outcomes for Looked After Children are as good in all aspects of their lives.

There will also be strategies and plans that are developed over the term of this Children and Young People's Plan. For example, changes will be required as a result of the new **Children and Social Work Bill 2016 -2017** which makes provision about looked after children; to make other provision in relation to the welfare of children; and to make provision about the regulations of social workers.

Working in partnership is essential to delivering the outcomes in this plan. It is acknowledged that there are also other organisations in Rotherham and Departments of the Council that contribute significantly to improving the health and wellbeing of children and young people, for example, Leisure and Green Spaces contribute to improving the health and wellbeing of children and young people.

The Children and Young People's Strategic Partnership will work with the Health and Wellbeing Board to ensure the priorities in the Health and Wellbeing strategy that are related to children and young people and their families are implemented. The Children and Young People's Strategic Partnership will be the delivery mechanism for those priorities enabling a wider partnership focus.

The Children and Young People's Strategic Partnership will work with the Rotherham Safeguarding Children Board to keep children and young people safe and a working protocol is in place setting out the relationship between the Children's Strategic Partnership and the Safeguarding Children Board.

Foreword by Councillor Watson

I am delighted to introduce Rotherham's new Children and Young People's Plan for 2016 to 2019 which has been developed by the partners on the Children, Young People and Families Strategic Partnership. Rotherham already has successful partnership working and it is clear there is a commitment by all partners to improve the outcomes for children, young people and families in Rotherham.

The Children and Young People's Plan is a strategic plan which sets out the vision for children and young people and their families and the outcomes that need to be improved.

Our plan also details some of the ways in which we are engaging and listening to the views of young people and how they are influencing service standards. Our Young Inspectors are telling us how we need to provide more digital solutions and improve information about services, develop customer standards and improve the overall customer journey. Our Youth Cabinet have been working with Public Health around mental health and how to improve access for young people seeking help including the development of the Website 'My Mind Matters' and much more work is planned. We continue to support the LAC Promise and within the plan there are details of various services that the LAC council have influenced including some of our commissioned services.

It is acknowledged that there are other strategic plans in place about keeping children and young people safe and improving their health and wellbeing and it is the intention that the Children and Young People's

Plan is an overarching plan which focuses on where outcomes need to be improved that would benefit from a wider partnership focus.

There are a number of focused priorities within this plan to ensure children and young people are healthy and safe from harm, are able to start school ready to learn for life and from being engaged in learning, they are ready for the world of work.

The challenge the Children and Young People Strategic Partnership faces is to achieve better outcomes for children and young people with fewer resources. So it is important that the resources that we do have are used effectively and that staff have the right skills to turn around the lives of our most troubled and challenged families.

Councillor Gordon Watson

The Vision for Rotherham's Children and Young People

The Children and Young People's Strategic Partnership have identified a vision and three main Strategic outcomes that align to the points in a child's life when they will require additional help and support.

Our Vision is to be a child centred Borough which will ensure our children, young people and their families:

- are healthy and safe from harm;

- start school ready to learn for life

- are ready for the world of work

- working with children, families and our partners, for Rotherham's Children's Services to be rated outstanding by 2018.

This will mean our children, young people and families are proud to live and work in Rotherham.

A Child Centred Borough

We adopt a partnership approach because achieving improved outcomes for all children and young people in Rotherham is the responsibility of everyone who works with and cares about children and young people. Our aspiration to become a Child Centred Borough is at the heart of our Vision to ensure our children and young people are safe, healthy, successful, heard, involved and respected at home, at school, in their communities and are part of the decisions that affect them.

Establishing the best start in life for children and young people is essential as all aspects of their development - physical, emotional and intellectual – are established in early childhood. Development in the early years can have a lifelong impact on health and wellbeing, educational achievement and economic status. A proactive and preventative approach prior to any problems occurring is required to ensure good child development and health behaviours. By placing an increased focus on health and wellbeing in those early years we hope that all Rotherham children will be able to fulfil their potential.

Strategic Outcomes and Priority Areas

Outcome 1
Children, Young People and their families are healthy and safe from harm

- Early Help Services to identify and support families at the right time to help prevent social care involvement.
- Increase the take up of services delivered by Children's Centres where there are high levels of deprivation.
- Increase the take up of free early childcare for disadvantaged families.
- Reduce the number of First Time entrants into the Youth Justice System.
- Increase the number of families engaged in the Families for Change programme.
- Reduce the levels of childhood obesity.
- Reduce risky health behaviours in young people.

Outcome 2
Children, Young People and their families start school ready to learn for life

- Challenge all schools, academies and education settings who are not providing at least a 'good' level of education for our children.
- Improve personal outcomes for our young people with special educational needs and disabilities (SEND) to enable them to make choices that lead to successful adult lives.

Outcome 3
Children, Young People and their families are ready for the world of work

- Enable hard to reach young people to achieve their full potential through education, employment or training.
- Young people are ready for Level 3 Qualifications (equivalent to A Level).
- Improve the access to emotional wellbeing and mental health services.
- Increase the number of young people aged 15-19 in Rotherham Schools and Colleges receiving support from Rotherham Youth Enterprise.

Child Centred Borough

Outcome 1: Children, Young People and their Families are Healthy and Safe from Harm

Early Help

Priority: Early Help Services to identify and support families at the right time to help prevent social care involvement.

Performance Measures:

- A reduction in the Children in Need Rate (rate per 10K population).
- Percentage reduction in children who had a social care concern raised within 12 months of the last concern ending (re-referrals).
- Increase in the number of multi-agency Early Help assessments.

We know that early identification and intervention are key to preventing poor outcomes for children and young people and that providing support at the earliest point can stop issues escalating. Early intervention in childhood can help reduce physical and mental health problems and prevent social dysfunction being passed from one generation to the next.

Through our Early Help Strategy we aim to improve outcomes for children and families in Rotherham and at the same time, reduce the demands upon specialist and higher tier services.

In Rotherham, most children, young people and family's needs are met by universal services, or those services that are available to everyone.

For those children and families who face more challenges and may have multiple needs, our services will provide support and expertise, building on a 'One Family, One Worker, One Plan' principle. An Early Help Assessment will ensure they receive all the support they require. Further information about Early Help services is available at: **http://www.rotherham.gov.uk/earlyhelp**

Early Help Assessments

Early Help Teams provide intense, focused support when problems first emerge. The right service at the right time can reduce or prevent specific problems from getting worse and becoming deep seated or entrenched.

Our integrated Early Help Teams are based in nine Locality Teams, across three Areas - North, South and Central and can provide advice and support for the whole family on issues such as: Parenting; Teenagers; Behaviour; Emotional wellbeing; Drugs and alcohol; Domestic abuse; Money, benefits and housing; Staying safe – outdoors and online; And places to go and things to do.

From the 1st November 2015, (the pilot stage for the Early Help Assessment) until 30 March 2016 there were 799 triage outcomes that requested an Early Help Assessment.

In February 2016 weekly Step-Down Panel meetings commenced to ensure 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 coming off a Children in Need plan. At the end of March 2016 we have stepped down 73 families (191 children) to our Early Help Locality Teams, along with making recommendations for seven families and 15 children to be worked with by our partners.

Early Help Pathways

In January 2016, we launched our new; Early Help Pathway; Early Help Request for Support; Early Help Assessment; and Early Help Offer website. The Pathway to Services document outlines the Early Help offer and a virtual 'pathway to Early Help services' in Rotherham. These services are currently provided by Rotherham Metropolitan Borough Council, Health providers, the Voluntary Sector, schools, early years and education settings for children and young people aged 0 to 19* years and their parents/carers *(25 for young people with a disability). It is intended to be a sign-posting tool for families, practitioners and professionals. It is not an exhaustive guide of all services available and should be used alongside the online Early Help Service Directory and other useful documents that can be found on the website.

The Early Help offer and pathway commence with services which are classed as 'universal' – available for all families in Rotherham to access when appropriate. It also includes more 'targeted' early help support and services that are there to offer advice, support and guidance around individually identified needs for children, young people and their family.

The Pathway to Services document:
www.rotherham.gov.uk/downloads/file/2797/early_help_pathways

Rotherham Children's Centres

Priority: Increase the take up of services delivered by Children's Centres where there are high levels of deprivation in those communities.

Performance Measures:

- Increased percentage of children aged 0-5 living in the Rotherham area who have accessed Children Centre activity.

A Children's Centre is where families with children under five years can go to access a range of services and information. They deliver services in one building, or at a variety of venues in a local area.

The centre's work in partnership with parents and service providers to deliver inclusive services that are:

- child-friendly accessible

- respond to the needs of local families

- help children to reach their full potential.

Each centre will also have the services of a qualified early years teacher. They will work with early years professionals so that all children have access to quality early learning experiences. This is whether it is at school or nursery.

There are also family support workers and health professionals that are either based at or visit the centre.

Services vary between centres but will cover the following:

- Early education and childcare. This is provided by the centre, childminders, other days providers, out of school clubs or extended schools
- Support for you and your family
- Child and family health services
- Information for parents and carers
- Information about training and employment

There are 12 Children's Centres with 10 linked sites in Rotherham.

Performance against the Children's Centres measures continued to improve in the final quarter of the year, with the percentage of children aged 0-5 living in the Rotherham area who are registered with a Children's Centre reaching 91.4% against the target of 95%.

Although this was slightly below the target it still represents a good achievement for the year and work is already underway to ensure that we are targeting those residing in the 30% Lower Super Output Area's (LSOA's) and to improve registration rates across these areas and at the linked sites.

The access figures have also increased, with performance reaching 54% against the annual target of 66%. Heads of Centres and frontline staff focussed on the 30% LSOA's and achieved much improved performance of 63% against the 66% target; despite the impact of an increase in the reach areas and with a reduction in the number of outreach staff.

Early Childcare for Disadvantaged Families

Priority: Increase the take up of free Early Childcare for disadvantaged families

Performance Measures:
- Percentage of entitled two year old accessing childcare.

Giving children and families the very best start in life continues to be a key priority for Rotherham. The entitlement to free early year's provision was first introduced in the National Childcare Strategy (DfEE 1998). By January 2010 almost all eligible four-year-olds and the vast majority of eligible three year olds in England were benefiting from the entitlement to free early years provision (DfE 2010). There is evidence showing that receiving good quality early years education is associated with improved outcomes for children's development, and is particularly beneficial for children from disadvantaged backgrounds, 'breaking the cycle' between early disadvantage and poor outcomes through life which can be linked to a number of health, education, economic and social outcomes. The priority therefore is to increase the take up of free Early Childcare for disadvantaged families in Rotherham.

Youth Offending Teams

Priority: Reduce the number of First Time Entrants into the Youth Justice System

Performance Measures:
- Percentage reduction in First Time Entrants (FTE) into youth justice system.

Youth Offending Teams (YOT's) have three targets that they are required to report back to the Ministry of Justice and Youth Justice Board (YJB). These are:

- Reducing the number of First Time Entrants into the Youth Justice system

- Reducing Reoffending

- Reducing the use of custody

Performance is measured by the YJB by comparing performance against the same period in the previous year, and comparing local with national performance. A quarterly report is produced by the YJB for Ministers RAG rating YOT's and highlighting remedial action taken for YOT's rated "red". Rotherham is currently rated as a "green" YOT.

Although YOT's return data to the YJB, with the exception of custody data, the data used by the YJB for First Time Entrants and Reoffending is taken from the Police National Computer (PNC) database. This data is provided to YOT's a month after quarterly data is submitted.

For First Time Entrants the data is shown in rolling full-years for the 12 months to March, July, September, and December of each year. The latest data is for July 2015 to June 2016 at 460 (rate per 10,000 of 10-17 population).

Reoffending figures are based on proven reoffending. A proven re-offence is defined as any offence committed in a one year follow-up period that leads to a court conviction, caution, reprimand or warning in the one year follow-up or within a further six month waiting period to allow the offence to be proven in court. Latest data is for the January 2014 to December 2014 period at 27.3 %.

Rotherham is regarded by the Youth Justice Board as a well performing YOT and the service is fully compliant with the requirements for the constitution and staffing of a youth justice service as outlined in the Crime and Disorder Act 1998.

In addition to the Act's requirements the YOT is also compliant with the 190 National Standards required by the Ministry of Justice and Youth Justice Board and the Home Office Code of Practice for Victims of Crime. Compliance in respect of these two areas is audited yearly and the results fed back to the Youth Justice Board with the YOT Management Board taking responsibility for any remedial action required.

Overall in the last five years, the numbers of First Time Entrants (FTEs) for Rotherham has gone down in line with the downward trend nationally and in South Yorkshir. Rotherham's YOT Comparison Group also showed a downward trend from 2010 to 2015 although the

numbers for Sheffield have risen in 2015 compared with 2013 figures. In comparison, Walsall's (also in our comparison group) numbers rose in 2014 but reduced again in 2015 and are still well below the figures in 2010.

Since the middle of 2012 first time entrant numbers (those entering the youth Justice System) have been slowly increasing. This follows a period in which the numbers were significantly decreasing and were above those of regional and national rates. Whilst the gap between Rotherham's rates and regional and national rates is not huge (Fig 1.) and numbers involved are relatively small, (Table 1). It is nevertheless a concern that from a low baseline rates have risen above regional and national trends.

Fig 1

Rate of FTE's

	2009	2010	2011	2012	2013	2014	2015
Rotherham	1078	566	525	455	547	560	519
Region	1421	876	755	602	488	472	462
National	1319	958	763	598	465	417	402
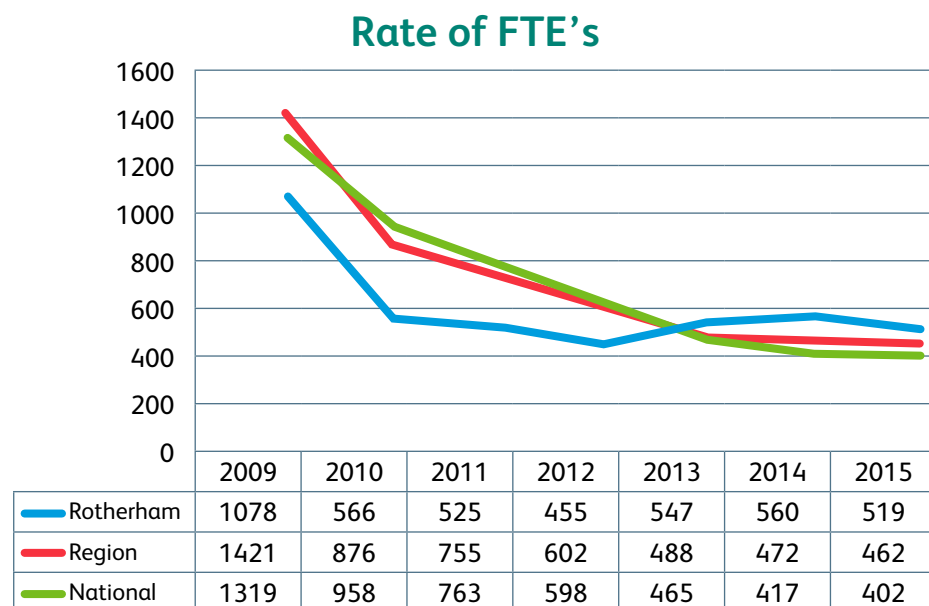
Families for Change Service

Families for Change (FfC) is the local delivery of the Troubled Families initiative, a national programme to work with families with multiple high cost problems. The Families for Change work is embedded in Children's Services as part of the Early Help offer.

The initiative asks local authorities to identify families using specific criteria, and deliver interventions that lead to behaviour change and better outcomes. The programme challenges local services to work together and ensure that service delivery is family-focused and well-coordinated.

Phase one of the programme was launched in April 2012 and ended in April 2015; families were identified if children were not attending school, young people were committing crime, families were involved in anti-social behaviour and adults were out of work. In Rotherham we were asked to identify and achieve outcomes with 730 families; we were successful in delivering 100% of this target.

Phase two began in April 2015.The roll out of the programme builds on the work of phase two, whilst expanding the scope in terms of identifying the families that we work with. There is an increased emphasis on service transformation, both improve outcomes for families and ensure more efficient and effective use of public money for the long-term. In phase two, Rotherham is challenged to work with 2470 families, and committed to working with 371 families in 2015/16 and 882 in 2016/17.

To be eligible for the expanded programme, each family must have at least two of the following six problems:

- Parents or children involved in crime or anti-social behaviour

- Children who have not been attending school regularly

- Children who need help; children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan

- Adults out of work or at risk of financial exclusion or young people at risk of worklessness

- Families affected by domestic violence and abuse

- Parents or children with a range of health problems

The work will be deemed successful, and payment by results funding will be available, if significant and sustained progress is identified across all the problems that are identified by the family, or if a family member enters and sustains employment.

In Rotherham the work is now fully embedded in the Early Help Offer. All families supported by the service will receive a holistic offer of support, so that there is 'one family, one worker, one plan' and that the workforce will have the skills, experience and tools to meet the presenting need in each locality. The Early Help Offer is a multi-agency response to meet the needs of vulnerable families; the family outcomes tracked through Families for Change will provide an indicator of how effective we are at working collectively to deliver outstanding services and supporting Rotherham families to thrive.

Children and Young People achieve their potential and have a healthy adolescence and early adulthood

This is one of the key aims within Rotherham's Health and Welling Strategy. This strategy provides a high level framework which will direct the Health and Wellbeing Board activity over the next three years.

Whilst tackling inequalities in health requires focused action from the start of life and in the early years, the commitment needs to be maintained throughout childhood and adolescence. We need to provide good education and healthcare, and opportunities for good work and training in order to support young people to thrive. In common with all the priorities, whilst we need to ensure these are available for all children and young people within the borough, we must focus on those children and young people who are most vulnerable; those who are looked after, those with mental health problems, physical and learning disabilities and those from our most deprived communities.

This is a key period for developing individual resilience: developing a sense of purpose and self-esteem, becoming emotionally aware, taking responsibility for their own physical and emotional needs and being connected to others. Resilience enables children and young people to cope with the challenges they face and to contribute positively within their community.

Hospital admissions caused by unintentional and deliberate injuries

Injuries are a leading cause of hospitalisation and represent a cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience. This is a key indicator for partnership working to reduce injuries, including child safeguarding.

Childhood Obesity

Priority: Reduce the levels of childhood obesity.

Performance Measures:
- Reduce year-on-year levels of childhood obesity for: (a) Reception year children (age 4/5) and (b) year 6 children (age 10/11)

Childhood is a critical time for the development of obesity. In Rotherham, levels of obesity are more than double between school age at reception (aged 4-5 years – 10.3 % obese, similar to the England average) and year 6 (aged 10-11 years – 21.8 % obese, higher than the England average of 19.1 %). There are many contributing factors to this increase including access to a high fat and high sugar diet (including drinks) and the local environment.

Through the Lifestyle Survey, young people have told us that they are eating less of their five portions of fruit and vegetables per day when compared to 2014 (40 %). Boys in year 10 are more likely not to eat any fruit or vegetables per day, this being at 12 %. When asked about how many glasses of water they drank a day, 2114 (68 %) of young people said that they drank one to five 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 boys said they drank no water at all, 9 % compared to 7 % of girls.

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. 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.

In relation to 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. 2488 (80 %) of pupils said that they regularly take part in sport or exercise (up from 77 % in 2014). 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.

Young people were asked how they feel about their general health. 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. 93 (3 %) of young people felt that they were very overweight (up from 2 % in 2014) and 622 (20 %) felt that they were overweight (up from 17 % in 2014).

The priority for Rotherham is to reduce the levels of childhood obesity especially in relation to those families who access services in Rotherham. A whole systems approach is being adopted by partners to reduce childhood obesity as part of implementing the new national Obesity Strategy from 2016.

Self Harm and Suicide

Rotherham uses the NICE (2012) definition for self-harm which is; 'any act of self-poisoning or self-injury carried out by an individual irrespective of motivation. This commonly involves self-poisoning with medication or self-injury by cutting.' Research suggests that nationally around 10% of 15-16 year olds have self-harmed. Self-harm is more common in young women, although it is on the increase among young men.

Following a group of suicide events in Rotherham from November 2011, an Independent Review has been undertaken. The report dated January, 2015 recognises the multi-agency response established promptly but recognises the learning from such events that need to take place. An awareness of the signs of self-harm and suicidal thoughts is essential if we are to be able to respond to these vulnerable young people quickly and effectively.

Supporting Children & Young People who Self Harm: Rotherham Self Harm Practice Guidance

Priority: Reduce risky health behaviours in young people.

Reduce the risk of self-harm and suicide among young people

Performance Measures:
- Hospital admissions caused by unintentional and deliberate injuries (0-14 and 15-24 years).
- Hospital admissions for mental health conditions (0-17)
- Hospital admissions as a result of self harm (10-24 years)

Often discussion around the difference between suicide and self-harm can lead to confusion amongst professions. 'While some would argue that self-harm is in fact the opposite of suicide, there is equally compelling argument that they are part of the same continuum, both being a response to distress. There is sufficient evidence to suggest that skilled support at the time of the first episode of self-harming offers an opportunity to prevent further self-harming and, potentially a suicide attempt' NSPCC (2009). The guidance explains about self-harm and suicide, what are the risk factors and warning signs, coping strategies, who is at risk and how professionals can help, the Do's and Don'ts.

Care about Suicide cards have been developed as guidelines for the general public on suicide prevention, what signs to look for, how to respond and support the individual concerned and where to get further advice and access services. The guidance explains that mental health is something everyone has, like physical health and that mental health affects how we cope with life events and that a person's mental health affects how they learn, function from day to day, how they form, keep and end relationships.

The **Rotherham Suicide and Serious Self Harm Community Response Plan** has been developed. Research estimates that between 1 and 5% of all suicides by young people occur in the context of a cluster, and that 6% of suicides in prisons and 10% of suicide by people with mental illness are due to imitation or clustering effects. This plan is a multi-agency plan to support agencies and individuals specifically those who work with children and young people and is activated when Public Health perceives that a cluster is occurring or is at risk of occurring. An initial suicide may be the precipitating factor, but other external events may also act as triggers. These might include one or more deaths from other causes (e.g. trauma) which influence others to engage in suicidal acts out of grief, or pervasive environmental circumstances (e.g. economic downturn or extreme weather incidents) which cause stress for a whole community.

A Rotherham Care Pathway for Children and Young People Bereaved by Sudden Traumatic Death has also been developed.

Determining the underlying causes of suicide and self-harm and improving the emotional and mental well-being is a priority for all children and young people and there is a Rotherham Suicide and Prevention Self Harm Group taking this forward.

Risky Health Behaviours in Young People

During adolescence young people become more independent. With this increasing autonomy they may experiment with risk taking behaviours. They may try alcohol, tobacco and other substances, and may become sexually active. Modelled estimates suggest 10% of 15 year olds in Rotherham smoke regularly (daily or weekly), which is higher than the England estimate. Alcohol specific hospital admissions for under 18s, however, are significantly better in Rotherham than the England average (29.1 per 100,000 under 18 year olds in Rotherham, compared to 40.1 per 100,000 for England).

In Rotherham we have a higher diagnosis rate of new sexually transmitted infections (STIs) than the England average. However, care needs to be taken when interpreting this data as higher diagnosis rates may not necessarily indicate that more young people have STIs. This may reflect that local services are more accessible and young people friendly.

"One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. (Source – Public Health England)".

Outcome 2: Children, Young People and their Families Start School Ready to Learn from Life

Special Educational Needs and Disabilities (SEND)

Priority: Improve personal outcomes for our young people with SEND to enable them to make choices that lead to successful adult lives.

Performance Measures:

- Increase in the number of Education Health and Care Plans completed in statutory timescales justice system.

Consultation in relation to the Local Offer for children and young people with special educational needs and their parents has taken place with a wide range of stakeholders including children and young people with special educational needs and their parents. Providers of services have also been engaged to gain a further picture of how to develop and present the Rotherham offer.

The Children and Families Act (2014) and SEND Code of Practice (2015) have led to significant changes in the approach to provision for children and young people with Special Educational Needs and/or Disability. In particular;

- A move from provision through statements and the registered stages of School Action Plus or School Action to needs met through Education, Health and Care Plans (EHCs) and a single registered stage of SEN Support. Within Rotherham, SEN Support and EHC provision is embedded in a waved approach usually described as the Graduated Response to need

- The statutory requirement for Local Authorities to publish a Local Offer of relevant SEND services and support, including publication of how the views of young people and their parents have been acted upon.

- A clear directive for agencies and services to be led by the views of children, young people and their families in the delivery and monitoring of provision that supports SEND

- A move to provision from birth to 25 to aid transition to adult services and to improve outcomes in adulthood

- A joint approach to commissioning of services across involved areas including education, health and social care

- A potential for the provision of personal budgets to enable young people and families to purchase some services directly.

The SEND Local Offer in Rotherham aims to provide information for parents and young people about resources, services, support, activities and events for Rotherham's children and young people with Special Educational Needs and/or Disabilities and their families. Information is arranged according to age from pre-school through to early adulthood. **www.rotherhamsendlocaloffer.org**

Rotherham Charter

In partnership with parents, carers, children and young people, adults and families a Rotherham Charter has been developed. This Charter is the partnerships commitment to care, include, communicate and work in partnership so that together all achieve their potential.
www.rotherhamcharter.co.uk

Short Breaks

Short Breaks are commissioned for young people. Each year we discuss this service with disabled children and young people and their parents and carers as part of the needs assessment for short breaks. An issue that is often mentioned is access to universal services and making sure that there are suitable facilities for disabled children and young people. We are working with the YMCA to help disabled children and young people access universal services by providing some one to one support. The Council's parks department are also working with the local community in North Anston to provide playground facilities that can be used by disabled and non-disabled children. In the coming years we will continue to work with our disabled children and young people and their families to help them access activities as well as working with universal service providers to help them become more inclusive.

SEND Major Project

The area of SEND provision has been identified for further development. A strategic plan to address the planning of SEND provision for the future is being written based on findings over the past year which has included consultation with providers and families. Services to support this area have been brought together within the inclusion department, a leadership structure has now been established and greater links with social care and health services are now being developed. A data dashboard has been established with closer links to the Joint Strategic Needs Assessment. The financial sufficiency and sustainability of services and provisions is targeted for development over the next three years and incorporated into the CYPS Improvement plan. This work includes;

Rotherham Joint Commissioning Strategy

The Rotherham Joint Commissioning Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND) provides an overview of how the joint commissioning of services for children and young people with SEND in Rotherham will be developed and implemented in line with the requirements of the Children's and Families Act 2014.

The mapping and consultation undertaken has informed the development of this strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND), which provides an overview of how the joint commissioning of services for children and young people with SEND in Rotherham will be developed and

implemented. The Strategy outlines what joint commissioning is, the partners involved in the arrangement, the governance structure, the current Rotherham SEND Local Offer and how we will implement the Strategy.

The development of a SEND Assessment Hub is key to improving the co-ordination of SEND provision, as well as formalising joint working arrangements and the streamlining of assessments. The preferred option for the SEND Assessment Hub is Kimberworth Place, as a number of SEND services are already based there and therefore the number of services moving bases would be minimised.

The priorities identified for this Strategy have been identified by parents/carers and young people through the consultation undertaken. Parent/carer representation will continue through the SEND Joint Commissioning Group.

The nine priority areas of work contained within the Rotherham Joint Commissioning Strategy for Children and Young People with SEND are as follows:

- Create a joint SEND Education, Health and Social Care Assessment hub at Kimberworth Place. Year 1

- Review and re-model services that provide support for children and young people with social, emotional and mental health needs. Year 1

- Develop a performance and outcomes framework that will be applied across all local authority and Clinical Commissioning Group (CCG) SEND provision. To be implemented by Year 3

- Align local authority and CCG specifications for SEND service provision, so as to facilitate commonality of practice and a consistent approach (thus reducing duplication, improving efficiencies and developing clearer pathways). Year 1

- Develop the Education, Health and Care Planning (EHCP) process to look at how the assessment process (including the decision making process/panels and allocation of resources) can be streamlined and strengthened, so as to reduce the multiple assessments that young people and their families have to undertake. Year 1

- Ensure that there is a co-ordinated joint workforce development plan. Year 2

- Develop and implement Personal Budgets. Year 1

- Develop pathways to adulthood. To be implemented by Year 3

- Develop approaches to improving life experiences To be implemented by Year 3

Sustainable Education and Skills

Priority: Challenge all schools, academies and education settings who are not providing at least a 'good' level of education to our children.

Performance Measures:
- All children make good or better progress,
- The progress a pupil makes from the end of primary school to the end of secondary school (Key Stage 4 Progress 8 Measures).

A priority is that the quality of education for children and young people should enable them to be well prepared for further education, higher education and work.

All young people should have the tools and opportunities they need to fulfil their potential, regardless of background or life circumstances. We believe that all young people should have access to opportunities to develop skills for life and work and to create a more responsible, engaged and cohesive society.

Key Stage 2 is the final year of primary education when pupils are aged between seven and 11. Key Stage 4 is the term used for the two years of school education which incorporate GCSEs, and other exams, normally Year 10 and 11 when pupils are aged between 14 and 16.

The priority is that all children make good or better progress from the end of primary school to the end of secondary school (Key Stage 4).

Outcome 3: Children, Young People and their Families are Ready for the World of Work

Priority: Enable hard to reach young people to achieve their full potential through education, employment or training.

Measure:

- Reduction in the percentage of young people aged 16-18 who are Not in Education, Employment or Training (NEET)

Priority: Increase the number of young people aged 15-19 in Rotherham Schools and Colleges receiving support from Rotherham Youth Enterprise (FYE).

Measure:

- Increase in the number of young people receiving support from RYE in terms of the delivery of employability skills sessions and self-employment awareness sessions

Priority: Young people are ready for Level 3 Qualifications (equivalent to A Level).

Measure:

- The progress a pupil makes from the end of primary school to the end of secondary school. (Key Stage 4 Progress 8 Measure.)

We need to make sure that there are high quality options for young people to undertake both academic and vocational education, including apprenticeships and traineeships.

Education and Skills are involved in a number of activities to help prepare young people for the world of work.

The focus on preparing young people for the world of work is through good participation in learning (i.e. apprenticeships, college, school or university) and strong attainment outcomes (especially at Key Stage 4 and Level 3 at 19. However, it should be recognised that there is no universal offer, funding, or authority (e.g. careers guidance, education-business links, work experience, or curriculum enrichment around employability and enterprise skills) for the Council to prepare young people for the world of work, as responsibility and resources rests with colleges and schools.

However, there are a number of work areas that Council is involved in:

- Early help work is undertaken with vulnerable young people and/or NEETs. Early Help also send out weekly apprenticeship bulletin distributed to all colleges and schools. A Search and Apply and Youthi websites have been developed which provide an online prospectus and application process of all 16-18 provision and careers, support and vacancy information. This is the only universal information to young people.

- The Council is working with Rotherham North Notts (RNN) College (North Notts College and Rotherham College who completed a merger on 1st February 2016 to create a new organisation called the RNN Group (Rotherham and North Notts Group)) to successfully

bid for £4.4m from the Sheffield City Region Capital Growth Fund towards the building of a new £11m Centre for High Level Skills at Doncaster Gate. The Centre, due to open by 2018, will work with businesses and communities to address the shortfall in skills. It will provide both accessible and affordable higher education provision in Rotherham and is key to the economic regeneration of the town centre.

- Science, Technology, Engineering & Maths (STEM) Co-ordinator (jointly employed by Sheffield and Rotherham Council) and partially funded by Mondelez International (Cadbury) to:

  - Raise awareness of STEM for students to find out more about the industry. Including, working with employers to give young people a taste of work – including visits to employers and employer led projects. E.g. Sandvik, TATA Steel, Mondelez International, Gripple

  - Support teaching and learning in schools and colleges to raise attainment and engagement with key subjects e.g. Advanced Manufacturing Research Centre (AMRC) to raise attainment in maths

  - Celebrate success of young people including the Annual STEM Celebration.

An annual business-education event for teachers, this year focussed on post-16 options with a range of employers and post-16 providers exhibiting and 50 delegates attending.

£676k Ambition pilot to the Local Authority (Jan 15-July 17) to engage 259 jobseeker claimants aged 18-24 into work placements with 104 securing sustainable employment – as of March 2016, 111 starts and 40 securing employment.

Rotherham Youth Enterprise (RYE) contributes to the local economy by supporting young people/adults to make the leap from education into self-employment and business; supporting business growth; and long term business survival rates. RYE:

- Supported businesses to have an 81% survival rate at five years of trading

- Support 30 - 40 new business starts per year

- Work with around 1,800 students in schools and colleges raising awareness of self-employment, including engaging post 16 students in an annual Business Planning Competition, delivering a range of employability and enterprise activities in schools and colleges

- Is a key partner in the annual Local Employers Advisory Forum (last year 71 businesses and providers exhibited at Magna to 863 attendees from schools, colleges and the workless community. Job Centre Plus (JCP) reported that a month after the event 27 people had secured jobs with companies who exhibited on the day)

- Run the annual Rotherham Young Entrepreneur of the Year Awards

- Delivering the Government/SCR's new Enterprise Adviser programme and achieved the target to match 20 employers to 20 schools and colleges in Rotherham to advise them on how better to engage with the business community and prepare young people for the world of work. The programme aims to widen young people's horizons, increase their knowledge of the range of career opportunities and the new and emerging sectors that are 'out there'

- To increase the number of business encounters in schools/colleges, address the issue of employers offering work experience opportunities to special needs young people and better prepare young people for the 'world of work'

- Establishing a Post-16 Providers Network led by the sector to identify and develop proposals for schools, the LA, employers and the SCR to better support young people into the world of work; and to work collaboratively to develop progression pathways and support transition into further learning and/or employment for 16, 17 and 18 year olds.

Economic Regeneration is supporting Commissioners to 'Get Rotherham Working' by supporting employers to:

- Become a Schools Enterprise Advisor, working with a schools senior leadership team to improve awareness of business, and assist young people to develop their future employability skills

- Exhibit at the Local Employer Advisory Forum (LEAF) – Rotherham Jobs and Career event which is held annually in November. Advising schools as well as working with job seekers to fill current vacancies and provide them with the knowledge of the skills needed to be successful in employment

- Take on a university / college intern

- Provide industry talks or visits to schools and colleges

- Take on an apprentice or a trainee

- Provide work experience opportunities for school students and/or the unemployed community

- Convert existing employees into apprentices, including higher level apprentices

- Undertake new in work training.

Employability skills within Study Programmes

Department of Education (DFE) guidance on Study Programmes states that:

- "All 16 to 19 students should be given the opportunity to take a study programme which reflects their prior attainment, education and career goals

- Study programmes should normally include substantial academic or applied and technical qualifications; non-qualification activity including work experience; and the study of English and maths where students do not hold a GCSE graded A*-C in these subjects

- Study programmes should be focused on progression to the next level of education, a traineeship or apprenticeship, or other employment".

In terms of the work experience element, the guidance states that all study programmes should

- "allow for meaningful work experience (related to the vocational area) and/or other non-qualification activity to develop students' personal skills and/or prepare them for employment, training or higher/further education.

Work experience can take many forms including work tasters, participation in social action projects, or a work placement.

Whilst training in a simulated work environment can help a student develop new skills and support progression into an external working environment, it is a work placement with an employer in an external work environment that has the greatest impact on students' employability. We expect providers to ensure that wherever possible all young people spend time in an external workplace."

Source: Departmental advice for education providers on the planning and delivery of 16 to 19 study programmes, DFE, January 2016.

Successfully planning and delivering this work experience is an important factor when devising and implementing study programmes. This often includes work related activities for the basic development of a student's employability skills through to work related experience such as volunteering on community projects. Independent work experience is where students have undertaken work experience or a placement for Employers and experience what it is like in the world of work. There are various organisations in Rotherham providing work experience for young people.

Improving Access to Emotional Wellbeing and Mental Health Services

Priority: To improve the access to emotional wellbeing and mental health services.

Measure:
- CAMHS referrals triaged for urgency within 24 hours of receipt
- Percentage of triaged CAMHS referrals that were assessed within three weeks.

The NHS England Future in Mind Report was published in May 2015 and sets out a clear national ambition to transform the design and delivery of a local offer of services for children and young people with mental health needs. This covers five key themes:

- Promoting resilience, prevention and early intervention

- Improving access to effective support – a system without tiers

- Care for the most vulnerable

- Accountability and transparency

- Developing the workforce

The Clinical Commissioning Group (CCG) responded to the guidance with a Local Transformation Plan (LTP) that is a five year vision to transform the system for children's mental health and wellbeing.

Consultation took place with parents and carers and young people to identify the issues with the current services. These comments have been used to inform the key objectives in the transformation plan. A significant number of comments related to having better access to mental health services. Parent and carer representatives are also on the partnership group and continue to influence the implementation of the plan.

The reconfiguration includes the establishment of clear treatment pathways, a Single Point of Access (SPA) and locality workers linked with locality based Early Help and Social Care teams as well as schools and GPs. Extensive staff consultation and recruitment to a whole new structure has taken place.

The Future in Mind & Local Transformation Plan will be finalised in December 2016 and has provided some new investment into the service allowing for the recruitment of additional resource. Staff are being mobilised into new ways of working.

The key objectives in the transformation plan are:

- **Support for Universal Services –** The development of an enhanced single point of access with a Primary Mental Health Worker based within the Early Help Hub. Named Child and Adolescent Mental Heath Service(CAMHS) workers for schools and primary care.

- **Move away from the current tiered system –** Implement a consultation model that moves away from referrals and towards joint working, advice, guidance and support.

- **Implement the crisis care concordat –** Implement all aspects of the concordat, in particular the embedding of a new 24/7 helpline, ensuring no child or young person is placed in a police cell as a place of safety. Creation of a nurse liaison provision to work within the acute hospital setting.

- **Development of an Intensive Home Treatment Provision –** Implementing a new home treatment service that acts as an alternative to inpatient services and has a key role in pre-crisis, enabling step down from acute/inpatient services.

- **Eating Disorders –** Creation of a new community eating disorder service to reflect local need.

- **Caring for the most vulnerable –** Dismantling the barriers and reach out to children and young people in need through better assessment and an integrated flexible system that provides services in a way that are evidenced based.

- **Children, Young People and Families have a voice –** By developing sustainable methods to effectively engage with our children, young people and families so they have a voice and shape our services. Young Minds have been commissioned to support this.

Significant engagement has been undertaken with schools as it is recognised the key role they play in the identification of emotional health and wellbeing as well as the on-going support they provide.

About Rotherham

The Joint Strategic Needs Assessment for Rotherham tells us:

There are approximately 204,400 adults resident in Rotherham (2015 Mid Year Estimate) of whom 64,600 people are aged 60 and over (24.8% of the population), 37,100 are aged 18 to 29 years (14.2%) and 102,700 are aged 30 to 59 years (39.4%).

The number of children and young people aged 0 to 17 years is 56,400 (21.6%) of whom 16,000 are aged 0-4 (6.1%).

There were 43,128 children and young people attending state funded schools in Rotherham as at January 2016. 22.8% of children live in low income families.

The percentage of pupils with special educational needs reduced from 25% in 2010 to 19.5% in 2014 and the percentage with statements fell from 2.5% to 2.3% over the same period. The general reduction is in line with national trends although the percentage with statements has not been falling nationally.

According to the Index of Multiple Deprivation (IMD 2015), Rotherham is the 52nd most deprived out of 326 English districts. The Indices of Deprivation 2015 domains that are most challenging for Rotherham are: Health and Disability; Education, Training and Skills; Employment.

Almost a fifth of Rotherham's population live in areas which are amongst the most deprived 10% in England. The most deprived areas of Rotherham have seen deprivation increase the most between 2010 and 2015. From the needs analysis it is evidenced that there is a high correlation between deprivation (IMD 2010) and risk of/experience of CSE.

Rotherham's Black and Minority Ethnic (BME) population is relatively small but has been growing and becoming increasingly diverse. According to the 2011 Census, 8.1% of Rotherham's population were from BME communities but the 2016 School Census shows that 16.7% of pupils were BME. The largest BME community is Pakistani and Kashmiri who numbered 7,912 in the 2011 Census. The Kashmiri and Pakistani community is well established in Rotherham. There are also much smaller established communities such as Chinese, Indian and Irish. The fastest growing population has been Black African communities and the Eastern Europeans. The Slovak and Czech Roma community is estimated at around 4,000 people and several hundred Romanian Roma have settled in Rotherham since 2014.

The full joint strategic needs assessment for Rotherham can be found at **www.rotherham.gov.uk/jsna**

Our Young People, Parents and Carers

The priorities in this plan have been based on what children, young people and their families/carers have told us about services for children and young people in Rotherham. Some of the ways in which these views are captured are detailed in this section.

Young Carers

Through consultation with young people through the Lifestyle Survey, 653 young people considered themselves to be young carers. When asked about what the three main things are that 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, followed by helping to look after a brother or sister and keeping someone company is third choice. There has been an increase in the percentage of pupils saying they care more than eight hours per day. 89 pupils said they are caring more than eight hours per day. Caring for between one to three hours and four to seven hours, the percentage has reduced from 2014. The has been a positive increase in the number of young people who have heard about the Young Carers Service, this has increased to 33 % (from 26 % in 2014).

Many young people within Rotherham are helping to care and the person being cared for will usually be a family member such as a parent, grandparent, sibling, or someone very close to the family. The person or people they care for will have a serious or long term illness, disability, mental health difficulties or problematic use of alcohol or drugs; many young carers also help to care for younger siblings.

Rotherham Young Carers Service, which is currently commissioned from Barnardos Services Limited, works with young people aged 8-18 years,

and offers the young people guidance and support around issues they face as a young carer. They offer the young people activities during the school holidays, giving young carers a break and a chance to get together as a large group. The service also provides training and advice to other services and schools in contact with young carers.

The Rotherham Young Carers Service has increased the number of young carers and their families supported by 35 % in 2015/16. Throughout the year, the Service supported 135 young people and their families by assessing need and making a long-term difference; meaning that children and families can support each other without long term dependency on multiple service interventions. Of the 135 young people supported; 48 young people were male; 87 female. 26.7 % of children worked with had either a current or historical Child Protection Plan.

The service identified a very small number of females who have accessed the support of CSE services, some having allocated CSE social workers. While this number was very low it continues to highlight the vulnerability of young carers. Having CSE specialist workers within Barnardo's helped the service undertake joint work.

In 2015/16, 44 % of young carers accessing the service were caring for someone who had mental health and substance misuse issues. Some young people care for more than one person and many young carers help care for siblings.

Service users that are more vulnerable, where possible have been actively encouraged to participate in the Young Carers Council to maintain some contact when they no longer need to be an open case with the service.

Rotherham Youth Cabinet

Rotherham Youth Cabinet is a group of enthusiastic, motivated and committed young people who endeavour to campaign on issues which are important to other young people in Rotherham. Their main aim is to be an active voice, representing all young people equally in order to have a positive effect throughout our communities.

What Youth Cabinet Do

- Undertake research and campaigns to help improve Rotherham

- Ensure that all young people in Rotherham are listened to and have a Voice

- Convert words into action

- Hold formal meetings at Rotherham Town Hall and informal sessions at Myplace

- Have FUN, make friends, meet new people, develop confidence, gain skills, work with Elected Members and decision makers in Rotherham

- Plus lots more…

How they do this

- Consultation with other young people to find out what we need to work on

- Meet regularly and work together as a team on our issues

- Have training to enable us to perform our role

- Go on residentials and visits to help us develop our skills and knowledge and to help us work as a group.

Current Campaigns

Every summer, following consultation with other young people in Rotherham, Youth Cabinet members write their Manifesto which is launched during Local Democracy Week. Their key aims for 2015-2016 were:

- Young People's Mental Health & Emotional Wellbeing

- Improving Public Transport For Young People

- Supporting other Young People to Understand Politics

- Helping to create a Proud and Positive Image of Rotherham

- Understanding the needs of all people from within our diverse communities to help community cohesion

Youth Cabinet Members will be creating a new manifesto during the summer, which will detail their priorities for 2016/2017.

Examples of Recent Achievements

One of the main areas that Youth Cabinet members have worked on is mental health. Some of this work has included:

- Working with Council Scrutiny, Councillors and a wide range of stakeholders around support for young people who self harm; with their recommendations being incorporated into CAMHS Service Plan and Public Health Self Harm Practice Guidance for professionals

- Working with the Commissioning Team on the development of the Mental Health Strategy and Transformation Plan in Rotherham

- Shared issues and concerns with CAMHS managers about young people accessing their services which helped to inform their Service Plan

- A member was elected as a Governor for RDASH and now attends Governors Meetings and CAMHS Partnership and Strategy Meetings, ensuring young people have a voice in this group

- Wrote a report 'Mind The Gap' on the national and local picture of Mental Health services for young people, which gave ten recommendations on how improvements could be made

- RYC members worked with Public Health and Commissioners to develop an Emotional Well-being support Website 'My Mind Matters' (www.mymindmatters.org.uk)

- Supported a CAMHS Scrutiny Review and fed into their findings to the Scrutiny Review Panel

- Members held a successful Children's Commissioner Takeover Day with the Overview Scrutiny Management Board and a range of partners and stakeholders, resulting in 11 recommendations being made

- Organised a conference for 120 young people and professionals around Mental Health called 'It's My Mind'. This provided workshops, stalls, speakers etc delivered by mental health professionals to enable young people and adults gain strategies to help support and maintain positive mental health

- Supported the commissioning of the new 0-19 Public Health Nursing Service

- Participated in a Department of Health Takeover Day in London with Alistair Burt MP, the Minister for Social Care, where they discussed issues raised by young people with regard to Mental Health Services

- Attended a Yorkshire and Humber regional meeting hosted by the NHS Mental Health Improvement Managers, where young people met with local Mental Health Commissioners and discussed barriers to services and how to break these down to improve services for young people.

The group have received a Diana Award for their contribution to mental health services for young people.

Further Involvement and Achievements

Youth Cabinet Members have also completed vast amounts of work to achieve their other Aims. These include:

- Creating videos and music to endeavour to get young people interested in Politics

- Liaising with South Yorkshire Passenger Transport Executive (SYPTE) and transport organisations around bus passes for young people

- Working with Looked After Children's Council and Rush House on projects to encourage young people to be proud of where they live

- Representing young people on other groups such as; Children & Young People's Strategic Partnership Group, Police Young People's

Advisory Group, Rdash/CAMHs Partnership Group, Healthwatch Ambassadors, Rotherham Transport User Group

- Participating in interview panels for Senior Officers and Directors within RMBC

- Taking part in events such as Holocaust Memorial Day, Armed Forces Day, White Ribbon Campaign Event etc.

Looked After Children and Care Leavers

The Council takes its role as Corporate Parent to Looked After Children very seriously. Members and officers understand that looked after children as a group are more vulnerable than their non-looked after peers and that in general, outcomes and life chances are poorer for looked after children than for other children. The Leaving Care Service has a duty to ensure that young people leaving care are found suitable accommodation. The aims is to achieve the best possible outcomes for all children and young people looked after and the provision of suitable accommodation for Care Leavers is a key factor in achieving this by providing safe and secure accommodation.

Rotherham has a Looked After Children Strategy Group which includes multi-agency professionals working with looked after children in local authority services and professionals working with looked after children in key partner agency services. This partnership is responsible for making sure that outcomes for Looked After Children are good in all aspects of their lives and in achieving successful independence as adults. The Rotherham Looked After Children Strategy 2014-2017 sets out the vision for the range of services provided by the Council and

its partner agencies for looked after children, and identifying priority objectives. These include:

- To improve the degree and timeliness of placement stability and permanence and ensure children are able to enjoy continuity of relationships

- To improve the emotional wellbeing and physical health of looked after children

- To improve educational progress and attainment and narrow the gap between attainment of looked after children and their non-looked after peers

- To improve the support for and opportunities open to care leavers sufficiently to increase the number and proportion of them who are in employment, education or training (EET)

- To listen to children and young people so as to ensure that their views influence their own plans, as well as wider service delivery and development.

Voice of the Child Education Lifestyle Survey

The Lifestyle Survey is open to all young people in Y7 and Y10 in secondary schools and Pupil Referral Units. 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 receives a data pack giving them access to their own level of survey data; which they use to compare with borough wide information once published. The borough wide results are 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.

A summary of the findings of the 2015 Lifestyle Survey includes:

- In total 3110 participated in lifestyle survey

- 3 Schools chose 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.

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 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.

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 eight 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 four 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.

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 three Pupil Referral Units in Rotherham. The survey was offered to all 16 secondary schools and three 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 three pupil referral units in the survey in total 4,123 young people participated give a participation rate of 63%. 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.

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%).

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.

Young Inspectors

A commitment was made in our Children and Young People's Single Improvement Plan 2015 to develop a Young Inspectors Programme to ensure that young people are at the heart of service delivery and effective quality assurance arrangements are in place. In 2016 an action was also developed to utilise the Young Inspectors Programme to measure progress against our key priorities.

This contributes to improving the direct engagement of children and young people following Ofsted recommendations to ensure that the voices and experiences of the most vulnerable are heard, and they inform strategic planning and commissioning.

Rotherham's Young Inspectors Programme was set up in May 2015; based on good practice from Lincolnshire Council, national good practice and previous experience from within the Youth Service. The purpose of the Young Inspectors Programme is to:

- Place young people (aged between 13 and 24) at the heart of inspecting services delivered to children, young people and their families to ensure compliance against standards and inform service improvements

- Ensure the views and experiences of the Young Inspectors and children, young people and families are actively listened to, and acted upon to make a difference

- Improve the direct engagement of children and young people to ensure that the voices and experiences of the most vulnerable are heard, and they inform strategic planning and commissioning

- Provide young people from across Rotherham with opportunities to develop their skills, raise their confidence and self-esteem, all of which can lead to improved life chances

- Increase uptake and participation in services by those children and young people who have previously not engaged with Children and Young People's Services.

The Young Inspectors team currently consists of eight young people, four male and four female, of White British origin, ranging between ages 13 to 19 who are Rotherham residents. Some of the young people have a learning disability or social, emotional and mental health needs. Some of our young people are vulnerable and have received services and support from Children and Young People's Services.

The Young Inspectors have developed a Young Inspector Programme which has carried out 15 inspections over the school holidays. The Young Inspectors themselves have also achieved positive outcomes such as undertaking the Assessment and Qualifications Alliance Award, enhanced their social and personal development, increased skills, raised confidence and self-esteem and they have made a difference to other children and young people following the improvements made.

The Young Inspectors have identified many positive areas through their inspection programme including where children and young people feel they are actively listened to. The outcomes achieved:

- Lots of improvements have been made to the quality, range and access to information on the website – making it young person friendly

- Improvements have been made to our buildings with numerous repairs, maintenance, cleaning and gardening carried out

- The quality of information has been improved at our customer access points and buildings; where children and young people visit and live. For example signage, leaflets, notice boards and new furnishings

- New procedures have been implemented, for example complaints, 'meet and greet', increased choice for meals and activities

- Young Inspector experiences and findings informed a wider variety of staff training, new training matrix and induction files.

The Young Inspectors have a packed scheduled planned for more inspections of services also. Further work is required to understand children and young people's journeys for accessing information and services through the website; ensuring easily accessible, customer friendly experiences, which take into account immediate access for our mobile and internet users.

During the summer holidays an exchange is planned with Lincolnshire Young Inspectors whereby each Local Authority will choose a theme for the young people to inspect; through the eyes of first time visitors.

Rotherham's Young Inspectors Programme has been identified as good practice by Derbyshire Council. Key activities include fundraising, newsletters, press releases, attendance at events, promotional DVD (working with a student undertaking a filming/media course) and

Young Inspector personal stories. In the longer term Inspections of wider Council Services and Commissioned Services may be explored, inspecting wider public and private sector organisations. The future challenges of the Young Inspectors Programme include delivery within constraint budgets, group sustainability and momentum of inspections and outcomes. This will be managed through innovative thinking, planned communication and marketing campaigns, working towards our ambition of being a child-centred Borough and continued support from the Young Inspectors Team, Directors, Managers and staff.

Parents Carers Forum

The forum is led by Rotherham parents, working in partnership with RMBC, Rotherham CCG and supported by Contact a Family.

The main aim is to ensure the needs of all children and young people (aged 0-25) who are disabled or have additional needs in Rotherham are met. The vision is that all children, young people and their families living with disabilities/additional needs in our town enjoy the same opportunities, hopes and aspirations as other families in Education, Health, Social Care and leisure.

They aim to bring together parents/carers from across the borough to provide mutual support, share experience, exchange information, and influence policy.

The parents carers forum have developed a website: **http://www.rpcf.co.uk**

Rotherham Parents Forum meet at the new Tesco Extra Store in the Community Space every Wednesday (apart from school holidays), 9.30am to 11.30am and we also hold a family drop-in session every

Monday evening (term-time only) at Kimberworth Place from 5.30pm to 7.30pm. Please see the Regular Events page on the website for further details.

Rotherham Looked After Children's Council

The LAC Council is a Voice & Influence Project which means children and young people are supported, empowered and encouraged to run their own LACC meetings, set their own agendas, have their say about things that matter to them and are provided with opportunities to influence decisions about how services are run.

LAC stands for Looked After Children and the LAC Council are a group of children and young people who are in care and leaving care, aged 11 to 18 years old. Theyhold regular meetings to raise awareness and have their say about things that affect them and work together to influence positive decisions to improve the lives of young people living in Care in Rotherham. The LAC Council has adopted the following statement from Article 12, of the United Nations Convention on the Rights of the Child:

"Children and young people have the right to say what they think should happen when adults are making decisions that affect them, and to have their opinions taken into account".

The aims of the Rotherham LAC Council are to:

- Improve services for Rotherham looked after children and care leavers
- Raise awareness of the issues faced by looked after children and care leavers in Rotherham
- Build confidence, raise self-esteem and aspirations, make friends, work together and have fun!

The Looked After Children's Council have been able to positively impact on things that matter to them and meet all of their core aims within this period. Alongside working together on team building skills, increasing social capital, self-awareness and self-esteem building activities, young people have engaged in a high volume of co-production work to shape Services for looked after children. Some of the recent projects that members of the Looked After Children Council have been involved in includes:-

- **Commissioning of Foster Care Agencies for Rotherham Children & Young People** Working alongside Commissioning, a question within the tendering documents was specifically focused on the 'Voices of LAC & Young People'. Young people were surprised to receive 24 lengthy tenders from Foster Care Agencies wanting to work with Rotherham Looked After Children. Young people's task was to read and score these tenders. This was a huge undertaking with a very mixed ability group some of whom have Special Educational Needs, Mental Health Issues, Attention, Language and Comprehension challenges etc. However, with much encouragement and support, young people worked hard to complete this mammoth task and also developed an interview panel for the Foster Care Agencies

- **Dragons Den Interviews:** a collaborative piece of work where three young people from the LAC Council, the Youth Cabinet and Young Inspectors spoke to Managers, front line workers and Service users to find out how embedded good practice actually is. Valuable information from these interviews will be analysed by the Commissioning, Performance & Quality Team and utilised in future service improvement

- **Holocaust Memorial Day Event @ Town Hall:** Young people have wrote and rehearsed a presentation around the HMD theme 'Don't Stand By' where they have identified eight strong historical and contemporary characters who stood up against oppression and changed the world because of it

- **Rotherham's Early Help Service – Caring for Cared for Young People:** LAC Council members have also assisted in creating this information leaflet for Early Help Service, coming up with the title 'Caring for Cared for Young People' and ensuring the wording was young people friendly before being launched

- **Recruitment & Promotion of LAC Council:** young people looked at ways in which they could raise awareness of the many opportunities available in the LACC to other LAC across the borough and hopefully boost membership. LACC leaflets and information has been sent out to all LAC Designated Teachers in the 16 Secondary Schools across Rotherham asking for their help to spread the word about LACC with LAC young people within their schools. Also the group are creating posters to advertise the LACC which will be posted around Rotherham next week

- **LAC Council Pantomime 'oh yes it was' – Cinderella @ Civic Theatre Rotherham and LACC Christmas Party @ Cosmos Sheffield:** In order to build positive memories around Christmas for young people who may have had negative experiences in the past, and potentially distract from the pain of being separated from families at this time, the group traditionally plan for December to be a very festive fun month for the group. Alongside our annual visits to the above venues, young people shared together the fun and engaged in Christmas Arts and craft Sessions, fun activities, carol singing and games. Great fun was had by all

- **Corporate LAC Promise – Evidencing the changes:** Following from co-production of the LAC Promise and delivery of the LAC Summit in September the LAC Council were again asked to engage in a piece of work together to place the nine items within the promise in order of importance so that each month starting from February 2016 Social Care can focus on one theme each month and evidence how they are sticking to the promises they have signed up to. This LACC session caused much debate and negotiation amongst young people who had to concede some points to gain others, the task was a wonderful experience to distinguish the differences between argument and debate!

Children, Young People and Families' Consortium – Rotherham Voluntary Sector Consortium

The Children, Young People and Families Consortium is a partnership of voluntary and community sector organisations which provide services for children, young people and families across Rotherham.

Members work together and with wider partners to develop and raise standards, share knowledge and good practice, and influence change. It acts as a conduit for sharing information, engaging with partners and brings members' vast array of knowledge and good practice into one place.

Consortium members meet monthly, receive regular information updates, attend subgroups and represent the Consortium on a wide range of strategic groups to support local policy developments. Members offer each other support and the consortium is a vehicle to respond collectively and in appropriate time-scales to our changing environment. Members also work within the Consortium to develop networks and partnerships to maximise resources and jointly bring funds into the borough to meet outcomes for children and young people.

Within this flexible and responsive structure, the Consortium has a clear set of priorities which are:

- To build on the collective voice and experience of members to improve outcomes for children, young people and families through sharing skills, knowledge and good practice, and workforce development

- To work with partners to innovate and change how services are delivered to continue to meet the needs of children, young people and families amidst a challenging environment and reduced resources

- To strengthen a collaborative consortia approach to pro-actively plan ways to maximise funding and other opportunities to anticipate and meet the needs of local children, young people and families

- To continue to raise safeguarding standards amongst voluntary sector members and share learning to influence the wider sector to keep children and young people safe

- To work with partners to ensure our service users (children, young people and families) and our member organisations have a voice to influence policy and change things for the better and are responsive to emerging issues.

Activities and Deliverables have included:

- Consortium members complete Section 11 Audit tool to ensure compliance with safeguarding standards

- Consortium members working with RMBC to develop an on-line Section 11 Audit tool

- CSE Community awareness raising materials developed and activities delivered across Rotherham

- Successful bid for Home Office funding, for CSE Support across the borough (the Base Project), with over 175 victims, survivors and family members have accessed services provided by organisations within the Base project

- Consortium members' facilitated service user's involvement to Children and Adolescent Mental Health Services (CAMHS) voice and influence project

- Consortium members' contribution as strategic representatives on Children and Young People's Strategic Partnership and Rotherham Local Safeguarding Children Board and subgroups.

Delivering and monitoring the Strategic Outcomes

The Children's Strategic Partnership has made a commitment to evaluate its effectiveness in delivering the Children and Young People's Plan 2016 to 2019. Outcomes Based Accountability (OBA) is a conceptual approach to planning services and assessing performance that focuses attention on the outcomes that the services are intended to achieve. This will involve the collection and use of relevant performance data, involving stakeholders, including service users and the wider community, in achieving better outcomes.

Relevant quantitative and qualitative outcomes will be reported by each strategic partner and summarised as follows:

- How much did we do?

- How well did we do it?

- Is anyone better off?

The Children and Young People's Plan Performance Scorecard will be used to monitor performance data and be reported to the Children's Strategic Partnership Board.

The following action plan includes the three outcomes to be achieved and describes the main outcome measures, performance indicators and targets.

Action Plans

Outcome 1:		Children Young People and their families are healthy and safe from harm					
Priority Area	**Ref No**	**Measure**	**Good Performance**	**Performance**	**Target 2016/17**	**Accountable Partner Organisation**	**Why this priority area is included in this Plan**
Early Help Services to identify and support families at the right time to help prevent social care involvement.	1.A1	Early Help – Reduction in Children in Need rate per 10,000 population.	Low	320 (2015/16)	No target	Rotherham Borough Council	Identifying problems early can stop them escalating. To reduce demand upon specialist and higher tier services.
	1.A2	Social Care – Percentage reduction children who had a social care concern raised within 12 months of the last concern ending (re-referrals).	Low	30.9% (2015/16)	April – September 26%. October to March 23%	Rotherham Borough Council	Improve quality of service. Reduction in re-referrals demonstrates impact of early help interventions.
	1.A3	Early Help – Number of Early Help Assessments completed.	High	536 (Cumulative December 2016)	No target	Rotherham Borough Council	Greater access to early help services reduces the need for more costly social care intervention.
Increase the take up of services delivered by Children's Centres.	1.B1	Early Help – increase percentage of children aged 0-5 living in the Rotherham area who have accessed Children's Centre where there are high levels of deprivation.	High	91.4% (2015/16)	95%	Rotherham Borough Council	Families with children under five can access a range of services and information including family support workers and health professionals.
Increase the take up of free Early Child Care for disadvantaged families.	1.C1	Early Help – Percentage increase of entitled two-year-olds accessing child care.	High	78% (Summer term 2015)	80%	Rotherham Borough Council	Receiving good quality early years education is associated with improved outcomes for children's development.

Outcome 1:		Children Young People and their families are healthy and safe from harm					
Priority Area	**Ref No**	**Measure**	**Good Performance**	**Performance**	**Target 2016/17**	**Accountable Partner Organisation**	**Why this priority area is included in this Plan**
Increase the number of families engaged in the Families for Change Programme.	1.D(a)	Number and percentage of families engaged as a percentage of annual target Families for Change (FFC) Y2.	High	100% (2015/16)	822 families	Rotherham Borough Council	Service focusses on early intervention, including family intervention, to support families with multiple problems. Successful programme – turning the lives of families around.
Reduce the number of First Time Entrants into the Youth Justice System.	1.E1	Early Help – percentage reduction in first time entrants into criminal justice system. Per 10,000 10-17 years population.	Low	519 (2015/2016)	No target	Rotherham Borough Council	The life chances of young people who have a criminal conviction may be adversely affected in many ways in both the short term and long term. Prevention of offending is a priority.

Outcome 1:		Children Young People and their families are healthy and safe from harm					
Priority Area	Ref No	Measure	Good Performance	Performance	Target 2016/17	Accountable Partner Organisation	Why this priority area is included in this Plan
Reduce the number of unintentional accidents resulting in hospital admissions.	1.F1(a)	Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years per 10,000 resident population.	Low	129.8 per 10,000 resident population* (498 hospital admissions). (2014/2015)	No target	The Rotherham Foundation Trust	Injuries are a leading cause of hospitalisation and a source of long-term health issues. This is a key indicator for cross-sectoral and partnership working to reduce injuries, including child safeguarding. (Source – Public Health England)" *Data Source: Hospital Episode Statistics (HES). Copyright 2016. Re-used with the permission of the Health and Social Care Information Centre. All rights reserved
	1.F1(b)	Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years per 10,000 resident population.	Low	106.5 per 10,000 resident population* (498 hospital admissions). (2014/2015)	No target	The Rotherham Foundation Trust	
	1.F1(c)	Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 15-24 years per 10,000 resident population.	Low	122.6 per 10,000 resident population* (378 hospital admissions). (2014/2015)	No target	The Rotherham Foundation Trust	

Outcome 1:		Children Young People and their families are healthy and safe from harm					
Priority Area	**Ref No**	**Measure**	**Good Performance**	**Performance**	**Target 2016/17**	**Accountable Partner Organisation**	**Why this priority area is included in this Plan**
Reduce the levels of childhood obesity	1.G1(a)	Reduce year-on-year levels of childhood obesity for (a) Reception year children (age 4/5).	Low	10.3% (2015/16)	Downward trend in excess weight by 2020	Rotherham Borough Council	Obesity can seriously affect the physical and mental health of children, reduce self-esteem and increase the risk of social isolation
	1.G1(b)	Reduce year-on-year levels of childhood obesity for (b) year 6 children (age 10/11).	Low	21.8% (2015/16)	Downward trend in excess weight by 2020	Rotherham Borough Council	Obese children are at risk of becoming obese adults, reducing life expectancy. Partners to contribute to preventing obesity in childhood.

Outcome 1:	Children Young People and their families are healthy and safe from harm						
Priority Area	**Ref No**	**Measure**	**Good Performance**	**Performance**	**Target 2016/17**	**Accountable Partner Organisation**	**Why this priority area is included in this Plan**
Reduce risky health behaviours in young people.	1.H1(a)	Reduce suicide and self-harm: Hospital admissions caused by unintentional and deliberate injuries (0-14 years).	Low	106.5 per 10,000 resident population (498 hospital admissions (2014/15)	To reduce	Rotherham Borough Council	Group of suicide events in Rotherham from November 2011.

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. (Source – Public Health England)"

Determining the underlying causes of suicide and self-harm and improving the mental health well-being is a priority for all children and young people.

Multi-agency suicide and serious self harm community response plan developed. |
	1.H1(b)	Hospital admissions caused by unintentional and deliberate injuries (15-24 years).	Low	122.6 per 10,000 resident population (378 hospital admissions) (2014/15)	To reduce	Rotherham Borough Council	
	1.H1(c)	Hospital admissions for mental health conditions (0-17).	Low	40.8 per 100,000 resident population (23 hospital admissions) (2014/15)	To reduce	Clinical Commissioning Group	
	1.H1(d)	Hospital admissions as a result of self harm (10-24 years).	Low	312.1 per 100,000 resident population (143 hospital admissions). (2014/15)	To reduce	Clinical Commissioning Group	

Outcome 2:		Children, Young People and their Families Start School Ready to Learn from Life					
Priority Area	**Ref No**	**Measure**	**Good Performance**	**Performance**	**Target 2016/17**	**Accountable Partner Organisation**	**Why this priority area is included in this Plan**
Special Educational Need and Disabilities – Improve personal outcomes for our young people with SEND to enable them to make choices that lead to successful adult lives.	2.A1(a)	Percentage of Education Health and Care Plans completed in statutory. (New plans issue 9 from September 2014).	High	58.3% (2015/16)	90% (by April 2018)	Rotherham Borough Council	Legislation led to significant changes in the approach to provision for children and young people with SEND. Development of Rotherham offer required. Joint approach to commissioning services. Provision of personal budgets.
	2.A1(b)	Percentage of Education Health and Care Plans completed in statutory timescales (based on conversations from statements to EHCP) from September 2014).	High	85.5% (2015/16)	90% (by April 2018)	Rotherham Borough Council	
Sustainable Education and Skills – Challenge all schools academies and education setting who are not providing at least a 'good' level of education for our children.	2.B1	All children make good or better progress. The progress a pupil makes from the end of primary school to the end of secondary school (Key Stage 4 progress 8 Measures).	High	New measure for secondary accountability in 2016 there is currently no performance data.	No target	Rotherham Borough Council	All young people should have the tools and opportunities to fulfil their potential. Quality of education for children and young people should enable them to be well prepared for further education, higher education and work.

Outcome 3:		Children Young People and their families are healthy and safe from harm					
Priority Area	**Ref No**	**Measure**	**Good Performance**	**Performance**	**Target 2016/17**	**Accountable Partner Organisation**	**Why this priority area is included in this Plan**
Enable hard to reach young people to achieve their full potential through education, employment or training.	3.A1	Percentage of young people aged 16-18 who are Not in Education, Employment or Training (NEET).	Low	5.3% (2015/16)	3.1%	Rotherham Borough Council	Families with children under five can access a range of services and information including family support workers and health professionals.
Improve the access to emotional wellbeing and mental health services.	3.B1(a)	CAMHS referrals triaged within 24 hours of receipt.	High	99.4% (2015/16)	100%	Rotherham, Doncaster and South Humber (RDASH)	Tackling inequalities with a focus on young people who are vulnerable, specifically around mental health. Access to community mental health services needs to improve.
	3.B1(b)	Percentage of triaged CAMHS referrals that were assessed within three weeks.	High	26.3%	95%	Rotherham, Doncaster and South Humber (RDASH)	
Young People are ready for Level 3 Qualifications (equivalent to A Level).	3.C1	The progress a pupil makes from the end of primary school to the end of secondary school. (Key Stage 4 progress 8 measure.)	High	No data – new measure	No target	Rotherham Borough Council	All young people should have the option to undertake academic and vocational education, including apprenticeships and traineeships. A level 3 qualification enables access to these opportunities.

Outcome 3:		Children Young People and their families are healthy and safe from harm					
Priority Area	**Ref No**	**Measure**	**Good Performance**	**Performance**	**Target 2016/17**	**Accountable Partner Organisation**	**Why this priority area is included in this Plan**
Increase the number of young people aged 15-19 in Rotherham Schools and Colleges receiving support from Rotherham Youth Enterprise.	3.D1	No of young people aged 15-19 in Rotherham Schools and Colleges receiving support from RYE in terms of the delivery of employability skills sessions and self-employment awareness sessions.	High	4,805 (2015/2016)	No target	Rotherham Youth Enterprise	Rotherham Youth Enterprise contributes to the local economy by supporting young people/ adults to make the leap from education into self-employment and business; supporting business growth; and long term business survival rates.

"Nice quote to use HERE…"

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Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

ئەگەر تۆ یان کەسێک کە تۆ دەیناسی پێویستی بەیارمەتی هەبێت بۆ ئەوەی لەم بەڵگەنامە یە تێبگات یان بیخوێنیتەوە، تکایە پەیوەندیمان پێوە بکە لەسەر ئەو ژمارەیەی سەرەوەدا یان بەو ئیمەیڵە.

إذا كنت انت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أوقراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پرھم سے رابطہ کریں یا ھمیں ای میل کریں۔

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفا با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

Rotherham Metropolitan Borough Council

Public Report
Improving Lives Select Commission

Council Report
Improving Lives Select Commission 22nd March 2017

Title
Children's and Young People's Services Performance Report - January 2016/17

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 – Quality Assurance and Early Help)

Ward(s) Affected
All

Summary
    1.1   This report provides a summary of performance under key themes for Children's Social Care and Early Help Services at the end of the January 2017. 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 select commission is asked to receive the report and accompanying dataset (Appendix A and B) and consider issues arising.

List of Appendices Included
Appendix A – Early Help Scorecard (January 2016)
Appendix B – Children's Social Care Performance Report (January 2016)

Background Papers
Ofsted Improvement Letter
Children's Social Care Monthly Performance Reports

Consideration by any other Council Committee, Scrutiny or Advisory Panel
No

Council Approval Required   No

Exempt from the Press and Public   No

Title: Children's and Young People's Services Performance Report
- January 2017

1. Recommendations

1.1 The select commission is asked to receive the report and accompanying dataset (Appendix A and B) and consider 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 and Early Help Services. 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, are included. 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 The narrative supplied within the report has been written in conjunction with the Deputy Strategic Director CYPS and the Assistant Directors of services.

3. Key Issues

3.1 This is the first performance report for Improving Lives Select Commission since the implementation of the new Liquid Logic case management system at the end of October 2016.

3.2 As with any major change in system this changeover created a number of challenges in terms of data quality and reporting. Significant progress has been made, however teams are still adjusting to new recording requirements and addressing data migration gaps. Therefore caution needs to be applied when comparing performance to that achieved earlier in the year.

3.3 Table one and two below highlights some of the achievements and areas for further improvement.

Table 1: Examples of good and improved performance

- There was a 51% increase in January of the number of contacts made to Early Help via the First Response, integrated front door and step down panel (403 compared to 136 in December)

- The official annual outturn for young people who are NEET has now been calculated showing we have successfully achieved our annual targets of 3.1% NEET and 2.8% Not Known. (Definition is based on November-January data)

- The Youth Justice Board (YJB) led Peer Review of Rotherham's Youth Offending Team (YOT) Board has evidenced good Leadership and Governance.

- Re-referral rates are now demonstrating an improving trend with January's in month performance of 22.7% being the lowest it has been in over 12 months.100% of CP cases were reviewed within timescales, 98.3% year to date.

- At the end of January only 1 child (0.3% of cohort) had been subject to a child protection plan for longer than 2 years

- 100% of CP Reviews took place on time for the 6th month running.

- Timeliness of Initial Child Protection Conferences remains in the top quartile nationally

- There were nine adoptions in January which is the highest figure for a single month in over 12 months. It is hoped that there will be another six adoptions completed before the end of the reporting year taking the total to 35.

Table 2 – Key areas for further improvement

- The number of Early Help Assessments completed by Partners remains low with 8.3% (7 out of 84) completed during January.

- Of the 121 Early Help Assessments required in January, 30% were completed within the standard timeframe of 35 days.

- Continuing issues with the data received The Rotherham Hospital Foundation Trust (TRFT) have now been escalated to senior leadership and a review of the 0 -19 contract arrangements has been instigated to strengthen future data sharing requirements

- Volume numbers and staff adjustment to new system processed has impacted on social care contact decision within 1 working day. 79.8% of January contacts were in time compared to performance above 90% earlier in the year.

- The proportion of assessments completed in 45 working days was low for January at 67.7% and 84.4% for the year to date compared to 92.8% 2015/16.

3.1 <u>Early Help</u>

3.1.1 In January there were 403 contacts made to Early Help via the First Response, integrated front door and step down panel. This is a difference of 136 cases (51%) from the previous month in December 2016. Of these contacts, 154 resulted in a recommendation for an Early Help Assessment by RMBC staff, with a further 18 contacts resulting in an Early Help recommendation to partners.

3.1.2 The number of Early Help Assessments completed by Partners remains low with 8.3% (7 out of 84) completed during January. Work is ongoing between RMBC and Partners to increase this number and this is a key focus of activity for the Early Help Steering Group which reports directly to the Children, Young People and Families Strategic Partnership.

3.1.3 Of the 121 Early Help Assessments required in January, 30% were completed within the standard timeframe of 35 days. The reasons for delays in assessment can be as a result of various issues; if engagement is delayed at the start because the worker was unable to secure consent for support and. The increase in volume and ongoing reporting issues related to the implementation of the new case management system has significantly impacted upon the service this month. Work is being undertaken to increase the uptake of partner completion of Early Help Assessments so that the responsibility is shared across the wider Children's workforce.

3.1.4 The number of Early Help Assessments completed by Partners remains low with 8.3% (7 out of 84) completed during January. Work is ongoing between RMBC and Partners to increase this number and this is a key focus of activity for the Early Help Steering Group which reports directly to the Children, Young People and Families Strategic Partnership.

3.1.5 There are continuing issues with the data received from health due to a maternity leave in the data team at The Rotherham Hospital Foundation Trust (TRFT); work round solutions have been implemented and the Head of Service has discussed concerns with health and public health commissioners. A meeting has been held with colleagues at TRFT to raise these concerns and look for solutions. However; the concerns have now been escalated to the Director for Children's Services, the Head of Service is preparing an overview of concerns (including issues re data sharing in early years and around SEND) for discussion with the CEX of the Trust. Through these discussions it has emerged that TRFT are also having issues with GP data so would be unable to provide this at present this is being escalated/discussed with the Clinical Commissioning Group (CCG). The Head of Service will now commence work with public health, commissioners from the Practice Improvement Partner (Lincolnshire CC) and legal

colleagues to revisit the 0 -19 contract arrangements and to look to make amends where possible to include data sharing.

3.1.6 The Step-Down Panel was implemented on 9th February 2016 and continues to meet weekly. It is jointly chaired by senior managers from both Social Care and Early Help. In total since the panel began we have stepped down 378 families and 906 children. A further 50 families and 94 children recommended to partners.

3.1.7 At the end of January the proportion of young people not in education, employment or training (NEET) was 3.2% and a Not Known figure of 2.8%. This is the final month of the official annual measure (calculated across the three month period November - January) and Rotherham has now successfully achieved annual targets of 3.1% NEET and 2.8% Not Known.

3.1.8 The Youth Justice Board (YJB) led a Peer Review of Rotherham's Youth Offending Team (YOT) Board focussing upon Leadership and Governance. Feedback was good and recognised the improvements of the board its commitment and energy. Quotes from the feedback are provided below
- *"In our view the rationale for the changes is well understood locally and the new partnership enjoys comprehensive support and is already showing a level of attention and creative thinking which we were told was not possible in the past."*
- *"What we have found in this short review is the potential for a truly child focussed and restorative youth justice policy and partnership in Rotherham and a genuine will to learn and progress. A solid platform has been established and so the next 12 months should be about consolidation and measured onward development."*

3.1.9 During January, 10 exit surveys were completed, bringing the total to date to 181 since implementation in May 2016. Below is a summary of the survey results;
- 97% (61 people who responded) rated their overall experience of the help and support they received from the worker(s) within the Early Help Team as good or excellent service.
- 98% (69 people of who responded) said they got the support when they most needed it.
- 98% respondents (70 people) said we delivered the Service they were expecting.
- 97% (57 people who responded) said they did feel listened to and involved in the planning and support they received.
- 96% (66 of people responded) said our staff dealt with all the problems they asked them about.

3.2 Contact and Referral

3.2.1 Since September there has been an increase in the number of contacts received each month by the Multi-Agency Safeguarding Hub (MASH) to approximately 1300-1600 rather than the standard 1000-1100 per month.

3.2.2 Due to volumes and also the adjustment to the new system and associated processes has impacted on the timeliness of contact decision which has reduced to 79.8%. This will be closely monitored in the future to ensure improvements once systems and process are embedded.

3.2.3 However the data shows that less contacts are progressing to referral (292 in January compared to 400-500 in earlier months). This may indicate that MASH managers are not allowing volumes to impact on the quality of their decisions and are still remaining stringent in ensuring only appropriate children and families are considered for a social care assessment.

3.2.4 With good quality contact screening the percentage of referrals progressing to an assessment is very high at 98%.

3.2.5 Re-referral rates are now demonstrating an improving trend and January's in month performance of 22.7% this is the lowest it has been in over 12 months. This indicator is a reflection of the quality of the practice and as this improves so the indicator should continue to reduce. The second re-referral measure which looks at referral data for a full rolling 12 months is also improving at 28.1% but is still higher than the corporate plan target of 23%. Given the trajectory of the monthly data this target should be reached within the next reporting year.

3.3 Assessments

3.3.1 The number of new assessments started in January was 508 which is broadly in-line with normal levels. There were caseload and capacity issues within the Duty and Assessment with average caseloads exceeding the upper limit of 22 cases per worker. This has now been addressed and the service is now at manageable levels with an average caseload of 15.8 cases. To reduce future capacity risks and improve service resilience a fifth Duty Team has been created by reconfiguration of workers the investment in an additional manager.

3.3.2 The previous capacity with the teams created a backlog of assessments which has now been cleared. However this impacted on the timeliness of the assessments being completed with a low of 67.7% completed within the 45 working day standard (previously achieved 98%).

3.4 Plans

3.4.1 Due to technical reasons 'plans' data could not be migrated into Liquid Logic. Therefore workers are required to manually input the information for each child as this no longer relates just to the date of the plan but includes the full details, rather than having a separate associated Word document. However once the first plan is created the system rolls forward key information and makes subsequent plans easier to create.

3.4.2 This additional 'catch-up' work is reflected in the performance levels for up-to-date plans. Performance is therefore currently low compared to previous levels but improving with 87.6% of Children in Need (CIN), 96.9% of Children on Child Protection Plans (CPP) and 79.4% of Looked After Children (LAC) having an up-to-date plan. This does not necessarily mean the child doesn't have a plan it simply means it has not been entered on the system. This will improve over the coming months.

3.5 Section 47

3.5.1 The numbers of Section 47 (S47) investigations has remained relatively stable with 111 started in January against a 2016/17 monthly average of 109. When converted into a rate per 10,000 population this is 244.0 which is very high when compared to statistical neighbours and national benchmarking data.

3.5.2 Managers have continued to increase the rigour with which they apply the threshold for S47 and to ensure that the reasons for their decisions are fully justified. This applies as much to the decisions not to instigate S47 as to commence one. This is an area where challenge needs to be sustained to ensure that the right children are subject of S47 investigations and that those investigations are of sufficient quality to properly prove or disprove significant harm to a child. For the year to date 10.6% of 'concerns not substantiated which is an improvement on last year's outturn position of 11.2%. Performance is expected to improve with the implementation of the new operating methodology.

3.6 Initial Child Protection Conferences

3.6.1 If it is deemed that there is continuing risk of significant harm to the child then the S47 will progress to an Initial Child Protection Conference (ICPC), this should be held within 15 working days of the S47 starting.

3.6.2 By the end of January there had been 348 children subject to an ICPC, it is therefore projected that by the year end we will be in excess of 450 children which is a substantial increase on the 2015/16 total of 330. This increased workload has not however impacted on timeliness which for the year so far remains excellent at 90.6%, with January in-month being 97.6%. This places Rotherham in the top quartile of performance nationally (87.7%+). Although the numbers not meeting the 15 working day threshold are extremely low they are still reviewed by senior managers to ensure reasons are understood and practice continues to improve.

3.7 Children in Need

3.7.1 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.

3.7.2   Following a month on month upward trend of CIN numbers, which culminated in November at a high of 1946, there now has now been a significant drop to 1685 children. This, combined with our numbers of children on a child protection plan, equates to 357.3 per ten thousand population. And places Rotherham back below the statistical neighbour average of 372.4.

3.7.3   This reduction is due to Duty and Assessment managers rigorously applying the threshold to step down when appropriate to Early Help rather than ongoing social care involvement and clear locality processes for regularly reviewing CIN to ensure timely progression and avoid drift. The review work happens on a rolling basis and ensures that workers and team managers are challenged where appropriate in respect of the effectiveness of CIN planning.

3.8   Children subject to a Child Protection Plan

3.8.1   Following a mid-year reduction the number of children with a child protection plan (CPP) has steadily increased to 330 this converts to a rate of 58.6 per 10,000 population which is high when compared to statistical neighbours but remains below the higher numbers seen at the end of 2015/16 (369 at outturn).

3.8.2   It is expected that the numbers will see further reductions as the CP plans are worked more effectively, managers become more confident in their decision making and practice improves with the implementation of the new operating methodology. Long term the figures should then stabilise closer to the benchmarking averages. However the number of plans alone cannot offer assurance that we have identified the right children at risk of or experiencing significant harm are supported by a plan.

3.8.3   At the end of January there was 1 child who has been on a Child Protection Plan (CPP) for over two years, which equates to 0.3% of the CPP population and a significant improvement in the last 12 months. It would be unrealistic to expect such a low proportion is sustainable as it is sometimes right for the child to stay on a CPP for longer than 24 months, however this should be by exception. This performance level is indicative of increased grip and management oversight of these cases.

3.8.4   However, the proportion of children starting a new CPP who are on their second or subsequent plan within 24 months, (a corporate plan indicator), has been steadily rising and in January reached 8.8% against a target of 4%. This needs to be monitored closely to ensure plans are not being ceased too prematurely before all risks have been addressed.

3.8.5   In January the proportion of children on CPPs with up-to-date visits has fallen when compared to previous months to 93% but this

remains excellent performance. Regular performance meetings continue to review progress in this area to ensure that the positive progress made this year can be sustained and where visits are late then the reasons are fully understood and clear measures in place to ensure that each child is seen and that they are safe.

3.8.6 The excellent performance of CPP reviews has been sustained, with 100% achievement for over 6 months.

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

3.9.1 Overall Rotherham has an increasing Looked After Children (LAC) profile. At the end of January there were 482 children in care which equates to a rate of 85.5 per 10,000 population this is high when compared to the 2015/16 year-end position of 76.6 and statistical neighbour average of 75.8.

3.9.2 Work has commenced to develop a range of services that will address this such as an Edge of Care intervention team, Family Group Conferencing and an expanded Therapeutic Team. This will enable more adolescents to remain and/or return home. 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 no feedback from the courts to suggest that any children are being brought before them unnecessarily.

3.9.3 Timeliness of LAC reviews remains high and monthly performance is relatively stable at above 98%. Slightly lower performance in the summer is impacting on the year to date figure which is slightly lower but good at 96.7%.

3.9.4 Visit data was successfully migrated into the new system. However since the November performance has been declining. This is, in part, connected to the high turnover of staff across the LAC service, this should improve following the latest round of recruitment and once a stable permanent team management is secured. Performance against National Minimum standards at the end of the January was 78.7% and against local standards 65.8%. This is well below targets and previous performance levels.

3.10 LAC Placements

3.10.1 Although some placement moves are in the best interests of the child the provision of a good stable home is known to be essential for children to achieve good outcomes. Placement performance statistics demonstrate that we need to improve our preventative work to reduce placement disruption.

3.10.2 In January the proportion of children who have had three or more placements has seen a small improvement from 12.8% to 11.7%. Whilst it has reduced it continues to be higher than all other

benchmarks. Our target of reducing to less than 10% remains and is still achievable.

3.10.3 The proportion of our long term children in care who experience a stable placement for over two years is at 66.2% which is a declining picture and places Rotherham below statistical neighbours and the national average.

3.10.4 There is good progress being made in reducing the numbers of children placed in residential care. While the change for them signifies a disruption, and will have some impact on these performance measures, they are only being moved if the new arrangement is demonstrably in their best long term interests. The Fostering Allowance and Support Scheme has recently been approved which should increase the growth of in-house foster carers. This in turn will support placement stability - a recent audit evidenced that over the past six months 18 Independent Fostering Agency placements disrupted whilst only four in-house placements disrupted over the same period. Whilst there can be no direct correlation more in-house placements should support placement stability. In addition the proposed expansion of the in-house LAC therapy team should also ensure greater support to carers and in turn the stability of the placement.

3.11 Looked After Children Health and Education outcomes

3.11.1 Please note there are known delays in the data input for both Health and Dental information therefore it is likely that performance may change when statistics are rerun in future reports.

3.11.2 Current statistics demonstrate that the timeliness of dental checks is declining at 66.1% compared to previous performance of above 71% and a target of 95%.

3.11.3 Health Assessment reviews in the previous three months has been good at over 95% in time and it is expected that the fall in January to 92.7% will be linked to data inputting issues. This will need to be monitored in future months.

3.11.4 Initial Health Assessments (IHA) however remain an area of concern. Every child should have their first (initial) health assessment within the first 20 working days of entering care. However the number of IHAs completed each month is not reflecting the increase in LAC admissions. It is worth noting that January's improvement to 50% relates to only one IHA out of two.

3.11.5 Personal Education Plans (PEPs) are now produced termly and are led by the Virtual School Team. 90.1% of eligible children have a PEP recorded on their social care record only 63.7% of children have a PEP which is up-to-date (produced within the last term).

3.12 Care Leavers

3.12.1 The number of Care Leavers is stable at 224. Unfortunately at this time we are unable to report direct on accommodation or Education, Employment and Training (EET) status as the data was not migrated during Liquid Logic implementation and requires manual input on all young people's files. The performance team is working closely with the service and systems support to ensure this gap is addressed.

3.12.2 Whilst the systems developments are being addressed the Leaving Care Team are still ensuring that they can track each young person with an internal tracker.

3.12.3 This tracker showed on 1st February 10 of the young people were not in suitable accommodation, 4 of which were in custody. Of the remaining 6 the service were in touch and supporting all but one of the young people (one in overcrowded family based accommodation, one in hotel/B&B, three 'sofa surfing' at friends) The remaining young person has abandoned his tenancy and is wanted by the police.

3.12.4 The Leaving Care tracker also demonstrated that 71.3% of care leavers were in EET. For those aged over 18 this drops to 64.7%. Although this still compares well against the benchmarking averages of 50.4% for statistical neighbour and 48% for national average, it is still not where we want to be for our young people. The service continues to work with young people to return them back into suitable training or employment. To support this Early Help services have allocated a part time worker (0.5FTE) to focus on education pathway planning alongside leaving care personal advisers.

3.13 Adoptions

3.13.1 There were nine adoptions in January which is the highest figure for a single month in over 12 months. Although timeliness measures have not been achieved this represents a good outcome for these children. It is hoped that there will be another six adoptions completed before the end of the reporting year taking the total to 35 which is a drop on last year's achievement of 43.

3.14 Caseloads

3.14.1 Reducing the CIN demand at the front door combined with an introduction of 'one week in five' rather than 'one week in four' duty rota system has seen a significant reduction in average caseloads from 26 to 15 within safeguarding teams. Managers report feeling the benefit of this on practice and this has been validated by the recent Ofsted monitoring visit where the emergence of good social work practice was found.

3.14.2 The impact of rising LAC has been a rise in the number of average number of cases per LAC team social worker to 12.9 however the maximum is now at 18. A management review of all children with a

section 20 legal status has identified the potential to return home for up to 15 children. If this is achieved, combined with new edge of care interventions, this will result in a significant decrease in workload.

4. Options considered and recommended proposal

4.1   The full service performance report attached at Appendix A (Early Help) and B (Social Care) represent a summary of performance across a range of key national and local indicators with detailed commentary provided by the service. Members are 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 services and outcomes for children in care.

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 within the wider social care 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

David McWilliams, Assistant Director – Early Help and Family Engagement
David.McWilliams@rotherham.gov.uk

Approvals Obtained from:-
Strategic Director of Finance and Corporate Services:- Named Officer -
Director of Legal Services:- Named officer
Head of Procurement (if appropriate):- N/A

Name and Job Title.
This report is published on the Council's website or can be found at:-
http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories=

Children & Young People Services

Early Help and Family Engagement Monthly Performance Report

As at Month End: January 2017

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

Data items which have been subject to change during the reporting month are highlighted in yellow. Yellow highlights will then be removed (along with obsolete measures) in subsequent months.

Document Details
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Contact: Ext. 54811 / emma.soames@rotherham.gov.uk

*"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

→ - stable with last month (no good/bad performance)　　　↓ - decline in performance but still within limits of target

↓ - decrease in numbers (no good/bad performance)　　　　↓ - decline in performance, not on target

Data Note: Measured indicated by * are where new reporting arrangements are in place following implementation of liquid logic. Note: there may be some areas where the figures have changed.

	NO.	INDICATORS - EARLY HELP BOROUGH WIDE PERFORMANCE	GOOD PERF IS	DATA NOTE (Monthly)	Nov-16	Dec-16	Jan-17	YTD	DATA NOTE	DOT (Month on Month)	RAG (in month)	Red	Amber	Target Green	2014/15	2015/16	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
TRIAGE	1.1	*Early Help Contacts with an Early Help recommendation during the reporting month (including Step downs) **See Note 1 on EH Contacts tab**	Info	Number	278	267	403	3115	Financial Year	↑										
	1.2	*Number and % of Early Help Contacts with an Early Help recommendation that were Triaged during the reporting month within **Five** working days of receipt (excluding Step downs) **see note 2 on Triage Tab.**	Info	Number	145	226	330	2653	Financial Year (Cumulative)	↑										
			High	%	92.4%	93.0%	94.5%	85.2%	Financial Year (Cumulative)	↑	A		>90% <100%	100%						
INITIAL CONTACTS	2.1 OLD	*Initial contacts made measured against open Early Help Assessment cases	Info	Number				1071	Financial Year (Cumulative)											
	2.1 NEW	*Number of Initial Contact cases that fell in to timeliness scope within the reporting month. **See note 3 on EH Assessment Tab**	Info	Number	91	118	90	209	Financial Year (Cumulative)	↓										
	2.2	*Number and % of Initial Contacts made within **Three** working days of allocation	Info	Number	23	28	28	517	Financial Year (Cumulative)	→										
			High	%	25.3%	23.7%	31.1%		Financial Year (Cumulative)	↑	R		>65% <75%	75%						
EARLY HELP ASSESSMENTS	3.1 OLD	*Number of Early Help Assessment cases completed within the reporting month.	Info	Number				536	Financial Year (Cumulative)											
	3.1 NEW	*Number of Early Help Assessment cases that fell in to timeliness scope within the reporting month. **See note 4 on EH Assessment Tab**	Info	Number	77	116	121	193	Financial Year (Cumulative)	↑										
	3.2	*Number and % of Early Help assessments completed within **35** working days	Info	Number	20	35	22	391	Financial Year (Cumulative)	↓										
			High	%	26.0%	30.2%	18.2%		Financial Year (Cumulative)	↓	R		>90% <100%	100%						
	3.3	Number and % of Early Help Assessments made by Partners (against the total number of EHA's in the reporting month)	Info	Number	4	6	7	62	Financial Year (Cumulative)	↑										
			High	%	4.0%	6.5%	8.3%	6.50%		↑										
Caseload	4.1	Number of Open cases	Info	Number	1,192	1,175	1,285	1285	Month end position	↑										
	4.2	Number of Closed cases	Info	Number	283	193	169	1245	Financial Year (Cumulative)	↓										
STEP DOWNS	5.1	Number of cases **(Families)** submitted to Step Down Panel.	Info	Number	60	26	76	442	Financial Year (Cumulative)	↑										
	5.2	Number % and of Families allocated to Early Help and those working with partners following a step down panel during the reporting month	Info	Number	44	23	61	350	Financial Year (Cumulative)	↑										
			Info	%	73.3%	88.5%	80.3%	79.2%	Financial Year (Cumulative)	↓										
CHILDREN'S CENTRES	6.1	% of children aged 0-5 living in the Rotherham area who are registered with a Children's Centre	High	% (Quarterly)		93%		93%	Financial Year	↑	A			95%	98%	91%				
	6.2	% of children aged 0-5 living in the Rotherham area who have accessed Children's Centre activities	High	% (Quarterly)		43%		43%	Financial Year	↑	A			66%	66%	54%				
EDUCATION WELFARE	7.1	% of Persistently Absent (PA) Children and Young People	Low	Primary % (Termly)		11.3%		11.3%	Academic Year		A			8.4%	12.9% (Autumn Term 2014)	10.9% (Autumn Term 2015)	9.6% (Autumn Term 2015)	8.4% (Autumn 2015)	8.4% (2014/15) / 9.0% Autumn Term 2015	
			Low	Secondary % (Termly)		16.1%		16.1%	Academic Year		A			13.8%	16.8% (Autumn Term 2014)	14.1% (Autumn Term 2015)	13.3% (Autumn Term 2015)	10.0% (Autumn 2015)	13.8% (2014 15) / 12.1% Autumn Term 2015	
	7.2	% of children attending School	High	Primary % (One month in arrears)	95.9%	95.3%		95.7%	Academic Year	↓	A			96.0%	95.4% (2014/15)	96.0% (Autumn Term 2015)	96.3% (Autumn Term 2015)	96.6% (Autumn 2015)	96.4% (Autumn Term 2015)	
			High	Secondary % (One month in arrears)	94.8%	93.6%		94.5%	Academic Year	↓	A			94.7%	94.0% (2014/15)	94.7% (Autumn Term 2015)	95.0% (Autumn Term 2015)	95.5% (Autumn 2015)	95.4% (Autumn Term 2015)	

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↑ - increase in numbers (no good/bad performance)

→ - stable with last month (no good/bad performance)

↓ - decrease in numbers (no good/bad performance)

↑ - improvement in performance

↓ - decline in performance but still within limits of target

↓ - decline in performance, not on target

Data Note: Measured indicated by * are where new reporting arrangements are in place following implementation of liquid logic. Note: there may be some areas where the figures have changed.

NO.	INDICATORS - EARLY HELP BOROUGH WIDE PERFORMANCE	GOOD PERF IS	DATA NOTE (Monthly)	Nov-16	Dec-16	Jan-17	YTD	DATA NOTE	DOT (Month on Month)	RAG (in month)	Red	Amber	Target Green	2014/15	2015/16	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
8.1	Number and % of families engaged as a percentage of annual target Families For Change (FFC) Year 2	High	No	50	75	77	680	Monthly	↑	A			882 Families	117%	100%				
		High	Cumulative %	60%	68%	77%	77%	Monthly	↑	A									
8.2	Number of FFC PbR outcomes claimed (evidence of employment outcome)	High	Number	19	19	27	27	Claims subject to confirmation of claim windows by TFU					TBC		5				
8.3	Number of FFC PbR outcomes claimed (evidence of significant & sustained progress)	High	Number	9	9	28	28						TBC		0				
9.1	Young people aged 16-17 (academic age) whose current activity is not known	Low	%	3.0%	2.6%	2.8%	2.8%	Annual	↑	G			2.8%	N/A	N/A				
				3.0%	2.6%	2.8%		Monthly	↑				2.9%						
9.2	Young people aged 16-17 (academic age) who are NEET	Low	%	3.0%	3.0%	3.2%	3.1%	Annual	↑	G			3.1%	N/A	N/A				
				3.0%	3.0%	3.2%		Monthly	→				3.2%						
9.3	% of Academic Age 16,17,18 Corporate Responsibility LAC/CL **EET**	High	Monthly %	70.9%	72.7%	70.1%		Quarterly	↓	R			80.0%	70.9% (Nov, Dec, Jan ave)	74.7% (Nov, Dec, Jan ave)				
9.4	% of Academic Age 16,17,18 Corporate Responsibility LAC/CL **NEET**	Low	Monthly %	28.4%	25.9%	29.2%		Quarterly	↑	R			20.0%	25.8% (Nov, Dec, Jan ave)	22.3% (Nov, Dec, Jan ave)				
9.5	Young people aged 16-17 (academic age) meeting the duty to participate	Info	%	92.4%	92.8%	92.4%		Monthly	→					90.8% (Nov, Dec, Jan ave)	91.9% (Nov, Dec, Jan ave)				
9.6	No of Youth sessions undertaken in the reporting month — Centre Based	Info	Number	116	71	79		Annual	↓										
	No of Youth sessions undertaken in the reporting month — Non-centre based	Info	Number	43	17	34		Annual	↓										
10.1	Numbers of young people first time entrants (FTE) into the criminal justice system	Low	Rate per 10,000 of 10-17 population				460 (period Jul15 - Jun16)	Annual					Lower than same quarter previous year and comparable with national trends	564 (Data published Dec14 relating to Oct13 to Sep14)	519 (Period April 14 to March 15)	439.76		409.1	
10.2	Use of Custody	Low	Rate per 100 of 10-17 population				0.37 (period Oct 15 - Sep 16)	Annual						0.36 (Data published Dec14 relating to Jan to Dec14)	0.24				
10.3	Rate of re-offending by young offenders	Low	Binary Rate				27.3% (Jan14 - Dec 14)	Annual						37.1% (Data published Dec14 relating to Apr12 to Mar13)	Data not available until early 2017	36.28		37.95	
10.4	Frequency of re-offending by young offenders	Low	Frequency Rate				0.65 (Jan14-Dec14)	Annual						1.04 (Data published Dec14 relating to Apr12 to Mar13)					
11.1	Number of staff — Contract Count	Info	Number	330	327	325	327		↓										
	Number of staff — FTE	Info	Number	239.6	237.7	236.2	237.7	Monthly	↓										
11.2	Number of starters	Info	Number	0	1	1	7		→										
11.3	Number of leavers	Info	Number	1	4	1	33		↓										
11.4	Staff Vacancies	Info	Number	39	53	31	31		↓										
11.5	Percentage of PDR's completed	High	%	100%	100%	100%	100%	Annual	→	G			98%		98%				
11.6	Number of Formal Capability processes in progress	Info	Number	0	1	0	1	Monthly	↓										
11.7	Sickness — Annual FTE sick days	Low	Cumulative Number	11.21	10.78	10.73	10.73	Annual	↑	A			10.2		10.46				
12.1	No of Exit Surveys returned	Info	Number	31	17	10	181	Monthly	↓										
12.2	Number of formal complaints received during the reporting month	Info	Number	0	0	1	4	Monthly	↑										
12.3	Number of formal complaints upheld in the reporting month	Info	Number	0	0	0	1	Monthly	→										
12.4	Number of formal complaints closed during the month which were dealt with in timescales	High	Number	0	0	0	2	Monthly	→					100%					
12.5	Number of compliments received during the reporting month	Info	Number	0	1	0	8	Monthly	↓										
13.1	Number of Team Manager Audits completed in the reporting month	Info	Number	15	14	14	122	Monthly	→										

Row categories (left margin):
- FAMILIES FOR CHANGE (8.1–8.3)
- NEETS (9.1–9.6)
- YOT (10.1–10.4)
- ESTABLISHMENT INFORMATION (11.1–11.7)
- CUSTOMER FEEDBACK (12.1–12.5)
- QUALITY ASSURANCE (13.1)

CONTACTS

DEFINITION	Early Help Contacts	Owner	Susan Claydon

Performance Analysis

In January there were 403 contacts made to Early Help via the First Response, integrated front door and step down panel. This is an increase of 136 cases (51%) from the previous month in December 2016. The increase is due to; new arrangements that were embedded with the integrated front door at the beginning of January 2017 and an increase in Request For Support contacts. In the reporting period, 48% of cases were submitted as a Request for Support, 31% were transferred from MASH and 14% were as a result of Step Down from Children's Social Care. A further 7% of contacts were a Request for Co-working from Children's Social Care.

Note 1:
All Contacts/Recommendations for January have been taken from the new case management system, Liquid Logic EHM. This month we are able to report fully in the same manner as previous scorecards.

January 2017 — EARLY HELP CONTACTS WITH RECOMMENDATIONS BY AREA 1.1

	ROTHERHAM														NORTH														SOUTH														CENTRAL													
	Early Help Assessment	EH Co working Agreement	Escalation to Children's Social Care	Open EH Assessment Notification	EH Assessment Recommendation to Partner	referral to External Partner/Agency	Recommendation for Barnardo's Reach out Service	Step Down	Step Down to YOT	Step Down to Early Help Partners	Universal	Universal with Action	Still undergoing screening	ROTHERHAM TOTAL	Early Help Assessment	EH Co working Agreement	Escalation to Children's Social Care	Open EH Assessment Notification	EH Assessment Recommendation to Partner	referral to External Partner/Agency	Recommendation for Barnardo's Reach out Service	Step Down	Step Down to YOT	Step Down to Early Help Partners	Universal	Universal with Action	Still undergoing screening	NORTH TOTAL	Early Help Assessment	EH Co working Agreement	Escalation to Children's Social Care	Open EH Assessment Notification	EH Assessment Recommendation to Partner	referral to External Partner/Agency	Recommendation for Barnardo's Reach out Service	Step Down	Step Down to YOT	Step Down to Early Help Partners	Universal	Universal with Action	Still undergoing screening	SOUTH TOTAL	Early Help Assessment	EH Co working Agreement	Escalation to Children's Social Care	Open EH Assessment Notification	EH Assessment Recommendation to Partner	referral to External Partner/Agency	Recommendation for Barnardo's Reach out Service	Step Down	Step Down to YOT	Step Down to Early Help Partners	Universal	Universal with Action	Still undergoing screening	CENTRAL TOTAL
MASH transfer to EH Triage	38		2	29	1	2	2				17	35	0	126	6			5		1	1				7	5		25	19		2	9			1				2	20		53	13			15	1		1				8	10		48
Request for Co Working	0	30											0	30		11												11		4												4		15												15
Request For Support	61	1		6	17		1				22	66	18	192	15			1	5						7	23	7	58	27	1		2	5		1				5	19	9	69	19			3	7						10	24	2	65
Step Down Request	55												0	55	11													11	20													20	24													24
Grand Total	154	31	2	35	18	2	3	0	0	0	39	101	18	403	32	11	0	6	5	1	1	0	0	0	14	28	7	105	66	5	2	11	5	1	1	0	0	0	7	39	9	146	56	15	0	18	8	0	1	0	0	0	18	34	2	152

4

TRIAGE

DEFINITION	Timeliness of Triage	Owner	Susan Claydon

Performance Analysis

94.5% of cases met the timeliness measures in the reporting period which is positive during a transitional period (Phase Two Mash implementation) and a slight increase from December 2016 performance.

Jan-17	1.1		
	ROTHERHAM		
	ROTHERHAM TOTAL	**Contacts Triaged in 5 working days**	
		%	**Number**
Number of Contacts Triaged	330	94.5%	312

Note 2:
For January Triage Timeliness data has been taken from the Liquid Logic EHM system. We are now reporting in the same manner as previous scorecards.
Please note the timeliness measure is based on the time between the contact date and the Triage decision date for all contacts other than Step Down from LCS.

INITIAL CONTACTS

DEFINITION	Timeliness of initial contacts	Owner	Susan Claydon

<table>
<tr><td rowspan="1">Performance Analysis</td><td>Of the Early Help cases that required contact within January, 70% were successfully engaged in the month. 31% were engaged within 3 working days and a further 39% were engaged after 3 working days. The remainder of cases are still subject to workers contacting the families and they will persist to enable engagement. There are several reasons why engagement can take longer than anticipated and this includes the fact that the family may need extra time to build trust in the worker before accepting support. The service is committed to applying a persistent approach and exhausting a range of strategies to facilitate engagement.</td></tr>
</table>

Jan-17	2.1.and 2.2							
	ROTHERHAM		**NORTH**		**SOUTH**		**CENTRAL**	
	Number	%	Number	%	Number	%	Number	%
Number of cases falling into scope in month	90		22		37		31	
ICs completed in time (meeting 3 days)	28	**31.1%**	8	**36.4%**	10	**37.0%**	10	**32.3%**
ICs completed in month outside 3 days timeliness	35	**38.9%**	5	**27.7%**	13	**35.1%**	17	**54.8%**

Past Performance 2016/17	Rotherham	North	South	Central
April	18.4%	16.4%	16.7%	21.2%
May	31.1%	45.2%	25.3%	28.8%
June	39.0%	45.0%	45.8%	27.7%
July	50.0%	56.3%	51.3%	43.6%
August	53.9%	30.8%	53.6%	62.9%
September	65.8%	64.3%	69.2%	61.5%
October	68.0%	79.2%	78.9%	48.6%
November (New recording started)	25.3%	35.7%	22.6%	18.8%
December	23.7%	36.8%	7.0%	29.70%

Note 3:
For January Initial Contact timeliness has been calculated using information from EHM. The measure is taken on any contacts with a recommendation of Early Help Assessment and is based on:
• EHM – number of days between Triage decision date and Initial Contact recorded

*NB; 'In scope' is defined as initial contact being made in 3 working days

6

EARLY HELP ASSESSMENT

DEFINITION	Early Help Assessments	Owner	Susan Claydon

Performance Analysis	Of the 121 Early Help Assessments required in January, 18.2% were completed within the target timeframe of 35 days. The reasons for delay in assessments recorded can be as a result of various issues such as; A significant increase in contacts (51%) since the previous month, engagement being delayed because the worker was unable to secure consent for support and the impact of introducing a new case management system is impeding accurate reporting of work undertaken. This is being robustly managed at a local level. We have also introduced a weekly performance meeting with frontline staff and managers. Work is being undertaken to increase the uptake of partner generation of Early Help Assessments so that the responsibility is shared across the wider children's workforce.

Jan-17	3.1 and 3.2							
	ROTHERHAM		NORTH		SOUTH		CENTRAL	
	Number	%	Number	%	Number	%	Number	%
Number of cases falling into scope in month	121		40		50		31	
Early Help Assessments completed in time	22	**18.2%**	8	**20.0%**	4	**8.0%**	10	**32.3%**
Early Help Assessments completed in month outside timeliness	26	**21.5%**	7	**17.5%**	9	**18.0%**	10	**32.3%**

Past Performance 2016/17	Rotherham	North	South	Central
April	67.9%	46.4%	74.1%	75.9%
May	77.1%	72.2%	84.2%	75.8%
June	78.4%	61.5%	86.4%	81.3%
July	56.0%	59.1%	57.7%	53.8%
August	61.0%	71.9%	63.6%	48.6%
September	32.1%	37.5%	26.1%	35.3%
October	22.0%	28.6%	7.7%	26.1%
November (New Recording started)	26.0%	35.3%	10.7%	34.4%
December	30.2%	51.6%	14.9%	31.6%

Note 4:
For January Early Help Assessment timeliness has been calculated using information from EHM. The measure is taken on any contacts with an outcome of Early Help Assessment or Step Down and is based on:
EHM records - number of days between Triage Decision date and EHA completion date (practitioner).
NB Timeliness is defined as initial contact being made in 38 days from Triage Decision date

7

EARLY HELP ASSESSMENT - COMPLETED BY PARTNERS

DEFINITION	Early Help Assessments - Completed by Partners	Owner	Susan Claydon

Performance Analysis

The undertaking of Early Help Assessments by partners is low in Rotherham. Whilst we are seeing a month on month increase with schools increasingly undertaking Early Help Assessments, uptake remains consistently low, particularly from partners including; health visiting and school nursing who form a significant proportion of the children's workforce. This is being challenged through the 0-19 mobilisation meetings and the Early Help Steering Group, which reports to the Children and Families Strategic Partnership.

Jan-17	3.3												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total to Date
Nursery Provision		1											1
Primary School		1	1	2		1	2	1	1	5			14
Secondary School		1		8			1		2				12
PRU				1									1
Rotherham Drug and Alcohol/RDaSH					1								1
Health						2							
Work Based Learning Provider		1											1
YWCA	3	1	2	1	8	5	2	3	3	2			30
Other LA			1										1
Total	3	5	3	12	9	8	5	4	6	7			62
% against all completed EHA's	2.3%	5.6%	3.8%	9.7%	7.8%	9.9%	7.8%	4.0%	6.5%	8.3%			6.5%

8

DEFINITION	Open and Closed Early Help Cases - A case is defined as any case that came through EH Triage and were allocated to localities	Owner	Susan Claydon

Performance Analysis	There are 1285 open cases across the Rotherham Early Help Locality Teams. Cases are counted by 'family' and so this represents a significant number of children and families receiving support. The volume of cases is being monitored as there is an increase in open cases when compared to last month. There were less cases closed this month compared to last month and this has contributed to an increased open case rate. Cases need to remain open until sustainable change is effected across the whole family and again this highlights the importance of shared responsibility across the system for uptake of the Early Help Assessment to reduce the risk of needs escalating and requiring high level, statutory intervention or referral.

Jan-17 Open Cases	4.1												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total (As at current month end)
North					333	323	261	269	263	281			281
South					470	468	425	454	444	482			482
Central					620	550	502	469	468	522			522
Total number of Open cases					1423	1341	1188	1192	1175	1285			1285

Jan - 17 Closed Cases	4.2												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total to Date
North					58	39	84	89	58	53			381
South					39	44	98	77	64	63			385
Central					53	81	104	117	71	53			479
Number of Cases Closed during the reporting month					150	164	286	283	193	169			1245

9

STEP DOWN PANEL

DEFINITION	The outcome of the step down panel - **Monthly** To Date 31st January 2016	Owner	Karla Capstick

Monthly Performance Analysis

The step down panel continues to meet weekly. It is jointly chaired by senior managers in Early Help and Social Care and has dedicated business support. Early Help Managers also attend on a weekly rotation to support their professional development and understanding around thresholds, decision making and rationale as required. Three Safeguarding Managers now attend panel. Senior Health colleagues began attending panel in September 16. Heads of Service and Service Directors have met to discuss how the process can become more embedded in the locality and this work will be progressed by a task and finish group who will commence work on this in March 2017. Briefings have been held with social workers in Duty and Assessment and EVOLVE, to refresh their understanding of the process and strengthen their understanding of the Early Help offer. The forms have been redesigned to embed the process into the new ICT system, this will streamline the process and reduce duplication. There have been some issues with the implementation of Liquid Logic; however the programme team and project board are aware of this, it is RAG rated on the action plan/issue log, as Business Critical - RED. An interim solution has been found and guidance has been issued to all Managers around the step down process.

January has seen an increase in the number of cases presented to panel. This increase has led to the highest number of step downs recorded to date (a current average of 19 cases per week). This is a significant increase and further work will be completed to understand this increase in volume. There was an increase in the number of cases 'rejected' and this is also being explored and briefings and advice re issued to all staff. The Duty and Assessment Teams continue to step down the largest number of cases on a monthly basis, (56% of the cumulative total). The locality social work teams are now increasingly stepping down more resulting in 43% cumulative to date of the total number of families. The main presenting issue at panel continues to be parenting.

Outcomes - Number of Families - Monthly Data

5.1	Number of Families submitted to panel	% Allocated to Early Help and Partners	Number Allocated to Early Help	Recommendation to Partners	Step Down Rejected
Apr-16	45	78%	29	6	10
May-16	51	90%	44	2	5
Jun-16	47	68%	29	3	15
Jul-16	34	74%	21	4	9
Aug-16	46	87%	37	3	6
Sep-16	24	58%	14	0	10
Oct-16	33	91%	27	3	3
Nov-16	60	73%	40	4	16
Dec-16	26	88%	19	4	3
Jan-17	76	80%	50	11	15
Total to Date	442	79%	310	40	92
			70.1%	9.0%	20.8%

Outcomes - Number of Children - Monthly Data

	Number of Children submitted to Panel	% Allocated to Early Help and Partners	Number Allocated to Early Help	Recommendation to Partners	Step Down Rejected
Apr-16	100	75%	66	9	25
May-16	111	91%	98	3	10
Jun-16	100	62%	55	7	38
Jul-16	71	80%	51	6	14
Aug-16	122	85%	99	5	18
Sep-16	53	55%	29	0	24
Oct-16	77	94%	64	8	5
Nov-16	157	75%	108	9	40
Dec-16	49	90%	37	7	5
Jan-17	167	76%	109	18	40
Total to Date	1007	78%	716	72	219
			71.1%	7.1%	21.7%

Number of Families Submitted to Panel and the % of those allocated to EH and Partners

Number of Children Submitted to Panel and the % of those allocated to EH and Partners

10
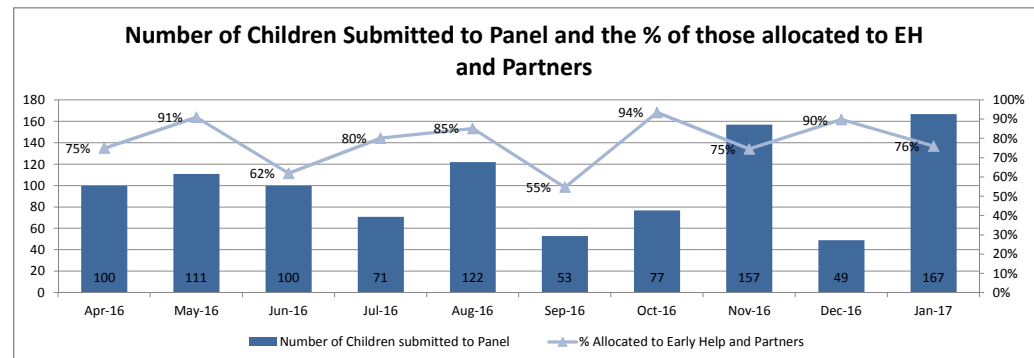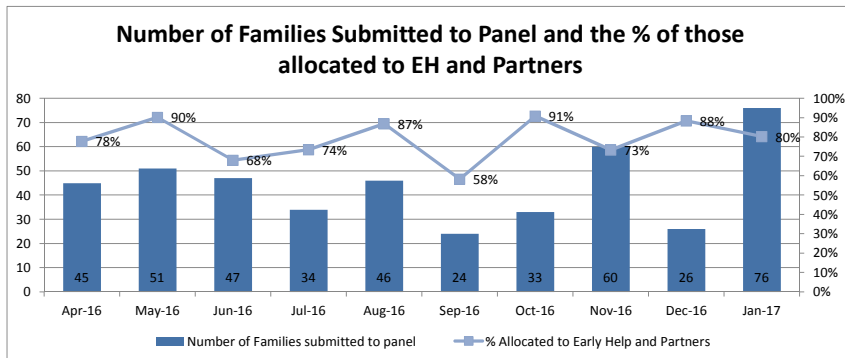
CHILDREN'S CENTRES

DEFINITION	Children's Centres (only available Quarterly)	Owner	Karla Capstick

Performance Analysis

In Quarter 3 registration rates overall were just below the target of 95% with 2 areas now at target; only Central area remains below target overall. This is partly historic due to previous staffing issues and poorer performance at Broom Valley during the period with no Children Centre Lead in post. However, staff in Central and particularly Broom Valley have been focussing on targeted work. This is evidenced in the 30% LSOA registration rates which have met the 95% target overall with South and North areas performing above target, and Central area improving from 89% last quarter to 92% this quarter, demonstrating that those families living in the areas with the highest needs are the focus which is positive. NB: 95% Ofsted's 'Good' rating criteria.

The engagement figures are cumulative with an end of year target of 66%. Continued positive progress has been made across the Borough, however in order to meet the Quarter 4 target of 66% further focussed work needs to commence in the final quarter and this will be discussed with Heads of Centres. All Centres are again focussing on the 30% LSOA's and if the pace and rigour continues the target for those most in need will be met by Quarter 4. The South figures are lower mainly due to the very large reach areas covered in the south with nearly twice as many children residing in the rural areas compared to the Town Centre, with lower resources available. Resources across the Children's Centres will be addressed as part of the wider review of Early Help; however as required interim arrangements will be explored at a centre level through management discussions. Some staff are now working additional hours to mitigate effects of the vacancy freeze and delays to appointments as a result of the Workforce Management Board.

There continue to be issues with the data received from health due to a maternity leave in the data team at The Rotherham Hospital Foundation Trust (TRFT); work round solutions have been implemented and the Head of Service has discussed concerns with health and public health commissioners. This has now been escalated to Assistant Director level with a request to meet wi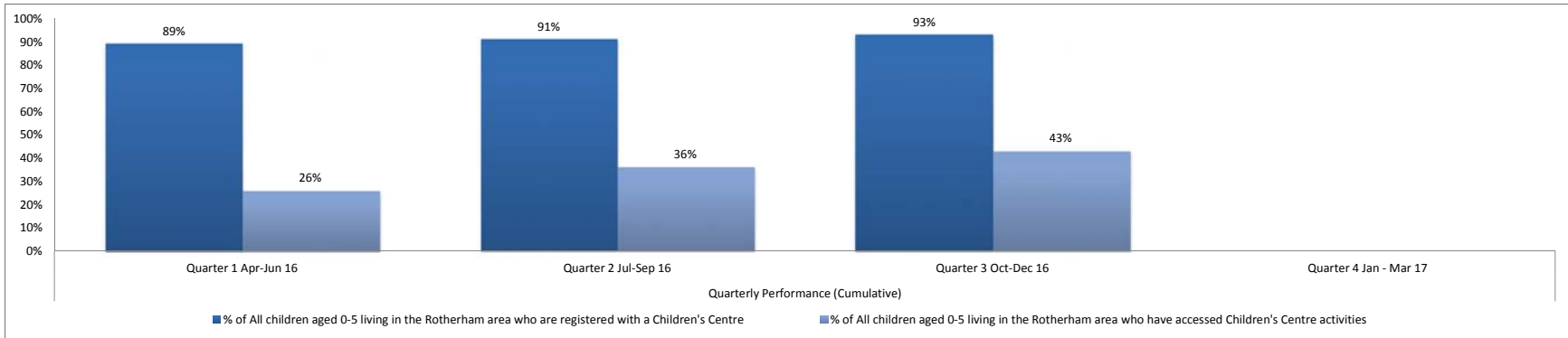th TRFT leads to discuss urgently. This will also be raised as an urgent issue as part of the 0-19 mobilisation meetings/Service Specification with public health and TRFT.
This data, although dated as Quarter 3, has just become available mid-January (as it is retrospective reporting) further deep dive analysis will now take place in January and February by the Head of Service and Centre leads to ensure resources are used to target effectively and improve performance where required most in Quarter 4. Data is collated quarterly and an update will be available in April 2017.

Quarterly Performance (Cumulative)

Scorecard Measure	6.1 % of All children aged 0-5 living in the Rotherham area who are registered with a Children's Centre				6.2 % of All children aged 0-5 living in the Rotherham area who have accessed Children's Centre activities			
	Rotherham Overall	North	South	Central	Rotherham Overall	North	South	Central
Quarter 1 Apr-Jun 16	89%	100%	85%	87%	26%	35%	19%	29%
Quarter 2 Jul-Sep 16	91%	100%	100%	87%	36%	44%	29%	38%
Quarter 3 Oct-Dec 16	93%	98%	95%	87%	43%	50%	36%	47%
Quarter 4 Jan - Mar 17								

	% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who are registered with a Children's Centre				% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who have engaged with Children's Centre activities			
	Rotherham Overall	North	South	Central	Rotherham Overall	North	South	Central
Quarter 1 Apr-Jun 16	93%	100%	100%	89%	32%	36%	25%	32%
Quarter 2 Jul-Sep 16	95%	100%	98%	89%	44%	48%	37%	44%
Quarter 3 Oct-Dec 16	98%	100%	100%	92%	52%	55%	46%	53%
Quarter 4 Jan - Mar 17								

Chart: Quarterly Performance (Cumulative)
- % of All children aged 0-5 living in the Rotherham area who are registered with a Children's Centre: Quarter 1 Apr-Jun 16 = 89%, Quarter 2 Jul-Sep 16 = 91%, Quarter 3 Oct-Dec 16 = 93%
- % of All children aged 0-5 living in the Rotherham area who have accessed Children's Centre activities: Quarter 1 Apr-Jun 16 = 26%, Quarter 2 Jul-Sep 16 = 36%, Quarter 3 Oct-Dec 16 = 43%

EDUCATION WELFARE

DEFINITION	Persistent Absence	Owner	David McWilliams

Performance Analysis

Following a DfE consultation, a revised persistent absence measure was introduced where a pupil enrolment is classified as a persistent absentee (PA) if they miss 10% or more of their own possible sessions. The change in the way persistent absence is measured has been backdated and is effective from September 2015. Performance has therefore been recalculated based upon the new definition.

The LA Primary School Persistent Absence (PA) for Half Term 1-2 is 11.3%
89 (out of 95) Primary Schools submitted their PA Data, of those:
24 Primary Schools had less PA than the National Average (8.4%)

The average percentage PA in the North Locality area is 12.4%. Of the 27 primary schools in the North area, 4 schools had less PA than the National Average.
The average percentage PA in the Central Locality area is 12.2%. Of the 23 primary schools in the Central area, 5 schools had less PA than the National Average.
The average percentage PA in the South Locality area is 10.0%. Of the 45 primary schools in the South area, 15 schools had less PA than the National Average.

The 24 schools who have less PA than the National Average are:
North Locality Area – Rawmarsh Ashwood, Sandhill Academy, Thrybergh St. Gerard's and Wentworth Primary.
Central Locality Area – Blackburn Primary, Coleridge Primary, Redscope Primary, Sitwell Infant and Thorpe Hesley Primary.
South Locality Area – Anston Brook Primary, Anston Greenlands Primary, Anston Park Infant, Aston Fence J&I, Aston Hall, Bramley Sunnyside Junior, Brinsworth Howarth, St. Albans CE, Todwick Primary, Wales Primary, Wickersley Northfield Primary, Flanderwell Primary, Harthill Primary, Kiveton Park Infant and Laughton All Saints J&I

Unfortunately, due to staffing or capacity issues the following schools did not share their Half Term 1-2 PA data with the Local Authority:
Bramley Grange, Dinnington Primary, Ravenfield Primary, Brookfield Academy, Swinton Queens and Thurcroft Academy.

The LA Secondary School Persistent Absence (PA) for Half Term 1-2 is 16.1%
14 (out of 16) Secondary Schools submitted their PA Data, of those:
4 Secondary Schools had less PA than the National Average (13.8%)

The average percentage PA in the North Locality area is 17.0%. Of the 5 secondary schools in the North area, 1 school had less PA than the National Average.
The average percentage PA in the Central Locality area is 20.3%. Of the 5 secondary schools in the Central area, 0 schools had less PA than the National Average.
The average percentage PA in the South Locality area is 12.7%. Of the 6 secondary schools in the South area, 3 schools had less PA than the National Average.

The 4 schools who have less PA than the National Average are:
North Locality Area – Rawmarsh Community School
South Locality Area – Brinsworth Academy, Wales High and Wickersley School and Sports College

The following schools were not able to share their Half Term 1-2 PA data with the Local Authority; nor did they provide a reason for non-submission:

Performance (Termly and end of year)

Scorecard Measure	7.1 % of Persistently Absent (PA) Children and Young People	
	Primary	Secondary
Full Year 15/16	10.70%	15.30%
Half Term 1	12.00%	14.60%
Terms 1-2	11.30%	16.10%
Half Term 1- 3		
Terms 1-4		
Terms 1-5		
Full year 16/17		

% of Persistently Absent (PA) Children and Young People
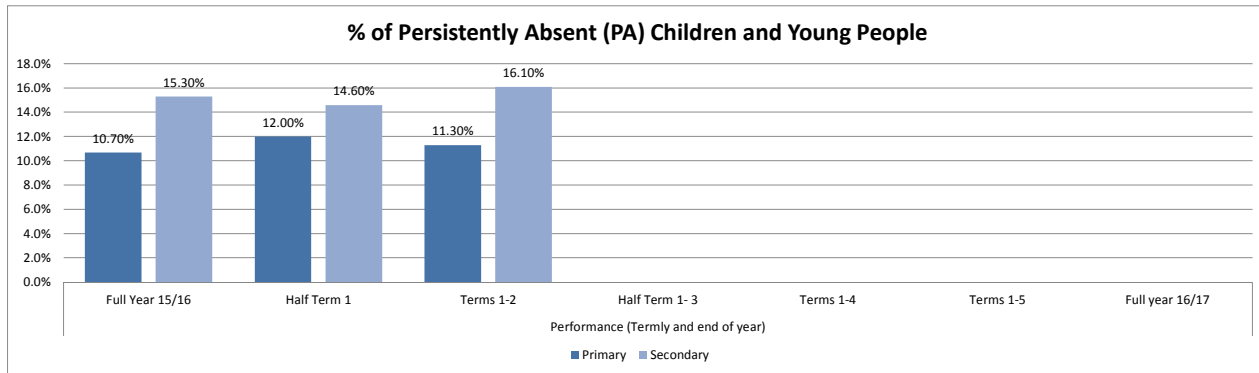
EDUCATION WELFARE

DEFINITION	Attendance (reported one month in arrears)	Owner	David McWilliams

Performance Analysis

Primary Whole School Attendance for December 2016 is 95.3%
92 (out of 95) primary schools submitted their attendance data to the Local Authority, of those:
29 primary schools were in line or exceeded the published national average percentage attendance (96%)
46 primary schools were in line or exceeded the published local average percentage attendance (95.4%)

The average percentage attendance in the North Area is 95.0%. Of the 27 primary schools in the North area, 6 schools were in line or exceeded the national average.
The average percentage attendance in the South Area is 95.6%. Of the 45 primary schools in the South area, 16 schools were in line or exceeded the national average.
The average percentage attendance in the Central Area is 95.1 %. Of the 23 primary schools in the Central area, 7 schools were in line or exceeded the national average.

The primary schools who did not share their December attendance data with the LA are: Bramley Grange Primary, Listerdale Primary and Dinnington Community School.

The Average Primary Whole School Attendance to date for the period September - December 2016 is 95.8%.
43 schools were in line or exceeded the published national average percentage attendance (96%)
67 schools were line or exceeded the published national average percentage attendance (95.4%)

The 43 Schools who are in line or exceeded the published national average are:

North Area Locality; Brampton Ellis Primary, Our Lady & St. Joseph's, Rawmarsh Ashwood, Rawmarsh Rosehill, Sandhill Academy, Swinton Fitzwilliam, Trinity Croft, Wath CE and Wentworth J&I;**Central Area Locality**: Blackburn Primary, Meadow view Primary, Redscope Primary, Sitwell Infant, Sitwell Junior, Thorpe Hesley Primary and St. Mary's Herringthorpe J&I;**South Area Locality**: Anston Brook, Anston Greenlands, Anston Hillcrest, Anston Park Infant, Anston Park Junior, Aston CE, Aston Fence, Aston Hall, Springwood Academy, Bramley Sunnyside Infant, Bramley Sunnyside Junior, Brinsworth Howarth, Brinsworth Manor Junior, Brinsworth Whitehill, Flanderwell Primary, Harthill Primary, Kiveton Park Infant, Kiveton Park Meadow Junior, Laughton J&I, Ravenfield Academy, St. Albans, Swallownest Primary, Thurcroft Junior, Todwick Primary, Wales Primary, Whiston J&I and Wickersley Northfield Primary.

Secondary Whole School Attendance for December 2016 is 93.6%
15 (out of 16) secondary schools submitted their attendance data to the Local Authority, of those:
3 secondary schools were in line or exceeded the published national average percentage attendance (94.7%)
4 secondary schools were in line or exceeded the published local average percentage attendance (94.0%)

The average percentage attendance in the North area is 92.8%. Of the 5 secondary schools in the North area, 1 school was in line or exceeded the national average.
The average percentage attendance in the South area is 94.7%. Of the 6 secondary schools in the South area, 2 schools were in line or exceeded the national average.
The average percentage attendance in the Central area is 92.8%. Of the 5 secondary schools in the Central area, 0 schools were in line or exceeded the national average.

Dinnington High School did not share their December attendance data with the LA.

The Average Secondary Whole School Attendance to date for the period September - December 2016 is 94.6%.
7 schools were in line or exceeded the published national average percentage attendance (94.7%)
11 schools were line or exceeded the published national average percentage attendance (94.0%)

The 7 Schools who are in line or exceeded the published national average are:

North Area Locality: Rawmarsh Community School and St. Pius; **Central Area Locality:** St. Bernards; **South Area Locality:** Aston Academy, Brinsworth Academy, Wales High and Wickersley School And Sports College

Monthly Performance

Scorecard Measure	7.2 % of Children attending school	
	Primary	Secondary
Sep-16	95.9	94.8
Oct-16	95.8	94.6
Nov-16	95.9	94.8
Dec-16	95.3	93.6
Jan-17		
Feb-17		
Mar-17		
Apr-17		
May-17		
Jun-17		
Jul-17		
Aug-17		

% of Children attending school

13
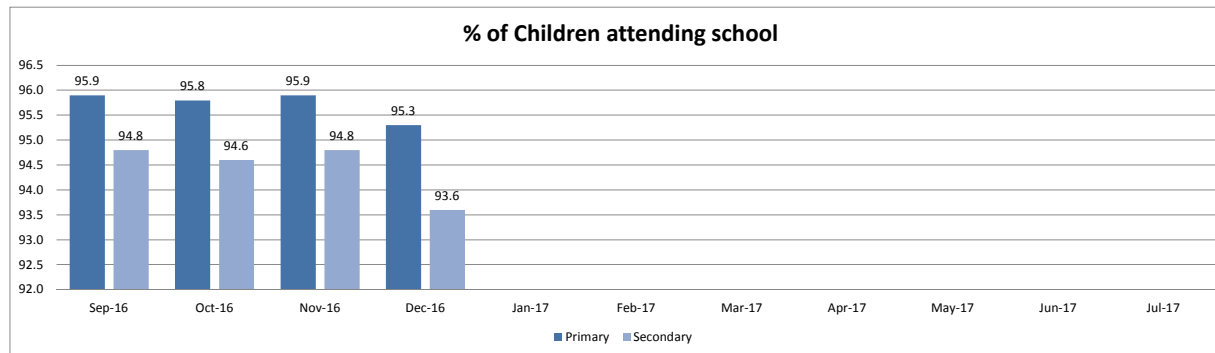
FAMILIES FOR CHANGE

DEFINITION	Families For Change	Owner	Jenny Lingrell

Performance Analysis

In 2016/17 Rotherham has committed to identifying and engaging 882 families in the Troubled Families Programme (known locally as Families for Change). In January 77 new families were attached to the programme. The rate of identification continues to pick up pace following the introduction of Liquid Logic in October 2016. It is expected that this increased pace will continue and we will meet our target engagement figure for this financial year. In addition to addressing the way that information is processed, Early Help Team Managers have all been briefed and supported to identify families when they are allocated in locality.   This month's performance figure is also affected by the competing priorities of completing the National Impact Survey return to the Department of Communities and Local Government, and preparing for the final Payment by Results claim. Once these deadlines are met we are confident that our focus on identifying families who have engaged with the service will ensure that we meet the targets set by the Troubled Families Unit.

The target number of families for whom Rotherham claims a payment by results outcome is currently set in the range of 280-350. It is unclear whether funding for unclaimed outcomes will be available to draw down in future years. The total figure for this financial year is now 55, or 20% of the total. There is an opportunity to submit more claims before the deadline of 24th March 2017. We will seek to increase Rotherham's Payment by Results performance to bring Rotherham at least in line with neighbouring authorities (Doncaster - 25%, Sheffield 50%). The national average will be published in April 2017 but is expected to be approximately 50% of the total.

Scorecard Measure	8.1				8.1			
	Number of families engaged in Rotherham against a monthly target of 74	Number of families engaged in **North**	Number of families engaged in **South**	Number of families engaged in **Central**	Number of families engaged as percentage of annual target of 882 in Rotherham (Year 2)	Number of families engaged as percentage of annual target in **North**	Number of families engaged as percentage of annual target in **South**	Number of families engaged as percentage of annual target in **Central**
Apr-16	62	12	24	26	7%	1%	3%	3%
May-16	86	19	29	38	16%	3%	6%	7%
Jun-16	71	22	21	28	24%	6%	8%	10%
Jul-16	73	28	15	30	33%	9%	10%	14%
Aug-16	59	15	21	23	40%	11%	12%	16%
Sep-16	52	17	19	16	46%	13%	15%	18%
Oct-16	75	18	30	27	54%	15%	18%	21%
Nov-16	50	10	16	24	60%	16%	20%	24%
Dec-16	75	25	24	26	68%	19%	22%	27%
Jan-17	77	19	27	31	77%	21%	26%	30%
Feb-17								
Mar-17								
Year to Date	680	185	226	269				

Yearly Cumulative Performance	8.2 Number of FFC PbR outcomes claimed (evidence of employment outcome)	8.3 Number of FFC PbR outcomes claimed (evidence of significant & sustained progress)
Year 1 to date	5	0
Year 2 to date	27	28
Year 3 to date		
Year 4 to date		
Year 5 to date		

Number of families engaged with FFC in Rotherham
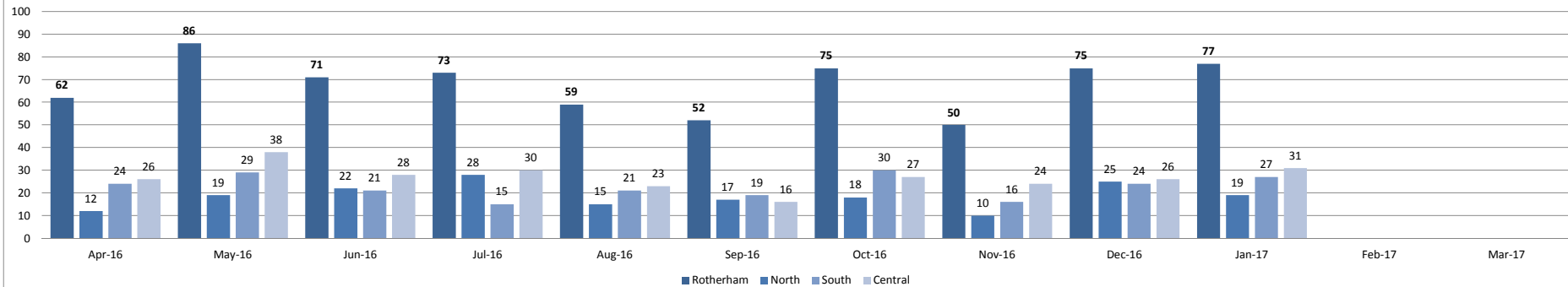
NEETS AND NOT KNOWNS

DEFINITION	NEETS and NOT KNOWNS	Owner	Collette Bailey

Performance Analysis

The position at the end of January shows a NEET figure of 3.2% (against a local target of 3.2%) and a Not Known figure of 2.8% (against a local target of 2.9%). This is the final month of our annual measure (taken across Nov, Dec and Jan) and we have now successfully achieved our annual targets of 3.1% NEET and 2.8% Not Known. Data sharing exercises and follow up will continue, as will work to re engage the NEET cohort, both centrally and across all localities to ensure we remain on track. Latest comparison data available for December return shows that Rotherham remain in a stronger position than statistical neighbours, both nationally and regionally with regard to Not Knowns. In respect of NEET figures Rotherham are enjoying better results than statistical neighbours whilst being in line with both regional and national returns.

Draft participation figures for December 2016 issued by NCCIS shows that Rotherham has a higher participation rate for 16/17 year olds meeting the duty to participate as at 31st December 2016 than; National, Regional and Statistical Neighbours.

Rotherham 92.7%
National 91.3%
Statistical Neighbours 90.5%
Region 92.1%
*Final verified figures will be published March 2017.

Old indicator

	9.1	9.2
	Young people aged 16-18 (academic age) whose current activity is not known	Young people aged 16-18 (academic age) who are NEET
Apr-16	5.4%	5.3%
May-16	5.2%	5.5%
Jun-16	4.5%	5.6%
Jul-16	5.4%	5.8%
Aug-16	35.7%	8.6%

Scorecard Measure	9.1	9.2
	Young people aged 16-17 (academic age) whose current activity is not known	Young people aged 16-17 (academic age) who are NEET
Sep-16	14.8%	2.4%
Oct-16	5.5%	2.8%
Nov-16	3.0%	3.0%
Dec-16	2.6%	3.0%
Jan-17	2.8%	3.2%
Feb-17		
Mar-17		

Monthly Performance

	North		South		Central	
	% of Young people aged 16-18 (academic age) whose current activity is not known	% of Young people aged 16-18 (academic age) who are NEET	% of Young people aged 16-18 (academic age) whose current activity is not known	% of Young people aged 16-18 (academic age) who are NEET	% of Young people aged 16-18 (academic age) whose current activity is not known	% of Young people aged 16-18 (academic age) who are NEET
Apr-16	5.7%	5.5%	3.4%	4.1%	7.9%	6.9%
May-16	5.6%	5.6%	3.3%	4.3%	7.6%	7.1%
Jun-16	5.7%	4.8%	4.5%	2.4%	7.1%	7.1%
Jul-16	5.8%	6.1%	2.7%	4.5%	8.2%	7.5%
Aug-16	37.5%	9.0%	31.8%	6.5%	39.7%	11.5%
	Young people aged 16 - 17 (academic age) whose current activity is not known	Young people aged 16 - 17 (academic age) who are NEET	Young people aged 16 - 17 (academic age) whose current activity is not known	Young people aged 16 - 17 (academic age) who are NEET	Young people aged 16 - 17 (academic age) whose current activity is not known	Young people aged 16 - 17 (academic age) who are NEET
Sep-16	14.0%	3.2%	13.7%	2.0%	17.0%	2.9%
Oct-16	5.6%	3.1%	3.6%	2.0%	7.4%	3.1%
Nov-16	1.9%	2.9%	1.7%	2.8%	5.4%	3.3%
Dec-16	2.0%	2.9%	1.7%	2.9%	4.2%	3.3%
Jan-17	2.4%	3.1%	1.7%	3.1%	4.4%	3.3%
Feb-17						
Mar-17						

15

YOUTH ACTIVITY AND LEARNING

DEFINITION	In Learning and Youth Activity	Owner	Collette Bailey

Performance Analysis

Rotherham performs well in terms of participation. Most recent data for comparators (December) evidences that Rotherham participation was better than statistical neighbours (90.7%), region (92.2%), and national (91.3%). Centre based Youth session activity increasingly has become more focussed on targeted group work . We are unable to give any comparison for Corporate LAC/Care Leaver data as this is not a published data set. However, most recent data (published Dec 16) at national level relating to resident Care Leavers in EET evidences that Rotherham's performance at 87.5% is above statistical neighbours (55.1%), regional (75.8%) and national (68.4%) .

9.3

% of Academic Age 16,17,18 Corporate Responsibility LAC/CL EET

	ROTHERHAM
Apr-16	74.5%
May-16	76.2%
Jun-16	74.2%
Jul-16	76.7%
Aug-16	59.5%
Sep-16	71.6%
Oct-16	71.8%
Nov-16	70.9%
Dec-16	72.7%
Jan-17	70.1%
Feb-17	
Mar-17	

9.5 (old indicator)

% of Young people aged 16-18 (academic age) who are in Learning

	ROTHERHAM	NORTH	SOUTH	CENTRAL
Apr-16	86.3%	85.2%	90.2%	81.8%
May-16	86.3%	84.8%	90.5%	81.8%
Jun-16	86.6%	85.3%	90.6%	82.1%
Jul-16	85.6%	84.0%	90.2%	80.6%
Aug-16	55.3%	52.5%	61.3%	49.4%

9.5

Young people aged 16 - 17 (academic age) meeting the duty to participate

	ROTHERHAM	NORTH	SOUTH	CENTRAL
Sep-16	82.0%	82.3%	83.8%	79.4%
Oct-16	90.3%	89.5%	92.3%	87.8%
Nov-16	92.4%	93.1%	94.1%	89.7%
Dec-16	92.8%	93.2%	94.2%	90.8%
Jan-17	92.4%	92.6%	93.9%	90.2%
Feb-17				
Mar-17				

9.6

Number of Youth Activity sessions undertaken during the month

	ROTHERHAM		NORTH		SOUTH		CENTRAL	
	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based
Apr-16	134	35	54	10	35	20	45	5
May-16	128	32	49	8	36	20	43	4
Jun-16	131	15	46	2	35	13	40	0
Jul-16	93	37	37	0	27	23	29	14
Aug-16	68	26	32	0	18	16	18	10
Sep-16	56	22	14	1	18	10	24	11
Oct-16	109	56	24	10	38	32	47	14
Nov-16	116	43	23	9	50	12	50	12
Dec-16	71	17	14	2	31	4	26	11
Jan-17	79	34	21	19	29	11	39	4
Feb-17								
Mar-17								

Number of Unique Attendees at Youth Activities

	ROTHERHAM		NORTH		SOUTH		CENTRAL	
	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based	Centre Based	Non-Centre Based
Apr-16	496	205	69	75	277	111	150	19
May-16	416	225	55	82	234	141	128	2
Jun-16	375	96	80	16	181	80	114	0
Jul-16	337	169	77	0	170	146	91	23
Aug-16	135	75	23	0	78	70	34	5
Sep-16	166	136	55	0	49	114	62	22
Oct-16	543	106	181	73	209	198	153	75
Nov-16	618	289	166	106	298	59	298	59
Dec-16	459	65	145	34	205	24	109	7
Jan-17	366	144	30	91	213	41	123	12
Feb-17								
Mar-17								

YOUTH OFFENDING TEAM

DEFINITION	Youth Offending Team (YOT)	Owner	Collette Bailey

Performance Analysis

Latest available data;
Numbers of young people first time entrants (FTE) into the criminal justice system :
Figures based on latest released YJB data (Sep 2016) and covers period Jul 15 to Jun 16. Rotherham has shown a decrease of 7.9% from the same period last year, whilst national figures stand lower at 348 (decrease of 11.2% on same time last year). Comparison with the North East region gives a similar picture with the regional figure standing at 408 but with a decrease of 9.9%.   The actual decrease in numbers for Rotherham relates to 11 young people.

Use of Custody:
Figures based on latest released YJB data (Sep 2016) and covers period Oct 15 to Sep16. Yr on Yr data is shown as same period for previous year. Rotherham has shown a decrease of 0.04 % from the same period last year, now standing at 0.37. National figures stand marginally lower at 0.36 (decrease of 0.08% on same time last year). North East figures stand at 0.38 with a decrease of 0.07 for the same period.

Rate of re-offending by young offenders:
Figures based on latest released YJB data (Sep 2016) and covers period Jan14 to Dec 14. Rotherham has shown a decrease in this measure of 13.1%, now standing at 27.3%. National figures have also shown a decrease of 6.5% and stands at 30.7%, whilst North East figures have remained stable at 39.4%. Reoffending is increasing generally in YOT cohorts across the country and this is attributed by the YJB and MoJ to a decrease in numbers in cohorts with those remaining being a smaller but more complex and challenging group more likely to reoffend having a greater history of offending behaviour. The data contained here is related to the MoJ "proven rate of offending" in which reoffending is tracked for 12 months with additional 3 months added to allow for conviction. The YOT therefore uses a live tracker to determine re-offending and this is based on current arrests, whilst not as accurate, it is nevertheless a useful proxy for looking at re-offending trends. This predicts this increase followed by a subsequent decrease in later quarters. Interesting to note that the frequency of reoffending remains lower than regional and national indictors which indicate some impact on the cohort. Work in partnership with the police and a new assessment process are likely to have an impact on this cohort. For all YJB indicators actions in relation to future work are articulated in the Youth Justice Plan.

Frequency of re-offending by young offenders :
Figures based on latest released YJB data (Sep 2016) and covers period Jan 14 to Dec 14. Rotherham now stands at 0.65, which is a decrease in this measure of 38.1%, and still stands lower than both North East (1.35) and National figures (0.9). North East has actually shown an increase of 5.9%, whilst national figures have shown a decrease in their rate of 17.6%.

Performance Analysis

Scorecard Measure	10.1 Numbers of young people first time entrants (FTE) into the criminal justice system	10.2 Use of Custody (Rate)	10.3 Binary Rate of re-offending by young offenders	10.4 Frequency of re-offending by young offenders
Reporting Quarter 1	530	0.46	30%	0.81
	(period Apr15 - Mar16)	(period Jul 15 - Jun 16)	(Oct 13 - Sep 14)	(Oct 13-Sep 14)
Reporting Quarter 2	460	0.37	27%	0.65
	(Jul15 - Jun 16)	(Oct 15 -Sep 16)	(Jan14 - Dec 14)	(Jan14 - Dec 14)
Quarter 3				
Quarter 4				

First time entrants: Reporting Quarter 1 = 530, Reporting Quarter 2 = 460

Use of Custody: Reporting Quarter 1 = 0.46, Reporting Quarter 2 = 0.37

Rate of reoffending: Reporting Quarter 1 = 30%, Reporting Quarter 2 = 27%

Frequency of reoffending: Reporting Quarter 1 = 0.81, Reporting Quarter 2 = 0.65
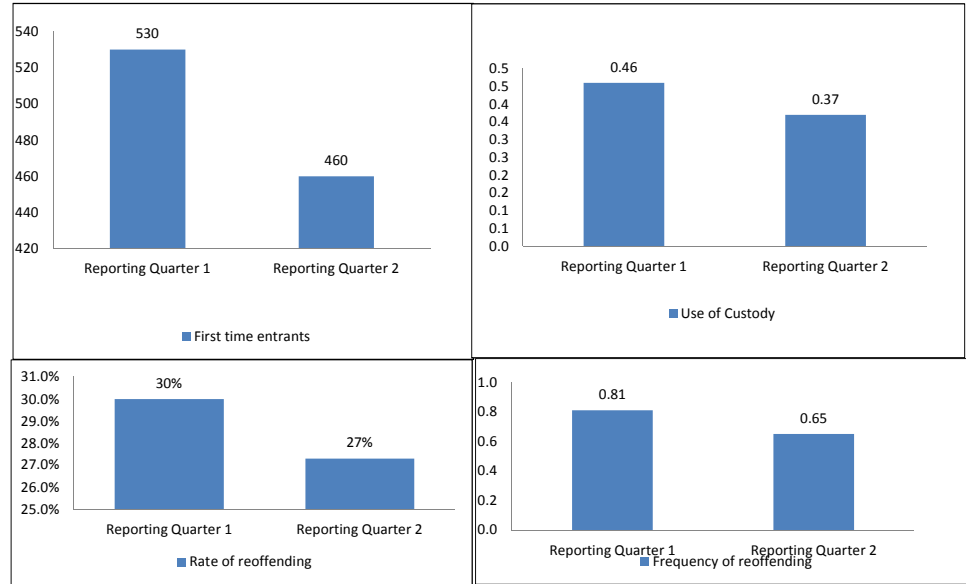
EARLY HELP - HUMAN RESOURCES (HR)

DEFINITION	Establishment Information	Owner	David McWilliams

Performance Analysis

The target for RMBC is 10.2 Annual FTE Sick days. The combined figure also includes Troubled Families and Education Welfare along with the North, South and Central teams.

Figures show that the Early Help service has in most cases improved the sickness rate as this is a variable monthly figure. Heads of Service and managers work closely with HR colleagues to provide support to staff whilst managing sickness across the service. In the reporting month the sickness rate has increased ever so slightly in North and South. South is still below the RMBC target of 10.20. Central although 1.3 over the RMBC target have seen a reduction since Octobers reporting.

Overall the sickness levels are decreasing month on month as shown in the graph below.

Please note, the sickness value is subject to change and is shown as a projected annual value based on year to date performance in line with the old best value definition.

Scorecard Measure	11.7			
	Sickness - Annual FTE sick days			
	North	South	Central	Combined Early Help Teams
Apr-16	11.35	6.93	17.88	13.17
May-16	11.41	7.25	13.80	11.91
Jun-16	11.05	10.31	12.22	11.94
Jul-16	10.68	11.26	13.21	12.06
Aug-16	10.31	9.89	14.21	11.83
Sep-16	10.76	8.99	13.92	11.63
Oct-16	11.16	7.78	13.17	11.25
Nov-16	11.83	7.79	12.43	11.21
Dec-16	11.63	7.89	11.57	10.78
Jan-17	11.67	7.95	11.5	10.73
Feb-17				
Mar-17				

Monthly Performance
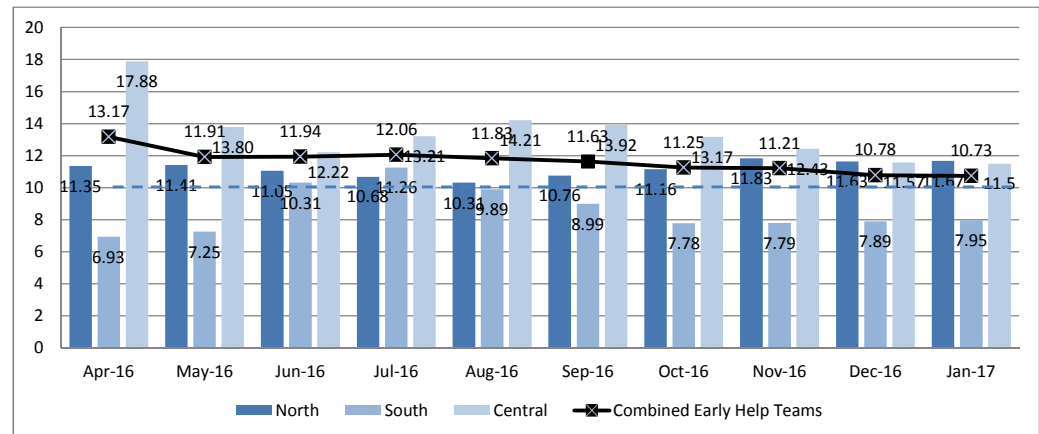
CUSTOMER FEEDBACK

DEFINITION	Customer Feedback	Owner	David McWilliams

Customer feedback is important for us as it helps us to improve our services and also to celebrate good practice.

Every case that closes or steps down to universal services should have an exit survey completed by at least one family member capturing their personal experience of receiving our services. It is the lead workers responsibility to ensure this happens, and encourage and support a child, young person or family in completing the questionnaire. During the reporting month Central had seven exit surveys completed, North had one and South had one. There was one further survey completed without a locality selected.

There was one complaint towards the end of January however it is still within timescales at the time of reporting, the outcome of this complaint will be updated in February's report. There were no formally recorded compliments in January, however we do know that not many compliments are recorded centrally (where our formal reporting comes from) with lots of positive feedback going directly into locality teams.

Scorecard Measure	12.1 Exit Surveys						12.2 Complaints	12.3	12.4	12.5 Compliments
	Completed exit surveys - North	Completed exit surveys - South	Completed exit surveys - Central	Completed exit surveys - Borough Wide	Exit surveys where no area was specified	Total Number of exit surveys received	Number of formal complaints received during the reporting month	Number of complaints upheld in the reporting month	Number of complaints closed during the month which were dealt with in timescales	Number of compliments received during the reporting month
Apr-16						0	0	0	0	2
May-16					1	1	0	0	0	0
Jun-16	2	4	26	0	2	34	1	1 (partial)	1	0
Jul-16	4	3	14	0	1	22	0	0	0	0
Aug-16	5	3	10	0	1	19	1	0	1	1
Sep-16	5	7	8	0	2	22	1	0	1	1
Oct-16	8	2	14	0	1	25	0	0	0	3
Nov-16	17	5	9	0	0	31	0	0	0	0
Dec-16	4	3	6	2	2	17	0	0	0	1
Jan-17	1	1	7	0	1	10	1	0	0	0
Feb-17										
Mar-17										
Year to Date	46	28	94	2	11	181	4	0	3	8

Performance Analysis

Monthly Performance

QUALITY ASSURANCE

DEFINITION	Team Manager Audits	Owner	David McWilliams

Performance Analysis

The Early Help Quality Assurance Framework was implemented in December 2015. An integral part of the framework involves regular auditing of case work by team managers as well as re-auditing by Heads of Service.

During January 2017, 14 monthly audits were issued and 14 were completed (100% completion). This month in light of OFSTED preparations managers were asked to select their own cases from a list that contained completed Early Help Assessments.

The outcome of the audits were 11 "Good" and 3 "Requires Improvement". Any actions arising as a result of audits being undertaken are the responsibility of the relevant team manager. Recent Head of Service moderations have tended to 'downgrade' audit classifications and this has led to some workforce development to support managers in understanding 'what good looks like'. In future performance reports, moderation findings will be included.

13.1

Team Manager Audits

Scorecard Measure	Outstanding	Good	Requires Improvement	Inadequate	Inadequate - Critical	Not Graded	Not returned
Apr-16	0	3	11	1	0	0	3
May-16	0	6	7	0	0	0	3
Jun-16	0	0	0	0	0	0	0
Jul-16	0	5	7	2	0	1	2
Aug-16	0	5	10	1	0	0	0
Sep-16	1	5	6	2	0	0	1
Oct-16	0	2	3	0	0	0	2
Nov-16	0	4	11	0	0	0	0
Dec-16	0	5	6	3	0	0	0
Jan-17	0	11	3	0	0	0	0
Feb-17							
Mar-17							

Overall Grading's from EH Team Manager Audits for January 2017

- Good
- Requires Improvement
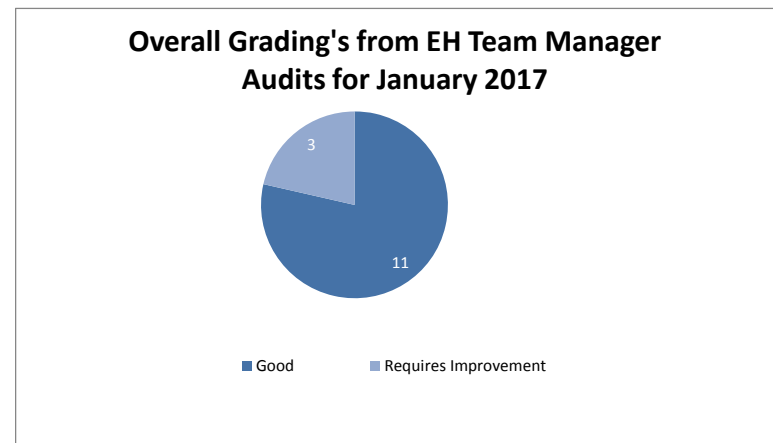
Response Rates

Scorecard Measure	North		South		Central		Borough Wide Services	
	Number	%	Number	%	Number	%	Number	%
Apr-16	4 out of 5	80%	2 out of 3	67%	6 out of 6	100%	3 out of 3	100%
May-16	3 out of 4	75%	4 out of 4	100%	4 out of 6	66%	3 out of 3	100%
Jun-16	-	-	-	-	-	-	-	-
Jul-16	4 out of 4	100%	2 out of 4	50%	6 out of 6	100%	3 out of 3	100%
Aug-16	4 out of 4	100%	3 out of 3	100%	6 out of 6	100%	3 out of 3	100%
Sep-16	4 out of 4	100%	3 out of 3	100%	6 out of 6	100%	1 out of 2	66%
Oct-16	2 out of 2	100%	0 out of 1	0%	2 out of 2	100%	1 out of 2	50%
Nov-16	3 out of 3	100%	4 out of 4	100%	6 out of 6	100%	2 out of 2	100%
Dec-16	4 out of 4	100%	2 out of 2	100%	6 out of 6	100%	2 out of 2	100%
Jan-17	4 out of 4	100%	2 out of 2	100%	6 out of 6	100%	2 out of 2	100%
Feb-17								
Mar-17								

Team Manager's Monthly Grading by Locality - January 2017

	Outstanding	Good	Requires Improvement	Inadequate	Inadequate Critical	Not Returned	YOT National Standards Audits	Total
North Locality	0	4	0	0	0	0		4
South Locality	0	3	1	0	0	0		4
Central Locality	0	4	2	0	0	0		6
Boroughwide Services	0	0	0	0	0	0	2	0

20

Children & Young People Services

Rotherham Metropolitan Borough Council
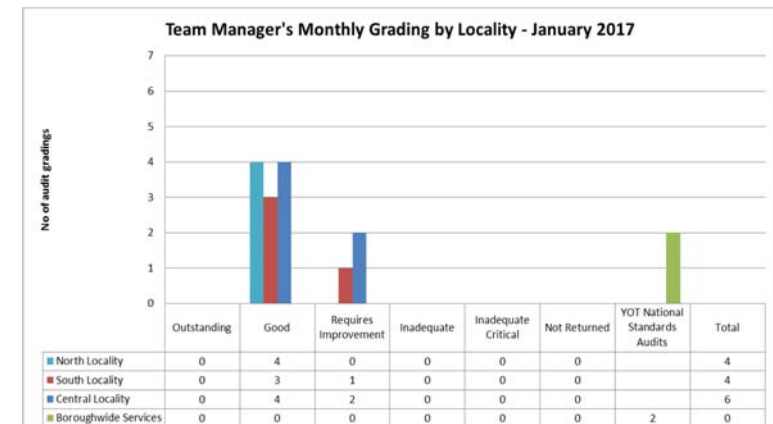
Safeguarding Children & Families Monthly Performance Report

As at Month End: January 2017

*Please note: Data reports are not dynamic. Although care is taken to ensure data is as accurate as possible every month, delays in data input can result in changes in figures when reports are re-run retrospectively. To combat this at least two individual months data is rerun for each indicator. **In addition the data migration undertaken to facilitate the implementation of the new social care (LCS) and early help (EHM) systems at the end of October 2016 will have impacted on the data validity and recording processes.** Therefore there may be data discrepancies present when comparing this report to that of the previous month.*

Document Details
Status: Issue 1
Date Created: 21st February 2017
Created by: Deborah Johnson, Performance Assurance Manager - Social Care

*'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)
- ↑ (green) - improvement in performance
- → (green) - no movement but within limits of target
- → - stable with last month (no good/bad performance)
- ↓ (amber) - decline in performance but still within limits of target
- → (amber) - no movement, not on target
- ↓ - decrease in numbers (no good/bad performance)
- ↓ (red) - decline in performance, not on target

NO.	INDICATOR	GOOD PERF IS	DATA NOTE (Monthly)	Nov-16	Dec-16	Jan-17	YTD	DATA NOTE	DOT (Month on Month)	RAG (in month)	Red	Amber	Target Green	2013/14	2014/15	2015/16	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
CONTACT & REFERRAL (MASH)																				
1.1	Number of contacts	Info	Count	1469	1287	1651	11934	Financial Year	↑				n/a		10517	12165				
1.2	% Contacts with decision within 1 working day	High	Percentage	55.8%	80.2%	79.8%	70.8%	Financial Year	↓	RED	<92%	92%>	95%+			96.5%				
1.3	Number of contacts going onto referral (including MASH referrals)	Info	Count	478	302	292	4230	Financial Year	↓				n/a		4513	4915				
1.4	% of contacts going onto referral (including MASH referrals)	High	Percentage	32.2%	21.4%	18.7%	34.6%	Financial Year	↓		*range to be set*				42.9%	40.4%				
1.5	Rate of referrals per 10,000 population aged under 18 - rolling 12 month performance	Info	Rate per 10,000	953.8	973.3	911.9	911.9	Rolling Year	↓				n/a	689.8	800.2	780.5	655.4	333.9	548.3	-
1.6	% of referrals going onto assessment	High	Percentage	98.3%	99.0%	99.0%		Financial Year	→	GREEN	<83%	83%>	86%+	77.8%	69.6%	77.6%	85.9%	99.7%	87.1%	97.8%
1.7	% Referral decision was made within 48 hours	High	Percentage	98.0%	100.0%	98.0%	not available	Financial Year	↓	GREEN	<92%	92%>	95%+	56.3%	71.2%	96.5%				
1.8	% re-referral rate in the current month	Low	Percentage	28.2%	25.2%	22.7%		Financial Year	↑	GREEN	26%+	26%>	23%<	n/a	n/a	n/a				
1.9	% re-referral rate in 12 months - Rolling year *(Corporate Plan 2016 Indicator)*	Low	Percentage	28.6%	28.3%	28.1%		Rolling Year	↑	AMBER	30%+	26%>	26%<			n/a	23.6%	15.4%	24.0%	16.5%
1.10	Number of CSE referrals in the current month *(Corporate Plan 2016 Indicator)*	Info	Count	23	28	21	176	Financial Year	↓				n/a			200				
ASSESSMENTS																				
2.1	Number of assessments started	Info	Count	654	455	508	4817	Financial Year	↑				n/a	n/a	3780	3996				
2.2	% of assessments for children's social care completed in 45 working days of referral	High	Percentage	77.9%	74.4%	67.7%	84.4%	Financial Year	↓	RED	<83%	83%>	86%+	n/a	70.1%	92.8%	79.8%	98.3%	81.5%	91.2%
2.3	Open assessments already past 45 working days	Low	Count	3	9	37		As at mth end	↓				n/a	n/a	n/a	n/a				
2.4	Number of assessments completed in the current month	High	Count	561	609	662	4437	As at mth end	↑							4064				
2.5	% of completed assessments ending in - Ongoing Involvement	High	Percentage	38.0%	38.3%	40.0%	36.2%	Financial Year	↑	AMBER	<40%	40%>	45%+			43.6%				
2.6	% of completed assessments ending in - No further action	Info	Percentage	41.5%	42.9%	42.9%	32.7%	Financial Year	→				n/a			40.0%				
2.7	% of completed assessments ending in - Step down to Early Help / Other Agency	Info	Percentage	19.6%	18.4%	16.3%	15.5%	Financial Year	↓				n/a			15.3%				
2.8	% of completed assessments ending in - Out of area	Info	Percentage	0.0%	0.0%	0.0%	0.2%	Financial Year	→				n/a			1.0%				
2.9	% of completed assessments ending in - Other/Not Recorded	Info	Percentage	0.9%	0.5%	0.8%	4.8%	Financial Year	↑				n/a			0.2%				
S47's																				
3.1	Number of S47 Investigations	Info	Count	129	125	111	1091	Financial Year	↓				n/a	752	909	1478				
3.2	Number of S47 Investigations - rolling 12 month performance	Info	Count	1365	1362	1376			↑				n/a	n/a	n/a	n/a				
3.3	Number of S47's per 10,000 population aged 0-17 - rolling 12 month performance	Info	Rate per 10,000	242.0	241.5	244.0			↑	RED	more than +/-15	+/-15	+/-5 of 158.8	141.3	156.1	262.1	149.2	75	138.2	-
3.4	Number of S47 Investigations - Completed	Info	Count	119	112	159	1058	Financial Year	↑							1390				
3.5	% of S47's with an outcome - Concerns are substantiated and child is judged to be at continuing risk of significant harm	High	Percentage	58.0%	58.0%	45.9%	55.6%	Financial Year	↓				n/a	n/a	56.3%	58.3%				
3.6	% 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	31.1%	37.5%	32.1%	25.8%	Financial Year	↓				n/a	n/a	19.8%	30.2%				
3.7	% of S47's with an outcome - Concerns not substantiated	Low	Percentage	10.9%	4.5%	17.0%	10.6%	Financial Year	↓				n/a	n/a	n/a	11.2%				
3.8	% of S47's with an outcome - Not Recorded	Low	Percentage	0.0%	0.0%	5.0%	2.6%	Financial Year	↓				n/a	n/a	9.5%	0.3%				

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↑ - increase in numbers (no good/bad performance)   ↑ - improvement in performance   → - no movement but within limits of target

→ - stable with last month (no good/bad performance)   ↓ - decline in performance but still within limits of target   → - no movement, not on target

↓ - decrease in numbers (no good/bad performance)   ↓ - decline in performance, not on target

NO.	INDICATOR	GOOD PERF IS	DATA NOTE (Monthly)	Nov-16	Dec-16	Jan-17	YTD	DATA NOTE	DOT (Month on Month)	RAG (in month)	Red	Amber	Target Green	2013/14	2014/15	2015/16	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
CIN																				
4.1	Number of open CIN cases	Info	Count	1946	1809	1685			↓				n/a	1324	1526	1430				
4.2	Number of CIN (inc. CPP as per DfE definition)	Info	Count	2272	2140	2015			↓				n/a	n/a	1947	1805				
4.3	Number of CIN per 10,000 population aged 0-17 - inc. CPP as per DfE definition. *(Corporate Plan 2016 Indicator)*	Info	Rate per 10,000	402.9	379.4	357.3			↓	amber	more than +/-15	+/-15	+/-5 of 346.4	n/a	347.1	320	372.4	285.1	337.3	281.0
4.4	% of CIN (open at least 45 days) with a plan	High	Percentage	-	79.5%	87.6%			↑	red	<90%	90%>	95%+	n/a	91.4%	98.9%				
4.5	% of CIN (open at least 45 days) with an up to date plan	High	Percentage	-	79.5%	87.5%	82.7%	Financial Year	↑	amber	<85%	85%>	90%+	43.8%	65.1%	98.6%				
CHILD PROTECTION																				
5.1	Number of open CPP cases	Info	Count	326	331	330			↓				n/a	n/a	423	369				
5.2	Number of Initial CP Conferences (children) - rolling 12 month	Info	Count	455	451	440		Rolling Year	↓				n/a	428	556	597				
5.3	Number of Initial CP Conferences (children) per 10,000 population - rolling 12 month	Within limits (low)	Rate per 10,000	80.7	80.0	78.0		Rolling Year	↑	amber	79+	79<	74.1<	75.9	98.6	105.9	69.2	40	61.6	-
5.4	Number of Initial CP Conferences (children) - in month	Info	Count	57	34	42		Financial Year	↑		range to be set			n/a						
5.5	% of initial child protection conference (ICPCs) completed within 15 days of S47 (based on number of children)	High	Percentage	77.2%	85.3%	97.6%	90.6%	Financial Year	↑	green	<85%	85%>	90%+	81.5%	65.0%	88.3%	85.7%	100.0%	74.7%	88.5%
5.6	Number of children with a CP plan per 10,000 population under 18	Low	Rate per 10,000	57.8	58.7	58.5			↑	amber	more than +/-10	+/-10	+/-5 of 52.3	69.2	74.7	65.4	46.1	26.4	42.9	-
5.7	Number of children becoming subject to a CP plan per 10,000 population	Info	Rate per 10,000	10.1	6.0	7.5	55.0	Financial Year	↑				n/a	72.37	93.05	93.8				
5.8	Number of discontinuations of a CP plan per 10,000 population - rolling 12 months performance	High	Rate per 10,000	85.2	82.0	81.4		Rolling Year	↓	YTD	<55	55>	59.9+	62.7	85.4	105.0	67.8	39.0	52.1	-
5.9	% of children becoming the subject of a CP plan for a second or subsequent time within 2 years - rolling 12 months *(Corporate Plan 2016*	Low	Percentage	6.4%	7.3%	8.8%		Rolling Year	↓	red	6%+	6%>	4%<	4.4%	4.0%	4.7%				
5.10	% of children becoming the subject of a CP plan for a second or subsequent time - ever - rolling 12 months	Low	Percentage	15.3%	17.2%	19.7%		Rolling Year	↓	red	16%+	16%>	14%<	11.1%	10.8%	12.7%	16.1%	7.7%	16.6%	13.3%
5.11	% of open CP plans lasting 2 years or more	Low	Percentage	0.0%	0.0%	0.3%			↓		3.6%+	3.6%>	2.6%<	4.9%	4.2%	0.8%	1.6%	0.0%	2.3%	0.0%
5.12	% of CP plans lasting 2 years or more - ceased within period	Low	Percentage	0.0%	0.0%	0.0%	2.1%	Financial Year	→		6.5%+	6.5%>	4.5%<	6.8%	4.2%	4.8%	3.4%	0.0%	3.7%	2.4%
5.13	% of CP cases which were reviewed within timescales	High	Percentage	100.0%	100.0%	100.0%	98.3%		→	green	<95%	95%>	98%+	95.3%	96.4%	94.2%	97.6%	100.0%	94.0%	100.0%
5.14	% CPP with an up to date plan	High	Percentage	-	78.5%	96.9%	83.7%	Financial Year	↑		<93%	93%>	95%+							
5.15	% of CPP with visits in the last 2 weeks	High	Percentage	97.9%	98.8%	93.0%	83.7%	Financial Year	↓	amber	<90%	90%>	95%+							
LOOKED AFTER CHILDREN																				
6.1	Number of Looked After Children	Info	Count	479	484	482			↓				n/a		407	432				
6.2	Rate of Looked After Children per 10,000 population aged under 18	Info	Rate per 10,000	85.0	85.9	85.5			↓	red	more than +/-5	+/-5	up to +/-2 of 73.5	70	70	76.6	75.8	56.0	60.0	-
6.3	Admissions of Looked After Children	Info	Count	30	22	10	219	Financial Year	↓				n/a	147	175	208				
6.4	Number of children who have ceased to be Looked After Children	High	Count	15	17	12	172	Financial Year	↓				n/a	136	160	192				
6.5	Percentage of LAC who have ceased to be looked after due to permanence (Special Guardianship Order, Residence Order, Adoption)	High	Percentage	33.3%	38.5%	0.0%	23.2%	Financial Year	↓	red	<33%	33%>	35%+	40.4%	37.5%	40.1%				
6.6	Percentage of LAC who have ceased to be looked after due to a Special Guardianship Order	High	Percentage	6.7%	17.6%	0.0%	9.3%	Financial Year	↓		range to be set									
6.7	LAC cases reviewed within timescales	High	Percentage	98.5%	98.9%	98.2%	96.7%	Financial Year	↓	green	<90%	90%>	95%+	98.6%	94.9%	83.3%				
6.8	% of children adopted	High	Percentage	33.3%	5.9%	75.0%	16.9%	Financial Year	↑	YTD	<20%	20%>	22.7%+	26.5%	26.3%	22.9%	18.8%	27.0%	15.0%	21.0%
6.9	Health of Looked After Children - up to date Health Assessments	High	Percentage	95.9%	95.3%	92.7%			↓	amber	<90%	90%>	95%+	82.7%	81.4%	92.8%				
6.10	Health of Looked After Children - up to date Dental Assessments	High	Percentage	69.1%	66.8%	66.1%			↓	red	<90%	90%>	95%+	42.5%	58.8%	94.5%				

*'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
→	- stable with last month (no good/bad performance)	↓	- decline in performance but still within limits of target	→	- no movement, not on target
↓	- decrease in numbers (no good/bad performance)	↓	- decline in performance, not on target		

	NO.	INDICATOR	GOOD PERF IS	DATA NOTE (Monthly)	2016 / 17					DOT (Month on Month)	RAG (in month)	Target and Tolerances			YR ON YR TREND			LATEST BENCHMARKING - 2014/15			
					Nov-16	Dec-16	Jan-17	YTD	DATA NOTE			Red	Amber	Target Green	2013/14	2014/15	2015/16	STAT NEIGH AVE	BEST STAT NEIGH	NAT AVE	NAT TOP QTILE THRESHOLD
LOOK	6.11	Health of Looked After Children - Initial Health Assessments carried out within 20 working days	High	Percentage	17.2%	0.0%	50.0%			↑		range to be set									
	6.12	% of LAC with a PEP	High	Percentage	93.9%	92.2%	90.1%			↓	(amber)	<90%	90%>	95%+	65.7%	68.7%	97.8%				
	6.13	% of LAC with up to date PEPs	High	Percentage	60.9%	80.1%	63.7%			↓	(red)	<90%	90%>	95%+	72.9%	71.4%	95.0%				
	6.14	% of eligible LAC with an up to date plan	High	Percentage	-	55.6%	79.4%	64.1%	Financial Year	↑	(red)	<93%	93%>	95%+	67.0%	98.8%	98.4%				
	6.15	% of completed LAC visits which were completed within timescale - National Minimum standard	High	Percentage	90.6%	89.7%	78.7%			↓		<95%	95%>	98%+		94.9%	98.1%				
	6.16	% of completed LAC visits which were completed within timescale - Rotherham standard	High	Percentage	80.5%	77.8%	65.6%	60.0%	Financial Year	↓	(red)	<85%	85%>	90%+		64.0%	80.2%				
CARE LEAVERS	7.1	Number of care leavers	Info	Count	224	224	224			→				n/a		183	197				
	7.2	% of eligible LAC with an up to date pathway plan	High	Percentage	(yellow)	(yellow)	(yellow)					<93%	93%>	95%+		69.8%	97.5%				
	7.3	% of care leavers in suitable accommodation	High	Percentage	-	-	-					<95%	95%>	98%+	96.3%	97.8%	96.5%	85.1%	98.0%	81.0%	90.0%
	7.4	% of care leavers in employment, education or training	High	Percentage	-	-	-					<70%	70%>	72%+	52.3%	71.0%	68.0%	50.4%	76.0%	48.0%	56.0%
PLACEMENTS	8.1	% of long term LAC in placements which have been stable for at least 2 years	High	Percentage	68.7%	67.6%	66.2%			↓	(red)	<68%	68%>	70%+	68.8%	71.9%	72.7%	68.2%	79.0%	68.0%	72.0%
	8.2	% of LAC who have had 3 or more placements - rolling 12 months	Low	Percentage	10.4%	12.8%	11.7%			↑	(amber)	12%+	12%>	9.6%<	11.2%	12.0%	11.9%	9.2%	6.0%	10.0%	8.0%
	8.3	% of LAC in a family Based setting (Corporate Plan 2016 Indicator)	High	Percentage	86.2%	86.2%	86.3%			↑		range to be set		87.5%>							
	8.4	% of LAC placed with parents or other with parental responsibility (P1)	Low	Percentage	7.1%	7.4%	6.9%			↑		range to be set									
ADOPTIONS	9.1	% of adoptions completed within 12 months of SHOBPA	High	Percentage	20.0%	0.0%	33.3%	41.4%	Financial Year	↑	YTD	<83%	83%>	85%+	55.6%	84.6%	53.5%				
	9.2	Average number of days between a child becoming Looked After and having a adoption placement (A1) (Rolling 12 months)	Low	Rolling year - ave count	364.1	345.9	374.7		Rolling Year	↓	YTD	511+	511>	487<	661	417.5	338.5	546.5	336.0	593.0	520.0
	9.3	Average number of days between a placement order and being matched with an adoptive family (A2) (Rolling 12 months)	Low	Rolling year - ave count	142.9	216.9	208.4		Rolling Year	↑	YTD	127+	127>	121<	315	177.3	137.9	220.6	47.0	223.0	172.0
CASELOAD	10.1	Maximum caseload of social workers in key safeguarding teams (excluding children's disability team)	Low	Average count	-	36	36			→	(red)	25+	24>	22<							
	10.2	Maximum caseload of social workers in LAC	Low	Average count	-	19	18			↑	(green)	21+	20>	18<							
	10.3	Average number of cases per qualified social worker in LAC	Within Limits	Average count	-	12.5	12.9			↑	(green)	over 1% above range	1% above range	14-20							
	10.4	Average number of cases per qualified social worker in Duty Teams	Within Limits	Average count	-	15	15.8			↑	(green)	over 1% above range	1% above range	16-22		11.2	15.8				
	10.5	Average number of cases per qualified social worker in CIN North Teams	Within Limits	Average count	-	14.7	15.2			↑	(green)	over 1% above range	1% above range	16-22		18.2	16.8				
	10.6	Average number of cases per qualified social worker in CIN Central Teams	Within Limits	Average count	-	14.5	15.7			↑	(green)	over 1% above range	1% above range	16-22			18				
	10.7	Average number of cases per qualified social worker in CIN South Teams	Within Limits	Average count	-	15.5	17.9			↑	(green)	over 1% above range	1% above range	16-22		17.4	15.8				
	10.8	Average number of cases per qualified social worker in Children's Disability Team	Within Limits	Average count	-	15.6	16.9			↑	(green)	over 1% above range	1% above range	16-22		22.7	19.1				
	10.9	Average number of cases per qualified social worker in Child Sexual Exploitation team	Within Limits	Average count	-	3.4	2.8			↓	(green)	over 1% above range	1% above range	16-22		18	5.7				

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 data suggests that the number of contacts has increased for January by 364 that is 551 more than January 2016, this if accurate would be significant . There will be a number of factors that impact on the general volume of contacts however this data should be treated with caution due to the implementation of the new case management system in October. The number of contacts where a decision is achieved in 24 hours and that progress to referral remain lower than the period prior to the new system implementation. This will need to be closely monitored in the next quarter as the data transfer, cleansing and inputting stabilises.

Data Note: Contacts statistics relate to 'new' contacts only. Contacts on open cases and intended for Early Help services have been manually filtered however the configuration of the new system for contacts and referrals is under review as some data fields have unsuitable data options. It is also known that the number of these 'new contacts' progressing to referral and 'new referrals to social care' (reported on separate page) do not currently tally due to complications between the step-up routine between EHM and LCS parts of the system. Therefore the data below may be subject to change once developments are implemented and/or may not be comparable in the future.

	1.1	1.2	1.4
	No. Contacts	% Contacts with decision within 1 working day	% Contacts progressing to referral
Jan-16	1100	98.4%	35.8%
Feb-16	1030	98.7%	38.2%
Mar-16	1092	96.5%	36.8%
Apr-16	1021	96.2%	38.0%
May-16	1099	98.6%	39.7%
Jun-16	1163	96.2%	45.1%
Jul-16	954	95.5%	40.1%
Aug-16	926	97.1%	43.4%
Sep-16	983	92.7%	57.3%
Oct-16	1381	50.0%	26.9%
Nov-16	1469	55.8%	32.2%
Dec-16	1287	80.2%	21.4%
Jan-17	1651	79.8%	18.7%
Feb-17			
Mar-17			

ANNUAL TREND

2013/ 14			
2014/ 15	10517		42.9%
2015/ 16	12165	96.5%	40.5%
2016/ 17 YTD	11934	70.8%	34.6%

Number of Contacts
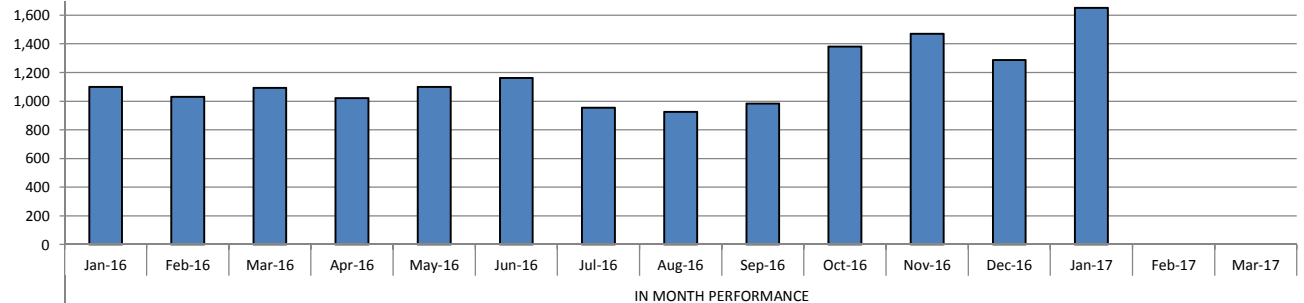
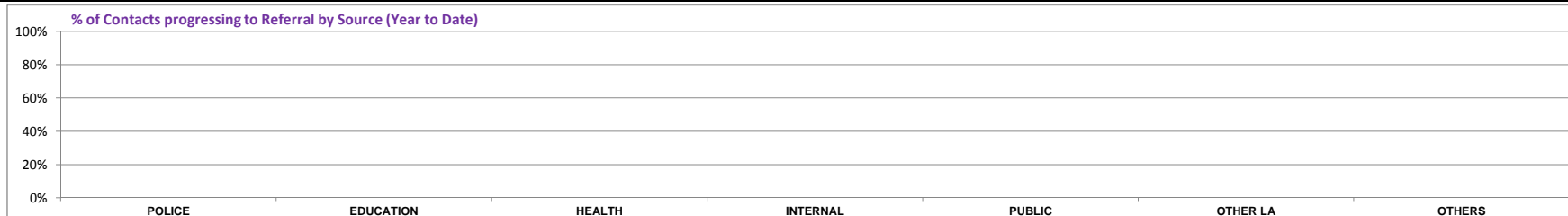**% of Contacts progressing to referral**
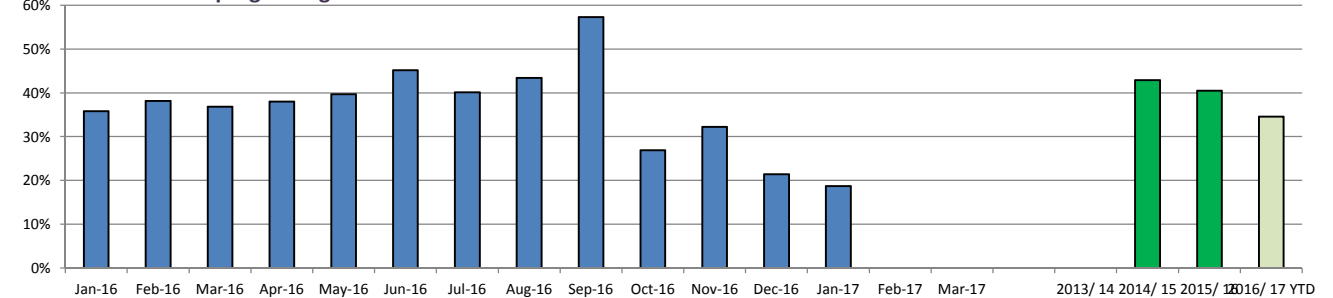
CONTACTS BY SOURCE

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	Contact Source recording within Liquid Logic is currently under review as the current codeset is not suitable and does not meet DfE recording requirements. Monitoring by source will be re-established asap once recording processes have been developed however we will be unable to backdate recording and analysis.

	(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
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%
Apr-16	328	118	36.0%	167	109	65.3%	107	68	63.6%	182	111	61.0%	124	61	49.2%	0	0	-	113	40	35.4%
May-16	404	156	38.6%	202	146	72.3%	132	73	55.3%	132	72	54.5%	120	60	50.0%	0	0	-	109	53	48.6%
Jun-16	404	147	36.4%	169	133	78.7%	183	114	62.3%	137	83	60.6%	111	57	51.4%	0	0	-	159	61	38.4%
Jul-16	405	177	43.7%	62	35	56.5%	114	67	58.8%	123	81	65.9%	105	59	56.2%	0	0	-	145	67	46.2%
Aug-16	352	152	43.2%	2	1	50.0%	144	98	68.1%	150	91	60.7%	156	98	62.8%	0	0	-	122	61	50.0%
Sep-16	360	177	49.2%	137	108	78.8%	134	93	69.4%	136	107	78.7%	109	72	66.1%	3	3	100.0%	104	52	50.0%
Oct-16																					
Nov-16																					
Dec-16					Not available - under development.																
Jan-17																					
Feb-17																					
Mar-17																					

IN MONTH PERFORMANCE

ANNUAL TREND

	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
2013/ 14																					
2014/ 15																					
2015/ 16	4383	1321	30.1%	1586	909	57.3%	1636	789	48.2%	1735	866	49.9%	1303	513	39.4%	2	0.0%	0.0%	1520	517	34.0%
2016/ 17 YTD																					

% of Contacts progressing to Referral by Source (Year to Date)

Chart axis: 100%, 80%, 60%, 40%, 20%, 0%

Categories: POLICE, EDUCATION, HEALTH, INTERNAL, PUBLIC, OTHER LA, OTHERS

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

The data presented for the period Oct-Jan should be treated with caution due to the implementataion of the new case management system. On this presentation the data suggests that the percentage of referrals moving on to an assessment has significantly improved month on month over the implementation period taking this indicator to above the statistical and national averages and placing performance in the national top quartile. This will be primarily linked to the MASH service now completing the full information screening process within the 'Contact' part of the child's pathway including any multi-agency work. Previously any multi-agency work was undertaken within 'Referral'. Timeliness standards have also been strengthened with the expectation that all screening is now completed to allow referral to progress to assessment within one working day. Therefore it is expected that any referrals not progressing to assessment or responded to within the timescale below would be by exception. However we will need to see this performance sustained for a further quarter to have some confidence in its validity. Targets and measures may also be updated to reflect these new processes and standards.

The data suggests a continued downward trajectory for re-referrals . This indicator is usually a reflection of the quality of the practice and as this improves so the indicator should reduce. Considering this data presentation the service has achieved the locally set target (within the Corporate Plan) of 23% for the first time. The indicator is now better than the national average therefore indicating that more children's needs are being met in a sustained way. This reinforces the findings of our audit programme which is trying to help us move beyond compliance.As the improvement strategies are implemented we should expect to see a continued downward trend. The number of new CSE cases remains relatively stable .

IN MONTH PERFORMANCE

		1.3	1.10	1.7	1.6	1.8	1.9
		No. of Referrals	No. of CSE Referrals (*Corporate Plan 2016/17 Indicator*)	% Referral decision was made within 48 hours	% Referrals going on to Assessment	% Re-referrals - had a referral in last 12 months - in month	% Re-referrals - had a referral in last 12 months - rolling 12 months
	Jan-16	394	17	96.4%	71.1%	29.4%	
	Feb-16	393	21	97.7%	70.0%	28.6%	
	Mar-16	402	40	99.0%	77.6%	27.7%	
	Apr-16	388	22	97.8%	78.9%	33.3%	30.7%
	May-16	436	18	96.4%	75.2%	26.5%	30.5%
	Jun-16	525	12	94.7%	74.5%	27.5%	29.9%
	Jul-16	383	14	96.3%	84.1%	32.3%	30.0%
	Aug-16	402	9	95.9%	78.4%	29.2%	29.7%
	Sep-16	563	12	91.1%	79.6%	34.3%	30.4%
	Oct-16	461	17	34.0%	89.0%	24.3%	28.7%
	Nov-16	478	23	98.0%	98.3%	28.2%	28.6%
	Dec-16	302	28	100.0%	99.0%	25.2%	28.3%
	Jan-17	292	21	98.0%	99.0%	22.7%	28.1%
	Feb-17						
	Mar-17						
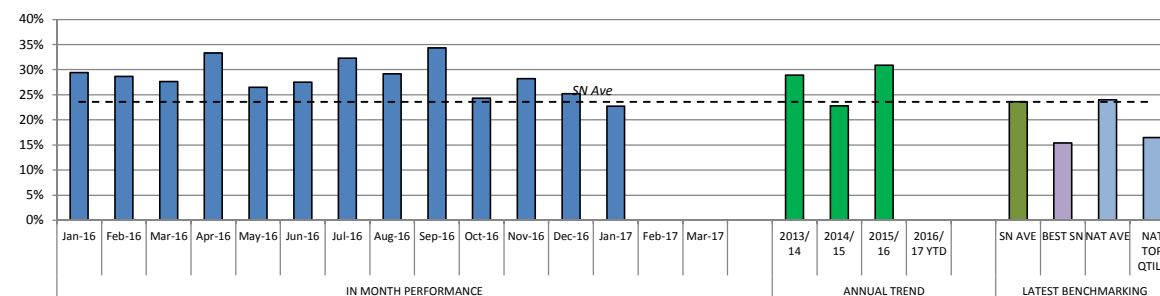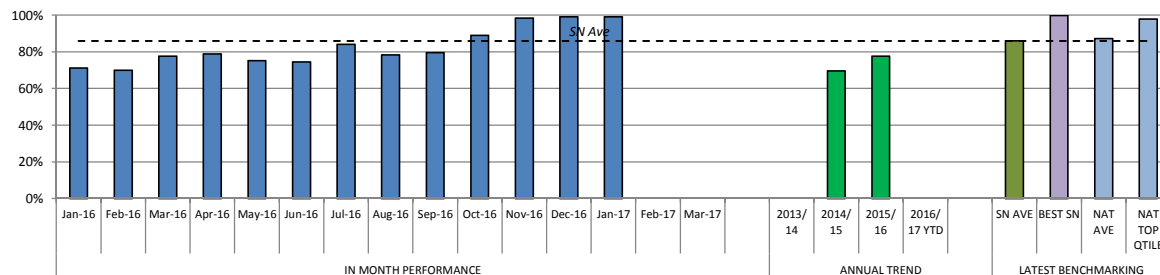
ANNUAL TREND

	1.3	1.10	1.7	1.6	1.8	1.9
2013/ 14					28.9%	
2014/ 15	4513			69.6%	22.8%	
2015/ 16	4915	200	96.5%	77.6%	30.9%	
2016/ 17 YTD	4230	176	not available	not available	not available	

LATEST BENCHMARKING

	1.3	1.10	1.7	1.6	1.8	1.9
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%	

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	January has seen an increase (53) in the number of single social work assessments started, returning to a figure consistent with months earlier in the year. This data should be treated with caution due to the implementation of the new case management system.

		2.1
		Number of Assessments started
IN MONTH PERFORMANCE	Jan-16	390
	Feb-16	356
	Mar-16	426
	Apr-16	375
	May-16	409
	Jun-16	476
	Jul-16	430
	Aug-16	418
	Sep-16	589
	Oct-16	503
	Nov-16	654
	Dec-16	455
	Jan-17	508
	Feb-17	
	Mar-17	

ANNUAL TREND	2013/ 14	
	2014/ 15	3929
	2015/ 16	3996
	2016/ 17 YTD	4817

LATEST BENCHMARKING	SN AVE	
	BEST SN	
	NAT AVE	
	NAT TOP QTILE	

Number of Assessments started

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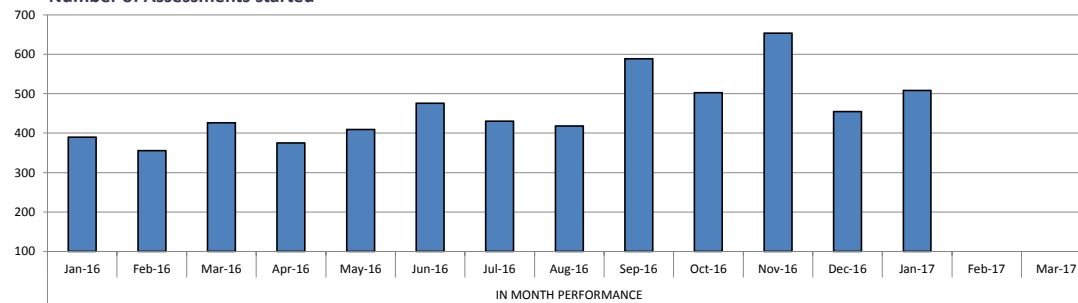
ASSESSMENTS - COMPLETED

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

PERFORMANCE ANALYSIS	This data should be treated with caution (see explanation below). Compliance continues to be monitored at fortnightly performance meetings where team managers address any remedial action for those out of time. Managers are recieving support from the Liquid Logic Project team in addressing validation issues arising due to the data migration into the new system.

Data Note: The issue identified in last month's report regarding open cases over 45 days has now been rectified, and work to cleanse the data is complete. November & December figures have been updated, reducing the December figure from 150 to 9. As of the 10th February, the January figure was 37 cases over 45 working days of which 25 are within the Duty Teams.

		2.4	2.2	2.3
		No. of Assessments completed in Month	**% completed within 45 working days**	*Open assessments already past 45 working days*
IN MONTH PERFORMANCE	Jan-16		92.7%	6
	Feb-16		96.6%	1
	Mar-16		98.4%	0
	Apr-16	332	98.4%	6
	May-16	339	97.7%	8
	Jun-16	354	96.5%	8
	Jul-16	330	94.8%	13
	Aug-16	468	89.6%	15
	Sep-16	382	71.1%	26
	Oct-16	400	82.5%	35
	Nov-16	561	77.9%	3
	Dec-16	609	74.4%	9
	Jan-17	662	67.7%	37
	Feb-17			
	Mar-17			

ANNUAL TREND	2013/ 14			
	2014/ 15		88.8%	
	2015/ 16		92.8%	
	2016/ 17 YTD	4437	84.4%	

LATEST BENCHMARKING	SN AVE		79.8%	
	BEST SN		98.3%	
	NAT AVE		81.5%	
	NAT TOP QTILE		91.2%	

Open assessments already past 45 working days
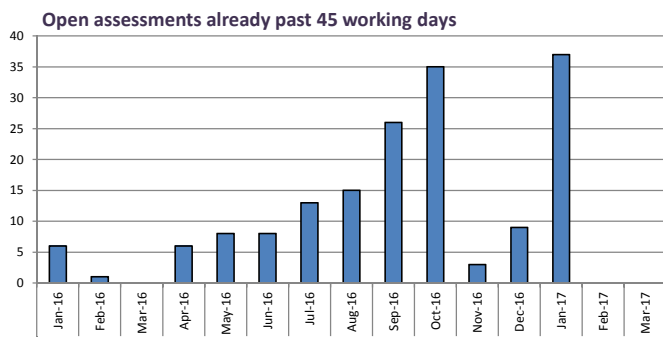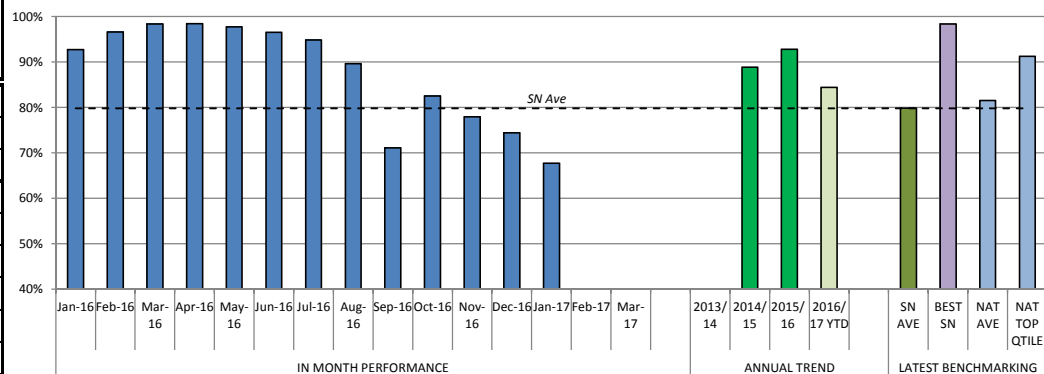
ASSESSMENTS - OUTCOMES

| 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	Due to the new outcome coding options in the new system this data should be analysed with caution. Managers report increasing numbers of assessments resulting in ongoing involvement or a step down to early help however this is not demonstrated below. Further system adjustments will be made if 'outcome' options need to be added. This will continue to be monitored at performance meetings and through N.F.A. auditing to ensure the threshold is being appropriately and consistently applied.

Data Note: Issues identified in last month's report have now been rectified and the November & December data has been updated. The October figure for Not Recorded/Other is particularly high and following investigation it is due to how the data came across in migration.

|		2.5 Ongoing Involvement			2.6 No further action			2.7 Step down to Early Help			2.8 Out of area			2.9 Not Recorded/Other		
IN MONTH PERFORMANCE	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%
	Apr-16	106 of 332	31.9%	66 of 332	19.9%	77 of 332	23.2%	3 of 332	0.9%	0 of 332	0.0%
	May-16	129 of 339	38.1%	73 of 339	21.5%	51 of 339	15.0%	2 of 339	0.6%	1 of 339	0.3%
	Jun-16	149 of 354	42.1%	83 of 354	23.4%	49 of 354	13.8%	2 of 354	0.6%	1 of 354	0.3%
	Jul-16	172 of 330	52.1%	104 of 330	31.5%	53 of 330	16.1%	1 of 330	0.3%	0 of 330	0.0%
	Aug-16	160 of 468	34.2%	125 of 468	26.7%	59 of 468	12.6%	0 of 468	0.0%	1 of 468	0.2%
	Sep-16	126 of 382	33.0%	76 of 382	19.9%	26 of 382	6.8%	3 of 382	0.8%	1 of 382	0.3%
	Oct-16	52 of 400	13.0%	148 of 400	37.0%	42 of 400	10.5%	0 of 400	0.0%	197 of 400	49.3%
	Nov-16	213 of 561	38.0%	233 of 561	41.5%	110 of 561	19.6%	0 of 561	0.0%	5 of 561	0.9%
	Dec-16	233 of 609	38.3%	261 of 609	42.9%	112 of 609	18.4%	0 of 609	0.0%	3 of 609	0.5%
	Jan-17	265 of 662	40.0%	284 of 662	42.9%	108 of 662	16.3%	0 of 662	0.0%	5 of 662	0.8%
	Feb-17										
	Mar-17										
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%
	2016/17	1605 of 4437	36.2%	1453 of 4437	32.7%	687 of 4437	15.5%	11 of 4437	0.2%	214 of 4437	4.8%

Ongoing Involvement
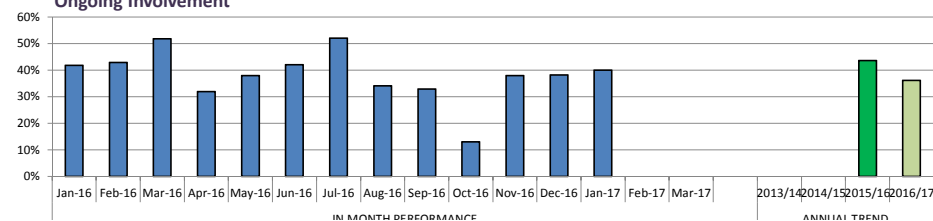
Step down to Early Help / Other agency
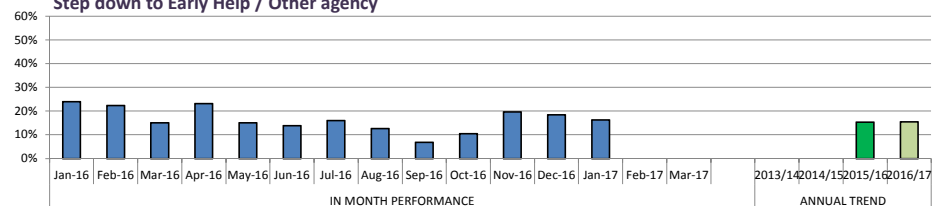
No further action

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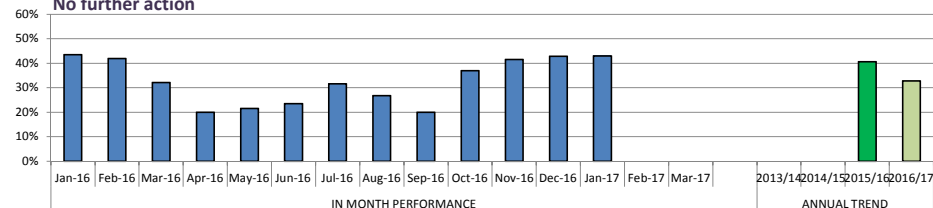
PLANS - IN DATE

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	As shown in the note below the data presented should be viewed with caution. Workers continue working through their caseloads to manually type plan information into the new system. This is a far more intensive piece of work than on the previous system as the new database will contain the full content of the plan and not just the date. However once the first plan is created any subsequent plans are much easier to update. The LAC team performance is particularly disappointing. The teams have been set the deadline of early February to address the plan system transfer. Progress is expected as additional capacity comes online, each child for who the system says does not have an up to date plan will be reviewed and remedial action specified . This will be monitored via operational performance meetings.

DATA NOTE: Plans information could not be migrated from CCM into LCS (Liquid Logic). October & November data is unavailable due to information not being in the system and the input work started in December. Figures are based on data entered at month end. January represents true performance.

|	4.4	4.5	5.14	6.14
	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
Jan-16	95.8%	93.3%	98.9%	98.6%
Feb-16	97.6%	94.6%	98.5%	97.7%
Mar-16	98.9%	98.6%	100.0%	98.4%
Apr-16	97.8%	96.7%	99.4%	96.0%
May-16	97.1%	95.5%	99.7%	98.4%
Jun-16	96.7%	95.3%	99.7%	99.5%
Jul-16	94.2%	92.2%	99.7%	98.4%
Aug-16	93.3%	92.9%	99.7%	96.4%
Sep-16	91.6%	90.8%	99.3%	95.3%
Oct-16	Performance data unavailable, due to the information not being migrated into LL.			
Nov-16				
Dec-16	79.5%	79.5%	78.5%	55.6%
Jan-17	87.6%	87.5%	96.9%	79.4%
Feb-17				
Mar-17				

ANNUAL TREND				
2013/ 14		43.8%	82.8%	67.0%
2014/ 15		65.1%	97.6%	98.8%
2015/ 16		98.6%	100.0%	98.4%
2016/ 17 YTD				

LATEST BENCHMARKING				
SN AVE				
BEST SN				
NAT AVE				
NAT TOP QTILE				

data position 13th Jan: 81% CIN, 83% CPP, 61% LAC, 82% Care Leavers

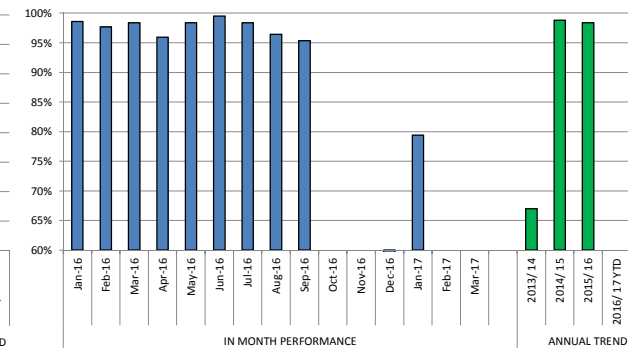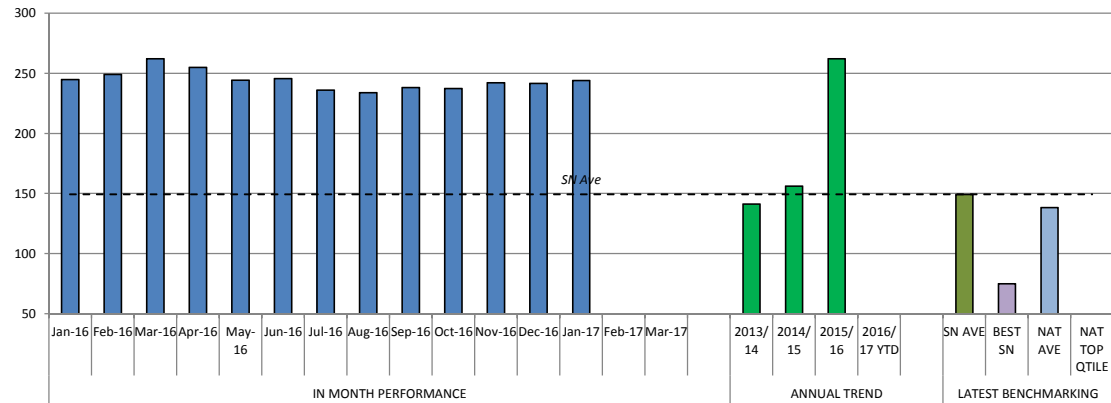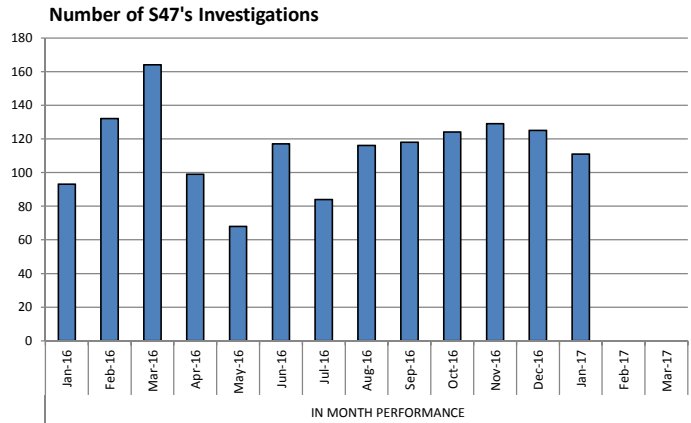**CIN with a recorded plan - open at least 45 days**
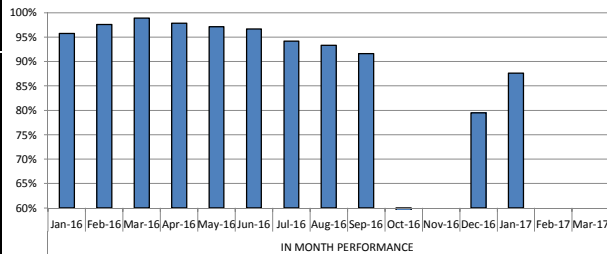
CIN with an up-to-date plan - open at least 45 days
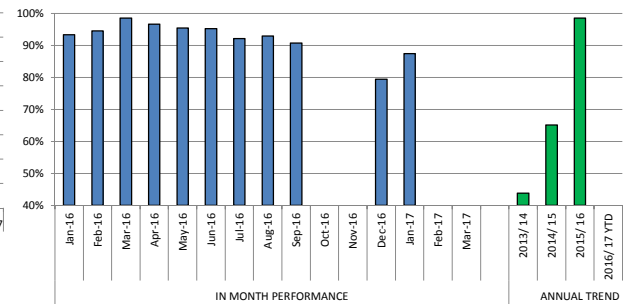
CPP with an up to date plan
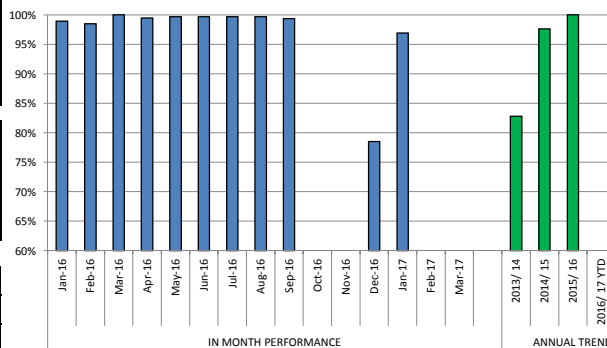
LAC with an up to date plan

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 Section 47 (S47) investigations has remained relatively stable and still represents a fall from a peak in March against an increase in overall demand for social care intervention in other first response services. This performance still remains significantly higher than the statistical and national averages. Managers have continued to increase the rigour with which they apply the threshold for S47 and to ensure that the reasons for their decisions are fully justified. This applies as much to the decisions not to instigate S47 as to commence one. This is an area where challenge needs to be sustained to ensure that the right children are subject of S47 investigations and that those investigations are of sufficient quality to properly prove or disprove significant harm to a child. Performance is expected to improve with the implementation of the new operating methodology.

	3.1	3.2	3.3
	Number of S47's Investigations - Started	**Number of S47's Investigations started 12 month rolling**	**Rate of S47's per 10K pop. -12 month rolling**
Jan-16	93	1380	244.7
Feb-16	132	1404	248.9
Mar-16	164	1478	262.1
Apr-16	99	1438	255.0
May-16	68	1377	244.3
Jun-16	117	1384	245.6
Jul-16	84	1330	236.0
Aug-16	116	1318	233.9
Sep-16	118	1342	238.1
Oct-16	124	1339	237.4
Nov-16	129	1365	242.0
Dec-16	125	1362	241.5
Jan-17	111	1376	244.0
Feb-17			
Mar-17			

ANNUAL TREND

	3.1	3.2	3.3
2013/ 14			141.3
2014/ 15	752		156.1
2015/ 16	954		262.1
2016/ 17 YTD	1091		

LATEST BENCHMARKING

	3.1	3.2	3.3
SN AVE			149.2
BEST SN			75.0
NAT AVE			138.2
NAT TOP QTILE			-

Number of S47's Investigations

SECTION 47 INVESTIGATIONS - COMPLETED

PERFORMANCE ANALYSIS

Trend data in relation to the outcome of Section 47 investigations, suggests an increase this month in outcomes that were not substantiated the 27 cases will be reviewed to ascertain if the threshold was met to initiate improvement in the quality of social work practice. Since the April 2016 focus on this matter, through specific audit activity and the resulting operational actions, there has been a month on month increase in the proportion of section 47 investigations resulting in a judgement of continuing risk to a child. This suggests that the original decision to initiate the strategy discussion/section 47 investigation was right for the majority of children/families. In December data suggests that only 2.8% who were subjected to this type/level of intervention where conclusions at the end of the activity were not in line with the "significant harm" threshold. This low level could indicate continued improvement however this level would need to be sustained for another two quarters as a minimum to be statistically significant. As indicated in the previous section, this activity is subject to continued scrutiny and the subject of ongoing workforce development activity.

	3.4	3.5		3.6		3.7		3.8	
		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	
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%
Apr-16	61	28	45.9%	30	49.2%	3	4.9%	0	0.0%
May-16	82	43	52.4%	27	32.9%	12	14.6%	0	0.0%
Jun-16	83	50	60.2%	22	26.5%	11	13.3%	0	0.0%
Jul-16	71	44	62.0%	16	22.5%	11	15.5%	0	0.0%
Aug-16	150	115	76.7%	14	9.3%	20	13.3%	1	0.7%
Sep-16	89	42	47.2%	24	27.0%	6	6.7%	4	4.5%
Oct-16	132	59	44.7%	10	7.6%	4	3.0%	14	10.6%
Nov-16	119	69	58.0%	37	31.1%	13	10.9%	0	0.0%
Dec-16	112	65	58.0%	42	37.5%	5	4.5%	0	0.0%
Jan-17	159	73	45.9%	51	32.1%	27	17.0%	8	5.0%
Feb-17									
Mar-17									
2013/ 14									
2014/ 15	876								
2015/ 16	1390	810	58.3%	420	30.2%	156	11.2%	4	0.3%
2016/ 17 YTD	1058	588	55.6%	273	25.8%	112	10.6%	27	2.6%
SN AVE									
BEST SN									
NAT AVE									
NAT TOP QTILE									

(IN MONTH PERFORMANCE / ANNUAL TREND / LATEST BENCHMARKING)

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

IN MONTH PERFORMANCE

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

IN MONTH PERFORMANCE

Concerns not substantiated

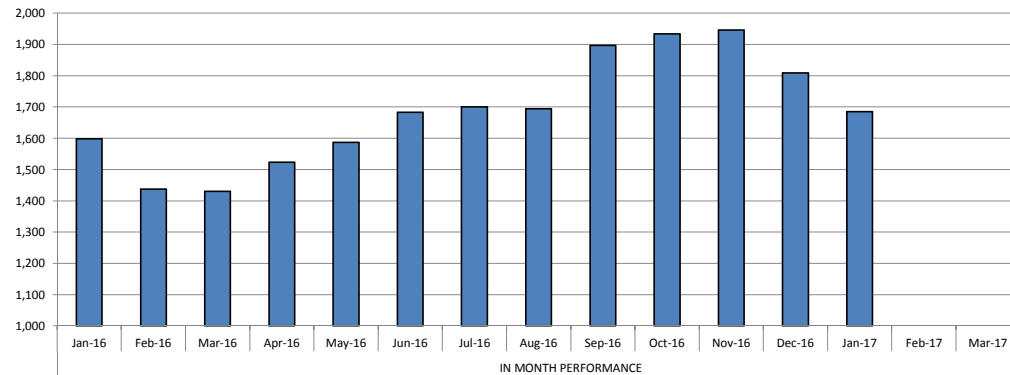IN MONTH PERFORMANCE

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CHILDREN IN NEED (CIN)

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. The numbers in January continue to show a significant reduction by a further 124 children that takes us below the statistical neighbour average, but above the national average. This reduction is due to Duty and Assessment managers rigorously applying the threshold to step down when appropriate to Early Help rather than ongoing social care involvement and clear locality processes for regularly reviewing CIN to ensure timely progression and avoid drift. The review work happens on a rolling basis and ensures that workers and team managers are challenged where appropriate in respect of the effectiveness of CIN planning.

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. As the service starts to embed it may in the short term increase demand as it uncovers unmet need.

	4.1	4.2	4.3
	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)
Jan-16	1598	1966	348.6
Feb-16	1437	1835	325.4
Mar-16	1430	1805	320.0
Apr-16	1523	1883	333.9
May-16	1587	1919	340.3
Jun-16	1683	2008	356.0
Jul-16	1700	2010	356.4
Aug-16	1694	2014	357.1
Sep-16	1897	2202	390.4
Oct-16	1934	2246	398.2
Nov-16	1946	2272	402.9
Dec-16	1809	2140	379.4
Jan-17	1685	2015	357.3
Feb-17			
Mar-17			

ANNUAL TREND

2013/14			
2014/15			
2015/16			
2016/17			

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)
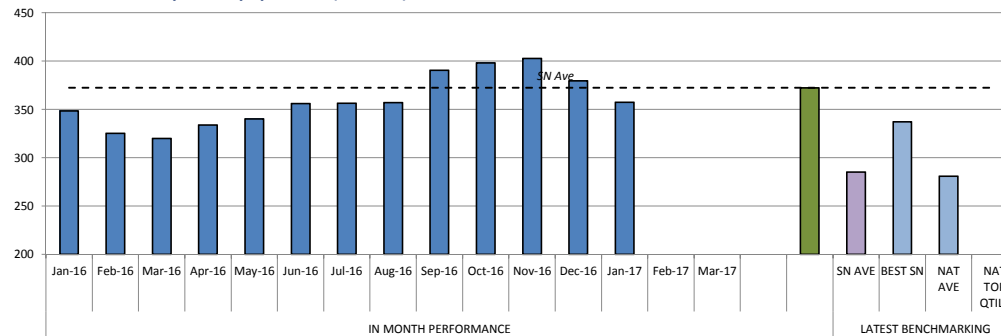
CHILD PROTECTION

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 trend for the number of children with a child protection plan (CPP) has continued to decrease overall when compared to our position 12 months ago but remains higher than that of statistical neighbours and the national average. We would expect the numbers to continue to fall as CP plans are worked more effectively, managers become more confident in their decision making and practice improves with the implementation of the new operating methodology. Longterm the figures should then stabilise closer to the benchmarking averages. However the number of plans alone cannot offer assurance that we have identified the right children at risk of or experiencing significant harm are supported by a plan.

	5.4	**5.1**	
	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**
Jan-16	53	368	65.3
Feb-16	49	398	70.6
Mar-16	17	369	65.4
Apr-16	42	360	63.8
May-16	29	332	58.9
Jun-16	35	325	57.6
Jul-16	29	310	55.0
Aug-16	47	320	56.7
Sep-16	28	305	54.1
Oct-16	41	312	55.3
Nov-16	57	326	57.8
Dec-16	34	331	58.7
Jan-17	42	330	58.5
Feb-17			
Mar-17			

ANNUAL TREND

2013/ 14	427		69.2
2014/ 15	556	423	74.7
2015/ 16	427		65.4
2016/ 17 YTD	384		

LATEST BENCHMARKING

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

No. subject to an Initial Child Protection Conference

No. children with a Child Protection plan per 10,000 pop. 0-17
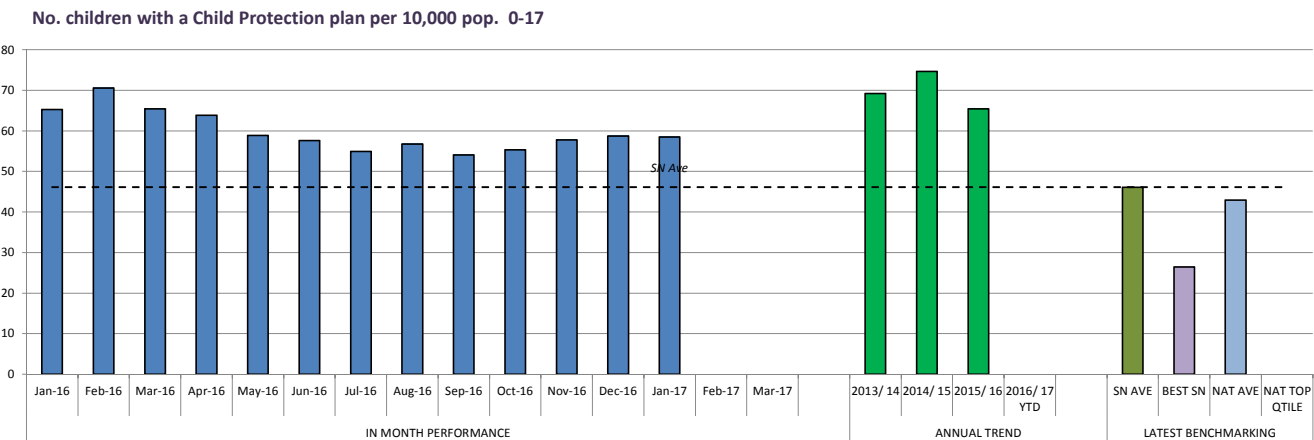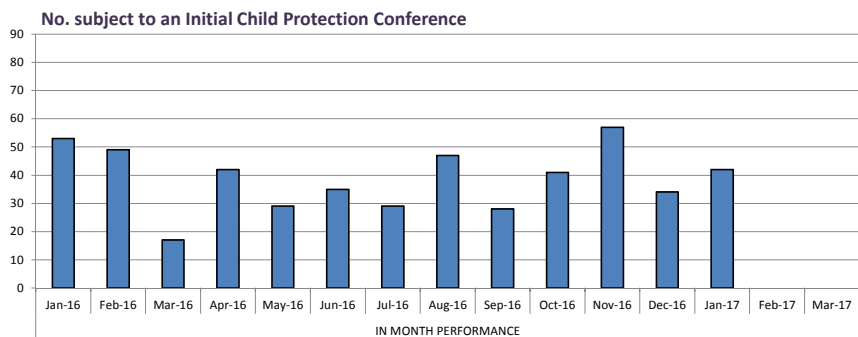
INITIAL CHILD PROTECTION CONFERENCES

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.

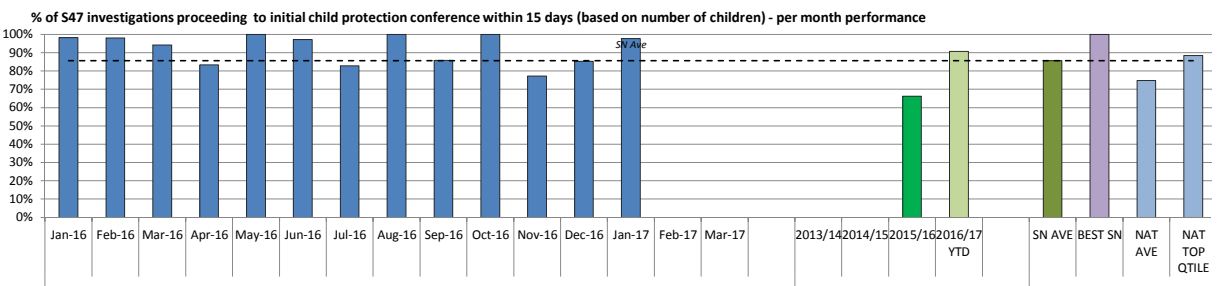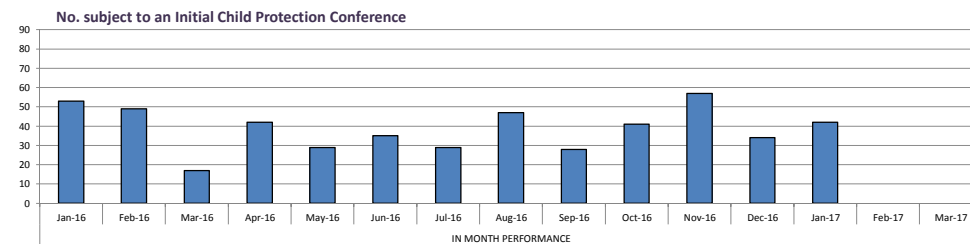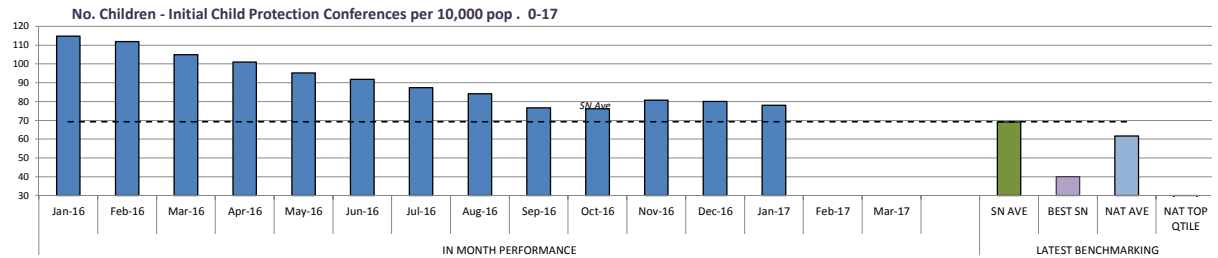|	
PERFORMANCE ANALYSIS	42 children were subject to an Initial Child Protection Case Conferences held in January. This is an increase on December, The January figure remains inline with the overall trend. The journey from strategy discussion outcome to ICPC is clear in the data - the number of conferences in month relates to the numbers of strategy discussions out-turning as "substantiated, continuing harm". The timeliness of Initial Case Conferences in month was higher than for December with excellent performance that results in minimum delay in children recieving the safeguarding support they need. performance is better than the national and statistical neighbour average, putting us in the top quartile .

		5.2	5.3	5.4	5.5	
		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 (children) in 15 days (in month)	% of initial CP confs in 15 days (in month)
IN MONTH PERFORMANCE	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%
	Apr-16	570	101.1	42	35	83.3%
	May-16	537	95.2	29	29	100.0%
	Jun-16	518	91.8	35	34	97.1%
	Jul-16	493	87.4	29	24	82.8%
	Aug-16	475	84.2	47	47	100.0%
	Sep-16	432	76.6	28	24	85.7%
	Oct-16	429	76.1	41	41	100.0%
	Nov-16	455	80.7	57	44	77.2%
	Dec-16	451	80.0	34	29	85.3%
	Jan-17	440	78.0	42	41	97.6%
	Feb-17					
	Mar-17					

ANNUAL TREND	2013/14					
	2014/15					
	2015/16			597	395	66.2%
	2016/17 YTD			384	348	90.6%

LATEST BENCHMARKING	SN AVE		69.2			85.7%
	BEST SN		40			100.0%
	NAT AVE		61.6			74.7%
	NAT TOP QTILE		-			88.5%

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

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CHILD PROTECTION - TIME PERIODS

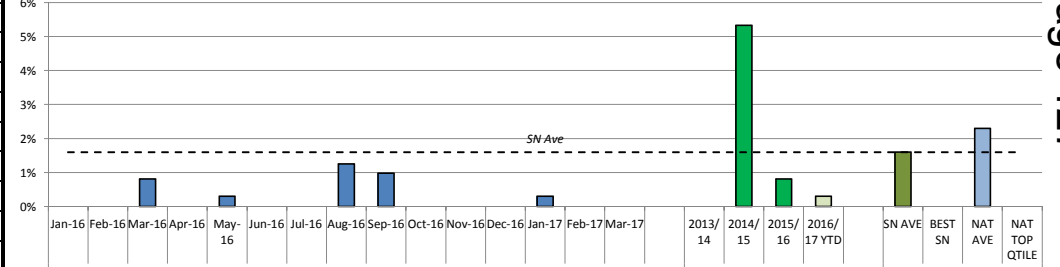| DEFINITION	Child protection plans remain in force until the child is no longer considered at risk, moves out of the local authority area (in which case the receiving authority should convene its own child protection conference) or reaches the age of 18.

PERFORMANCE ANALYSIS

The data suggests that the services ability to reach a timely resolution for children at issue of risk continues to be good. This is likely to relate in large part to increasing numbers of children in care and subject of a legal proceeding. As last month, children on plans for a second and subsequent time, are relatively high (as compared to earlier this year) however this is broadly in line with the statistical neighbour and National average.

|	5.9		5.1		5.11		5.12	
	No. of children becoming the subject of a CP plan for a 2nd or subsequent time -in 24 months	% children becoming the subject of a CP plan for a 2nd or subsequent time - in 24 months	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								
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%
Apr-16	22 of 517	4.3%	64 of 517	12.4%	0 of 360	0.0%	3 of 44	6.8%
May-16	25 of 496	5.0%	67 of 496	13.5%	1 of 332	0.3%	0 of 58	0.0%
Jun-16	30 of 490	6.1%	74 of 490	15.1%	0 of 325	0.0%	1 of 44	2.3%
Jul-16	33 of 469	7.0%	69 of 469	14.7%	0 of 310	0.0%	0 of 40	0.0%
Aug-16	32 of 449	7.1%	67 of 449	14.9%	4 of 320	1.3%	0 of 30	0.0%
Sep-16	27 of 408	6.6%	60 of 408	14.7%	3 of 305	1.0%	1 of 42	2.4%
Oct-16	22 of 312	7.1%	52 of 312	16.7%	0 of 309	0.0%	3 of 34	8.8%
Nov-16	21 of 326	6.4%	50 of 326	15.3%	0 of 326	0.0%	0 of 35	0.0%
Dec-16	24 of 331	7.3%	57 of 331	17.2%	0 of 331	0.0%	0 of 25	0.0%
Jan-17	29 of 330	8.8%	65 of 330	19.7%	1 of 330	0.3%	0 of 38	0.0%
Feb-17								
Mar-17								
ANNUAL TREND								
2013/ 14	45 of 406	11.1%	45 of 406	11.1%				
2014/ 15	54 of 499	10.8%	54 of 499	10.8%	23 of 432	5.3%	20 of 478	4.2%
2015/ 16	67 of 528	12.7%	67 of 528	12.7%	3 of 369	0.8%	28 of 588	4.8%
2016/ 17 YTD	29 of 330	8.8%	65 of 330	19.7%	1 of 330	0.3%	8 of 390	2.1%
LATEST BENCHMARKING								
SN AVE				16.1%		1.6%		3.4%
BEST SN				7.7%		0.0%		0.0%
NAT AVE				16.6%		2.3%		3.7%
NAT TOP QTILE				13.3%		0.0%		2.4%

% children becoming the subject of a CP plan for a 2nd or subsequent time - Ever
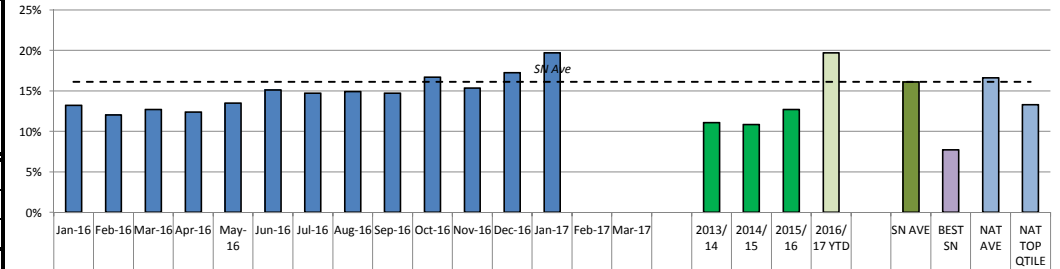
% of open CP plans lasting 2 years or more

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

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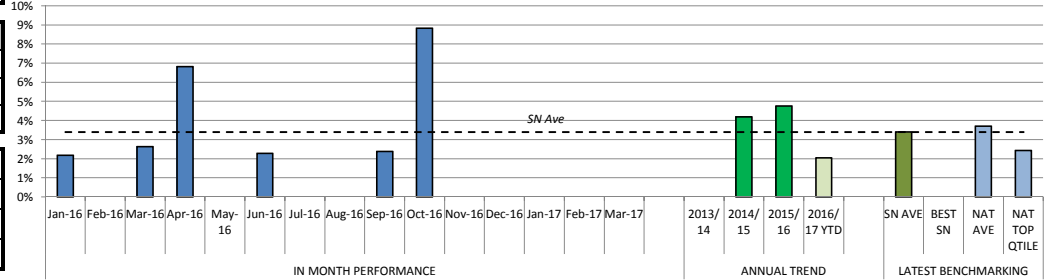
CHILD PROTECTION - REVIEWS & VISITS

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).

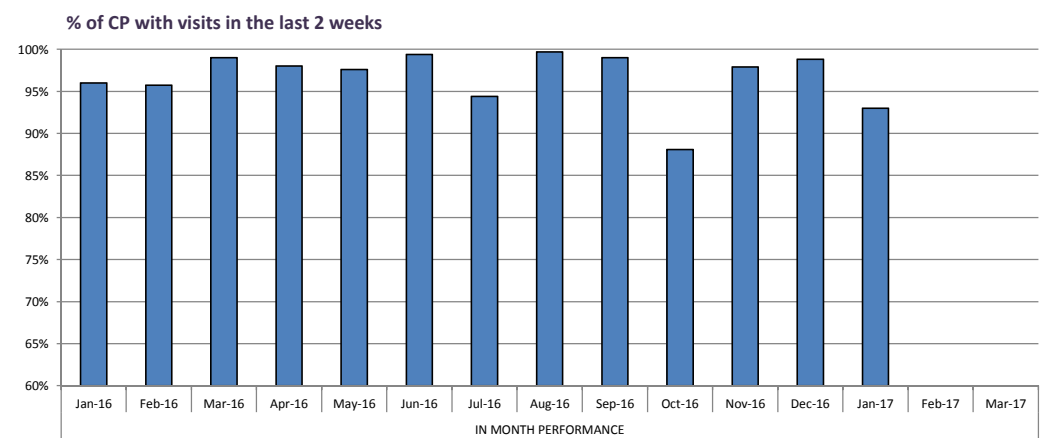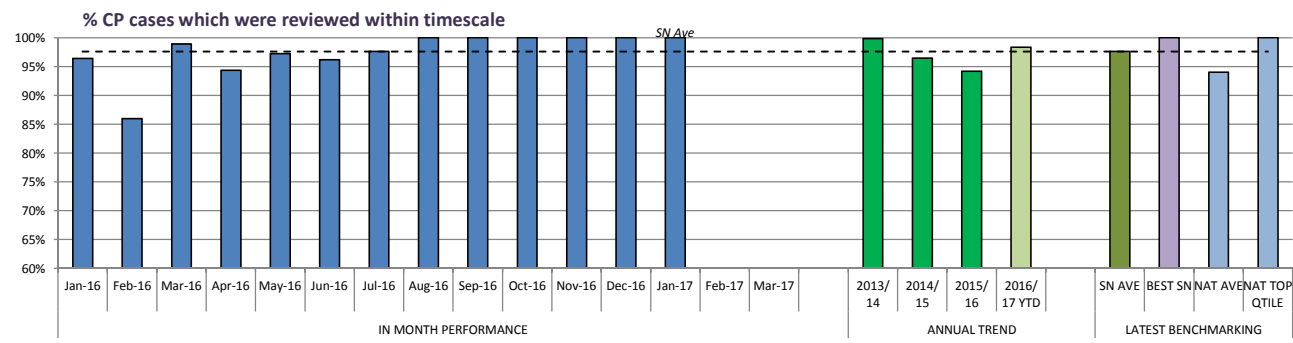| PERFORMANCE ANALYSIS	Performance in relation to both the timeliness of Review Case Conferences continues to be good maintaining 100% for six months for reviews being achieved within timescale. This is reflective of increased management oversight and the embedding of these processes in practice. CP visits are monitored using current data and by reviewing exceptions at the weekly performance meetings. Over the last 12 months performance has improved and has been maintained, The regular performance meetings will continue to review progress in this area to ensure that the positive progress made can be sustained and where visits are late then the reasons are fully understood and that there are clear measures in place to ensure that each child is seen in an appropriate timescale and that they are safe.

Data Issue: Issues identified in last month's report have now been rectified and the November, December & January data has been updated.

		5.13		5.15
		No. of CP cases reviewed within timescale	% CP cases which were reviewed within timescale	% of CP with visits in the last 2 weeks
IN MONTH PERFORMANCE	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%
	Apr-16	100 of 106	94.3%	98.0%
	May-16	105 of 108	97.2%	97.6%
	Jun-16	76 of 79	96.2%	99.4%
	Jul-16	83 of 85	97.6%	94.4%
	Aug-16	57 of 57	100.0%	99.7%
	Sep-16	119 of 119	100.0%	99.0%
	Oct-16	60 of 60	100.0%	88.1%
	Nov-16	85 of 85	100.0%	97.9%
	Dec-16	43 of 43	100.0%	98.8%
	Jan-17	100 of 100	100.0%	93.0%
	Feb-17			
	Mar-17			
ANNUAL TREND	2013/ 14		99.8%	
	2014/ 15		96.5%	
	2015/ 16		94.2%	
	2016/ 17 YTD		98.3%	
LATEST BENCHMARKING	SN AVE		97.6%	
	BEST SN		100.0%	
	NAT AVE		94.0%	
	NAT TOP QTILE		100.0%	

% CP cases which were reviewed within timescale

% of CP with visits in the last 2 weeks

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	The overall trend of admissions to care continues to rise. In the last three months we have seen a significant rise of children (stock) with the number of children leaving care being lower than those being admitted to care (flow). The overall rate for Rotherham remains significantly higher than that of our statistical neighbours. Outcomes are rarely improved for young people coming into care in adolescence who make up the most significant proportion of our care population. Work has commenced to develop a range of services that will address this such as an Edge of Care intervention team, Family Group Conferencing and an expanded Therapeutic Team. This will enable more adolescents to remain and/or return home. 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 no feedback from the courts to suggest that any children are being brought before them unnecessarily.

IN MONTH PERFORMANCE

	6.2 Rate of children looked after per 10K pop	6.1 Number of LAC	6.3 Admissions of children looked after	6.4 No. of children who have ceased to be LAC
Jan-16	76.2	430	10	15
Feb-16	74.8	422	19	9
Mar-16	76.6	432	20	13
Apr-16	77.0	434	17	17
May-16	76.5	431	18	21
Jun-16	76.3	430	18	19
Jul-16	78.4	442	21	9
Aug-16	79.8	450	30	22
Sep-16	79.7	449	24	25
Oct-16	82.2	463	29	15
Nov-16	85.0	479	30	15
Dec-16	85.9	484	22	17
Jan-17	85.5	482	10	12
Feb-17				
Mar-17				

ANNUAL TREND

	6.2	6.1	6.3	6.4
2013/ 14	70.0		147	136
2014/ 15	70.0		175	160
2015/ 16	76.6	432	208	192
2016/ 17 YTD		480	219	172

LATEST BENCHMARKING

	6.2			
SN AVE	75.8			
BEST SN	56.0			
NAT AVE	60.0			
NAT TOP QTILE	-			

Rate of Looked After Children per 10K pop
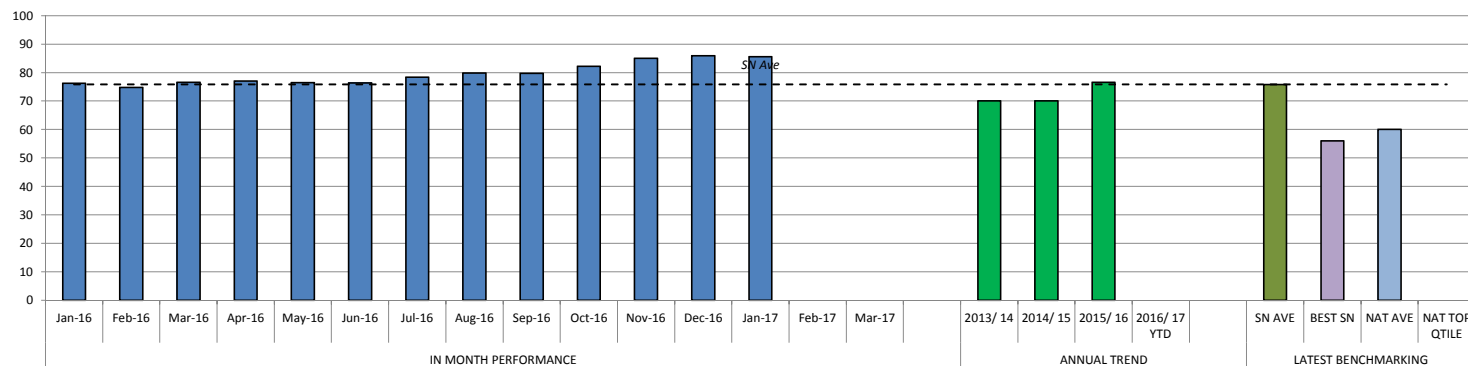
Admissions and discharges from care

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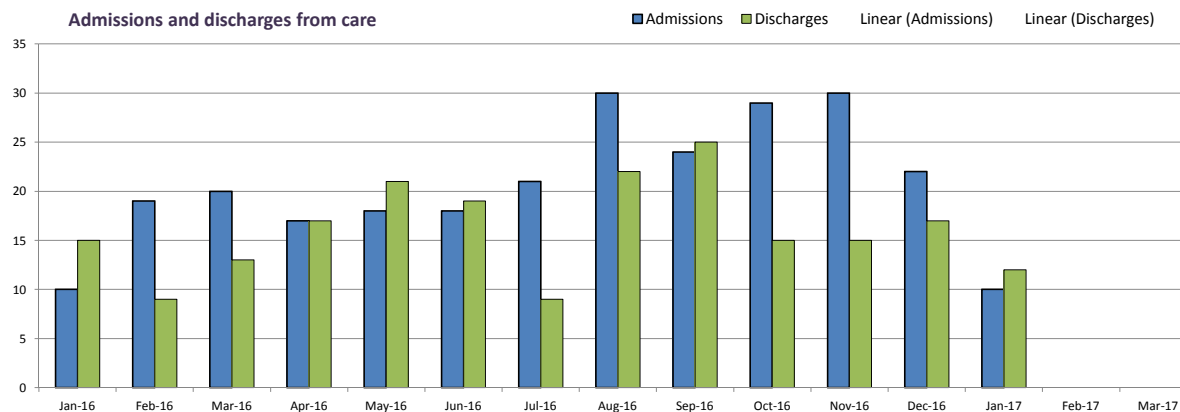
LOOKED AFTER CHILDREN - PLACEMENTS

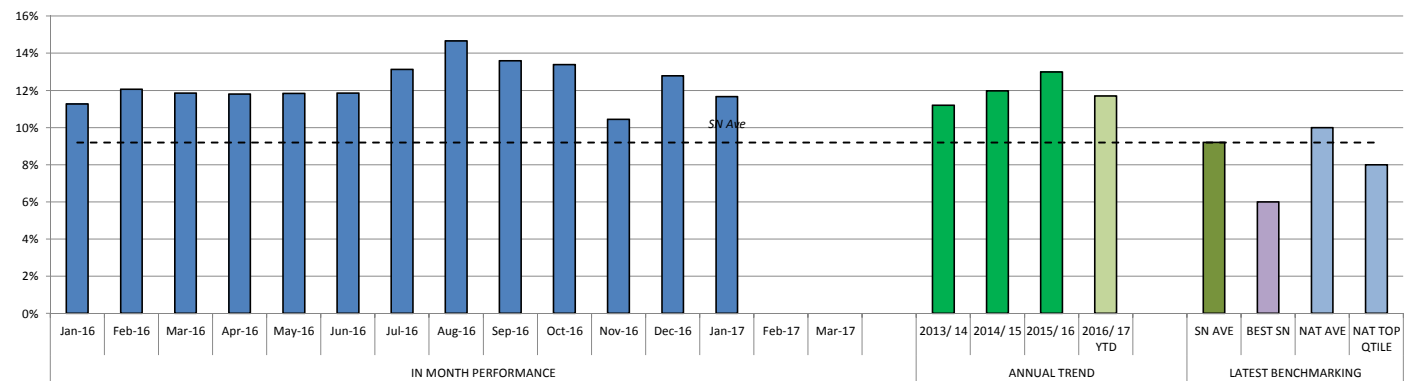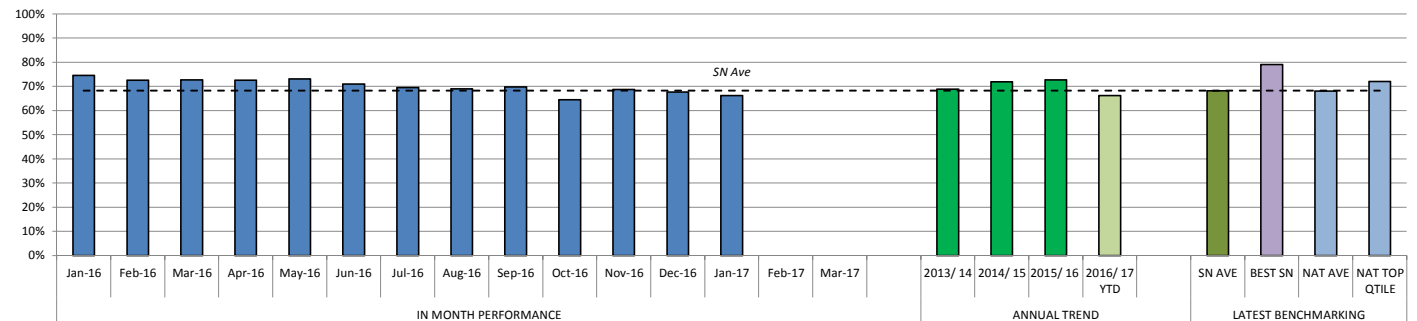| DEFINITION	A LAC placement is where a child has become the responsibility of the local authority (LAC) and is placed with foster carers, in residential homes or with parents or other relatives.

PERFORMANCE ANALYSIS

The January performance for children who have had three or more placement moves has seen a small improvement , whilst it has reduced, it continues to be higher than all other benchmarks. Our target of reducing to less than 10% remains and is still achievable.

The number of children who experience a stable placement for over two years is just below that of our statistical neighbours and the national average. These two statistics could suggest that we need to improve our preventative work to reduce initial placement disruption. If a child experiences a disruption they are more likely to disrupt again. It will also be important to consider the impact of our return home programme our wish to return children to live in rotherham which will increase the number of children experiencing placement moves. There is good progress being made in reducing the numbers of children placed in residential care. While the change for them signifies a disruption, and will have some impact on these performance measures, they are only being moved if the new arrangement is demonstrably in their best long term interests. The Fostering Allowance and Support Scheme has recently been approved which should increase the growth of in-house foster carers. This in turn will support placement stability - a recent audit evidenced that over the past six months 18 Independent Fostering Agency placements disrupted whilst only four in-house placements disrupted over the same period. Whilst there can be no direct correlation more in-house placements should support placement stability. In addition the proposed expansion of the in-house LAC therapy team should also ensure greater support to carers and inturn the stability of the placement.

Data Issue: Issues identified in last month's report have now been rectified.

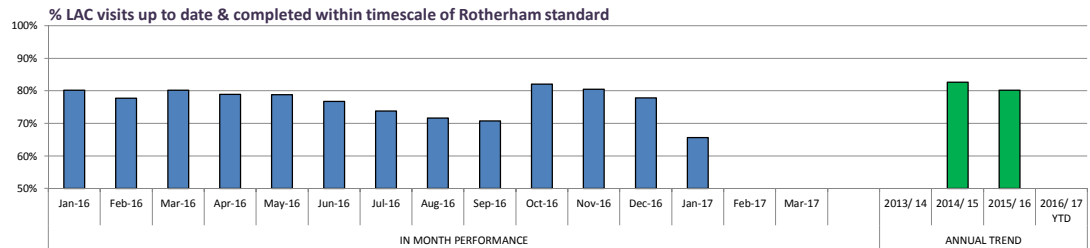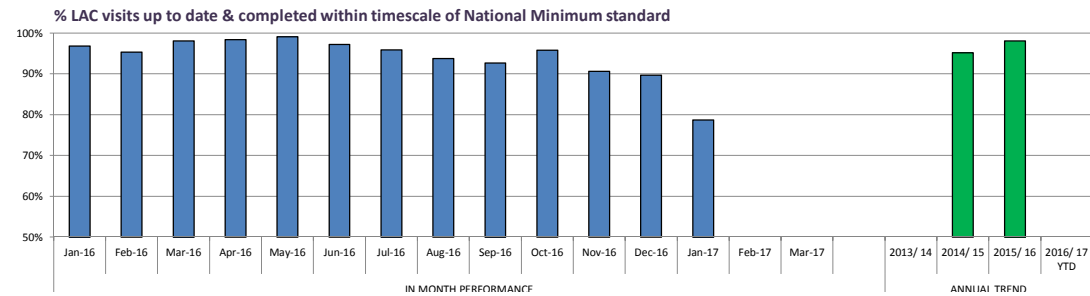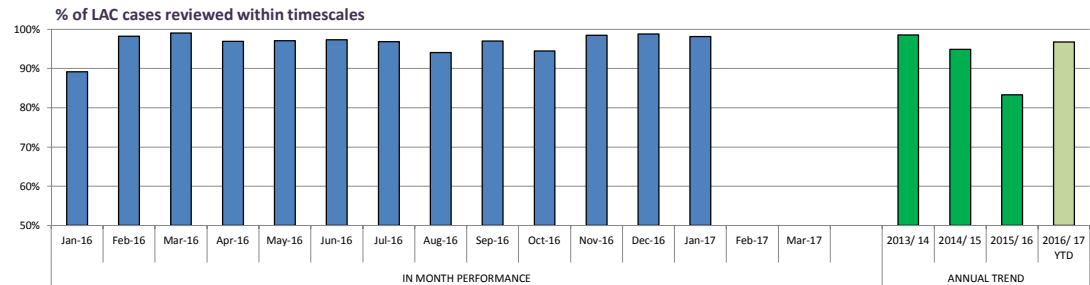|	8.1		8.2	
	No. of long term LAC placements stable for at least 2 years	% long term LAC placements stable for at least 2 years	No. of LAC who have had 3 or more placements - rolling 12 months	% LAC who have had 3 or more placements - rolling 12 months
IN MONTH PERFORMANCE				
Jan-16	108 of 145	74.5%	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%
Apr-16	103 of 142	72.5%	51 of 432	11.8%
May-16	103 of 141	73.0%	51 of 431	11.8%
Jun-16	98 of 138	71.0%	51 of 430	11.9%
Jul-16	98 of 141	69.5%	58 of 442	13.1%
Aug-16	98 of 142	69.0%	66 of 450	14.7%
Sep-16	99 of 142	69.7%	61 of 449	13.6%
Oct-16	136 of 211	64.5%	58 of 433	13.4%
Nov-16	101 of 147	68.7%	50 of 479	10.4%
Dec-16	98 of 145	67.6%	62 of 485	12.8%
Jan-17	96 of 145	66.2%	56 of 480	11.7%
Feb-17				
Mar-17				
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	109 of 150	72.7%	56 of 431	13.0%
2016/ 17 YTD	96 of 145	66.2%	56 of 480	11.7%
LATEST BENCHMARKING				
SN AVE		68.2%		9.2%
BEST SN		79.0%		6.0%
NAT AVE		68.0%		10.0%
NAT TOP QTILE		72.0%		8.0%

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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 six 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 four weekly thereafter until the child has been permanently matched to the placement.

PERFORMANCE ANALYSIS	Current performance on LAC visits are monitored by the head of service daily and at weekly performance meetiing. 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. There is now a clear process in place for social workers to ensure the Rotherham standard is proportionate to need but remains within the national standard. This will ensure that those LAC in greatest need receive appropriate levels of social workers support. Lac visits on time remain an area of concern due to the high turnover of staff . this should improve after this latest round of recruitment which is starting to see a move to increase the ratio of permanent staff

Data Issue: Issues identified in last month's report have now been rectified and the November, December & January data has been updated.

	6.7		6.15	6.16
	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
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%
Apr-16	96 of 99	97.0%	98.4%	78.9%
May-16	101 of 104	97.1%	99.1%	78.8%
Jun-16	111 of 114	97.4%	97.2%	76.7%
Jul-16	93 of 96	96.9%	95.9%	73.8%
Aug-16	79 of 84	94.0%	93.8%	71.6%
Sep-16	98 of 101	97.0%	92.7%	70.7%
Oct-16	188 of 199	94.5%	95.8%	82.0%
Nov-16	133 of 135	98.5%	90.6%	80.5%
Dec-16	86 of 87	98.9%	89.7%	77.8%
Jan-17	54 of 55	98.2%	78.7%	65.6%
Feb-17				
Mar-17				
2013/ 14		98.6%		
2014/ 15		94.9%	95.2%	82.6%
2015/ 16		83.3%	98.1%	80.2%
2016/ 17 YTD		96.7%		

% 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

LOOKED AFTER CHILDREN - HEALTH

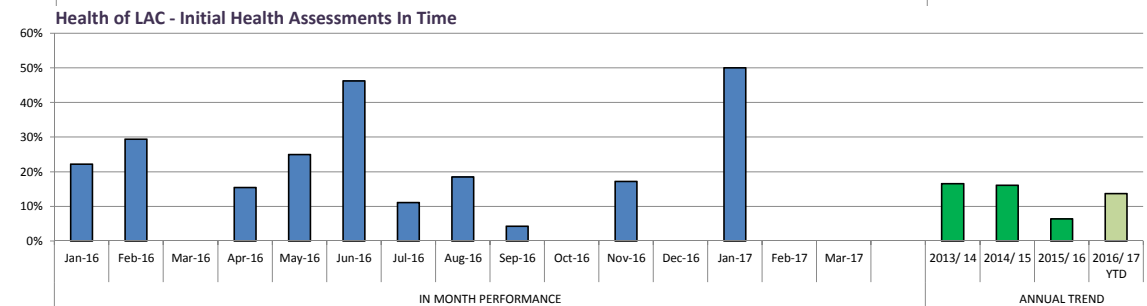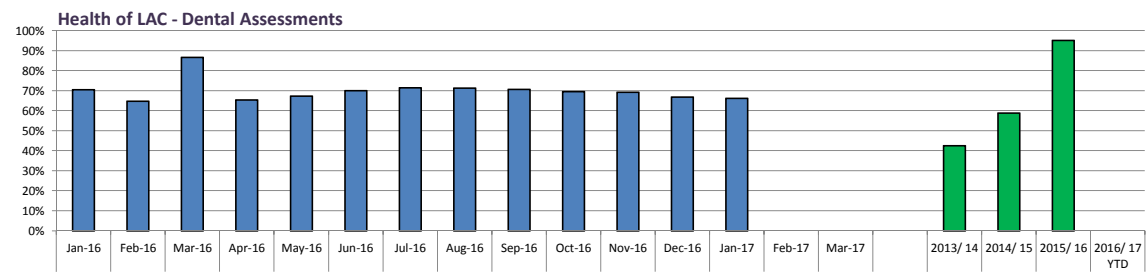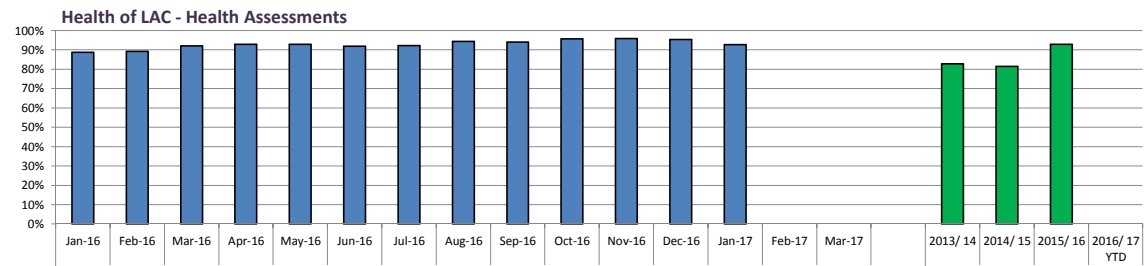| DEFINITION	Local authorities have a duty to safeguard and to promote the welfare of the children they look after, therefore the local authority should make arrangements to ensure that every child who is looked after has his/her health needs fully assessed and a health plan clearly set out.

PERFORMANCE ANALYSIS

Performance in relation to health and dental assessments was poor and has been the focus of concerted joint effort and has shown improvement. Close monitoring means that any dips in performance are understood. The overall number of health assessments completed remains at a good level and the number of inital health assessments has risen significantly to 50% on time the highest level of the year . This is due to the access health services have to the new case management system that has improved the adminsitration of the process. 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 'refuses'. This is no longer going to be accepted on face value and we 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. Health colleagues have identified that early contact in a non-clinical setting may prove to be the best way to sustain young people engagement in the process. As a result they will be running a pilot whereby they visit newly admitted young people in their placement to support them to attend their health assessment. Joint intervention between Health and LAC Head of Service to support locality teams to better performance in respect of Initial Health Assessments.

	6.9	6.1	6.11
	Health of LAC - Health Assessments	Health of LAC - Dental Assessments	Health of LAC - Initial Health Assessments In Time

IN MONTH PERFORMANCE

	6.9	6.1	6.11
Jan-16	88.7%	70.5%	22.2%
Feb-16	89.3%	64.7%	29.4%
Mar-16	92.1%	86.6%	0.0%
Apr-16	92.9%	65.3%	15.4%
May-16	92.8%	67.2%	25.0%
Jun-16	91.8%	69.9%	46.2%
Jul-16	92.2%	71.4%	11.1%
Aug-16	94.3%	71.3%	18.5%
Sep-16	94.0%	70.6%	4.2%
Oct-16	95.7%	69.5%	0.0%
Nov-16	95.9%	69.1%	17.2%
Dec-16	95.3%	66.8%	0.0%
Jan-17	92.7%	66.1%	50.0%
Feb-17			
Mar-17			

ANNUAL TREND

	6.9	6.1	6.11
2013/ 14	82.7%	42.5%	16.5%
2014/ 15	81.4%	58.8%	16.1%
2015/ 16	92.8%	95.0%	6.4%
2016/ 17 YTD			13.7%

LATEST BENCHMARKING

SN AVE			
BEST SN			
NAT AVE			
NAT TOP QTILE			

Health of LAC - Health Assessments

Health of LAC - Dental Assessments

Health of LAC - Initial Health Assessments In Time

IN MONTH PERFORMANCE   ANNUAL TREND
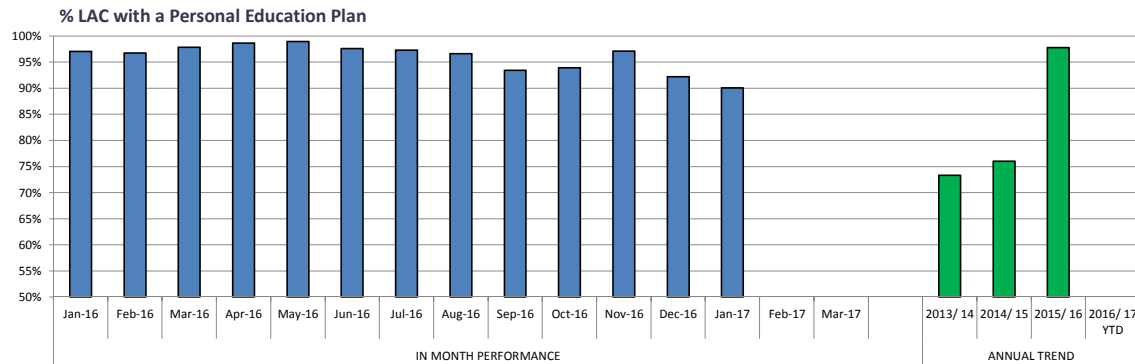
LOOKED AFTER CHILDREN - PERSONAL EDUCATION PLANS

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	Prior to September 2015 PEPs were in place for compulsory school-age children only. PEPs are now in place for LAC aged two 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. The focus on quality is now shifting to address the numbers of children and young people who are not in full time education and those whose school place is known to be fragile. The virtual school governing body will take responsibility for driving this improvement area. Exception reporting has been provided for the children who are without an up to date pep.

Data Issue: Issues identified in last month's report have now been rectified and the November, December & January data has been updated.

		6.12		6.13	
		Number of Eligible LAC with a Personal Education Plan	% LAC with a Personal Education Plan	Number of LAC with up to date Personal Education Plan	% LAC with up to date Personal Education Plan
IN MONTH PERFORMANCE	Jan-16	260 of 268	97.0%	243 of 268	90.7%
	Feb-16	267 of 276	96.7%	256 of 276	92.8%
	Mar-16	272 of 278	97.8%	267 of 278	96.0%
	Apr-16	283 of 287	98.6%	273 of 287	95.1%
	May-16	282 of 285	98.9%	275 of 285	96.5%
	Jun-16	282 of 289	97.6%	280 of 289	96.9%
	Jul-16	287 of 295	97.3%	286 of 295	96.9%
	Aug-16	287 of 297	96.6%	283 of 297	95.3%
	Sep-16	255 of 273	93.4%	241 of 273	88.3%
	Oct-16	216 of 230	93.9%	140 of 230	60.9%
	Nov-16	233 of 240	97.1%	189 of 240	78.8%
	Dec-16	236 of 256	92.2%	205 of 256	80.1%
	Jan-17	236 of 262	90.1%	167 of 262	63.7%
	Feb-17				
	Mar-17				
ANNUAL TREND	2013/ 14		73.3%		65.7%
	2014/ 15		76.0%		68.7%
	2015/ 16		97.8%		95.0%
	2016/ 17 YTD				
LATEST BENCHMARKING	SN AVE				
	BEST SN				
	NAT AVE				
	NAT TOP QTILE				

Data issue: No start or end dates for PEPswithin LCS and duplicate PEPs

% LAC with a Personal Education Plan

% LAC with up to date Personal Education Plan

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CARE LEAVERS

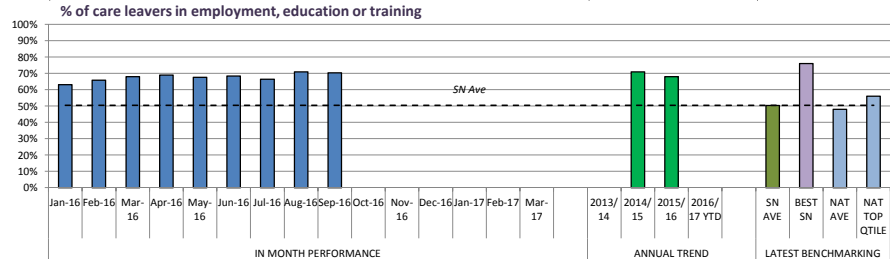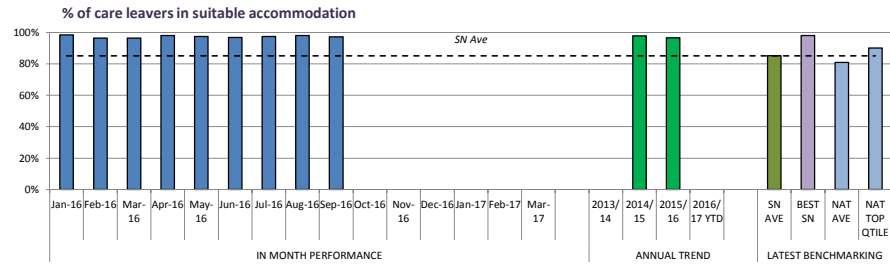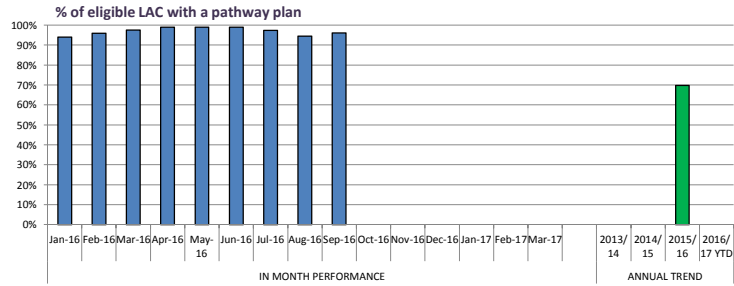|	
DEFINITION	A care leaver is defined as a person aged 25 or under, who has been looked after away from home by a local authority for at least 13 weeks since the age of 14; and who was looked after away from home by the local authority at school-leaving age or after that date. Suitable accommodation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

PERFORMANCE ANALYSIS

See note below for last quarter reporting . Team managers continue to report preformance at fortnightly performance meetings so that compliance can be assured.

DATA NOTE: Care Leavers information was not part of the automated data migration, service are in the process of manually inputting full cohort information. Monthly monitoring will be re-estabilshed when this is complete.

IN MONTH PERFORMANCE

		7.1	7.2	7.3	7.4
		Number of care leavers	% of eligible LAC with a pathway plan	% of care leavers in suitable accommodation	% of care leavers in employment , education or training
	Jan-16	198	93.9%	98.5%	63.1%
	Feb-16	196	95.9%	96.4%	65.8%
	Mar-16	197	97.5%	96.5%	68.0%
	Apr-16	192	99.0%	97.9%	68.9%
	May-16	188	98.9%	97.3%	67.6%
	Jun-16	187	98.9%	96.8%	68.5%
	Jul-16	185	97.3%	97.3%	66.5%
	Aug-16	200	94.5%	98.0%	71.0%
	Sep-16	201	96.0%	97.1%	70.3%
	Oct-16	222			
	Nov-16	224	Performance unavailable due to no migration of data to Liquid Logic		
	Dec-16	224			
	Jan-17	224			
	Feb-17				
	Mar-17				

ANNUAL TREND

	2013/ 14				
	2014/ 15	183		97.8%	71.0%
	2015/ 16	197	69.8%	96.5%	68.0%
	2016/ 17 YTD	224			

LATEST BENCHMARKING

	SN AVE			85.1%	50.4%
	BEST SN			98.0%	76.0%
	NAT AVE			81.0%	48.0%
	NAT TOP QTILE			90.0%	56.0%

% of eligible LAC with a pathway plan

% of care leavers in suitable accommodation

% of care leavers in employment, education or training

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. 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 three years has shown an improving trend. Importantly, all children awaiting adoption are reviewed in the fortnightly performance meeting and the reasons for delay examined and understood. The work of the new 'permanence' team which has been in place since January is really starting to show impact in terms of both reducing the length of care proceedings and ensuring timely matching and placing of younger children with prospective adopters. The good quality of the work of this team is attracting regular positive feedback from the courts and the impact on outcomes for children is tangible. The introduction of the Regional Adoption Agency in 2017 should further speed up the adoption process due to the pooling of resources in respect of assessments and adoptive parents. It is known that a number of children will have their final adoption approval decision before the end of the financial year, the service are projecting another 15 adoptions between January and March.

	Number of adoptions	Number of adoptions completed within 12 months of SHOBPA	9.1 % adoptions completed within 12 months of SHOBPA	9.2 Av. No. days between a child becoming LAC & having a adoption placement (A1) (rolling yr.)	9.3 Av. No. days between placement order & being matched with adoptive family (A2) (rolling yr.)
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
Apr-16	2	1	50%	362.5	145.5
May-16	2	0	0%	546.8	213.3
Jun-16	1	0	0%	500.4	197.0
Jul-16	2	2	100%	430.1	161.8
Aug-16	2	1	50%	395.7	150.7
Sep-16	3	2	66%	398.3	142.4
Oct-16	2	2	100%	372.3	138.6
Nov-16	5	1	20%	364.1	142.9
Dec-16	1	0	0%	345.9	216.9
Jan-17	9	3	33%	374.7	208.4
Feb-17					
Mar-17					

ANNUAL TREND

2013/ 14			55.6%	661.0	315.0
2014/ 15			84.6%	417.5	177.3
2015/ 16	43	23	53.5%	338.4	137.9
2016/ 17 YTD	29	12	41.4%		

LATEST BENCHMARKING

SN AVE				546.5	220.6
BEST SN				336.0	47.0
NAT AVE				593.0	223.0
NAT TOP QTILE				520.0	172.0
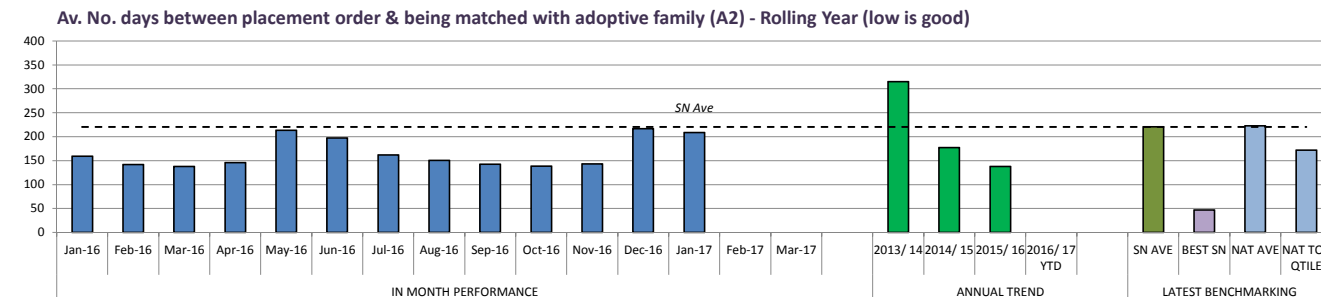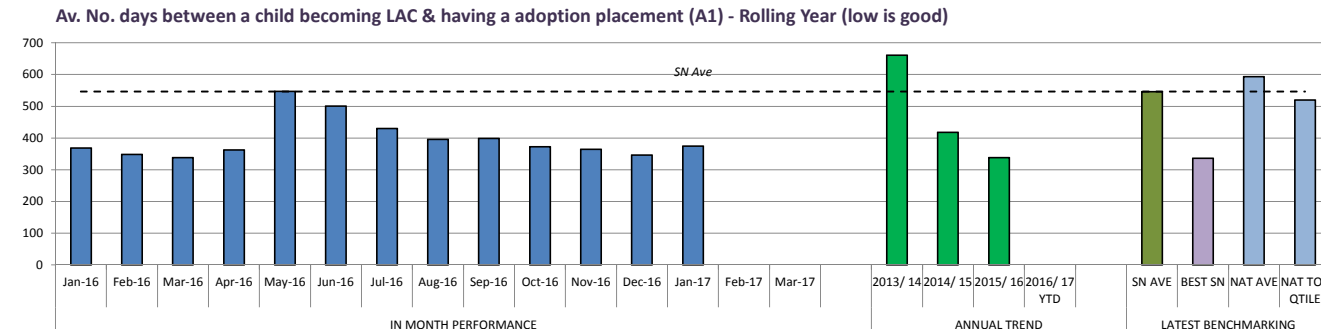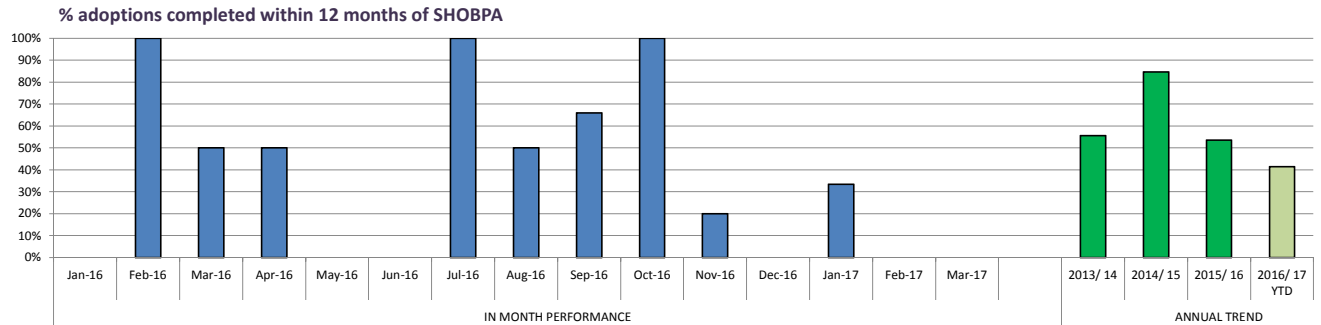
Annual Trend relates to current reporting year April to Mar - not rolling year

**adoptions have a 28 day appeal period so any children adopted in the last 28 days are still subject to appeal

% 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)

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 18 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.

The impact of rising LAC has been a rise in the number of average cases per SW to 12.9 however the maximum is now at 18 well within accepted limits. A management review of all children with a section 20 legal status has identified the potential to return home for up to 15 children. If this is achieved, combined with new edge of care interventions, this will result in a significant decrease in workload.

Reducing the CIN demand at the front door combined with an introduction of 'one week in five' rather than 'one week in four' duty rota system has seen a significant reduction in average caseloads from 26 to 15 Managers report feeling the benefit of this on practice and this has been validated by the recent Ofsted monitoring visit where the emergence of good social work practice was found .

The 'maximum and average caseload' within safeguarding teams remains within stable levels in January . This is reviewed weekly and managers are ensuring that cases transfer, close or step down in a timely manner. The next NQSW cohort will commence in post during October/November and this will provide the additional capacity required to manage the increase in the Children in Need. The impact should start to be seen in the March 17 caseload figures. |
|---|---|

DATA NOTE: Historical reporting has not been possible due to data validation issues linked to the recording of allocations 'Key Team' when cases are transfered between services and worker. Awareness raising has been undertaken to ensure managers and, in turn workers are fully aware of the importance of the information and wider impact on reporting.

		10.1 Maximum caseload of social workers in key Safeguarding Teams	10.2 Maximum caseload of social workers in LAC Teams	10.3 Av. no. cases in LAC Teams	10.4 Av. no. cases in Duty Teams	10.5 Av. no. cases in CIN North Teams	10.6 Av. no. cases in CIN Central Teams	10.7 Av. no. cases in CIN South Teams	10.8 Av. no. cases in Children's Disability Team	10.9 Av. no. cases in Children Sexual Exploitation Team
IN MONTH PERFORMANCE	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	5.4
	Apr-16	25	17	13.2	13.8	17.8	16.3	17.1	15.9	5.1
	May-16	27	17	12.7	15.8	18.1	17.2	15.1	15.8	4.4
	Jun-16	34	18	11.8	18.9	18.2	17.6	14.2	15.9	5.3
	Jul-16	28	15	13.7	19.5	18.8	16.7	14.2	17.0	5.9
	Aug-16	32	15	12.7	18.9	17.8	16.1	15.7	16.3	4.5
	Sep-16	36	15	12.0	26.0	18.0	16.0	14.0	14.0	4.0
	Oct-16									
	Nov-16			Oct & Nov 16 data unavailable due to data migration						
	Dec-16	36	19	12.5	15.0	14.7	14.5	15.5	15.6	3.4
	Jan-17	36	18	12.9	15.8	15.2	15.7	17.9	16.9	2.8
	Feb-17									
	Mar-17									

ANNUAL TREND	2013/ 14									
	2014/ 15									
	2015/ 16	29.1	19.2	14.1	15.8	16.8	18.0	15.8	19.1	5.7
	2016/ 17									

Maximum caseload of social workers

Average number of cases per team